

Core Service Report

Child Care Subsidies

Consumer Category:
Educational / Employment Limitations

Primary Consumer Group:
**Persons with Educational Disadvantages
Preschool and K-12**



February 2007

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COMPANION REPORTS

In addition to the information included in this report, a report of the other core services (80 in total), community leader key informant interviews, United Way - First Call for Help staff focus groups, consumer snapshots, and e-survey of United Way funded executive directors, board presidents, and United Way Community Investment staff are available at <http://www.uws.org>.

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SNAPSHOT

AIRS Code Level I: Income Security (N)

AIRS Code Level II: Income Maintenance Programs (NL)

Core Service: Child Care Subsidies NL-300.150

Investment Committee: Learning and Earning for Life

Cluster: Early Learning

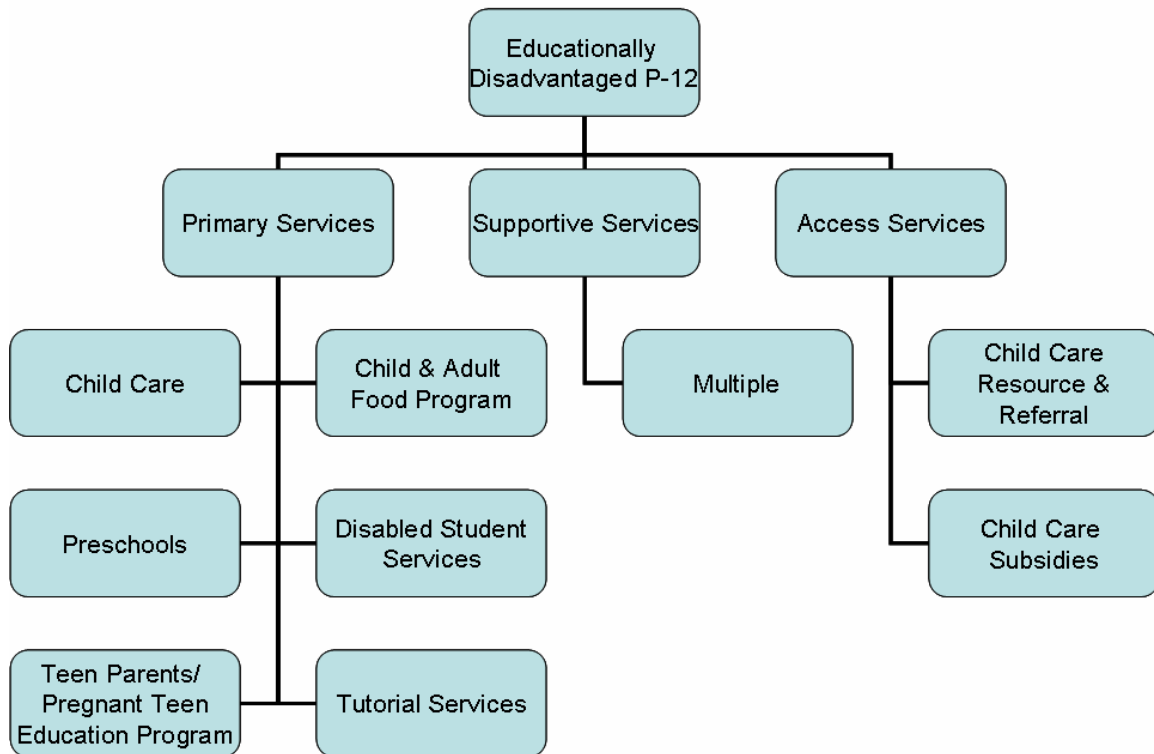
AIRS Definition: Programs that underwrite the cost of child care in public and private child care centers or private family child care homes for low-income families in situations where the parent(s) are working, in school, or in a training program.

Special Note: There are five core services related to early childhood education and preschool: child care, child care subsidies, child care food program, child care resource and referral, and preschools. To avoid as much duplication as possible across reports, the content of the core service reports were organized as follows: Child Care deals with children ages 0-12 who need full day care. Preschools are defined as part time programs for children ages 3 to 5 years. However, it is recognized that at times families use preschools as part of a larger package of child care services and thus consumer data from Starting Point is included in the Child Care report. By making these distinctions, it does not suggest that the standards of quality preschool programs are not or should not be implemented in child care programs. The ideal is for all child care and preschool programs to achieve the highest standards possible to benefit the children who are their primary consumers.

Another distinction is made between the subsidies included in the Child Care report and the Child Care Subsidies report. The former includes all public sources of subsidy for child care; the latter deals only with subsidies from alternative, non-traditional sources (although it describes the public subsidies in great detail).

The Child Care Subsidies Program is part of a family of services for persons with educational limitations, P-12 years. There are six primary services. Child Care Subsidies is one of two access services along with child care resource and referral. (See figure below.)

**Family of Services
AIRS: Education**



Core Service Environment

Child care can be very expensive, and employed parents with low or moderate incomes may find that they either need to get help in paying for it, or avoid paying for it at all. Getting help with child care expenses may broaden a family’s choices in at least two ways. First, affordable child care increases parents’ employment choices. Second, more affordable child care broadens parents’ child care choices. Although the link between cost and quality is not direct, elements of high-quality child care—such as low student-to-teacher ratios—are expensive to provide. Thus, a family with help in paying for child care expenses may be able to afford a high-quality program that would otherwise have been out of reach financially. In contrast, parents might continue to use a child care arrangement that they are not happy with if they are unable to afford other options. (Giannarelli et al., 2003)

Public subsidy for child care is either in the form of vouchers or direct financial support to providers. A voucher is one type of “demand” subsidy. Demand subsidies provide financial assistance by using public funds to increase parents’ purchasing power in the private child care market. A central concern about child care vouchers is that usually few conditions are attached to them (Child Care Resource and Research Unit, University of Toronto, n.d.).

The federal Child Care Development Fund (CCDF) was created in 1996 through the Personal Responsibility and Work Opportunity Reconciliation Act that consolidated four different child care subsidy programs for low-income families. In addition, the federal Title XX program pays up to 100 percent of child care tuition if family income falls below 200 percent of the federal poverty level income standard (U.S. Department of Health and Human Services, Administration for Children & Families, Child Care Bureau [CCB], 2004).

Federal funding for child care has continued to drop in more recent years and the administration's intention to continue a freeze in child care funding impacts the CCDF and TANF (Temporary Assistance for Needy Families). With the cost of child care rising due to inflationary increases, the freezing of funding will cause a decline in the number of children who can be served (Parrott & Mezey, 2003).

Ohio's child care subsidy program is a state-supervised, county-administered system. The Ohio Department of Job and Family Services (ODJFS) develops policies, drafts rules, provides technical assistance, licenses child care centers, and allocates funds to counties. The counties are then responsible for allocating funds by determining eligibility and administering the payment system.

Core Service Consumers

The target population for this core service report is defined as children 0-12 years from families with reported income between 185 and 200 percent of federal poverty level (i.e., those who are not eligible for publicly funded child care vouchers in Ohio), and whose parent(s) are working, in school, or in a training program.

At least 29 percent of all employed families with children under age 13 receive some type of non-taxed child care help, including help from relatives, the government and other organizations, employers, nonresident parents, and other individuals. At least 12 percent of families receive free or subsidized child care from a government agency or a private organization (Giannarelli, Adelman, & Schmidt, 2003).

Low-income families (those with income under 200 percent of the federal poverty level [FPL]) are more likely to get some sort of child care help. At least 39 percent of employed low-income families with children under age 13 get non-taxed child care help. Those most likely to receive help are families with income below the poverty level and single-parent families (Giannarelli, Adelman, & Schmidt, 2003).

Among families with government/organization child care help, approximately half still have some child care expenses. Either the family must make a co-payment or the subsidy pays entirely for one child care arrangement, but the family must pay for another arrangement (either for the same child or a different child).

Many unassisted low-income families would have been eligible for government-funded assistance programs. However, low-income families often do not try to obtain government child care help. Among low-income employed families that did not receive child care help from the government or another organization, only 7 percent reported that they had asked for such help. (Giannarelli, Adelman, & Schmidt, 2003)

The four most common answers for not getting assistance with child care by those who did ask for help were non-eligibility, waiting lists, discouragement, and a decision after having initiated the process that s/he did not need or want help from the government. (Giannarelli, Adelman, & Schmidt, 2003)

In 2000 in Cuyahoga County, there were an estimated 1,233 children 0-12 years old with all parents in the labor force, were in child care centers and family day care, and were between

185 and 200 percent of the poverty level. That number is expected to decrease to 1,001 in 2015 as the result of population shifts.

Core Service Delivery

The core service for this report is defined as alternative subsidy programs that underwrite the cost of child care in child care centers or private family child care homes.

By regulation, the Ohio Department of Job and Family Services (ODJFS) must establish payment rates for child care services that ensure equal access to comparable care for eligible children. Using the 2005 federal poverty level (FPL), Ohio's sliding fee table is based exclusively on family size and income. The fee is calculated on a graduated percentage of family income, and is kept affordable by capping the fee at no more than 10 percent of the family's monthly income regardless of provider type and the actual cost of care for families with incomes up to 165 percent of federal poverty level (FPL).

In Ohio, publicly funded child care subsidies are available for low-income working parents or parents participating in approved work or training programs. Eligibility is re-determined once every 12 months. However, co-pays are reviewed and adjusted once every six months if necessary. A face-to-face interview is not required for initial determination or re-determination of benefits.

Based on United Way - First Call for Help's (FCFH) database (February 2005), there are 4 child care subsidy program providers operating from 4 different sites, 2 of which are government and 2 are nonprofit. In FY 2004 (July 2003 to June 2004), one provider was funded by United Way. FCFH call data shows an increase in the number of total requests for child care subsidy programs in the county: from 104 in 2000 to 151 in 2004 (45 percent increase). Note that Starting Point is the official resource and referral source for early childhood programs (including child care) in Cuyahoga County. Thus it is assumed that this is an undercount of requests for this service. Over the same five-year period, FCFH had 686 requests for information about child care subsidies. Of these requests, they were able to make referrals to 98 percent of callers.

Between calendar years 2002 and 2006, the Cleveland Municipal School District provided \$24,000 in grants to Starting Point for child care subsidies targeted to teen parents. The Cuyahoga County Department of Employment and Family Services provided Starting Point with a one-time grant of \$100,000 in 2003-04 to help offset increased co-pays and the cost of eligibility reductions for publicly funded child care programs from 185 percent of federal poverty level to 150 percent. Eligibility returned to 185 percent of FPL and co-pays were again reduced in 2005, and no further grants have been made. No other sources of government funding are used.

As of May 11, 2006, \$237,049 in revenues for child care subsidies programs has been identified countywide. This includes information from foundations; federated fundraising organizations; regional, county and municipal government; and United Way of Greater Cleveland. Eighteen percent of the revenues are from contracts or grants from government organizations. United Way of Greater Cleveland's funds account for 82 percent of the total from Investment Committee allocations and designations.

For most families, child care is the second largest expense in their budget after rent or mortgage—easily costing \$4,000 to \$10,000 or more a year. Costs of child care can differ due to levels of quality standards since credentialed teachers and lower staff-to-child ratios are more expensive.

What Works; What Doesn't

An Ohio-based study has shown that the impact of receiving payment help for child care is significant for working parents. A Policy Matters Ohio issue brief stated that working parents who receive help paying for child care are more likely to (1) be employed; (2) keep their jobs longer; and (3) have higher earnings than other parents (Honeck & Lovell, 2004). The authors, in reviewing a national study on the subject, reported that working mothers with regular child care arrangements were less likely to leave their jobs. Similarly, programs that improve working parents' access to, and affordability of, quality child care have been shown to decrease reports of employment-related child care problems. Perhaps most importantly in this era of reduced welfare caseloads, the authors noted that individuals who received child care subsidies when leaving public assistance were found to have greater employment stability than those not receiving such assistance (Honeck & Lovell, 2004).

American research investigated the impact of implementation of a new statewide voucher program on quality, price, and supply of child care. The research concluded that "at best, vouchers had no effect on the price, supply, and quality of day care, and at worst, they worked in the opposite direction" and that "many risks accompany the use of vouchers" (Parker, 1989 in Child Care Resource and Research Unit, University of Toronto, n.d.).

In a 2002 report commissioned by the Urban Institute, a national study of states' child care subsidy systems found that repeated in-person meetings with caseworkers, frequent re-certifications of subsidies and extensive documentation requirements often placed working parents at a disadvantage. The report's authors discovered that, at least nationally, many agencies still required parents to arrive in-person to handle administrative matters instead of allowing the use of mail, fax, and phone. Additionally, parents had to continually prove their eligibility to maintain their assistance (Adams, Snyder & Sandfort, 2002).

There are several provider issues in Ohio's current system, including lengthy reimbursement process, cash flow problems, and not knowing when reimbursements will arrive (Karolak, 2000).

Gap Analysis

The estimated universe of possible consumers is 86, including both realized (46) and unrealized (40) access.

I. FOREWORD

INTRODUCTION

United Way of Greater Cleveland (UW), in partnership with the Cuyahoga County Board of Commissioners, has initiated a large scale core service planning process to generate data and engage in community-wide dialogue about the community's safety net of core service and consumer needs in the Greater Cleveland area. In addition, UW envisions this process as an opportunity to better understand its role in the community and its long term capacity to improve the lives of Greater Clevelanders.

The primary goal of the Cuyahoga County core service research is to identify consumer needs and assess whether there are service gaps/duplications on a community-wide level. The findings from this research will guide future funding decisions at UW, and they will also be used to stimulate dialogue with other funders and groups in the community. United Way intends to continue to fund a broad array of "safety net" services that are important to the Greater Cleveland area. But it is hoped that the research findings will inform how UW dollars may be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

METHODOLOGY

United Way contracted with MCS Consulting Service, LLC, to conduct the core service research, which focuses on both the consumers served and services provided. (See Attachment 1 for list of members of the research team.) The research team has obtained information about each core service from multiple data sources. At the end of the research process there will be substantial information available for some services and less for others, which will provide a clearer picture of what information *is* available and where there are *significant gaps*.

The questions addressed are:

- Including public policies, what are the environmental influences that are impacting both service consumers and the capacity for service delivery?
- Who are the service consumers? What are the factors that lead to a need for services? How many consumers are there? How many have there been in the past several years and what factors influenced the historic trend line? What are the projected numbers for the future? What is their demographic profile? Where do they reside? How many are receiving services funded by government and/or United Way?
- What is the philosophy that drives service delivery? Has it changed? What does the service consist of? Who provides the service?
- What are the funding sources? What are the annual revenues from government sources, federated fund raising organizations, foundations, and United Way of Greater Cleveland? What are the historic government funding trends and what is projected for the future? What is the reimbursement amount?
- What works and what doesn't work in service delivery?
- Are there service gaps, duplication, under-utilization?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member agencies and non-members, and key informant interviews with 93 experts in the respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those with unmet needs; they provided insight about specific service gaps and duplication, as well as services they perceive to be outdated or under-utilized.
- United Way Program Report data for FY 2004 (July 2003 to June 2004). Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, the zip codes where the consumers reside, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004) - United Way - First Call for Help provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide and the zip codes in which they and those they serve are located, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to reference.
- Literature reviews on service trends and issues as well as best practices (i.e., what works/ what doesn't work in service delivery), including impact on the individual/family and on the community.
- Searches for information on public policies that are currently impacting consumers or service delivery.
- U.S. Census and American Community Survey data for various time periods.
- Data from funders on actual consumer populations and funding levels.

(See Attachment 2 for technical notes on the research methodology as well as limitations of the data.)

II. THE CORE SERVICE ENVIRONMENT

CORE SERVICE ENVIRONMENT

Child care can be very expensive, and employed parents with low or moderate incomes may find that they either need to get help in paying for it, or avoid paying for it at all. Getting help with child care expenses may broaden a family’s choices in at least two ways. First, affordable child care increases parents’ employment choices. If child care is more affordable, a single parent may be better able to remain off welfare, a parent in a two-parent family who has been staying at home may prefer to go back to work, and a parent with school-age children may choose to work a full day instead of only during school hours. Second, more affordable child care broadens parents’ child care choices. Although the link between cost and quality is not direct, elements of high-quality child care—such as low student-to-teacher ratios—are expensive to provide. Thus, a family with help in paying for child care expenses may be able to afford a high-quality program that would otherwise have been out of reach financially. In contrast, parents might continue to use a child care arrangement that they are not happy with if they are unable to afford other options. (Giannarelli, Adelman, & Schmidt, 2003)

Research that studied the effects of child care subsidies on parental employment, child and family outcomes in low income families with different ethnic backgrounds found that child care subsidies:

- are provided to low-income families to facilitate parental employment,
- expand the range of child care options open to parents, and
- enable families to purchase higher quality care.

Subsidies cannot achieve these goals if eligible families do not utilize them; yet available estimates suggest that fewer than half of families actually use the subsidies for which they are eligible (Shlay, Weinraub, Harmon, and Tran, 2003). Furthermore, among families (w/children <18) with incomes below 200% of poverty in 2001:

- 31 percent received Food Stamps;
- 62 percent received Medicaid/SCHIP;
- 10 percent received child care/early childhood education “assistance;” and
- 35 percent received none of these benefits (Zedlewski, Adams, Dubay, and Kenney, 2006).

The cost of child care is significant and often absorbs large portions of low-wage workers’ earnings. An issue brief recently published by Policy Matters Ohio states that care for a four-year-old averages \$4,000 to \$6,000 annually, a figure that exceeds the cost of public college tuition in most states (Honeck & Lovell, 2004). Furthermore, the report’s authors indicate that employed mothers with monthly family incomes under \$1,500 spend 32 percent of their incomes on child care, while child care consumes only 7 percent of income for mothers in families with monthly incomes of \$4,500 or more (Honeck & Lovell, 2004). As such, help in the form of subsidies for child care renders affordable a service that otherwise tends to be out of reach or relatively very expensive for many low-wage-earning workers.

PUBLIC POLICY ISSUES

Child care subsidies are primarily for low-income families that cannot afford the full cost of care. Most are from public funding sources. However, eligibility limitations coupled with restrictions on what government sources will pay for mean that many low-income families must utilize their own resources for the cost of care either fully, as a co-payment for public funding, to make up for what government sources do not cover (such as the cost of field trips), or for families slightly above government income eligibility limits. Alternative child care subsidy programs function within these public policy parameters and flexibly attempt to fill in the gaps created by the public system.

Public subsidy for child care is either in the form of vouchers or direct financial support to providers.

A voucher is one kind of what are called “demand” subsidies. Demand subsidies provide financial assistance by using public funds to increase parents' purchasing power in the private child care market; in contrast, “supply” subsidies provide financial support directly to child care programs to enable service delivery.

In Ohio, an example of a demand subsidy is the Child Care Block Grant that provides child care vouchers to families to use for child or family care settings pre-approved by the local department of job and family services. Examples of supply subsidies include direct operating and wage enhancement grants. In Ohio, the Head Start program is a supply subsidy. Although it is paid on behalf of the parent, several conditions and constraints are attached; it fits within an infrastructure that includes purchase of service agreements, per diems, and, in some cases, local quality criteria (Child Care Resource and Research Unit, University of Toronto, n.d.).

Child care vouchers and other demand subsidies are used extensively in the United States. In contrast, in the countries of the European Community, supply subsidies directly fund child care services. There are a few examples of demand subsidies in Europe; for example, France makes some funds available directly to parents regardless of income in addition to the publicly funded centre-based and family day care systems. In the United States, the use of child care vouchers grew during the Reagan era when the federal government “featured the desirability of decentralization, deregulation...and privatization” (Kahn & Kamerman, 1987). Meyers states that the “emphasis on privatization has profoundly altered public financing for child care” (Meyers, 1990), and that “...the shift towards privatization in [child care was] accompanied by a reduction in ... child care standards, monitoring and enforcement (Meyers, 1990).” (Child Care Resource and Research Unit, University of Toronto, n.d.)

Cameron (1992) suggests an ideological framework for child care that places it in a “public good” or “market commodity” context. Appropriate instruments associated with a public good view of child care are supply subsidies, regulation, and nonprofit delivery. In contrast, a market commodity perspective of child care suggests targeted funding delivered through demand subsidies, deregulation, a reduced role for government, and private responsibility for child care. The concept of vouchers, like other demand side subsidies, is consistent with a market view of child care. (Child Care Resource and Research Unit, University of Toronto, n.d.)

A central concern about child care vouchers is that, usually, few conditions are attached to them. However, even a model that places some constraints on how a voucher is spent (for example, a requirement that receipts be obtained from the caregiver or that the voucher is spent in regulated settings) presumes that the free market is an appropriate instrument for developing and maintaining child care services. The European Union's Child Care Network comments that "...a free market model assumes well-informed parents who are able to shop around and purchase a 'best buy...' We have concluded that the free market model is a crude and dogmatic model for achieving quality ... It assumes that more choice is necessarily better choice, however limited the options available." (European Commission Child Care Network, 1990 in Child Care Resource and Research Unit, University of Toronto, n.d.)

Vouchers are often suggested as a mechanism that improves parental choice in child care. However, families are selective in their child care choices, and certain characteristics of families are associated with better, or poorer, choices. Studies in the U. S. and Canada have found that families characterized by lower levels of economic, educational, and personal resources choose poorer quality child care. Goelman and Pence (1987) call this the "worst of both worlds situation." Other research has shown that parents as consumers may be inattentive to the basic elements of care, and are likely to overrate its quality. (Brown, 1985 in Child Care Resource and Research Unit, University of Toronto, n.d.)

Below is further explanation of national and state policies that affect child care subsidy programs.

NATIONAL

Laws and Regulations

Federal Public Subsidy Programs

There are several sources of federal public subsidy programs that are matched by state or local dollars and primarily function as voucher programs in Ohio. The federal Child Care Development Fund (CCDF) was created in 1996 through the Personal Responsibility and Work Opportunity Reconciliation Act that consolidated four different child care subsidy programs for low-income families. Three of the four consolidated subsidies existed under Title IV-A of the Social Security Act, and the fourth program was the Child Care Development Block Grant (CCDBG). The consolidation increased funding for child care subsidies and gave the states flexibility in setting subsidy program rules (Long & Clark, 1997).

Beyond the above-referenced child care subsidy programs consolidated under the welfare reform law, the federal Title XX program pays up to 100 percent of child care tuition if family income falls below 200 percent of the federal poverty level income standard. This assistance is provided so long as parents are currently working or attending school, the latter being a full-time educational program that will lead to a job at the time of graduation (U.S. Department of Health and Human Services, Administration for Children & Families, Child Care Bureau [CCB], 2004).

Although the increased flexibility under the welfare reform law was a positive change, federal funding has continued to drop in more recent years. The administration's intention is for a continued freeze in child care funding, which impacts the CCDF. The CCDF has been frozen since 2002. This creates the potential loss of child care subsidies for between 300,000 and 375,000 children before the year 2010. Any further reductions will be detrimental to the survival

of some child care facilities. Congress will also attempt to pass legislation to extend TANF (Temporary Assistance for Needy Families), but will keep funding levels the same (\$16.5 billion) over the next five years (Child Welfare League of America [CWLA], 2005). With the cost of child care rising due to inflationary increases, the freezing of funding will cause a decline in the number of children who can be served (Parrott & Mezey, 2003).

Specific funding information is provided in Section IV.

Child Care for Military Families

Under Public Law 106-58, Section 643, the Department of Veterans Affairs established a child care tuition assistance program for eligible employees, effective January 2001. Then on November 12, 2001, President George W. Bush signed H.R. 2590 into Public Law 107-67, which includes permanent legislation authorizing the use of appropriated funds by executive agencies to provide child care services for federal civilian employees. For those who meet the following eligibility criteria, child care costs may be reduced: be a federal/VA employee (part-time employees are eligible); have a total family income below \$60,000 and place child/children in a licensed day care, home care, or after care program. One aspect of these child care subsidies is that they are need-based programs. The amount received depends on the total family income and the amount paid for child care.

STATE

Ohio's Publicly Funded Child Care Subsidy Program

Ohio's publicly funded child care subsidy program is a state-supervised, county-administered system. The Ohio Department of Job and Family Services (ODJFS) develops policies, drafts rules, provides technical assistance, licenses child care centers, and allocates funds to counties. The counties are then responsible for allocating funds by determining eligibility and administering the payment system.

Ohio's public child care program is supported by a combination of several different funding streams (the Child Care and Development Fund, the Social Services Block Grant (Title XX), Title IV-A, Title IV-F and state matching dollars) that are administered as a single system of portable subsidies. In some cases, contracts are negotiated with providers. However, the term "contract" may be misleading. These contracts do not guarantee funding. They are simply agreements between the provider and the county department of human services and serve to clarify the provider's willingness to participate in the subsidy system and abide by its rules. Participating child care programs are reimbursed on a case-by-case basis, depending upon whether or not an eligible child has selected their program.

States have the option to set co-payment rates for publicly subsidized child care. A report from the National Women's Law Center identified Ohio as the fifth most expensive state for parent co-payments (Corlett, 2006). Additionally, if the rates charged by a child care program exceed the state rate ceiling (which is at 65 percent of market rate as determined by an ODJFS-sponsored state-wide survey), the provider may request that the parent pay an additional co-payment. Cost of child care is often related to quality since credentialed teachers and lower staff-to-child ratios are more expensive.

Recent changes made by policy makers at the state level have resulted in fluctuations in the number of children who can access subsidized child care on an annual basis which directly impacts the need for private subsidy funds. Most dynamically, eligibility for child care subsidies

was expanded in 1997 and 1998 so that families with incomes up to 185 percent of the federal poverty level were able to receive state-subsidized child care. Consequently, during the period 1997 to 2003, the level of family participation in publicly funded child care subsidy programs increased by 66 percent, with a corresponding increase in spending by 91 percent in real dollars. However, changes were made in June 2003 that, effective by October of that year, lowered the income eligibility for continuing care to 150 percent of the federal poverty level. At the same time, policymakers instituted increases in the co-payments required under the program, thereby making child care more expensive for working parents. These changes had the pronounced effect of reducing the growth in subsidized child care spending and participation to 4 percent in 2003 (Honeck & Lovell, 2004).

In FY 2006/2007, the income thresholds required for participation in child care subsidy programs in Ohio were restored to their late-1990s levels. Eligibility for child care vouchers was increased from below 150 percent of poverty to below 185 percent of poverty. However, fluctuations in eligibility over the past several years created a financial roller coaster for both families and providers. Specifically, in April 2005 testimony to the Ohio Senate Finance and Financial Institutions Committee, China Widener, chief of staff of the ODJFS (Ohio Department of Job and Family Services), indicated the following statewide budgetary priorities to be pursued during the then-upcoming 2006-2007 biennium:

- The child care budget has been calculated to serve a monthly average of 95,947 children at an annual cost of \$497 million in FY 2006, and a monthly average of 99,553 children at an annual cost of \$552 million in FY 2007.
- To ensure increased access to subsidized child care, ODJFS will institute a decrease in co-pays for those families under 165 percent of the federal poverty level.
- Eligibility to participate will be expanded to 185 percent of poverty and the cap on co-pays, particularly for those families above 165 percent of poverty, will be removed.
- In most areas, there would be an increase in the provider rate of reimbursement based on the agency's 2004 market rate survey (Ohio Department Job & Family Services [ODJFS], 2005).

With low-income families defined as those with incomes lower than 200 percent of the federal poverty level (\$40,000 a year for a family of four in FY 2007), families in Ohio and Cuyahoga County whose current incomes are between 185 and 200 percent of poverty are considered in need of alternative child care subsidies.

III. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET POPULATION

The target population for this core service report is defined as children 0-12 years from families with reported income between 185 and 200 percent of federal poverty level (i.e., those who are not eligible for publicly funded child care vouchers in Ohio), and whose parent(s) are working, in school, or in a training program.

DEMOGRAPHIC CHARACTERISTICS

One out of four families with young children earns less than \$25,000 a year (Children’s Defense Fund, 2003). Forty percent of poor, single working mothers who paid for child care in 2001 paid at least half of their cash income for child care (Mezey, 2003).

Families utilize various methods to receive financial assistance for child care. The 1999 National Survey of America’s Families (NSAF), the most current survey of this kind available, asked families how they pay child care costs (Giannarelli, Adelman, & Schmidt, 2003). There are five primary methods employed: help from a relative (with or without expenses); help from government or another organization which would include private subsidies (with or without expenses); help from a non-resident parent; help from an employer; or help from other individuals. The following are the major findings from the research (Giannarelli, Adelman, & Schmidt, 2003):

Incidence and Types of Child Care Help

- At least 29 percent of all employed families with children under age 13 receive some type of non-taxed child care help, including help from relatives, the government and other organizations, employers, nonresident parents, and other individuals.
- Among families with some type of help, two sources of help predominate:
 - Fourteen percent of families receive free child care from a relative and pay no child care expenses at all.
 - At least 12 percent of families receive free or subsidized child care from a government agency or a private organization.

Child Care Help for Low-Income Families

- Low-income families (those with income under 200 percent of the federal poverty level [FPL]) are more likely to get some sort of child care help. At least 39 percent of low-income employed families with a child under age 13 get non-taxed child care help, compared with 24 percent of higher-income families. This higher incidence of government/organization help for low-income families is not surprising since they are the primary recipients of subsidies through the federally funded CCDF and TANF programs, as well as most programs run by states and nonprofits. Upper-income families are more likely to utilize more tax-based child care help such as credits, deductions, and flexible spending accounts.
- Among low-income families, those most likely to receive help are families with income below the poverty level and single-parent families.
- Among low-income single-parent families, those most likely to receive help are families with children under age 5 and families with some welfare history.

- Between 1997 and 1999, there was an increase in the percentage of low-income families with no child care expenses because of help from relatives.

Relationship between Child Care Help and Child Care Expenses

- Approximately 20 percent of all employed families with children under age 13 pay no child care expenses because of help that they receive from relatives, the government, private organizations, or other sources. At least 8 percent of families receive child care help but still have some child care expenses. (These two groups make up the 29 percent of families with some sort of child care help.)
- Among families with government/organization child care help, approximately half still have some child care expenses. Either the family must pay a co-payment or the subsidy pays entirely for one child care arrangement, but the family must pay for another arrangement (either for the same child or a different child).

Many unassisted low-income families would have been eligible for government-funded assistance programs. However, low-income families often do not try to obtain government child care help. Among low-income employed families that did not receive child care help from the government or another organization, only 7 percent reported that they had asked for such help. The others presumably did not feel they needed assistance, did not want assistance from a government program, did not know that assistance might be available, or did not think they would be eligible for assistance. (The NSAF did not ask why government assistance was not sought.) (Giannarelli, Adelman, & Schmidt, 2003)

The low-income families without government/organization assistance that had asked about government aid reported a variety of reasons for not receiving that help. The four most common answers (starting with the most commonly cited reason) were:

- The family was not eligible for assistance. A low-income family might not be eligible for government subsidies depending on the family's exact circumstances and the subsidy rules in the family's state of residence.
- Assistance was not available, due to a waiting list or because only some types of families were being assisted. Since the large federally funded child care subsidy programs are not entitlements, the available funds may not cover all eligible families that want help.
- The respondent became discouraged and gave up the process.
- The respondent decided after having initiated the process that s/he did not need or want help from the government. (Giannarelli, Adelman, & Schmidt, 2003)

Feedback from recent United Way of Greater Cleveland focus group and key informant interviews conducted for United Way's core service planning (2005) provided the following analysis of circumstances that families face with respect to payment of child care costs. When the State of Ohio decreased the eligibility of publicly funded child care from below 185 percent to below 150 percent of the federal poverty level in the past biennium, many families removed

their child(ren) from formal, licensed child care. Others are on the edge of the current eligibility level and are struggling. In the words of one of the participants:

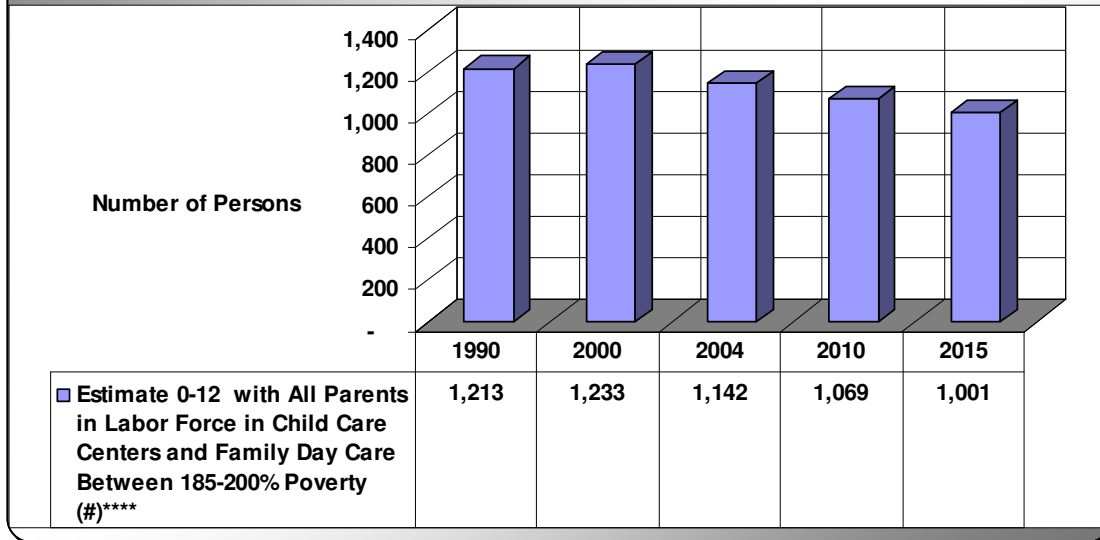
While single parents from suburban areas are attempting to keep their children in their familiar environment yet are struggling to make it financially, they just fall short of the income qualifications necessary to receive voucher benefits and are therefore deprived of services.

Several added that these children are adversely affected because they end up placed in unsafe conditions in order to “make do.” In some cases, this means leaving them unsupervised or with unfamiliar caregivers, or with persons who are not properly trained and equipped to be child care providers. Additionally, there is the need for child care benefits during times of transition, such as after the parent’s graduation or between jobs. Because of the difficulties in obtaining assistance during these periods, children are left in potentially unsafe situations. There is temporary assistance by way of a 45-day voucher, yet many people, even county case workers, do not know that it is available.

Estimated Persons in Need

In 2000 in Cuyahoga County, an estimated 1,233 children 0-12 years old with all parents in the labor force were in child care centers and family day care and were between 185 and 200 percent of the poverty level. That number is expected to decrease to 1,001 in 2015 as the result of population shifts. (See Figure 1.)

**Figure 1: Child Care Subsidies
Estimated Persons in Need
Cuyahoga County, 1990-2015**



Sources:

* U.S. Census 1990, STF 1 (P11); 2000, SF3 (P8); 2005-2010, Ohio Department of Development, (July, 2003).

** The basic data for ages 0 to 5 came directly from SF3 (P46). As the Census does not expressly track children ages 6-12 with working parents, figures denoted here were determined by the following formula: (Children 6 to 17 years in families & subfamilies with working parents) * (0.583). The value (0.583) is the estimation of the proportion of children aged 6 to 12 years with working parents who comprise the total number of children between 6 to 17 years for whom working parents were reported. Prevalence of Need: Total population aged 0-5 years living with both parents or with single parent, and with all present parents in the labor force: 61795; Total population aged 6-12 years living with both parents or with single parent, and with all present parents in the labor force: 90406. Average is 60.1 percent of those 0 to 12 years.

*** It is estimated that 16 percent of all children in Ohio are in child care centers and 11 percent in day care homes. This is a total of 27 percent. (Source: Human Services Policy Center, Evans School of Public Affairs, University of Washington. (November 2003).

**** U.S. Census 2000, SF3 (PCT50), SF4(PCT 144). Age 0-12 Poverty status estimated from available Age 0-11 using overall population ratio of 0-11 to 0-12 (1.08%). Average is 30.7 percent children 0 to 12 in child care. The estimate is that 14 percent (95,839) of children 0 to 12 years have incomes under 185% of federal poverty level, 3 percent (7,799), between 185-200%, and the remaining 83 percent (149,669) have incomes above 200 percent. For the service, the percentage is 3 percent.

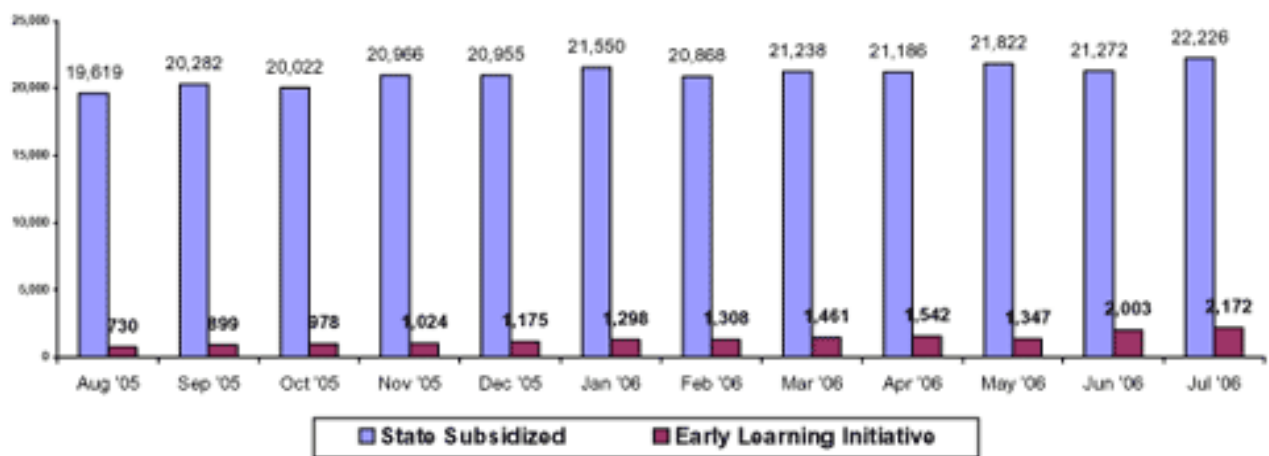
It is recognized that this is a conservative estimate of persons in need of child care subsidies because many families above 200 percent of the federal poverty level are also struggling to pay for quality child care. However, it is a number that begins to offer some clarity about the extent of need in Cuyahoga County.

REALIZED ACCESS TO SERVICE

Realized access to service is represented by the number of consumers actually served. It includes the actual number of consumers reported by United Way funded agencies and by government funders from which it was possible to obtain data. Thus, it is an underestimate of actual numbers of consumers receiving service.

To set the context for the alternative child care subsidy program, in July 2006, 24,398 children received publicly funded subsidized child care in Cuyahoga County, which includes 2,172 children who received child care through the Early Learning Initiative and 22,226 from the state subsidized program. This is an increase of 5 percent from June, and 20 percent from 12 months ago (Cuyahoga County Department of Employment and Family Services, July 2006). (See Figure 2.)

Figure 2: Children in Subsidized Child Care in Cuyahoga County, August 2005 through July 2006



Source: Cuyahoga County Employment and Family Services Monthly Report, July 2006

In FY 2004, United Way funded 46 children (from 40 families) for the child care subsidy program, the alternative subsidy program. Note that this is information on families served, not total children (See Attachment 3.)

In 2000, 60.1 percent of the 0-12 age cohort had all parents in the workforce (152,201). Of these, there were an estimated 41,094 (27 percent) children in day care or family care facilities and of those, 3 percent were between 185 percent to 200 percent poverty level (1,233). (See footnotes in Figure 1 above for a description of the formula for deriving that number.)

Fifty-one percent of the county's total 0-12 population was male and 48.9 percent female (parents). Gender information of consumers funded by United Way was not available.

In 2000, according to the U.S. Census, 57 percent of the county's total 0-12 population was Caucasian, 37 percent African American, and 2 percent Asian. United Way funded consumers were 33 percent Caucasian, 63 percent African American, and 0 percent Asian.

Four percent of United Way funded consumers were Hispanic compared to the county wide population 0-12 years at 5 percent.

Eighty-three percent of those funded by United Way reported annual household income between \$20,000-20,999, 15 percent between \$0-9,999, and 2 percent between \$15,000-19,999.

Forty-six percent of United Way funded persons were from Cleveland, with 54 percent from the suburbs. This compares to 37 percent of the county's 0-12 population who reside in Cleveland and 63 percent in the suburbs. (See Attachment 4.)

IV. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

The core service for this report is defined as alternative subsidy programs that underwrite the cost of child care in child care centers or private family child care homes.

BACKGROUND ON CORE SERVICE

Cost of Child Care

According to the National Association of Child Care Resource and Referral Agencies (NACCRRA), for most families child care is the second largest expense in their budget after rent or mortgage—easily costing \$4,000 to \$10,000 or more a year. Costs often differ due to levels of quality standards such as having degreed staff and smaller child-to-staff ratios. According to Starting Point (2006), in Cuyahoga County the average monthly cost of caring for an infant in a child care center is over \$664 each month. Cost of care for a toddler is \$584, a preschool student is \$536, and a school-aged child is \$400. (See Table 1.) In comparison, family child care homes (FCCH) are less expensive than center care with the exception of care for school-aged children, which is approximately \$20 more per month than center-based care.

Table 1: Average Cost of Child Care by Age of Child, Cuyahoga County

COST OF CORE SERVICE		
SERVICE:	TOTAL	
Definition of Unit of Service:		
One child or one child care slot per month		
Average Market Price and/or Cost:		
	Center	FCCH
Infant	\$664	\$528
Toddler	\$584	\$498
Preschool	\$536	\$475
School-age	\$400	\$420
Range of Purchase of Service Reimbursement Amounts		\$0-\$664.27/mth

Source: Starting Point

Publicly Subsidized Child Care

According to a study by the Urban Institute entitled “Child Care Subsidy Policies and Practices – Implications for Child Care Providers” (Adams and Snyder, 2003):

Child care subsidies help low-income families defray some or all of the costs of purchasing care from child care providers in the larger child care market. Public funding for subsidies grew during the 1990s in large part because they were essential to welfare reform (as they help low-income parents work) and because they can also play a role in the development and safety of low-income children. While the system is based on parents being able to find child care providers willing to accept subsidies, relatively little is known about how providers experience the subsidy system, and the effects of subsidy policies and

practices on provider's willingness and ability to participate. These issues are particularly important because one of the cornerstones of the federal child care program—the Child Care and Development Fund (CCDF, also known as Child Care and Development Block Grant)—is the principle that families receiving subsidies should have “equal access” to child care that is comparable to the care available to non-subsidized children. (Adams and Snyder, 2003)

The Urban Institute's research focused on understanding how the *voucher* subsidy system operated at the local level. (It did not focus on “contract” payments.) The following are some of the major findings from the research (Adams and Snyder, 2003).

Factors That Affect How Much Providers Are Paid

How much providers are paid by subsidy agencies is a critical factor for providers and can be affected by a number of issues. Subsidy agencies set a maximum amount that providers can receive to serve a subsidized child, usually equal to what the provider would receive to care for a private-paying family—as long as it is under the state maximum rate. The state does not necessarily pay this full amount, as parents are often assessed a fee based on a sliding fee scale. Therefore, the amount providers actually receive is affected by both the policies and practices that affect the subsidy agency payment and those that affect the parent fee.

How much providers receive from the subsidy agency reflects the policies that determine the maximum amount providers can get in theory, and the policies and practices that shape what they actually receive in practice. Policies that affect the maximum amount that agencies will pay in theory include:

- **Maximum reimbursement rate ceilings.** State subsidy agencies set a maximum amount they will pay for child care, called the maximum reimbursement rate. CCDF rules require that states conduct market rate surveys every two years to determine what providers charge, and recommend that states set their maximum rates at a level sufficient to cover the rates of at least 75 percent of the providers in that locality (the 75th percentile). At the time of the research in 1999, seven of the 12 ANF (Assessing the New Federalism) states set their rates at least at the 75th percentile of a current rate, one state allowed counties to set their maximum rates, and four had their rate ceilings at lower levels. Where states set rate ceilings is likely to affect whether parents have equal access, as the ceiling affects how much of the market can be accessed by subsidized families. It also affects how much of a provider's costs are covered by the state.
- **Differential rates.** States may also set higher rate ceilings for certain types of care, or give localities discretion to do so through “differential rate” policies. These higher rates are designed to act as an incentive for providers to meet certain quality standards or to provide a particular type of care that is harder to find, though there is as yet little research on the efficacy of these policies. The majority of ANF states—though not all—offered some type of differential rate at the time of our site visits. These higher rates were for providers that met

some higher quality standards (five states), or provided care during nontraditional hours (two states) or for children with special needs (two states). In two states, localities had the discretion of deciding whether to offer differential rates. While a number of respondents discussed the importance of these policies for providers, some questioned whether they had the desired effect. Factors that may influence the effectiveness of differential rates include: are they set at levels that allow providers to cover the higher costs associated with such care; do providers know about them; and are the rates paid as a bonus to all providers or are they only available to those providers that charge these higher rates to private-paying parents. More research needs to be done in this area.

- **Providers with rates above the state rate ceiling.** A challenging issue facing states is how to deal with providers whose rates are above the maximum payment rate. Eight of 12 ANF states allowed these providers to charge parents the difference between the state rate and the provider's rate (which parents would have to pay in addition to the parent fee set by the subsidy agency). This policy presents difficult trade-offs. On the one hand, allowing providers to charge this difference gives higher-end providers the ability to collect their full private-pay rate, though it places additional burden on low-income parents. On the other hand, not allowing providers to charge the difference in rates protects parents from having to pay higher fees, yet it requires providers with higher rates either to accept the lower rate, make up the difference elsewhere, or potentially not accept subsidized children (or limit the number of subsidized children they serve). These trade-offs further underscore the importance of setting the maximum reimbursement rates at levels that allow families to access more of the child care market, as this cushions the negative consequences of either approach.

While rate policies create the framework that determines the maximum amount providers can receive, several other policies and practices can undercut whether providers are actually able to get the full rate they are due from the state. These include:

- **Absent days.** Payment levels can be affected by whether the subsidy agency pays for days the child is absent. Private-paying parents generally pay for an entire period (i.e., a month) even if their child ends up being home sick, since providers incur most of the same costs regardless of whether the child is present. However, subsidy agencies do not necessarily pay for all absent days. Almost all the ANF states set limits on the number of allowable absent days, ranging from 4-5 days a month to nearly all days, though some left the decision up to the county (Schulman, Blank, and Ewen, 2001). For agencies, limiting the number of absent days they cover can seem logical, so they do not pay for long periods of time the child is not actually in care. However, this

may result in providers not receiving the full rate they are due, and actually getting less than they would from a private-paying parent.

- **Reimbursement for other fees.** Providers' charges also may not be covered if the state does not pay for standard fees that the provider charges to private-paying parents, such as registration fees or field trips. While there is little information on how prevalent these fees are, a number of providers in our focus groups discussed these costs. States varied in whether they covered these fees. While many covered at least some of them, in some cases these fees were paid only if, when added to the provider payment, the total did not exceed the maximum reimbursement rate. When subsidy agencies did not cover these costs, providers would need to forgo these funds, try to collect them from parents (if allowed), or not accept parents who couldn't pay the costs.
- **Part-time subsidies.** Provider payments are also affected by whether the subsidy agency authorizes part-time subsidies, which might occur if the parent is working less than full-time. While part-time subsidies can make sense from an agency standpoint, some providers reported that it can be difficult to set up staffing patterns to accommodate part-time slots. Part-time subsidies can also affect their financial bottom line. Consequently, a number of providers reported requiring all private-paying parents to pay for a full-time slot. This issue becomes particularly complicated in cases where the agency changes the authorized subsidy from full-time to part-time as a parent's circumstances change. While we did not collect data on how common this practice was, this policy was in place in at least one of our sites, and could be particularly difficult for providers given the dynamic nature of low-income parents' employment patterns.
- **Reimbursement for full period of service.** Payments can also be undercut if providers are not paid for the full time period they serve the child—for example, if the provider inadvertently ends up serving the child during some period when either the child or the provider was not authorized for payment. This situation seemed to most often occur during the child's transition into or out of the provider's care, or the family's transition into or out of the subsidy program. While this problem sometimes appeared to be due to provider error, providers also reported problems due to confusion or miscommunication with the subsidy agency. For example, some providers reported confusion about whether a parent was initially authorized for payment, or situations where they were not notified that a subsidized family lost its eligibility.

Publicly Subsidized Child Care in Ohio and Cuyahoga County

The largest source of dollars for the state's child care subsidy program is the federal Child Care and Development Fund (CCDF) (Karolak, 2000). Other types of child care subsidies exist, in particular those made available by employers and other government-directed programs such as

the Ohio Child and Dependent Care Tax Credit. Child care subsidies primarily are made available to low-income families. This form of assistance is intended to expand the range of child care options and promote parental employment. But often low-income families find it difficult to afford their co-payment obligations.

Most county departments of job and family services (CDJFS) in Ohio utilize contracts with child care providers for provision of services. This gives the county agency organizational control over the fiscal issues. However, all counties must offer a voucher, Certificate of Authorization for Payment of Publicly Funded Child Care Services (COAP), to parents if a provider they choose does not want to contract with the CDJFS. One exception to this is Cuyahoga County, the largest county in Ohio, which uses COAPs exclusively.

Ohio Administrative Code (OAC) Rule 5101:2-16-55 describes the COAP as a benefit to parents, not the provider. The COAP must be returned by the provider to the CDJFS for reimbursement purposes.

By regulation, the Ohio Department of Job and Family Services (ODJFS) must establish payment rates for child care services that ensure equal access to comparable care for eligible children. One way equal access has been assured in Ohio is by conducting a market rate survey every biennium and establishing, by region, rates for each provider type and child age group. During the review process of the most recent market rate survey, conducted by The Ohio State University and completed June 30, 2004, the primary goal of the project was to develop reasonable estimates of the distribution of unsubsidized rates charged within well-defined service categories. In addition, a secondary goal was to identify, if they exist, unique market sectors or regions within the state where the distributions of rates are both statistically and meaningfully different across the regions.

The State of Ohio has prioritized service for the following CCDF-eligible children as follows, all of which include families with children who have special needs:

- Families receiving Ohio Works First (OWF/TANF) financial assistance are guaranteed child care services.
- Families who are transitioning off OWF/TANF will be guaranteed child care services, if income eligible, for up to 12 consecutive months.
- Families at-risk of becoming dependent.
- All other families that are income-eligible under state-defined criteria.

Greater Cleveland families with children under age 12 are guaranteed child care if they receive public assistance and are engaged in work, training, or education activities. The Child Care Assistance for Working Families Program (the county's name for the program funded through the Department of Employment and Family Services) subsidizes part of the cost of child care for eligible families based on family size and family income. In Cuyahoga County, 21,822 children received subsidized child care in May of 2006. Working families with annual incomes at or below 185 percent of poverty (approximately \$24,600 for a family of three) may receive child care vouchers. These vouchers enable income eligible families to reduce the amount paid for child care. The state reimburses the child care provider at a set amount, and in addition all families are charged a co-payment. Ohio has a sliding scale fee based on income and number of children. (See Table 2.)

Table 2: Family Fees/Co-pays

Poverty Level	Co-pay	
	1 child	2 children
50% FPL	\$17	\$50
75% FPL	\$40	\$50
100% FPL	\$73	\$92
125% FPL	\$116	\$145
150% FPL	\$144	\$182
175% FPL	\$168	\$212

Source: ODJFS. (n.d.). Table 2: Family Fee/Cop-pay. Retrieved September 1, 2006 from http://156.63.150.60/emanuals/pdf/pdf_forms/2-16-39APX.PDF

The parent fee is capped at no more than 10 percent of family’s monthly income for all families receiving public child care subsidies, even for families whose income is up to 185 percent of poverty. A report from the National Women’s Law Center identified Ohio as the fifth most expensive state for parent co-payments (Corlett, 2006). Many advocates for the working poor note the difficulty families have when they secure an increase in salary, which then requires them to make substantially larger co-pays for child care, essentially negating any increased financial stability a family may achieve.

Alternative Subsidies for Child Care in Cuyahoga County

Starting Point has a modest funding pool for children in families between 185-200 percent of poverty to help subsidize child care.

United Way First Call for Help Call Data

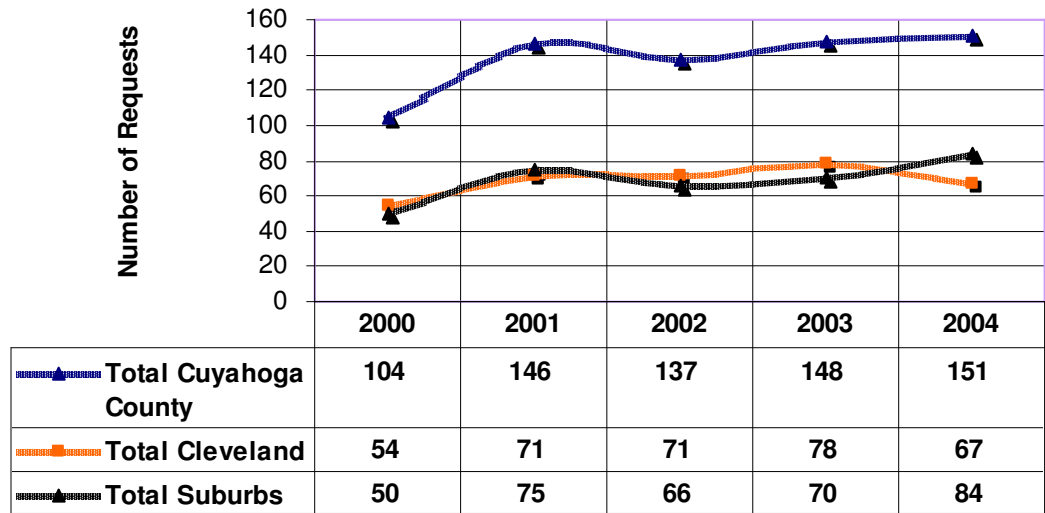
Based on United Way - First Call for Help’s (FCFH) database (February 2005), there are 4 child care subsidy program providers operating from 4 different sites, 2 of which are government and 2 are nonprofit. In FY 2004 (July 2003 to June 2004), one provider was funded by United Way. (See Attachments 5 and 6.)

United Way - First Call for Help call data shows an increase in the number of total requests for child care subsidy programs in the county: from 104 in 2000 to 151 in 2004 (45 percent increase) with a 24 percent increase in Cleveland (54 to 67 requests) and a 68 percent in the suburbs (50 to 84 requests). (See Figure 3.) Calls came from the majority of Cuyahoga County zip codes with the following experiencing the highest average number of calls from 2000-2004, ranging from 9-6 calls:

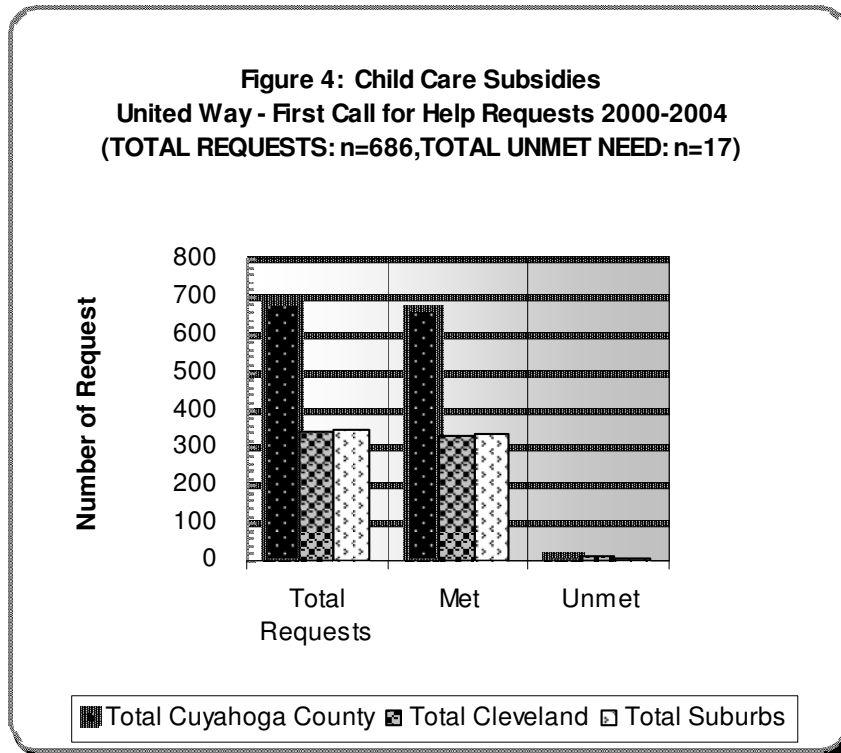
- 44102 (Brooklyn/Cleveland) – 9 calls;
- 44120 (Cleveland/Shaker Hts) – 8 calls;
- 44103 (Cleveland) – 6 calls;
- 44104 (Cleveland) – 6 calls;
- 44110 (Cleveland/Bratenahl) – 6 calls; and
- 44112 (Cleveland/East Cleveland) – 6 calls.

(See Attachment 7.) Note that Starting Point is the official resource and referral source for early childhood programs (including child care) in Cuyahoga County. Thus it is assumed that this is an undercount of the requests for this service.

**Figure 3: Child Care Subsidies
United Way- First Call for Help Requests 2000-2004
Greatest Increase/(Greatest Decrease)**



Over the same five-year period, United Way - First Call for Help had 686 requests for information about child care subsidies. Of these requests, they were able to make referrals to 98 percent of callers; however, 2 percent of all Cuyahoga County callers (17) had an unmet need, meaning there was no agency to which to refer the caller. Callers from the City of Cleveland had a 3 percent unmet need rate and from the suburbs, 2 percent. No zip code experienced greater than 3 unmet calls during the five-year period 2000-2004. (See Figure 4 and Attachment 8.)



FUNDING OF CORE SERVICES

Major Government Funders

The major sources of government funding for child care subsidies come from the following sources:

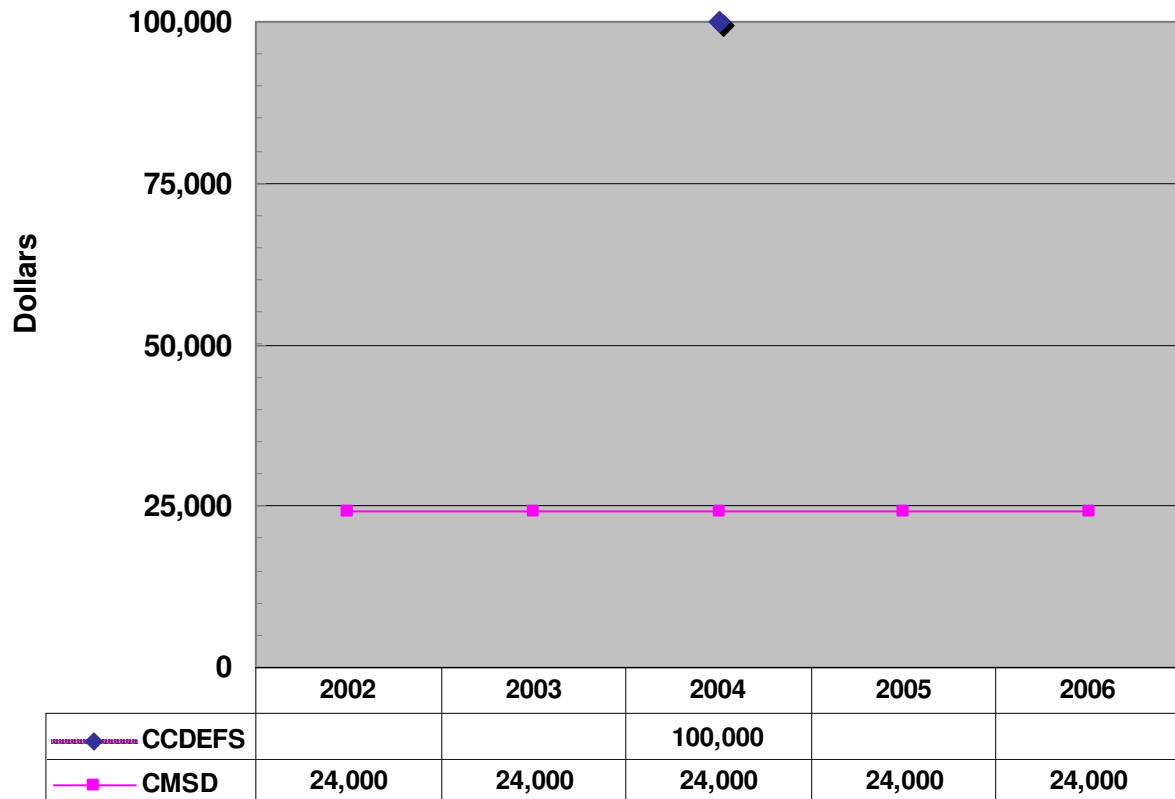
- Cleveland Municipal School District
- Cuyahoga County Department of Employment and Family Services

The major source of private funding for alternative child care subsidies is United Way of Greater Cleveland.

Trends of Identified Government Funders in Cuyahoga County

Between calendar years 2002 and 2006, the Cleveland Municipal School District provided \$24,000 in grants to Starting Point for child care subsidies targeted to teen parents. The Cuyahoga County Department of Employment and Family Services provided Starting Point with a one-time grant of \$100,000 in 2003-04 to help offset increased co-pays and the cost of eligibility reductions for publicly funded child care programs from 185 percent of federal poverty level (FPL) to 150 percent. Eligibility returned to 185 percent of FPL and co-pays were again reduced in 2005, and no further grants have been made. No other sources of government funding are used. (See Figure 5.)

Figure 5: Identified Government Funding for Child Care Subsidies Cuyahoga County, CY 2002-2006



Source: Starting Point

IDENTIFIED REVENUES

As of May 11, 2006, \$237,049 in revenues for child care subsidies programs has been identified countywide. This includes information from foundations; federated fundraising organizations; regional, county and municipal government; and United Way of Greater Cleveland. Eighteen percent of the revenues are from contracts or grants from government organizations. United Way of Greater Cleveland's funds account for 82 percent of the total from Investment Committee allocations and designations. (See Table 3.)

Table 3: Identified Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland, 2003/2004.

Funder	Period	A		B	
		Identifiable Total Dollars County-wide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Cleveland Foundation,The				7,014	
Total - Foundations & Trusts			0.00%	7,014	4.29%
Total - Special Events - Growth			0.00%	15,665	9.58%
Employment & Family Services	2004	100,000		-	
County Commissioners				21,806	
Subtotal Cuyahoga County Funding Sources		100,000	42.19%	21,806	13.33%
Cleveland Municipal School District	2004	24,000		5,998	
Subtotal Other Govt Funding Sources		24,000	10.12%	5,998	3.67%
Total - Contracts/grants from government organizations		124,000	52.31%	27,804	17.00%
Subtotal Non - UWGrCle Support		124,000	52.31%	50,483	30.87%
Total - UWGrCle designations applied to program		5,411	2.28%	5,411	3.31%
Total - UWGrCle investment committee allocation		107,638	45.41%	107,638	65.82%
Subtotal UWGrCle Support - 4001, 4701 & 4703		113,049	47.69%	113,049	69.13%
Total Support/Revenue		237,049	100%	163,532	100%

V. WHAT WORKS; WHAT DOESN'T

IMPACT ON INDIVIDUALS/FAMILIES

What Works

Outcomes: Public Subsidies

According to a 2003 report by The National Bureau of Economic Research, very little is known about whether child care subsidies have in fact contributed significantly to the main goal of welfare reform, which is to increase employment and economic self-sufficiency among low-income families. However, an Ohio-based study has shown that the impact of receiving help in paying for child care is significant for working parents. A Policy Matters Ohio issue brief stated that working parents who receive help paying for child care are more likely to (1) be employed; (2) keep their jobs longer; and (3) have higher earnings than other parents (Honeck & Lovell, 2004). The authors, in reviewing a national study on the subject, reported that working mothers with regular child care arrangements were less likely to leave their jobs. Similarly, programs improving working parents' access to, and affordability of, quality child care have been shown to decrease reports of employment-related child care problems. Perhaps most importantly in this era of reduced welfare caseloads, the authors noted that individuals who received child care subsidies when leaving public assistance were found to have greater employment stability than those not receiving such assistance (Honeck & Lovell, 2004).

Model: Alternative Subsidies

In the mid-1990s, 25,000 families in Florida were on a waiting list for state-subsidized child care. To deal with the problem, the state and the private sector developed the Child Care Executive Partnership (CCEP), an innovative strategy to increase the availability of child care subsidies. Through this partnership, the State of Florida matches employer child care contributions for employees who are eligible for child care subsidies. Families qualify for subsidies if the parents are working or in school and the household income is below 150 percent of the federal poverty level. The CCEP is a win-win situation for all parties involved: more low-income families can maintain stable employment without the worry of affording child care; employers benefit from less employee absenteeism and turnover; and the State of Florida is able to provide more eligible families with child care subsidies (State of Florida, n.d.).

In 1998, thirty-five businesses participated in the Child Care Executive Partnership in one of two ways. An employer could subsidize its own employees, which automatically moved the employee off the waiting list to receive a state subsidy for child care. Or, the employer could make a charitable donation to a purchasing pool that funds child care subsidies for families in the community. Local purchasing pools exist in 44 of Florida's 67 counties, in geographic areas ranging from large urban areas like Miami to small rural areas in the Panhandle. In either case, the state guarantees the employer match so that the family receives the full subsidy (State of Florida, n.d.).

The State of Florida matches each dollar an employer contributes to child care, thus doubling the available funds for families who are income-eligible for subsidized child care. In the first eighteen months of the program, the partnership leveraged more than \$6 million from the private sector. The \$6 million in state matching funds comes from the federal Child Care and Development Fund (State of Florida, n.d.).

What Doesn't Work

Outcomes: Public Vouchers

There has been some research on whether vouchers are an effective approach to subsidizing child care, primarily in the public arena. "When considering the effectiveness of child care subsidies, it is important to ask 'what is child care for?'" In Ontario, regulated child care has been treated as a child development program since the wartime day nurseries were established during World War II; the provincial government involved child development experts from the Institute for Child Study in the design of the programs and development of the first Day Nurseries Act in 1946. Since that time, Ontario's child care policy, while never adequate, approached child care as child development programs that simultaneously permitted parents to participate in the workforce. Using vouchers makes it difficult (if not impossible) to ensure delivery of child care as a child development service because public funds spent on vouchers cannot be accounted for as expenditures on child development (Child Care Resource and Research Unit, University of Toronto, n.d.).

"No definitive evidence exists that vouchers achieve the greater economy-efficiency and quality effects announced by their most ardent proponents..." (Kahn & Kamerman, 1987). American research investigated the impact of implementation of a new statewide voucher program on quality, price and supply of child care. The study included pre- and post-test measures, and a comparison group of fee subsidy parents. The research concluded that "at best, vouchers had no effect on the price, supply, and quality of day care, and at worst, they worked in the opposite direction" and that "many risks accompany the use of vouchers" (Parker, 1989 in Child Care Resource and Research Unit, University of Toronto, n.d.).

In a 2002 report commissioned by the Urban Institute, a national study of states' child care subsidy systems found that repeated in-person meetings with caseworkers, frequent re-certifications of subsidies, and extensive documentation requirements often placed working parents at a disadvantage. In the study, parents expressed many concerns with the child care subsidy system. And although some had positive experiences with caseworkers, others described caseworkers as treating them disrespectfully, providing incorrect information, losing paperwork, and making them wait for long periods of time. Another concern of some parents was the lack of accessibility. The report's authors discovered that, at least nationally, many agencies still required parents to arrive in-person to handle administrative matters instead of allowing the use of mail, fax, and phone. Additionally, parents had to continually prove their eligibility to maintain their assistance (Adams, Snyder & Sandfort, 2002).

An Ohio Legislative Budget Office (LBO) study reviewed other paid-vendor services to determine if there were alternative payment models that could work better than Ohio's system of reimbursing child care providers after services are rendered. Several of the alternative programs studied used some form of a prospective payment arrangement whereby providers receive payment up-front in the form of quarterly grants or based on the approved capacity of the programs and the facilities' vacancy rates. One such initiative was the Urban School Initiative School Age Child Care Project. To calculate payment, the highest of three head-counts taken at the beginning of the month was used in conjunction with spot visits (Karolak, 2000).

While alternative payment models worked for other systems, the Ohio LBO ultimately determined that none of them would work for Ohio's child care subsidy programs. The Ohio LBO surveyed county personnel and providers, giving them summaries of different payment systems to review and provide feedback. These models included the cost center model, using

historical projections, providing annual contracts for subsidized care, mixed prospective/reimbursement approaches, and the private pay model. Ultimately, the Ohio LBO could not recommend the development of a prospective payment system because of the overwhelming reservations of administrators, the current lack of a centralized billing and payment system, the lack of cost-of-care information, and limitations on federal funding for facility costs (Karolak, 2000).

On the flip side, there are several issues in the current system for providers. The reimbursement process for providers can be a lengthy process, putting some facilities in a financial bind. In a survey conducted in 2000, 290 licensed Ohio child care providers (28 percent of the respondents) claimed that they had experienced a cash flow crisis due to delayed reimbursements. And many providers expressed frustration with not knowing when their reimbursements would arrive; they indicated their desire to set reimbursement dates. In addition, many providers front the cost of care for families that are waiting for an eligibility determination. If the family ultimately is deemed ineligible, the child care facility must try to collect from parents who already are struggling financially (Karolak, 2000).

IMPACT ON COMMUNITY

Research conducted in 1994, under the former Aid to Families with Dependent Children (AFDC) system, measured the impact on caseloads of child care subsidy programs. Findings included the following: (1) if all single mothers received a 10 percent child care subsidy, the level of AFDC reciprocity would fall from 40.1 percent to 34.9 percent, and that cohort's employment rate would rise from 48.5 percent to 52.8 percent; and (2) if all single mothers received a 50 percent child care subsidy, the level of AFDC reciprocity would fall to 12.5 percent, with a boost in that cohort's employment rate to 74.7 percent (National Center for Policy Analysis [NCPA], 2003).

ACCREDITATIONS/STANDARDS/CERTIFICATIONS

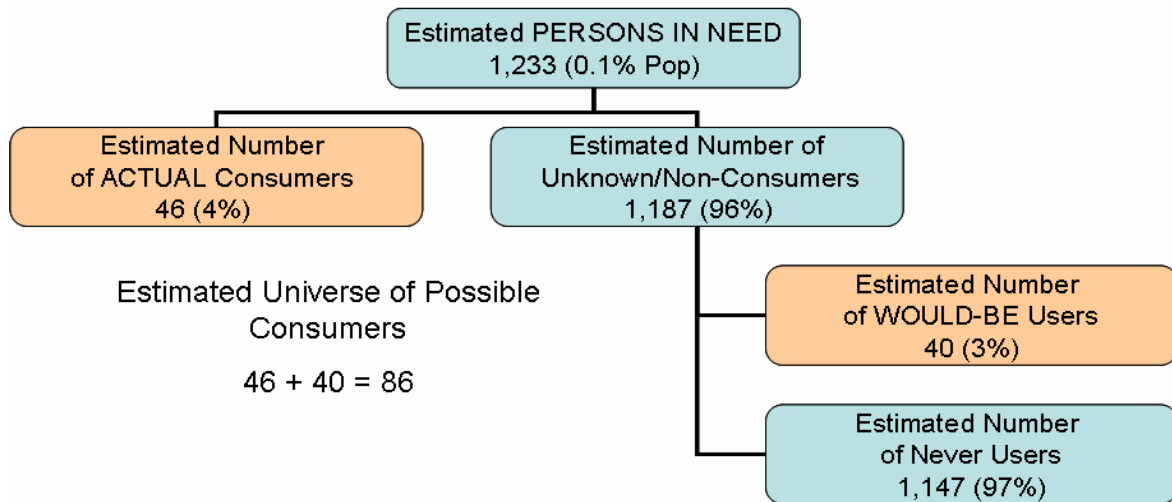
None were identified for child care subsidies programs.

VI. GAP ANALYSIS

The following is the formula for arriving at the estimated universe of possible consumers for Child Care Subsidies:

- An estimated 1,233 children 0-12 need child care subsidies to help pay for child care centers.
- Based on research previously mentioned, only 7 percent of low-income employed families that did not receive child care help from the government or another organization reported that they had asked for such help (Giannarelli, Adelman, & Schmidt, 2003).
- After applying that percentage to Cuyahoga County ((1,233 x 7% = 86), the estimated universe of possible consumers is 86. This includes the 46 children with realized access and 40 with unrealized access. (See Figure 6.)

Figure 6: Consumer Estimates Child Care Subsidies Program



Service Site Index

There is no service site index for this service because it is a countywide service.

VII. SUMMARY

The following are the major findings from the research on this core service:

- Getting help with child care expenses may broaden a family's choices in at least two ways. First, affordable child care increases parents' employment choices. Second, more affordable child care broadens parents' child care choices.
- With the cost of child care rising due to inflationary increases, the freezing of federal funding will cause a decline in the number of children who can be served.
- Ohio's child care subsidy program is a state-supervised, county-administered system. The Ohio Department of Job and Family Services (ODJFS) develops policies, drafts rules, provides technical assistance, licenses child care centers, and allocates funds to counties.
- Between calendar years 2002 and 2006, the Cleveland Municipal School District provided \$24,000 in grants to Starting Point for child care subsidies targeted to teen parents.
- The Cuyahoga County Department of Employment and Family Services provided Starting Point with a one-time grant of \$100,000 in 2003 to help offset increased co-pays and the cost of eligibility reductions for publicly funded child care programs from 185 percent of federal poverty level to 150 percent. Eligibility returned to 185 percent of FPL and co-pays were again reduced in 2005, and no further grants have been made.
- As of May 11, 2006, \$237,049 in revenues for child care subsidies programs has been identified countywide.
- American research concluded that at best, vouchers had no effect on the price, supply, and quality of day care, and at worst, they worked in the opposite direction and that many risks accompany the use of vouchers. A central concern about child care vouchers is that usually few conditions are attached to them.
- An Ohio-based study has shown that the impact of receiving help in paying for child care is significant for working parents. A Policy Matters Ohio issue brief stated that working parents who receive help paying for child care are more likely to (1) be employed; (2) keep their jobs longer; and (3) have higher earnings than other parents.
- In a 2002 report commissioned by the Urban Institute, a national study of states' child care subsidy systems found that repeated in-person meetings with caseworkers, frequent re-certifications of subsidies and extensive documentation requirements often placed working parents at a disadvantage.
- There are several provider issues in Ohio's current system, including lengthy reimbursement process, cash flow problems, and not knowing when reimbursements will arrive.
- The estimated universe of possible consumers is 86 including, both realized (46) and unrealized (40) access.

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ATTACHMENTS

Attachment 1: Researcher List

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Attachment 2: Technical Notes

Technical Notes: Methodology, Caveats, Limitations of Data

The following provides descriptions, definitions, methodologies, caveats, or limitations of data for the following components of the core service reports:

- Unit of Analysis
- First Call for Help Data
- Funding Information for Core Services
- Consumer and Financial Data: Caveats
- Gap Analysis Methodology & Limitations
- Service Site Index

Unit of Analysis

The core service is the unit of analysis. United Way of Greater Cleveland either funds or could fund 80 core services. These are the object and subject of the research, specific to Cuyahoga County. A separate report has been developed for each service. It must be noted that the aggregate of any quantifiable data across all of the reports does not comprise a picture of the totality of health and human services in Cuyahoga County because there are many more than 80 services that comprise the community's safety net.

The unit of analysis for estimates of service consumers is the individual, the family, or the household.

United Way - First Call for Help Data

For most core services, United Way First Call for Help (FCFH), the community's resource and referral service data, was used in tables that show the number of service providers and service sites, the geographic location of service providers by zip code, the service area by zip code as reported by providers of the respective services, and to show unmet need and greatest increase/decrease in calls received by FCFH for a particular core service.

It is important to remember that FCFH receives calls from a variety of sources that include people calling on behalf of a prospective consumer such as social workers, provider agencies, relatives, etc. Not all calls come directly from a prospective consumer, so some of the zip codes are for hospitals and business addresses, although the numbers for these zip codes are relatively small.

Calls also may be from people who are not interested in receiving a service, but wish instead to make a contribution to a program such as clothing, household items, food, books, crafts supplies, etc.

Because, in many instances, FCFH codes its data with a different level of core services than the 80 core services identified by the United Way Community Investment staff as fundable services, it was necessary to develop a crosswalk. This crosswalk was used for a number of services,

however, seven services did not have a match in the FCFH database. The staff of United Way - First Call for Help gave explanations which follow each core service):

- Adolescent/Youth Counseling: A caller asking about help with their troubled teenager would be referred by the type of counseling rather than age. (Example: counseling for drugs, family, sexual abuse, etc.)
- Advocacy: FCFH does not receive calls from people about advocacy.
- Child Care: Calls are directed to Starting Point.
- Condition Specific Rehabilitation Services: FCFH would refer caller back to their primary care physician for a referral.
- Early Intervention for Mental Illness: FCFH does not receive calls for this, but if they did, they would refer to the county's Help Me Grow program.
- Family Support Centers: FCFH defines data by specific service rather than type of agency. Depending on the call, the caller may be referred to General Counseling or Early Intervention for Infants and Toddlers with Disabilities, and so on.
- Preschools: Calls are directed to Starting Point.

A different match was used for other services that had no crosswalk.

- Medical Transportation and Senior Ride: FCFH uses "Paratransit" as they do not differentiate between senior transportation, medical transportation, and transportation for the disabled.
- Outpatient Mental Health Facilities: FCFH uses "Mental Health Drop-in Centers."

It must also be noted that, for the most part, the FCFH database does not include for-profit agencies. In the case of home health care providers, we contacted the Long Term Care Ombudsman for a more complete list of provider agencies which includes for-profit organizations.

There were several instances where the FCFH database did not code a United Way-funded agency with the core service for which they were receiving funding. In these instances, the agency was added manually to the Service Provider Table along with their site locations. The core services with the respective United Way of Greater Cleveland agencies that were added are:

- Case/Care Management – Care Alliance, Cystic Fibrosis, Epilepsy Foundation, Golden Age Centers
- Comprehensive Outpatient Substance Abuse Treatment – The Covenant
- Disease/Disability Information – The Muscular Disease Society of Northeastern Ohio
- Early Intervention for Infants and Toddlers with Disabilities – United Cerebral Palsy
- Medical Expense Assistance – North Coast Health Ministry
- Medical Transportation (Paratransit in FCFH) – Kidney Foundation of Ohio
- Senior Centers – Catholic Charities Services Corporation, Jewish Community Center of Cleveland, Jewish Family Service Association of Cleveland, University Settlement
- ~~House~~ Homeless Development – Neighborhood Leadership Institute

It must also be noted that when numbers are low for trend data reported, the high percentages are slightly exaggerated.

Funding Information for Core Services

We collected financial information for each core service on a countywide level from multiple sources including major government funders, foundations, federated fund raising organizations, and United Way of Greater Cleveland. While we were successful in gathering a substantial amount of data, there is much that has not been collected. It must also be noted that even if we had all major public and private funding gathered, this would not create a total picture of health and human service funding in Cuyahoga County because there are more than 80 core services provided. The following provide highlights of data collected and some of the limitations for each source. It is important to note that funding in each source is changing and represents point in time amounts. The typical period for trend data, when available, is 2002, 2003, and 2004. Note: some services are funded by private insurance or other self-pay arrangements.

Foundation Funding

We attempted to obtain foundation funding amounts for each core service from the latest annual report or 990 PF (foundation tax return to the IRS) of each major foundation that funds social services in Greater Cleveland. Wherever a description of the grant purpose was given, we used our best judgment to match the grant to the appropriate core service. If the grant fell within more than one core service area, it was not listed. When no description was given, the grant was treated like a general operating grant and assigned to a core service only when the mission of the grant recipient fell mainly within one particular core service. In-kind donations, grants for capital and equipment expenses and administrative salaries were not used. When grants were \$10,000 or greater, they were listed by name of the foundation. All others were placed under Other Foundations and not listed. Typically, we did not attempt to provide trend financial data for foundation funding of core services because of the changing nature of funded programs from year to year.

Federated Funding Sources

We approached the major federated funders of core services in Greater Cleveland for funding and consumer information. Some data provided was for a single point in time; others provided three years of trend data. We often had to do a cross walk of United Way of Greater Cleveland funded core services against those funded by federated agencies to agree on the services.

Government Funding

We approached every major government funder for funding amounts for each core service and also did Internet searches for some federal government sources. Due to the constant state of change in government funding, it is important to note that the data provided is a snapshot in time and that many of the programs funded in 2004 have changed definition, are funded through different revenue sources, or no longer exist at all due to a lack of funding. This is particularly true of Community Development Block Grant dollars which have decreased due to shifting federal priorities.

Every effort was made to appropriately match government funding data to the correct core service area; however, this was not always possible as frequently the service definitions were not a one-to-one match. It was necessary, in some instances, to take the closest match or use the sore service which represented a majority of the services being provided.

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases where Medicaid is a significant source of revenue, the data was entered as an

aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

Every effort was made to include data from municipalities. However, many did not respond after repeated requests for information. We would like to thank those who took the time to help with this project.

Medicaid Funding

A significant portion of Medicaid funding was NOT entered under the countywide total in the core service reports for two reasons: first, because many of the Medicaid services are not a one-to-one match with United Way core services, and second because some Medicaid services fall into more than one AIRS Level 1 categories. In the first instance, Medicaid funding was entered as an aggregate total at the AIRS 1 level, and in the second instance Medicaid funding was entered as an aggregate total under Third Party Payee/Direct Bill in the combined Master Revenue file of funding across all nine AIRS Levels. They are as follows:

Entered as Aggregate Total Under Appropriate AIRS Level

- Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: daily living aids and home health care.
- Medicaid Service - CADAS (\$8,522,183 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: comprehensive outpatient substance abuse treatment, residential substance abuse treatment programs, substance abuse education and prevention.
- Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: condition specific rehabilitation, and speech & hearing services.
- Medicaid Service - CMH (\$67,773,487 in 2004) - Falls into AIRS 1 Mental Health Care & Counseling and includes the following core services: supportive therapies, adolescent/youth counseling, children's residential treatment facilities, early intervention for mental illness, general counseling services (outpatient mental health facilities), and psychiatric day treatment.

Entered as Aggregate Total Under Third Party Payee/Direct Bill

- Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into two different AIRS 1 categories: Basic needs and health care. It includes the following core services: condition specific rehabilitation and medical expense assistance.
- Medicaid Service - Waiver (\$128,921,354 in 2004) – This category included all PASSPORT services. Since we reported PASSPORT separately, in order to avoid duplication, we deducted the PASSPORT total of \$52,676,048 from this number and reported the remaining \$76,245,306. This total falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: adult day care, home-delivered meals, home health care and in-home assistance.
- Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: condition specific rehabilitation services, early intervention for infants and toddlers with disabilities/delays, and residential living options for people with disabilities.

United Way of Greater Cleveland Funding

Financial data for core services funded by United Way of Greater Cleveland was for FY 2004 (July 2003 to June 2004). It included allocations through the community investment committees and donor designations that United Way funded agencies applied to the respective core

services. It is important to note that not all United Way funded agencies applied donor designated gifts, which are unrestricted, to the core service for which they receive United Way funding. It did not include donor designations that non-United Way funded agencies used for any of the 80 core services.

United Way Agency Revenues

Annually United Way-funded agencies submit revenue budgets to United Way for each funded core service. This information for FY 2004 is reported. However, all of the agency data may not be included in the countywide data as agencies may have assigned dollars from unrestricted grants to a specific core service, or allocated a portion of grant monies that fell within two or more core service areas. It was not always possible to match countywide government or foundation funding with that reported by the agencies and that gathered from other funding sources.

Consumer and Financial Data: Caveats

The following applies to revenue sources on tables and graphs and their corresponding consumer data used in the consumer demographics and zip code tables.

All Core Services

Data was self-verified by the funder/provider. Whenever data provided by a funder appeared to be inconsistent or incorrect, an attempt was made to contact the funder. If the funder responded, the data was either adjusted according to their instructions, or the reason for discrepancies footnoted. If they did not respond, or if they said it was correct, the data was left as submitted.

Demographic and zip code data provided by the funder/provider is frequently taken from consumer intake forms which may have missing or incomplete data, or from provider agency databases which contain data entry errors or incomplete consumer intake forms. Whenever possible, the funder was asked for corrected data. In cases where a correction was not possible, the data was counted as either unknown or missing. The usage of these terms is footnoted at the bottom of each table and is explained more fully in the Gap Analysis section of this attachment.

It was not always possible to get information in the format requested as each funder tracks data differently, using different service definitions, terminology and variables. Wherever possible, data was matched to a consistent report format.

When a funder could not provide consumer demographics, but could provide an estimated percentage of consumers by category, we took the total number of consumers and applied the percentages to come up with estimated numbers for the consumer tables. For example, Medicaid tracks individual recipients throughout the year, entering new data if there is a change, each time a claim occurs. Thus, a consumer who has a birthday between claims will appear in the system for that year with two different ages.

To resolve this, the percentage of consumers in each age range was determined for the total number of duplicated consumer ages. Those percentages were then applied to the total number of unduplicated consumers for the year in order to reach a total number of unduplicated consumers for each age range.

The time periods for both revenue and consumers vary by funder/provider. United Way Program Report data is for FY 2004 (July 2003 to June 2004). Other funder/provider data is for either a January to December or July to June fiscal year.

Gap Analysis Methodology & Limitations

Based on Anderson's (1964) seminal needs assessment model, realized access is defined as the number of consumers who receive service while unrealized access is the estimated number of consumers who need and would utilize a service, but are not currently receiving it. This could be considered the service gap. Unrealized consumer access to services drives the need for change in the social service delivery system. Ensuring unrealized consumer access to services requires new models of service delivery related to access, effective use of resources, data management, and funding. There were multiple steps used to conduct a gap analysis:

- *Estimate of persons in need of the service:* Unless local research was conducted to determine need for a given service, this estimate was obtained by either using U.S. Census data for Cuyahoga County or applying percentages from national studies and reports to the census data. All references and percentages are footnoted in the respective graphs or tables. In most cases this percentage was also applied to actual 1990 Census figures and population projections 2005 through 2015 that were done by the Ohio Department of Development.
- *Estimate of number of ACTUAL consumers in the public systems (realized access):* Data submitted to United Way by funded agencies was aggregated to determine the number of consumers for each core service. The period was FY 2004, which is July 2003 through July 2004.
 - In some cases data was "unknown," defined as data not collected by agency because no tracking system was available or the type of service delivered made it difficult (i.e., group presentations, telephone information and referral, and drop-ins). This also represents data not completed by consumers either deliberately or inadvertently on intake forms.
 - In other cases, data was missing that, for United Way data, represented computational errors or incorrect completion of online reports. For all other data, "missing" represents data funders/providers were unable to provide.
 - There was no check of the accuracy of data submitted by agencies.
 - Major government funders were asked to provide information about the number of consumers for the respective core services that they funded. In most cases, services were not defined in the same way as the United Way core services which are based on the Alliance for Information and Referral Systems (AIRS) taxonomy. To accommodate these differences, customized crosswalks were developed.
 - We assumed that the numbers of consumers across funding sources were not unduplicated and thus made a judgment about which numbers would be the best estimate of an unduplicated number.
 - The estimate of consumers is not inclusive since it does not include numbers of consumers who use their personal resources to pay for services, nor for other private resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.
- *Estimate of number of "unknown/non-consumers":* This is the difference between the estimated number of actual consumers and the estimate of persons in need.
- *Estimate of number of "would-be users" (unrealized access):* This is the estimate of persons who would use a service if it were available, typically based on research.

- *Estimate of number of “never users”*: This is the difference between the estimated number of unknown/non-consumers and would-be users.
- *Estimate of “universe of possible consumers”*: This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

We recognize that this is not a perfect method for assessing either realized or unrealized access to core services. However, we opted to use an imperfect method rather than no method to demonstrate both the complexity and the usefulness of quantifying realized and unrealized access to services as a first step toward a more rigorous methodology. In the business sector this would be a form of market analysis. We also recognize that actual consumer numbers are not unduplicated across funders, or across core services. Thus, there is much work yet to be done to gain realistic estimates of needs.

The numbers we provided are on a countywide level. We recognize that there could be, and often are, differences by demographics and geographical area. In the Actual Consumer Demographics attachment, we have identified the profile of the base consumer group from census, but have little on the estimated persons in need. Occasionally, there is information from other research that describes differences among different racial, ethnic, gender, age, or income groups that is discussed in the narrative. There is also inconsistent information for consumers funded by various governmental bodies. In other words, some funders provided demographic data and others did not. In the Actual Consumer Zip Codes attachment, we have also attempted to identify the geographic profile of the estimated persons in need and actual consumers. However, this information has the same limitations as the demographics.

Service Site Index

For many services a service site index was developed. It provides a ratio of estimated consumers per service site on a countywide level and for each zip code within the county. The ratio is based on the number derived from the gap analysis described in the previous section and on the number of providers who reported to United Way – First Call for Help whether a specific service site includes a given zip code in its service area. A provider site is located in a single zip code, but could serve multiple zip codes. The ratio is a measure of potential service accessibility by estimated universe of service consumers per zip code area. This measure does not include the capacity of providers to offer the service, for example, the number of consumers that can be served on a daily basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving service. The index also gives an indication of which zip codes have higher ratios which means that consumers have a lower probability of receiving a service as well as any patterns in zip codes that have high percentages of African Americans, Asians, or Hispanics. A map is also attached which provides a graphic picture of the estimated consumers by zip code.

Based on the numbers of providers that report to FCFH whether they serve a given zip code, we had assumed that there would be greater variability across zip codes. In reality, many report that they serve the entire county. Thus the variability across zip codes is often primarily because of differences in the population numbers rather than in service sites that offer service in a given zip code.

Specific Service Issues

Senior Services

“Senior Centers” was used as a catch-all category when the funder-defined service covered more than one senior success core service and could not be accurately allocated among the separate core services. Often, funding for transportation and home-delivered meals was not broken out from senior activities and supportive services at the municipal level, so it was placed under Senior Centers. Because the core services for congregate and home-delivered meals and senior ride were tracked separately, funding for these core services was not included under Senior Centers to avoid duplication of resources, even though senior center activities can and do include congregate meals.

Senior Ride includes disabled individuals of all ages as well as seniors for most funders with the notable exception of Western Reserve Area Agency on Aging (WRAAA) that requires an individual to be 60 years of age or older in order to receive services. If the transportation service was not provided by a senior center, the number of consumers reflects the number of riders using the system and contains duplicates (e.g. paratransit).

Home improvement/accessibility data includes programs for low-income families and people of all ages with disabilities, as well as seniors.

References

- Anderson, Ronald M. (1995, March). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior*, 36(1): 1-10.
- Wan, Thomas T. H., Odell, Barbara Gill, & Lewis, David T. (1982). *Promoting the well-being of the elderly: A community diagnosis*. New York: The Halworth Press.

Attachment 3: Actual Consumer Demographics

Core Service: Child Care Subsidies NL-300.150								
PERIOD	Total Population (%) ^a	Population Age 0-12 (%) ^{aa}	Population 0-12 with All Parents in Labor Force (%) ^{aaa}	Estimate 0-12 with All Parents in Labor Force in Child Care Centers and Family Day Care (%) ^{aaaa}	Estimated Persons in Need	Actual Number/Percent of Consumers by Funding Source ^{*****}		
					Estimate 0-12 with All Parents in Labor Force in Child Care Centers and Family Day Care Between 185-200%	UW Program Report Data Cnty Only 100% (%)	CC Dept. of Employment & Family Services (%)	Cleveland Municipal School District (%)
	1/1/2000-12/31/2000	1/1/2000-12/31/2000	1/1/2000-12/31/2000	1/1/2000-12/31/2000	1/1/2000-12/31/2000	7/1/2003-6/30/2004	7/1/2003-6/30/2004	7/1/2003-6/30/2004
0-5 years		109,351	61,795	16,685	501	N/A	N/A	N/A
6-12 years		143,956	90,406	24,410	732	N/A	N/A	N/A
TOTAL	1,393,978	253,307	152,201	41,094	1,233	46	Missing	Missing
Percent		18.2%	60.1%	27.0%	3.0%			
GENDER								
Male	47.2%	51.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
Female	52.8%	48.9%	N/A	N/A	N/A	0.0%	0.0%	0.0%
Unknown Data ^{*****}						100.0%	0.0%	0.0%
Missing Data ^{*****}						0.0%	100.0%	100.0%
RACE^{*****}								
White alone	67.1%	56.6%	N/A	N/A	N/A	32.6%	0.0%	0.0%
Black or African American alone/combination	27.9%	37.1%	N/A	N/A	N/A	63.0%	0.0%	0.0%
Asian alone/combination	2.1%	2.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
American Indian and Alaska Native alone/combination	0.7%	0.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
Native Hawaiian and Other Pacific Islander alone/combination	0.1%	0.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
Some other race alone/combination	2.1%	3.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
Unknown Data ^{*****}						4.3%	0.0%	0.0%
Missing Data ^{*****}						0.0%	100.0%	100.0%
HISPANIC^{*****}								
	3.3%	5.3%	N/A	N/A	N/A	4.3%	0.0%	0.0%
AGE								
0-4	6.5%	35.9%	N/A	N/A	N/A	78.3%	0.0%	0.0%
5-9	7.3%	40.1%	N/A	N/A	N/A	15.2%	0.0%	0.0%
10-14	7.1%	24.0%	N/A	N/A	N/A	6.5%	0.0%	0.0%
15-19						0.0%	0.0%	0.0%
20-34						0.0%	0.0%	0.0%
35-54						0.0%	0.0%	0.0%
55-64						0.0%	0.0%	0.0%
65-74						0.0%	0.0%	0.0%
75+						0.0%	0.0%	0.0%
Unknown Data ^{*****}						0.0%	0.0%	0.0%
Missing Data ^{*****}						0.0%	100.0%	100.0%
INCOME^{*****}								
Average Household Size	2.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$0-\$9,999	11.3%	N/A	N/A	N/A	N/A	15.2%	0.0%	0.0%
\$10,000-\$14,999	6.9%	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%
\$15,000-\$19,999	6.7%	N/A	N/A	N/A	N/A	2.2%	0.0%	0.0%
\$20,000-\$29,999	13.6%	N/A	N/A	N/A	N/A	82.6%	0.0%	0.0%
\$30,000 and above	61.5%	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%
Unknown Data ^{*****}						0.0%	0.0%	0.0%
Missing Data ^{*****}						0.0%	100.0%	100.0%
Totals	100.0%	N/A	N/A	N/A	N/A	100.0%	0.0%	0.0%

Attachment 3: Actual Consumer Demographics (continued)

* U.S. Census 2000, SF1(P1); SF4 (PCT144)
** U.S. Census 2000, SF3 (P46); SF4 (PCT 81)
*** The basic data for ages 0 to 5 came directly from SF3 (P46). As the Census does not expressly track children ages 6-12 with working parents, figures denoted here were determined by the following formula: (Children 6 to 17 years in families & subfamilies with working parents) * (0.583). The value (0.583) is the estimation of the proportion of children aged 6 to 12 years with working parents who comprise the total number of children between 6 to 17 years for whom working parents were reported. Prevalence of Need: Total population aged 0-5 years living with both parents or with single parent, and with all present parents in the labor force: 61795; Total population aged 6-12 years living with both parents or with single parent, and with all present parents in the labor force: 90406. Average is 60.1 percent of those 0 to 12 years.
**** It is estimated that 16 percent of all children in Ohio are in child care centers and 11 percent in day care homes. This is a total of 27 percent. (Source: Human Services Policy Center, Evans School of Public Affairs, University of Washington. (November 2003).
***** U.S. Census 2000, SF3 (PCT50), SF4(PCT 144). Age 0-12 Poverty status estimated from available Age 0-11 using overall population ratio of 0-11 to 0-12 (1.08%). Average is 30.7 percent children 0 to 12 in child care. The estimate is that 14 percent (95,839) of children 0 to 12 years have incomes under 185% of federal poverty level, 3 percent (7,799), between 185-200%, and the remaining 83 percent (149,669) have incomes above 200 percent. For the service, the percentage is 3 percent.
*****Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
*****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.
*****Missing Data - For United Way Data - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.
*****The race categories and data utilize US Census SF4 "Race Iterations," which allow for multiple races to be selected by census respondents. As a result, totals will add to > 100% of population. Universe is "Total Races Tallied." Except "White Alone", all racial categories are "... alone or in combination with some other race". This method isolates and minimizes the non-minority population ("White alone").
*****Hispanic - Amount in this field is from data provided by clients on intake forms and may not be accurate as clients may either deliberately or inadvertently provide incomplete data, or data may not be collected by the agency.
*****The U.S. Census reports income by household or family, not individuals. Estimates by income category were derived by applying the ratio of total county population (1,393,976) to total households (571,606) = 2.4. The number of households in each income category was multiplied by 2.4 to arrive at an estimate of individuals by income category. The assumption is that the average household size applies to each income category which may result in more conservative estimates for children and the "old old" which may actually have larger proportions of persons in the lower income categories.

Attachment 4: Actual Consumer Zip Codes

Core Service: Child Care Subsidies NL-300.150									
Period	City/Town (% Cleveland)	Total Population (%) [*] 1/1/2000-12/31/2000	Population Age 0-12 (%) ^{**} 1/1/2000-12/31/2000	Population 0-12 with All Parents in Labor Force (%) ^{***} 1/1/2000-12/31/2000	Estimate 0-12 with All Parents in Child Care Centers and Family Day Care (%) ^{****} 1/1/2000-12/31/2000	Estimated Persons in Need Estimate 0-12 with All Parents in Child Care Centers and Family Day Care Between 185-200% Poverty (%) ^{*****} 1/1/2000-12/31/2000	Actual Number/Percent of Consumers by Funding Source ^{*****}		
							UW Program Report Data (%) 7/1/2003-6/30/2004	CC Dept. of Employment & Family Services (%) 7/1/2003-6/30/2004	Cleveland Municipal School District (%) 7/1/2003-6/30/2004
0-5 years			109,351	61,795	16,685	501	NA	NA	NA
6-12 years			143,956	90,406	24,410	732	NA	NA	NA
TOTAL		1,393,978	253,307	152,201	41,094	1,233	46	Missing	Missing
Percent			18.2%	60.1%	27.0%	3.0%			
44017 Berea		1.4%	1.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44022 Bentleyville		1.3%	0.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44040 Gates Mills/Mayfield Village		0.2%	0.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44070 North Olmsted		2.4%	2.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44101 Cleveland (100%)		0.0%	0.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44102 Cleveland/Brooklyn (95%)		3.7%	4.7%	N/A	N/A	N/A	4.3%	0.0%	0.0%
44103 Cleveland (100%)		1.8%	2.4%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44104 Cleveland (100%)		2.1%	3.3%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44105 Cleveland/NewburghHts/GarfieldHts		3.9%	5.1%	N/A	N/A	N/A	4.3%	0.0%	0.0%
44106 Cleveland/Cleveland Hts (60%)		2.3%	1.9%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44107 Lakewood/Cleveland		4.0%	3.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44108 Cleveland/Bratenahl (90%)		2.6%	3.3%	N/A	N/A	N/A	4.3%	0.0%	0.0%
44109 Cleveland/Brooklyn Hts (98%)		3.3%	3.9%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44110 Cleveland/East Cleveland (98%)		1.9%	2.4%	N/A	N/A	N/A	10.9%	0.0%	0.0%
44111 Cleveland (100%)		3.1%	3.2%	N/A	N/A	N/A	8.7%	0.0%	0.0%
44112 East Cleveland/Cleveland		2.4%	2.8%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44113 Cleveland (100%)		1.4%	1.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44114 Cleveland (100%)		0.3%	0.1%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44115 Cleveland (100%)		0.6%	1.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44116 Rocky River		1.5%	1.3%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44117 Euclid/Cleveland		0.9%	0.7%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44118 ClevelandHts/UniversityHts/ShakerH		3.2%	3.3%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44119 Cleveland/Euclid (50%)		1.0%	0.9%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44120 Shaker Hts/Cleveland		3.4%	3.9%	N/A	N/A	N/A	8.7%	0.0%	0.0%
44121 University Hts/South Euclid		2.5%	2.5%	N/A	N/A	N/A	4.3%	0.0%	0.0%
44122 Beachwood/Highland		2.5%	2.2%	N/A	N/A	N/A	4.3%	0.0%	0.0%
44123 Euclid		1.3%	1.3%	N/A	N/A	N/A	4.3%	0.0%	0.0%
44124 Pepper Pike/MayfieldHts/Lyndhurst		2.9%	2.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44125 Valley View/Garfield Hts		2.1%	1.9%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44126 Fairview Park/Cleveland		1.2%	1.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44127 Cleveland (100%)		0.6%	0.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44128 Warrensville Hts/Cleveland		2.4%	2.3%	N/A	N/A	N/A	8.7%	0.0%	0.0%
44129 Brooklyn/Parma/Cleveland		2.1%	1.9%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44130 Parma/Cleveland		3.8%	2.8%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44131 Independence/Seven		1.5%	1.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44132 Euclid		1.1%	1.0%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44133 North Royalton		2.0%	1.9%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44134 Parma/Cleveland		2.9%	2.6%	N/A	N/A	N/A	4.3%	0.0%	0.0%
44135 Cleveland/Linddale (90%)		2.0%	2.1%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44136 Strongsville		3.1%	3.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44137 Maple Hts/Cleveland		1.9%	1.9%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44138 Olmsted Twp/Olmsted Falls		1.3%	1.2%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44139 Bentleyville/Glenwillow/Solon		1.6%	1.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44140 Bay Village		1.1%	1.1%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44141 Brecksville		1.0%	0.8%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44142 Brookpark/Cleveland		1.5%	1.3%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44143 Highland Hts/Richmond Heights		1.7%	1.5%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44144 Brooklyn/Cleveland		1.6%	1.3%	N/A	N/A	N/A	2.2%	0.0%	0.0%
44145 Westlake		2.3%	2.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44146 Walton Hills/Oakwood/Bedford		2.3%	1.9%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44147 Broadview Hts		1.1%	1.1%	N/A	N/A	N/A	0.0%	0.0%	0.0%
44149 Strongsville		0.0%					0.0%	0.0%	0.0%
Unknown Cuyahoga County Zip Codes*****							0.0%	0.0%	0.0%
Missing*****							0.0%	100.0%	100.0%
Unknown*****							0.0%	0.0%	0.0%
Total Cuyahoga County*****		100.0%	100.0%	N/A	N/A	N/A	100.0%	0.0%	0.0%
Total Known Cleveland		30.5%	36.6%	N/A	N/A	N/A	45.7%	0.0%	0.0%
Total Known Suburbs		69.5%	63.4%	N/A	N/A	N/A	54.3%	0.0%	0.0%
Unknown & Missing							0.0%	100.0%	100.0%

Attachment 4: Actual Consumer Zip Codes (continued)

* U.S. Census 2000, SF1 (P1)
** U.S. Census 2000, SF3 (P46)
*** The basic data for ages 0 to 5 came directly from SF3 (P46). As the Census does not expressly track children ages 6-12 with working parents, figures denoted here were determined by the following formula: (Children 6 to 17 years in families & subfamilies with working parents) * (0.583). The value (0.583) is the estimation of the proportion of children aged 6 to 12 years with working parents who comprise the total number of children between 6 to 17 years for whom working parents were reported. Prevalence of Need: Total population aged 0-5 years living with both parents or with single parent, and with all present parents in the labor force: 61795; Total population aged 6-12 years living with both parents or with single parent, and with all present parents in the labor force: 90406. Average is 60.1 percent of those 0 to 12 years.
**** It is estimated that 16 percent of all children in Ohio are in child care centers and 11 percent in day care homes. This is a total of 27 percent. (Source: Human Services Policy Center, Evans School of Public Affairs, University of Washington. (November 2003).
***** U.S. Census 2000, SF3 (PCT50), SF4(PCT 144). Age 0-12 Poverty status estimated from available Age 0-11 using overall population ratio of 0-11 to 0-12 (1.08%). Average is 30.7 percent children 0 to 12 in child care. The estimate is that 14 percent (95,839) of children 0 to 12 years have incomes under 185% of federal poverty level, 3 percent (7,799), between 185-200%, and the remaining 83 percent (149,669) have incomes above 200 percent. For the service, the percentage is 3 percent.
*****Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
*****Missing Data - For United Way - represents computational errors or incorrect completion of online report. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County. For all other data - represents data funder was unable to provide.
*****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County.
*****Totals vary because of rounding. County total population 1,393,978 does not correspond to the total of zip codes because some zip codes include data from adjacent counties

Attachment 5: Profile of Core Service Providers – 2005

PROFILE OF CORE SERVICE PROVIDERS – 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
Total Number of Organizations	4	1
Number of Organizations by Type		
Nonprofit	2	1
For-profit	-	-
Government	2	-
Other	-	-
Total Number of Service Sites	4	1
Number of Service Sites per Organization		
1	4	1
2 – 5	-	-
6 – 10	-	-
11+	-	-
Geographical Location of Service Sites, by ZIP Code		
44017 – Berea	1	-
44022 – Bentleyville	-	-
44040 – Gates Mills/Mayfield Village	-	-
44070 – North Olmsted	-	-
44101 – Cleveland	-	-
44102 – Brooklyn/Cleveland	-	-
44103 – Cleveland	-	-
44104 – Cleveland	-	-
44105 – Newburgh Hts/Garfield Hts	-	-
44106 – Cleveland Hts/Cleveland	-	-
44107 – Cleveland/Lakewood	-	-
44108 – Cleveland/East Cleveland	-	-
44109 – Cleveland/Brooklyn Hts	-	-
44110 – Cleveland/Bratenahl	-	-
44111 – Cleveland	-	-
44112 – Cleveland/East Cleveland	-	-
44113 – Cleveland	-	-
44114 – Cleveland	1	-
44115 – Cleveland	2	1
44116 – Rocky River	-	-
44117 – Cleveland/Euclid	-	-
44118 – Euclid/University Hts	-	-
44119 – Cleveland/Euclid	-	-
44120 – Cleveland/Shaker Hts	-	-
44121 – University Hts/South Euclid	-	-
44122 – Orange/Warrensville Hts	-	-
44123 – Euclid	-	-
44124 – Pepper Pike/Mayfield Village	-	-
44125 – Valley View/Garfield Hts	-	-
44126 – Cleveland/Fairview Park	-	-
44127 – Cleveland	-	-
44128 – Cleveland/Warrensville Hts	-	-
44129 – Cleveland/Brooklyn/Parma	-	-
44130 – Cleveland/Parma	-	-
44131 – Seven Hills/Brooklyn Hts	-	-
44132 – Euclid	-	-

Attachment 5: Profile of Core Services Providers (continued)

PROFILE OF CORE SERVICE PROVIDERS – 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
44133 – North Royalton	-	-
44134 – Parma/Cleveland	-	-
44135 – Cleveland/Linndale	-	-
44136 – Strongsville	-	-
44137 – Maple Hts/Cleveland	-	-
44138 – Olmsted Twp/Olmsted Falls	-	-
44139 – Bentleyville/Glenwillow/Solon	-	-
44140 – Bay Village	-	-
44141 – Brecksville	-	-
44142 – Cleveland/Brookpark	-	-
44143 – Highland Hts/South Euclid	-	-
44144 – Brooklyn/Cleveland	-	-
44145 – Westlake	-	-
44146 – Walton Hills/Oakwood/Bedford	-	-
44147 – Broadview Hts	-	-
44149 – Strongsville	-	-



Attachment 6: Providers and Functions – 2005

Service Providers & Functions	
Source: United Way - First Call for Help Refer Database February 2005	
Agency	Services
Cuyahoga County Employment and Family Services	Child Care Payment - Low-income Families, Child Care Payment - Low Income - Special Needs Children, Child Care Payment - Low Income, Head Start Eligible, Child Care Payment - 100 percent Poverty Level, Head Start Subsidies - Former Child Care Recipients, Child Care Payment - Abused/Neglected/Dependent Children
City of Lakewood Dept. of Human Services (DOHS)	Child Care Scholarships
Starting Point for Child Care and Early Education	Child Care Financial Assistance
Towards Employment	Services To Support Newly-Employed Individuals, Assistance For Successful Employment-Empowerment Zone/WIA

Bold represents agencies funded by United Way for this service.

Attachment 7: United Way - First Call for Help Child Care Subsidies Requests – 2000-2004: Greatest Increase/Greatest Decrease

NL-300.150 Child Care Subsidies									
United Way - First Call for Help Requests 2000-2004									
Greatest Increase/(Greatest Decrease)									
Zip Code			TOTAL REQUESTS					%Change*	Avg. #
			2000	2001	2002	2003	2004	00&04	Calls 00-04
44122	Beachwood/Highland Hts.	Hills/Shaker	1	3	1	1	5	400%	2
44130	Parma/Cleveland		1	5	5	3	5	400%	4
44132	Euclid		1	2	1	3	4	300%	2
44137	Maple Hts/Cleveland		2	4	2	2	8	300%	4
44103	Cleveland		2	7	7	5	7	250%	6
44017	Berea		1	0	1	0	3	200%	1
44127	Cleveland		1	2	2	1	3	200%	2
44118	ClevelandHts/UniversityHts/ShakerHts		1	7	3	1	3	200%	3
44104	Cleveland		2	9	3	10	5	150%	6
44102	Cleveland/Brooklyn		3	8	16	11	7	133%	9
44129	Brooklyn/Parma/Cleveland		2	4	2	1	4	100%	3
44134	Parma/Cleveland		1	0	2	0	2	100%	1
44146	Walton Hills/Oakwood/Bedford		2	1	5	2	4	100%	3
44110	Cleveland/East Cleveland		6	5	2	6	10	67%	6
44107	Lakewood/Cleveland		3	3	2	7	5	67%	4
44070	North Olmsted		2	0	0	0	3	50%	1
44115	Cleveland		0	0	0	3	5	N/A	2
44147	Broadview Hts		0	1	0	2	4	N/A	1
44142	Brookpark/Cleveland		0	3	3	5	4	N/A	3
44139	Bentleyville/Glenwillow/Solon		0	1	0	1	3	N/A	1
44133	North Royalton		0	0	1	4	3	N/A	2
44138	Olmsted Twp/Olmsted Falls		0	0	2	1	2	N/A	1
44149	Strongsville		0	0	0	0	2	N/A	0
44125	Valley View/Garfield Hts		0	4	1	1	2	N/A	2
44114	Cleveland		0	0	1	2	1	N/A	1
44119	Cleveland/Euclid		0	4	2	2	1	N/A	2
44144	Brooklyn/Cleveland		1	3	2	4	0	(100%)	2
44111	Cleveland		4	7	4	3	0	(100%)	4
44124	Pepper Pike/Mayfield Hts./Lyndhurst		1	1	1	3	0	(100%)	1
44116	Rocky River		1	1	1	1	0	(100%)	1
44112	East Cleveland/Cleveland		6	7	9	4	2	(67%)	6
44123	Euclid		3	3	0	3	1	(67%)	2
44113	Cleveland		5	4	3	5	2	(60%)	4
44120	Shaker Hts/Cleveland		11	8	8	6	6	(45%)	8

Attachment 7: United Way - First Call for Help Child Care Subsidies Requests – 2000-2004: Greatest Increase/Greatest Decrease (continued)

NL-300.150 Child Care Subsidies							
United Way - First Call for Help Requests 2000-2004							
Greatest Increase/(Greatest Decrease)							
Zip Code	TOTAL REQUESTS					%Change*	Avg. #
	2000	2001	2002	2003	2004	00&04	Calls 00-04
**Total Cuyahoga County	104	146	137	148	151	45%	137
**Total Cleveland	54	71	71	78	67	24%	68
**Total Suburbs	50	75	66	70	84	68%	69
* Extremely high percentages are due to low numbers.							
** These totals do not reflect the sum of the numbers above which are the zip codes reflecting the greatest increase or decrease. Rather, they are the total of calls from ALL zip codes many of which do not appear on this table.							

Attachment 8: United Way - First Call for Help 2000-2004: Unmet Need

NL-300.150 Child Care Subsidies					
United Way - First Call for Help Requests 2000-2004					
Unmet Need					
Zip Code		TOTALS 00-04			%
		Requests	Met	Unmet	Unmet
44134	Parma/Cleveland	5	4	1	20%
44118	ClevelandHts/UniversityHts/ShakerHts	15	13	2	13%
44113	Cleveland	19	17	2	11%
44109	Cleveland/Brooklyn Hts	35	32	3	9%
44103	Cleveland	28	26	2	7%
44137	Maple Hts/Cleveland	18	17	1	6%
44130	Parma/Cleveland	19	18	1	5%
44120	Shaker Hts/Cleveland	39	37	2	5%
44128	Warrensville Hts/Cleveland	28	27	1	4%
44110	Cleveland/East Cleveland	29	28	1	3%
44102	Cleveland/Brooklyn	45	44	1	2%
* Total Cuyahoga County		686	669	17	2%
* Total Cleveland		341	332	9	3%
* Total Suburbs		345	337	8	2%
FCFH DATA NOTES					
<p>Met = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)</p> <p>Unmet = service request for which there was no referral.</p> <p>Note: Zip Codes shared by Cleveland and surrounding suburbs whose boundaries fall 50% and greater within the city of Cleveland are highlighted and totaled as Cleveland. Others are totaled as Suburbs.</p> <p>* These totals do not reflect the sum of the numbers above which are the zip codes reflecting unmet need in 2004. Rather, they are the total of calls from ALL zip codes some of which do not appear on this table.</p>					



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