

Citizens' Committee for Children of New York

Building Toward Universal



AN INDEPENDENT ANALYSIS
TO INFORM NYC'S 2-K
IMPLEMENTATION EFFORTS

October 2026

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Executive Summary

The Mamdani administration has made universal child care a core priority, beginning with offering free 2-K to all families regardless of income, and an opportunity to make child care a public good in the City. **But historically and in the existing early care and education (ECE) system, access to child care has varied significantly across communities.** Existing child care infrastructure, enrollment in subsidized care, nonprofit provider capacity, workforce conditions, affordability pressures, and other challenges will shape what 2-K can deliver, neighborhood by neighborhood.

2-K rollout and implementation will determine whether the promise of universal child care reaches every community. The administration's decision to phase in 2-K across five districts with vastly different economic conditions, demographic profiles, enrollment patterns, and child care infrastructure creates an opportunity to learn what will be needed to build a universal system that works across New York City's diverse communities. It has also already revealed that communities with the least access to child care and weakest infrastructure may require more targeted, and in some cases greater, investment to reach the same goal.

In ***Building Toward a Universal System***, CCC's data analysis examines differences at the neighborhood level in the City's 2-K pilot districts to spotlight:

- how the existing ECE system serves two-year-olds
- where 2-K expansion can build on existing infrastructure
- where additional investment or capacity will be required.

2-K implementation must not simply aim to achieve a free child care seat for every two-year-old, but also to **build a sustainable ECE system where universal eligibility produces real universal access**, and where ECE expansion narrows longstanding disparities.

Findings

1. Before the launch of 2-K, the existing publicly-funded ECE system served less than 1 in 4 two-year-olds (23%) in NYC.

Across 2-K pilot districts, there are approximately 16,364 two-year-olds, and more than two-thirds of them (68%) meet the income eligibility threshold for subsidized care.¹ Among all two-year-olds, 4,327 (26.4%) are enrolled in subsidized care through contracted programs or child care vouchers, exceeding the citywide average. Enrollment rates in publicly-funded seats across the 2-K pilot districts range from 34.9% in District 10 to 16.8% in District 27, reflecting how uneven access to subsidized child care for two-year-olds is currently.

2. Family child care and center-based providers face different barriers to 2-K expansion.

Family child care (FCC) and group family child care (GFCC) providers represent nearly a third of total child care capacity for children under five and 59% of licensed capacity for children under two years old.² Despite the pivotal role they play in the delivery of child care services for young children, procurement and network requirements limit FCC providers' participation in 2-K expansion. Center-based providers face different obstacles: renovation costs, time-consuming licensing procedures, and financing gaps that slow new space from coming online. Closing both gaps requires different solutions.

3. The primary pathway to care for two-year-olds currently served is a strained child care voucher system.

Nearly three out of every four publicly-enrolled two-year-olds in 2-K pilot districts use child care vouchers. Voucher utilization for two-year-olds grew 215% between 2022 and 2025 citywide. Still, the Child Care Assistance Program (CCAP) faces significant funding constraints and a waitlist of roughly 25,000 children, while requirements to document work hours and schedules can further limit access for families with irregular or changing work arrangements. As 2-K expands, the City must integrate child care voucher policy with universal expansion.

4. Aggregate district-level data conceal the neighborhood conditions that will determine whether 2-K expansion is equitable.

Citywide, there are roughly 2.25 preschoolers (2-5 yrs) for every licensed center-based seat, and 5.20 for every licensed FCC seat³ — both understate the true gap for two-year-olds specifically, since center-based capacity skews toward three and four-year-olds and not all licensed capacity is staffed and ready for use. District 27 has the highest center-based ratio among the 2-K pilot districts (3.73), reaching 37 children per seat in South Ozone Park.

5. 2-K expansion requires coordinated investment in infrastructure, including workforce, facilities, and cross government-agency responsibility.

Child care capacity depends on several factors, including a qualified and adequately compensated workforce; financing and licensing pathways to convert available space into usable child care; and clear accountability across the City agencies responsible for infrastructure, contracting, and oversight. Past ECE expansions have shown the challenges that arise when funded capacity outpaces the system's ability to bring seats online.

¹ Income eligibility is defined as 85% of the State Median Income (\$113,568 for a family of four); We used 300% of the Federal Poverty Level to estimate the income-eligible population (\$99,000 for a family of four). See Sources and Notes for more details.

² Total child care capacity includes licensed centers, family providers, and budgeted 3-K and Pre-K school seats. Family provider capacity may also include school-age children. See Sources and Notes for more details.

³ FCC seat refers to seats across Family Child Care and Group Family Child Care providers.

Background

The Mamdani administration's commitment to universal child care builds on a vision advanced for decades by child advocate leaders inside and outside government, including CCC. Pre-K and 3-K expansion and, more recently, the growth of the child care voucher system surfaced important lessons on what is necessary to ensure that universal also means equitable.

\$1.2 billion

investment in child care, including \$73 million to launch 2-K

Within the first week of Mayor Mamdani's inauguration, the City and State announced a \$1.2 billion investment in child care, including \$73 million to launch 2-K—free child care for two-year-olds—in select communities in Fall 2026, with a goal of 12,000 seats by 2027 and full universality within four years.⁴

The 2-K pilot districts mirror the access barriers and challenges of the existing system 2-K will be built on. These challenges are well documented. CCC's 2023 report, [*The Youngest New Yorkers: Building a Path Toward a Universal Early Care & Education System in New York City*](#), found that unmet need could coexist with open publicly-funded seats because available programs did not always align with families' circumstances. Barriers included limited extended-day and full-year options, enrollment and outreach challenges, and financial instability among community-based child care providers. 2-K's full-day, full-year model directly addresses one of these documented gaps. These challenges can be particularly consequential for families whose needs are not easily met by a one-size-fits-all system, including families of young children with developmental delays and/or disabilities and families experiencing or at-risk of homelessness. Affordability is also an essential backdrop to the 2-K promise. CCC's 2026 edition of [*Keeping Track of New York City's Children*](#) confirms that 90% of New York City families with young children cannot afford child care, 10 percentage points higher than in CCC's earlier analysis, [*From Birth to Age 12: The \(Un\)Affordability of Child Care and Out-of-School Care in New York City*](#). That earlier analysis also found that families in the Bronx and Brooklyn carry the highest child care cost burden when public options are inaccessible. Universal child care and 2-K offer a direct response to this challenge, but whether 2-K closes longstanding gaps will depend on where infrastructure investment is made, which providers and ECE settings are included, and who 2-K reaches.

90%

of New York City families with young children cannot afford child care

New York City's ECE system is a fragmented mixed-delivery system, spanning public schools, community-based centers, FCC, Head Start, and child care vouchers.ⁱ The ECE workforce has been historically undervalued and under-resourced, and longstanding compensation and staffing challenges remain critical to the system's ability to grow.

For decades, CCC has independently monitored New York City's ECE system and analyzed the needs of young children and families at the neighborhood-level, allowing a distinct vantage point from which to assess where opportunities and gaps exist and how policies, infrastructure, and incentives may shape 2-K expansion.

⁴ Targets for the number of 2-K slots along the path toward a universal system are not yet grounded in community-level demand data — forthcoming survey data of families' child care needs offers a chance to validate and refine the 2-K expansion plan.

ⁱ Roman numerals refer to Sources & Notes at the end of the report.

Methodology

This analysis combines neighborhood-level demographic, enrollment, voucher utilization, and provider-capacity data with ECE stakeholder interviews to assess how the existing ECE system serves two-year-olds and where additional capacity or investment is necessary.

Demographic analysis. CCC analyzed citywide zip code-level child poverty, median family income, rent burden, and other demographics using the U.S. Census Bureau's 2024 American Community Survey 5-year estimates, and aggregated data across the five 2-K pilot districts.ⁱⁱ

Publicly-funded child care. CCC analyzed 2024–25 enrollment of two-year-olds⁵ in contracted child care, Head Start, and child care vouchers, as well as changes in voucher utilization between 2022 and 2025, using site-level data obtained from NYC Public Schools and the Administration for Children's Services upon CCC's request, and grantee-level data from the Office of Head Startⁱⁱⁱ

Child care provider capacity. CCC analyzed licensed center-based and FCC capacity using data from New York City's Department of Health and Mental Hygiene (DOHMH) and New York State's Office of Children and Family Services (OCFS), as well as budgeted capacity for Pre-K and 3-K in schools.^{iv} Several ratios were produced in this analysis: preschool children (2-5 yrs) per seat across all settings, preschool children per center-based seat, and preschool children per FCC seat. While overall capacity ratio is important to reflect the full scale of early childhood infrastructure, the last two are particularly relevant to 2-K rollout because two-year-olds cannot be served in school settings.⁶

Population estimates. Estimates of two-year-olds and other age groups under five are derived from New York City Vital Statistics birth-cohort data obtained from NYC DOHMH upon CCC's request.^v

ECE Stakeholder/Expert interviews. CCC conducted ten expert interviews throughout June 2026 and August 2026 with City officials and experts in child care financing, program operations, FCC, workforce, and physical infrastructure to validate quantitative findings and identify implementation barriers and opportunities not captured in administrative data.^{vi}

⁵ Enrollment among two-year-olds in this analysis is determined based on the birth year (2022) of children enrolled through the contracted system or receiving vouchers. Two-year-old enrollment is a subset of toddler enrollment that CCC reports on in all other publications, including the Keeping Track of New York City's Children data book, the Keeping Track database, and other issue-specific reports. For more details, see Sources and Notes.

⁶ Licensed capacity is used as an indicator of underlying provider and physical infrastructure, not as a count of vacant or immediately available 2-K seats. Actual capacity depends on factors including enrollment, staffing, age configuration, provider participation, funding, contracting, and facility conditions.

01

SECTION 01

Subsidized Child Care: Access, Gaps, and the Role of Vouchers

IN THIS SECTION

The Citywide Gap

Equitable 2-K Expansion

NYC's 2-K Pilot Districts

Subsidized Child Care Enrollment in the 2-K Pilot Districts

Vouchers as the Primary Pathway to Publicly-Funded Care for Two-Year-Olds



The Citywide Gap

Current enrollment data show how New York City's existing ECE system reaches two-year-olds before universal 2-K is piloted and fully implemented. Enrollment data indicate where public investment is already supporting families, which funding mechanisms families rely on, and where participation in publicly-funded care is low.

Approximately 86,700 two-year-olds live in New York City. About 49% (roughly 42,500) live in households that meet the current income threshold for subsidized child care, while 51% live in households above that threshold.^{vii} Among income-eligible two-year-olds, just under half (48%) are enrolled in publicly-funded early care and education (20,373), representing roughly 23% of all two-year-olds.

Low or no enrollment in publicly-funded care does not necessarily indicate unmet child care needs. Families may pay for care privately, rely on relatives or other informal arrangements, or opt out of child care altogether. In addition, CCC's prior research has found that low enrollment can also reflect access barriers families face, including limited awareness of available services and administrative challenges that deter participation. But the scale of enrollment in publicly-funded care shows where access must expand to meet families' needs as the City moves toward universality.

The enrollment gap also reflects how New York City's ECE system has developed. Public investment substantially expanded access for three- and four-year-olds through 3-K and Pre-K, while publicly-funded options for younger children remain more limited and rely on means-tested subsidies. Sixty-five percent of two-year-olds currently enrolled in publicly-funded child care use vouchers, compared with 19% in contracted settings and 16% in Head Start (See Table 2).

Equitable 2-K Expansion

This raises a central question for the path to universality: how should equitable expansion be defined as the City moves from a largely means-tested system toward a universal one for two-year-olds? CCC does not prescribe a fixed sequence for expansion or a formula for distributing seats — the City's own design is not yet public, and a single rule risks flattening real differences between communities.

Instead, CCC proposes that progress should be measured by whether investment reaches districts and neighborhoods furthest behind on enrollment and capacity, and those facing disproportionate risk to child and family well-being — including the child poverty, income, and rent burden indicators used throughout this analysis.

23%

of two-year-olds
enrolled in publicly-
funded system (20,373)

65%

of two-year-olds
enrolled in publicly-
funded care through
vouchers

NYC's 2-K Pilot Districts

New York City is piloting 2-K in five public school districts during the 2026-2027 school year, spanning four boroughs, 33 zip codes, and a diverse set of neighborhoods (See Table 1 in Appendix A and Map 1 in Appendix B).⁷

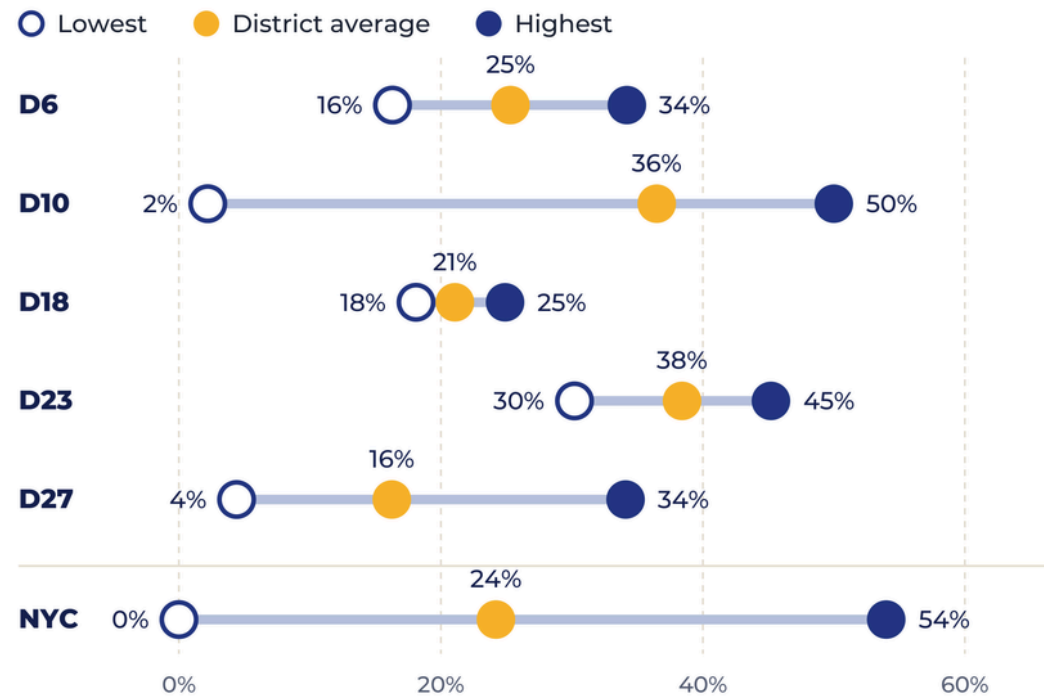
The 2-K pilot districts differ considerably on traditional measures of economic hardship.

Child poverty ranges from 16.3% in District 27 to 38.4% in District 23, compared with 24.2% citywide; Districts 6 and 18 are closer to the citywide average. All five 2-K pilot districts experience rent burden above the citywide rate, and child care affordability pressures are particularly severe in Districts 10 and 23. District 23's center-based child care cost burden reaches 70.1%, among the highest in the city. New York City Public Schools (NYCPS) additionally uses an Economic Need Index (ENI) – a school-level measure of poverty – which was among the factors considered in selecting the initial 2-K pilot districts.

Citywide, 56.1% of children under six years old live in households below 300% of the Federal Poverty Level, a threshold closely aligned with current income eligibility for subsidized child care. Every 2-K pilot district exceeds this citywide average, ranging from 59.3% in District 27 to 76.2% in District 23.

Figure 1.

Five 2-K Pilot Districts: Child Poverty



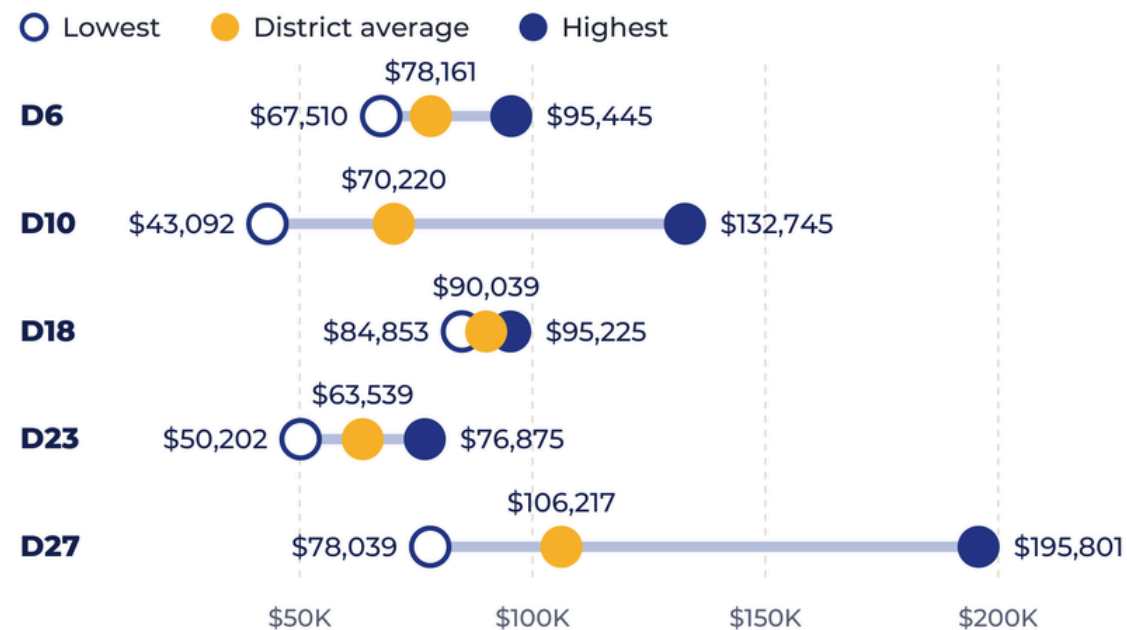
"Lowest" and "Highest" refer to zip codes within a district with the lowest and highest child poverty rates (under 100% of the Federal Poverty Level). See Table 2 in Appendix A for more data across five 2-K Pilot Districts and Maps 2-4 in Appendix B.

⁷ District 6, District 10, District 18, 23, District 27. Retrieved from: <https://www.schools.nyc.gov/enrollment/enroll-grade-by-grade/2-k>.

District 27 illustrates why equitable expansion cannot be planned from income or poverty data alone. Although it has the highest median family income and lowest overall child poverty rate across the 2-K pilot districts, conditions vary substantially within the district. The gap between the highest- and lowest-income zip codes approaches \$118,000, alongside roughly a 30-percentage-point difference in child poverty.

While 2-K pilot districts offer a valuable opportunity to learn how universal 2-K can expand across diverse communities with distinct needs, they do not represent the full geography of need; communities with greater risks to child and family well-being in parts of the South Bronx, Central Brooklyn, and East Harlem fall outside the initial 2-K pilot. The City has not yet announced districts for the 2027 expansion; the neighborhood-level data in this analysis can inform that selection.

Figure 2.
Five 2-K Pilot Districts: Median Family Income



"Lowest" and "Highest" refer to zip codes within a district with the lowest and highest median family income. See Table 2 in Appendix A for more data across five 2-K Pilot Districts and Maps 2-4 in Appendix B.

Subsidized Child Care Enrollment in 2-K Pilot Districts

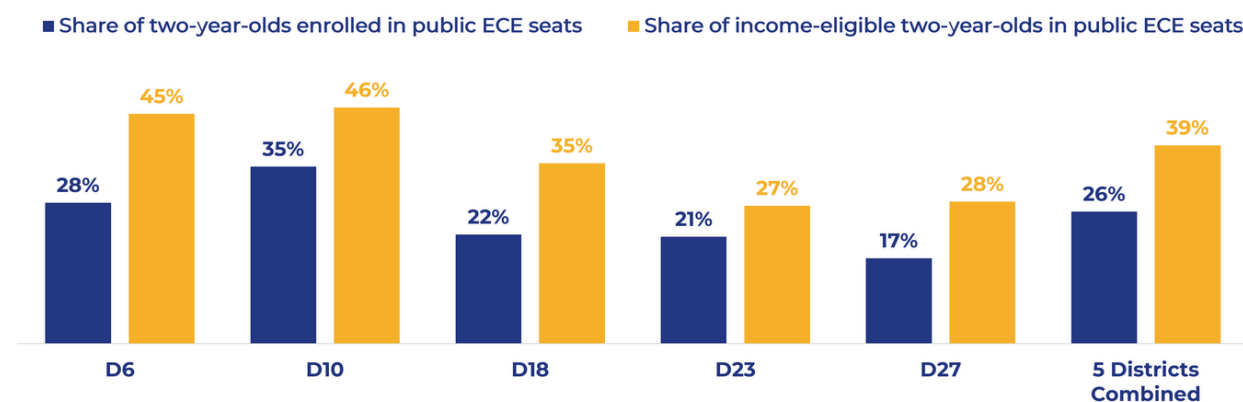
An estimated **16,364 two-year-olds** live in the 2-K pilot school districts, with over 11,000 (68%) meeting income eligibility thresholds for subsidized care. Of all two-year-olds in the 2-K pilot districts, 4,327 (26.4%) are enrolled in publicly-funded care through city contracted programs or child care vouchers; 39% of all income-eligible two-year-olds in 2-K pilot districts.⁸

Child care enrollment varies considerably across the five 2-K pilot districts, from **35% of all two-year-olds in District 10 to 17% in District 27**, with similar enrollment pattern among income-eligible two-year-olds, 46% in District 10 and 28% in District 27. As mentioned above, these enrollment variations should not be interpreted as direct measures of unmet need. They do show how differently the existing publicly-funded system reaches two-year-olds across communities. District 23 faces the greatest risk to child and family well-being on nearly every indicator in this analysis: the highest child poverty (38.4%), the highest share of young children in income-eligible households (76.2%), and a center-based child care cost burden of 70.1%. Yet only 27% of its income-eligible two-year-olds are enrolled in publicly-funded care, the lowest rate among the pilot districts, and only 16% use a voucher, compared with 37% in District 10. District 27 has the lowest overall enrollment (17%) and, as discussed below, the thinnest center-based capacity. In these two districts, expansion will require more than adding seats.

The data also reveal the central role of child care vouchers. Across the five pilot districts, 3,173 of the 4,327 publicly enrolled two-year-olds use a voucher, compared with 1,154 enrolled in contracted programs. **Nearly three out of every four publicly enrolled two-year-olds in 2-K pilot districts access care through a voucher.**

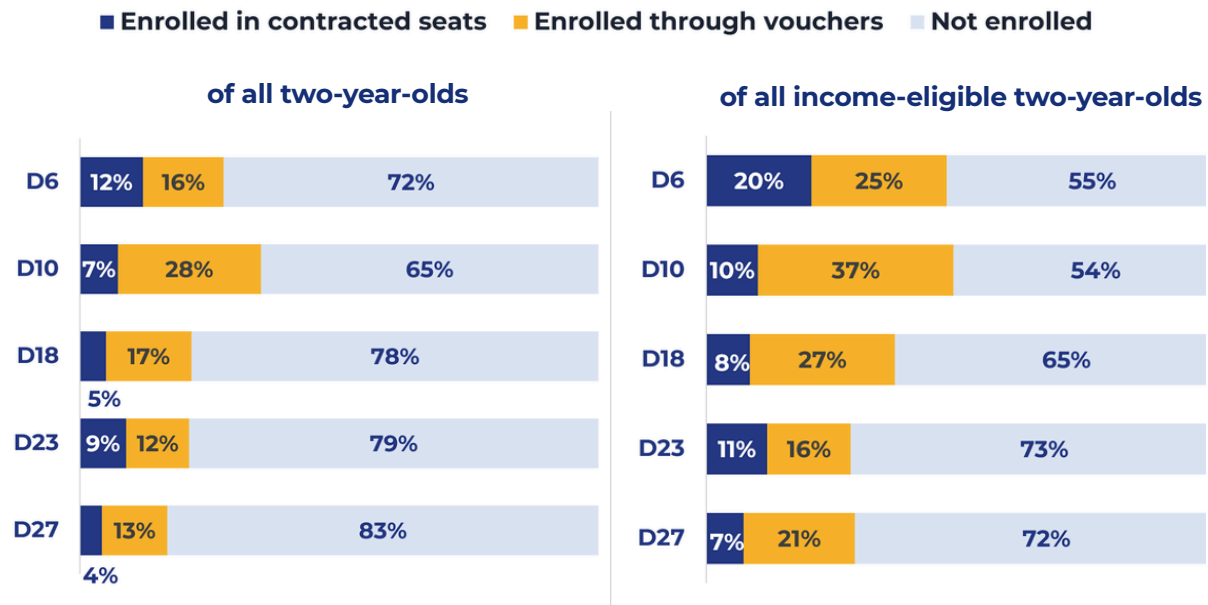
Figure 3.

Five 2-K Pilot Districts: Share of Two-Year-Olds Enrolled in Publicly-Funded ECE System



⁸ See Table 3 in Appendix A for more data across five 2-K Pilot Districts and Map 5 in Appendix B.

⁸ Because geographically comparable Head Start enrollment data are not available, these figures capture only contracted enrollment and vouchers and exclude two-year-olds enrolled in Head Start.

Figure 4.**Five 2-K Pilot Districts: Share of Two-Year-Olds Enrolled Through Contracts, Vouchers, and Not Enrolled**

Data as of 2025

For more details See Table 3 in Appendix A. and Maps 6-8 in Appendix B

Vouchers as the Primary Pathway to Publicly-Funded Care for Two-Year-Olds

Child care vouchers have become a critical pathway to care for New York City's youngest children. Between 2022 and 2025, voucher enrollment among two-year-olds grew from 4,195 to 13,215 children, a 215% increase, which is among the highest across all age groups.⁹

Growth in voucher utilization occurred across all 2-K pilot districts but varied considerably; District 10 added the largest number of two-year-olds served using vouchers, while voucher enrollment more than tripled in Districts 6, 18, and 27. Child care vouchers let income-eligible families access care that the contracted system cannot always provide, including home-based FCC, programs offering nontraditional hours, and settings that better reflect families' preferences and circumstances. They also extend public support into communities where contracted capacity is limited.

⁹ In October 2023, New York State expanded access to child care vouchers by increasing the income eligibility threshold for subsidized care to 85% of the State Median Income (\$113,567 for a family of four). Across all children 0 to 13, voucher utilization doubled (108.9%), from 46,042 in 2022 to 96,186 in 2025. See Table 4 in Appendix A.

~25,000

children on the voucher
waitlist

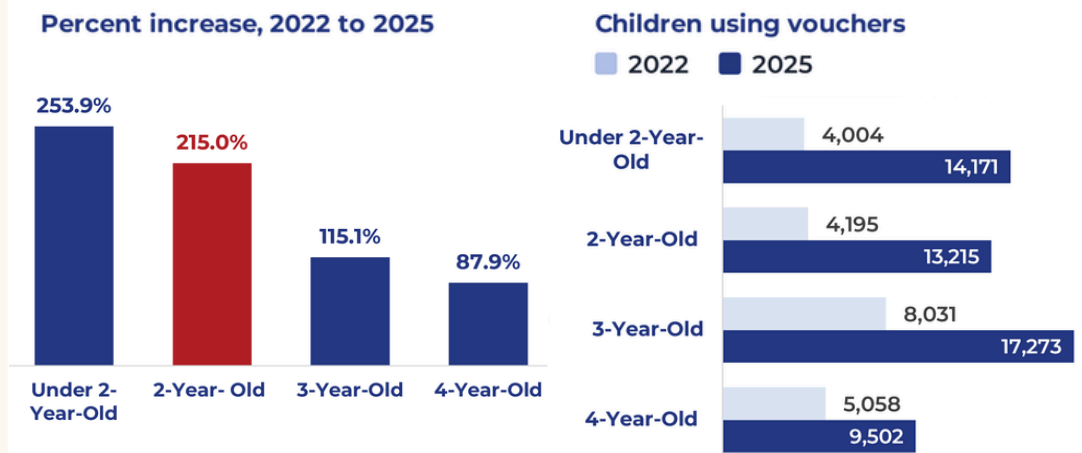
At the same time, the rapid growth of vouchers exposes the limits of relying on a means-tested funding mechanism as the primary pathway to care while the City builds toward a universal program. CCAP faces significant funding constraints and a substantial waitlist. Available estimates place roughly 25,000 children on the waitlist, with no new enrollment opportunities for more than a year.

Eligibility rules create additional barriers. While temporary measures put in place by Governor Hochul have delayed enforcement in New York City until 2028, eventual implementation of a New York State requirement limiting voucher-funded care to parents' documented work or school schedules could reduce access for families whose employment is irregular, seasonal, or otherwise difficult to document.¹⁰

Vouchers also signal demand, showing where families have sought out and secured care. Paired with waitlist data by zipcode, they could help the City target where 2-K seats are most needed, though families kept out by access barriers do not appear in the data, so low voucher use should not be read as low demand.

Vouchers are an essential part of the current publicly-funded system, but are constrained by funding, eligibility, and administrative barriers. **Universal 2-K should not simply replace vouchers with a single contracted model. Expansion should preserve the flexibility, provider diversity, and family choice that vouchers support while reducing barriers that limit access and provider stability.**

Figure 5.
Citywide Increase in Voucher Utilization Across Age Groups



For more details See Tables 4 and 5 in Appendix A.

¹⁰ Two pending state bills would loosen these rules. A.3174-A (Hevesi)/S.2001-A (Brisport) would allow social services districts to provide child care assistance beyond a parent's documented work hours and bar requiring districts to limit care strictly to those hours. A.2218 (Clark)/S.1994 (Ramos) would eliminate minimum earnings requirements for otherwise-eligible families.

02

SECTION 02

Assessing Existing Child Care Capacity for 2-K Expansion



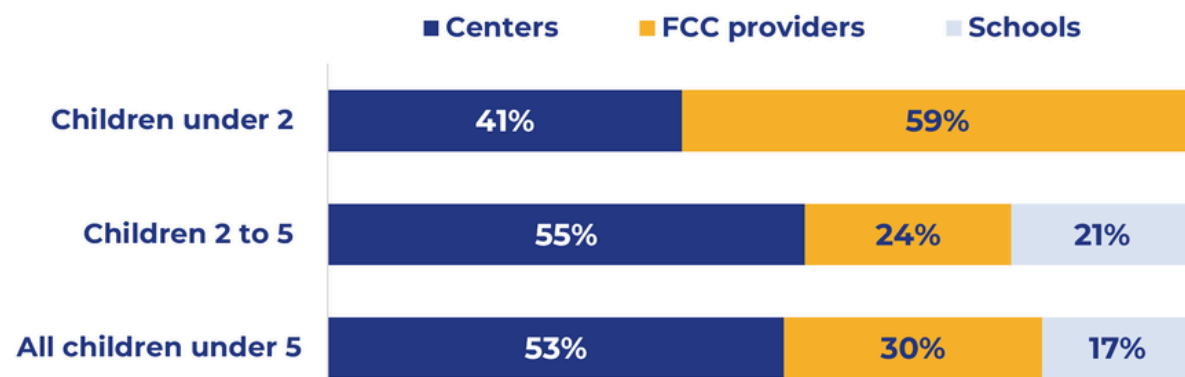
Assessing Existing Child Care Capacity for 2-K Expansion

Licensed child care capacity is a starting point for expansion planning, which can point to physical infrastructure. Ready-to-use capacity, however, depends on several factors including staffing, age configuration, provider participation, funding, contracting, and facility conditions.

Expanding universal 2-K will not only require enough licensed child care seats citywide, but capacity that is aligned with communities, and providers, that have the physical, operational, and workforce capacity to serve additional two-year-olds without destabilizing the existing ECE system.

Figure 6.

Citywide Capacity by Age Group and Setting for Children Under 5



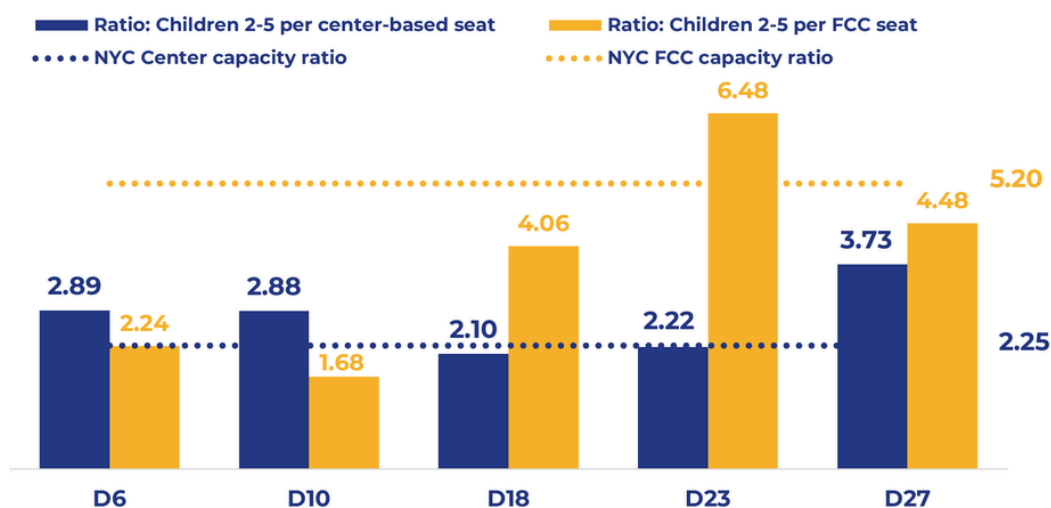
For more details See Table 6 in Appendix A and Maps 9-10 in Appendix B.

New York City has a substantial amount of early childhood infrastructure with 1,942 licensed center-based programs and 7,028 licensed FCC providers, in addition to 784 schools,¹¹ accounting for enough capacity to serve approximately 267,000 children under age five. Citywide, there are approximately 221,437 seats — in centers, schools and FCC combined — for preschoolers (2-5 yrs)¹², about 1.2 preschooler per licensed seat.

While the ratio of total capacity (all settings) to preschool children is an important measure, for 2-K, center-based and FCC capacity will be essential. Accounting for only center-based capacity, the citywide ratio of children (2-5 yrs old) per preschool center seat is 2.25, with wide variation across neighborhoods and evident limited center-based capacity in the Bronx and parts of Queens (including D27). Similarly, when only FCC capacity is accounted for, the citywide ratio is 5.20 preschoolers per FCC seat, with neighborhood-level ratios pointing to a high saturation of FCC licensed capacity in the Bronx, and significantly less across other parts of the city.

¹¹ Schools that have budgeted Pre-K and 3-K seats include public, charter, special education schools, and standalone Pre-K Centers.

¹² Our capacity analysis focuses on children ages 2 to 5 because center-based setting licenses are either for children under 2 or 2 to 5, and publicly available data is reported in the same way. For more details, see Sources and Notes.

Figure 7.**Five 2-K Pilot Districts: Capacity Ratios for Preschool Children by Setting Type**

For more details see Table 7 in Appendix A and Maps 10–12 in Appendix B.

These variations are evident across the 2-K pilot districts. Districts 6, 10, 18, and 23 have roughly 2.1 to 2.9 preschoolers per licensed center-based seat, while District 27 has 3.73 – the highest ratio among the pilot districts and well above the citywide rate. Neighborhood-level disparities are even greater. In South Ozone Park (11420), there are approximately 37 preschoolers for every licensed center-based seat: 1,296 children compared with just 35 seats. In District 10, Fordham/Belmont (10458) has 4.1 preschoolers per seat, while in Riverdale (10471) – a considerably higher-income community – licensed center-based capacity exceeds the number of preschoolers, producing a ratio of just 0.52.

The contrast likely reflects a broader pattern. **Center-based capacity in these examples is concentrated in the higher-income community, not where need is greatest.** Whether this pattern holds citywide warrants further analysis. One provider interviewed for this analysis illustrated what these capacity constraints look like on the ground: with 12 licensed seats and roughly 100 families on a waiting list, the constraint isn't demand, funding eligibility, or family interest – it's physical space alone.

These figures also likely understate the capacity gap for two-year-olds. Licensed preschool capacity covers ages two through five and does not distinguish seats by age. In practice, **much of the existing center-based capacity serves three- and four-year-olds**, and converting seats for younger children can require physical adaptations, staffing changes, and additional training. Nor is all licensed capacity currently usable: providers report classrooms remaining closed because of workforce shortages, while staffing ratios for younger children limit FCC providers' ability to use existing capacity. A licensed seat that cannot be staffed or adapted for a two-year-old is not an available 2-K seat.

For these reasons, 2-K expansion must consider capacity across all child care settings and at the neighborhood level. In communities with a strong provider base, growth may depend primarily on helping existing programs participate in 2-K. In neighborhoods with limited infrastructure, expansion may require deliberate investment in facilities, FCC, workforce readiness, and new provider capacity. Balancing growth across setting types will also be important to protecting the sustainability of the broader ECE system.

03

SECTION 03

Addressing Barriers to Equitable 2-K Expansion

IN THIS SECTION

**Strengthening Existing ECE Providers while
Expanding the ECE System**

Building the Workforce Alongside the Seats

Making Physical Space Easier to Develop and Finance

**Building a More Coordinated Child Care Infrastructure
Strategy**

Making Access Work for Families, Not Just Providers

Addressing Barriers to Equitable 2-K Expansion

ECE experts' interviews identified five closely connected barriers to expansion: provider participation and operating capacity, workforce readiness, physical space and financing, fragmented responsibility for child care infrastructure, and barriers families face in finding, enrolling in, and using available care. These challenges must be addressed together; adding funded seats without the providers, workforce, facilities, and systems needed to support them risks creating capacity that is not accessible to families.

Strengthening Existing ECE Providers while Expanding the ECE System

One of the most immediate opportunities for 2-K expansion is to strengthen providers already serving young children. As noted earlier, FCC and GFCC providers represent nearly a third of total child care capacity for children under five and 59% of licensed capacity for children under two years old, often offering smaller settings, flexible schedules, and care arrangements families rely on.

Yet existing providers may face contracting requirements, network structures, administrative responsibilities, and limited back-office capacity that make it difficult to participate in 2-K expansion. While the City is expanding network-affiliation opportunities, requirements currently leave 76% of FCC providers ineligible for 2-K contracts.^{viii} 2-K expansion must not only identify where seats can be added, but what existing providers need to participate sustainably. Improved contracting and payment processes, technical assistance, stronger administrative supports, and more workable pathways for qualified providers could help the City expand with infrastructure already in place.

The City must also guard against financial or contracting incentives that compromise the sustainability of FCC providers specifically. Of infants and toddlers currently enrolled in subsidized care — through contracted seats or vouchers — FCC providers serve over half (54%).^{ix} If 2-K expansion concentrates new seats in centers, two-year-olds could shift out of FCC settings, leaving providers with fewer children in the age group that helps offset the higher cost of caring for children younger than two, straining a model that already operates on thin margins. **2-K expansion decisions must be informed by assessment of the full birth-to-five ECE system, not solely by the number of new 2-K seats needed for two-year-olds.**

76%

of FCC providers
ineligible for 2-K
contracts under network-
affiliation requirements

54%

of infants and toddlers in
subsidized care are
served by FCC providers

Building the Workforce Alongside the Seats

Provider capacity depends on the availability of qualified and adequately compensated staff to operate classrooms. Previous early childhood expansions in the City proved that funding seats before the ECE workforce is ready to staff them creates new capacity that families cannot use.

Serving two-year-olds also requires different staffing ratios, training, and child development expertise than serving older preschool children. Workforce planning, including compensation, recruitment, retention, credentialing, and infant-toddler expertise, must occur alongside provider contracting and seat expansion. Interviewees pointed to specific bottlenecks, including licensing delays when programs cannot hire a qualified education director and limited certification pathways for infant and toddler teachers.

Making Physical Space Easier to Develop and Finance

In communities where the existing provider network cannot absorb additional demand, expansion will require new physical capacity. The challenge is often not simply finding potential space, but converting it into licensed, financially viable child care.

Stakeholders identified renovation costs, licensing and safety requirements, access to capital, and mismatched development timelines as recurring barriers. Building and safety code can rule out otherwise viable space independent of funding or demand. Fire-egress and evacuation requirements, for instance, can make upper-floor space unusable for child care regardless of interest or financing; some cities have addressed this with alternative evacuation protocols rather than requiring ground-floor-only space. Whether an equivalent barrier applies to New York City specifically is worth further examination.

Developers may need an operator and reliable funding source before investing in child care space, while publicly-funded ECE programs may be unable to make commitments years before a site opens. This barrier is not insurmountable. Nonprofit-developer partnerships that retrofit existing space for child care use — pairing a mission-driven developer with a committed operator from the outset — offer one working model for closing the timing gap, and providers interviewed for this analysis pointed to such partnerships as a more realistic near-term path than waiting on new construction tied to speculative demand.

Tools such as capital grants, low-cost or forgivable financing, predevelopment support, and technical assistance could help bridge that gap.

Building a More Coordinated Child Care Infrastructure Strategy

Child care expansion is not only an education or human-services undertaking. It is also a **land-use, capital-planning, housing, economic development, and workforce challenge**.

Stakeholders described responsibility for these functions as dispersed across multiple City agencies and authorities. A more coordinated infrastructure strategy could connect neighborhood-level data on need and capacity with public property, development opportunities, financing, qualified operators, and program funding.

The goal need not be a single new city agency, but clearer responsibility and accountability for moving child care infrastructure projects from identification of need through financing, development, and opening.

Other jurisdictions offer models for closing this coordination gap. New Mexico consolidated child care facility governance under a single state agency and paired it with forgivable loans for facility renovation — a workaround to a state constitutional restriction on direct grants — creating both a single point of accountability and a financing tool aimed squarely at converting existing space into usable capacity.

A similar approach is already underway locally. The Low Income Investment Fund (LIIF), a national child care facilities financing organization, is assessing affordable housing community space in the Bronx for conversion to child care, drawing on CCC's supply-and-demand data to contribute to understanding both in the selected neighborhoods. The pilot illustrates the value of neighborhood-level data — the kind this analysis relies on — in understanding the viability of a child care business along with the viability of a physical space.

Making Access Work for Families, Not Just Providers

More seats will not guarantee improved access to care if families cannot find or use them. Outreach, enrollment, program hours, location, language access, and the type of care available all affect participation.

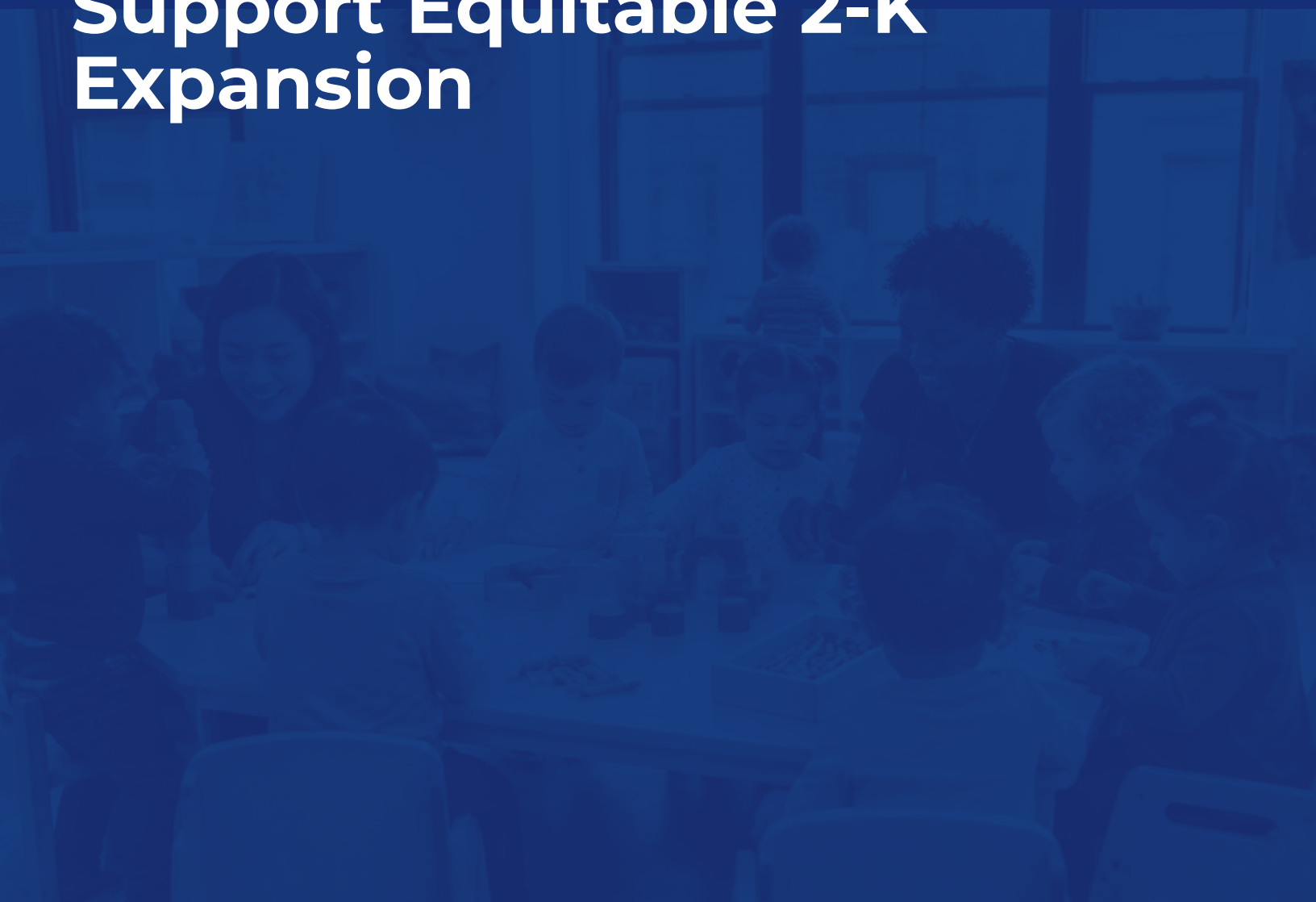
As 2-K expands, families must be able to identify available options, understand how to enroll, and choose among settings that align with their schedules, location, language, and care preferences. **Universal 2-K should be measured not only by whether a seat exists, but by whether families can realistically find, enroll in, and use care that works for them, and whether communities that have historically faced greater barriers are seeing real improvement.**

Access is the first test, not the last: research on Pre-K for All found that program quality was lower at sites serving Black and Latino children and in higher-poverty neighborhoods. 2-K monitoring should track quality by neighborhood alongside enrollment.^x

04

SECTION 04

Policy Approaches to Support Equitable 2-K Expansion



Policy Approaches to Support Equitable 2-K Expansion

The findings in this analysis point to several approaches that could help translate universal 2-K eligibility into improved, more equitable access to care. Some can strengthen the existing system in the near term; others require longer-term investment in workforce, facilities, financing, and operational infrastructure. These approaches won't apply equally everywhere — neighborhoods with strong existing provider infrastructure can focus on removing participation barriers, while neighborhoods with thin infrastructure need deeper investment.

1

Address the barriers to equitable expansion outlined above — provider participation, workforce readiness, physical space and financing, cross-agency coordination, and family outreach — to strengthen the system families rely on to access care.

2

Use multiple measures to guide where and how 2-K expansion occurs. No single indicator captures where investment is needed most. Child poverty and family income should be weighed alongside affordability, existing public child care enrollment, voucher utilization, licensed capacity, and facilities data so pace and location can respond to real neighborhood-level conditions.

3

Preserve vouchers as part of the path to universality. Vouchers remain a major pathway to care for two-year-olds and support flexibility and family choice while growth of contracted capacity varies across communities. The City must integrate child care voucher policy with universal 2-K rather than treat them as competing systems.

4

Invest in new physical capacity where the existing provider base cannot absorb demand — capital grants, low-cost financing, and use of public property, targeted to the neighborhoods where infrastructure gaps are greatest.

5

Sequence near-term and long-term strategies together. Contracting reform, voucher policy, and outreach can improve access quickly; workforce development, facility construction, and new provider capacity take years. If eligibility expands faster than provider and workforce capacity, families may be promised access that the system cannot deliver. If center-based 2-K grows by pulling staff or capacity away from infant and toddler programs, access for one age group could improve while deteriorating for another. And if the City waits until a neighborhood faces an acute shortage before beginning the multi-year process of developing new facilities, universal eligibility will continue to mean very different things depending on where a child lives. The City shouldn't choose between the two — it must pursue both near and long-term strategies at once, guided by ongoing analysis of where gaps remain.

Conclusion

Success should be measured not only by the number of seats created, but by whether families across every neighborhood can find, enroll in, and use the care available to them.

New York City's commitment to universal child care is an extraordinary opportunity to make high-quality early care and education available to families across the income spectrum.

The 2-K pilot districts offer a valuable learning opportunity because they reflect different economic conditions, enrollment patterns, provider networks, and levels of child care capacity. New York already has a large, mixed-delivery system serving young children through contracted care, vouchers, Head Start, and private centers.

The path toward universality must strengthen the existing system while addressing longstanding barriers to access. Communities with the least access and weakest infrastructure will need more intentional—and in some cases greater—investment to achieve the promise of universal care.

Success should be measured by both the number of seats created and whether families in every neighborhood can find, enroll in, and use the care available. Ultimately, expansion should narrow longstanding disparities in access rather than carry them forward.

Sources and Notes

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- i Vouchers:** Families can access child care through HRA vouchers for families receiving cash assistance, ACS non-mandated low-income vouchers for families under 85% of the State Median Income, and ACS Child Welfare vouchers for foster families or a family receiving prevention or protective services.
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- ii Demographics:** U.S. Census Bureau. (2024). American Community Survey 5-Year Estimates by ZIP Code Tabulation Areas or ZCTAs (throughout the report referenced as Zip Codes). Child Poverty (Table S1701), Children under 6 under 300% FPL (Table B17024), Median Family Income (Table S1903), Rent Burden (Table B25070).
- Aggregated data for the five 2-K pilot districts are calculated based on zip code-level estimates that intersect with the five district boundaries, with a total of 33 zip codes. Zip codes with more than 20% of their area falling within a district boundary are included in the analysis.
- District 6 (Washington Heights, Inwood, and Hamilton Heights) include zip codes 10031, 10032, 10033, 10034, 10040; District 10 (Fordham, Belmont, Norwood, Morris Heights, Van Cortlandt Village, and Kingsbridge) include zip codes 10453, 10457, 10458, 10460, 10463, 10467, 10468, 10470, 10471; District 18 (Canarsie, and Remsen Village) include zip codes 11203, 11236; District 23 (Brownsville and Ocean Hill) include zip codes 11212, 11233; District 27 (Ozone Park, South Ozone Park, Richmond Hill, Woodhaven, Howard Beach, The Rockaways) include zip codes 11414, 11415, 11416, 11417, 11418, 11419, 11420, 11421, 11434, 11436, 11691, 11692, 11693, 11694, 11697.
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- iii Publicly-funded child care.** New York City Public Schools. (School Year 2024-25, as of June 30th, 2025). Enrollment and Capacity in Contracted Early Care and Education Sites. Unpublished data, obtained through request. New York City Administration for Children's Services. (February 22nd, 2022, and February 28th, 2025). Voucher Child Care Utilization. Unpublished data, obtained through request. The Office of Head Start (OHS). (Program Year 2023-2024). Program Information Report (PIR). Retrieved from: <https://headstart.gov/program-data/article/program-information-report-pir>. Enrollment among two-year-olds in this analysis is determined based on the birth year (2022) of children enrolled through the contracted system or receiving vouchers in school year 2024-25, using site-level provider enrollment data aggregated by zip code. Two-year-old enrollment is a subset of toddler enrollment that CCC typically reports on in all other publications. We used birth year as the most straightforward way to align enrollment numbers between NYCPS and ACS datasets, as the definitions of infants and toddlers are not fully aligned across the two agencies. While Head Start enrollment of two-year-olds is reported in the citywide number, it is excluded from any more granular geographic analysis, as PIR reports data at the grantee level rather than by individual Head Start sites.
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- iv Child care capacity.** Licensed center-based capacity. NYC Department of Health and Mental Hygiene. Active Health Code Regulated Child Care Programs. Retrieved on June 29, 2026, from: https://data.cityofnewyork.us/Health/Active-NYC-Health-Code-Regulated-Child-Care-Programs/g3q3-4t2p/about_data. Licensed family capacity. NYS Office of Children and Family Services. Child Care Regulated Programs. Retrieved on June 29, 2026, from: https://data.ny.gov/Human-Services/Child-Care-Regulated-Programs/cb42-qumz/about_data. School-based budgeted capacity. New York City Public Schools. (School Year 2024-25, as of June 30th, 2025). Enrollment and Capacity in Contracted Early Care and Education Sites. Unpublished data, obtained through request.
- For center-based capacity, we used data for group child care (GCC), which includes information for licensed capacity by age groups: infant/toddler (ages 0 to 2) for children younger than 24 months and preschool (ages 2 to 5) for children older than 24 months. See <https://a816-healthpsi.nyc.gov/ChildCare/glossary>.
- For licensed-family capacity, we estimated capacity for preschool children (ages 2 to 5) by using total capacity in the dataset and subtracting the capacity for school-age children (provided in the dataset), as well as the maximum allowed capacity for children under 24 months. According to New York State Child Day Care Regulations (Part 416 and Part 417), there can be a maximum of two children under 24 months per one caregiver. So, for Family Day Care providers, we assumed capacity for two children under 24 months, while for Group Family Day Care, we assumed capacity for four children under 24 months. This assumption does not take into account other staffing ratios that providers need to maintain in order to serve children across different age groups, or providers' ability to hire additional staff as needed. See <https://ocfs.ny.gov/programs/childcare/regulations/417-FDC.pdf> and <https://ocfs.ny.gov/programs/childcare/regulations/416-GFDC.pdf>.
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Child care capacity (cont.)

For school-based capacity, we used SY 2024/25 data for budgeted Pre-K and 3-K seats in public, charter, special education schools, and standalone Pre-K Centers.

Across all three datasets, capacity is provided by individual sites/providers, which we aggregated by zip code.

We calculated several ratios by age group and setting for all children under 5, children 2 to 5, and children under 2.

For example, the ratio of children ages 2 to 5 (two-, three-, and four-year-olds) per preschool seat (ages 2 to 5) across all three settings combined; the ratio of children ages 2 to 5 per center-based preschool seat; and the ratio of children ages 2 to 5 per licensed family provider seat.

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- v **Child Population.** NYC Department of Health and Mental Hygiene, Bureau of Vital Statistics. Birth aggregate data by Zip Code. (2019, 2020, 2021, 2022, 2023). Obtained through a data request. For estimates of two-year-olds, we used birth data for 2021. For estimates of preschool children (ages 2 to 5) used for capacity ratios, we used birth data for 2021 (two-year-olds), 2020 (three-year-olds), and 2019 (four-year-olds). While the birth data captures all infants born in the city to city residents, it excludes any infants born outside the city, and the data does not account for families who move shortly after having children.

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- vi **Stakeholders Interviews.** This report draws on interviews with New York City government officials, child care finance and policy experts, family child care providers, and physical infrastructure specialists conducted in 2026. Consistent with CCC's standard practice, this report does not attribute specific findings to named individuals; a subset of interview sources reviewed relevant sections of this report prior to publication for accuracy.

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- vii **The share of two-year-olds under 300% of the Federal Poverty Level (FPL)** is calculated using two different U.S. Census Bureau data sources. *Citywide estimates:* U.S. Census Bureau. (2024). American Community Survey 1-Year Estimates. Public Use Microdata Sample used to derive estimates for two-year-olds in households with incomes below 300% of the FPL. *Zip Code-level estimates:* U.S. Census Bureau. (2024). American Community Survey 5-Year Estimates by Zip Code Tabulation Areas (Table B17024) for children under 6 in households with incomes below 300% of the FPL. Additionally, that share was applied to the two-year-old population across all NYC Zip codes to estimate the number of two-year-olds in households under 300% of the FPL.

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- viii **The share of FCC providers not affiliated with an FCC Network** is derived from the total number of FCC providers in the *Child Regulated Programs* dataset (7,028 providers) and the total number of contracted FCC providers affiliated with FCC Networks (1,698 providers) from the NYCPS Enrollment and Capacity dataset. NYS Office of Children and Family Services. *Child Care Regulated Programs*. Retrieved on June 29, 2026, from: https://data.ny.gov/Human-Services/Child-Care-Regulated-Programs/cb42-qumz/about_data New York City Public Schools. (School Year 2024-25, as of June 30th, 2025). Enrollment and Capacity in Contracted Early Care and Education Sites. Unpublished data, obtained through request.

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- ix **The share of infants and toddlers enrolled through contracts and vouchers in family child care settings** is calculated by using the total number of infants/toddlers enrolled in contracts/vouchers (35,373) and their enrollment in centers (14,582 or 41%), licensed family providers (19,056 or 54%), and informal settings (1,735 or 5%). New York City Public Schools. (School Year 2024-25, as of June 30th, 2025). Enrollment and Capacity in Contracted Early Care and Education Sites. Unpublished data, obtained through request. New York City Administration for Children's Services. (February 28th, 2025). Voucher Child Care Utilization. Unpublished data, obtained through request.

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- x **Disparities in Pre-K Quality.** Fuller, B., & Leibovitz, T. (April 2021). Pre-K Quality Stalls in New York City. University of California, Berkeley. See also Latham, S., Corcoran, S. P., Sattin-Bajaj, C., & Jennings, J. L. (2021). Racial Disparities in Pre-K Quality: Evidence From New York City's Universal Pre-K Program. Educational Researcher.

Explore the district data.

See the companion data supplement for detailed tables and maps of the pilot 2-K expansion districts.



6

DISTRICT 6

10

DISTRICT 10

18

DISTRICT 18

23

DISTRICT 23

27

DISTRICT 27

26.4%

of two-year-olds publicly enrolled in the five pilot districts

~25,000

children on the voucher waitlist

\$1.2B

City and State child care commitment

ABOUT CCC

Citizens' Committee for Children of New York is an independent, child advocacy organization dedicated to ensuring every child is healthy, housed, educated, and safe.



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