Jewish Early Childhood Education: Landscape Research Findings

JANUARY 2026

Background

Context

In 2025, the One8 Foundation sought to understand more about the **Jewish Early Childhood Education (JECE)** landscape as the team explored engagement of Jewish families with young children as a potential investment area. Early research indicated the potential for Jewish Early Childhood to deepen connection to Jewish identity and community, and the need for more robust research into the space:

- **ECE matters:** While limited in scope and robustness, some research pointed to the fact that enrollment in JECE increases Jewish practice and connection among families[1]
- **Limited JECE market data**: While some research has been done into the factors that drives parent decision making, there is limited understanding of supply side issues and market dynamics

Research Overview

One8 **partnered with Rosov Consulting** to conduct market research into the JECE landscape, with a focus on understanding the "supply side" of the equation, i.e., the JECE Centers and care options available to families. The landscape research offered insights into the following questions:

- What are the **JECE offerings** available to families and how do those align with what families need and want?
- What do **enrollment patterns** look like in JECE? What **factors correlate** with healthy enrollment?
- What's the status of **JECE operations** (finances, staffing, etc.)? What **factors correlate** with healthy center operations?

To generate a broad evaluation of the national landscape, **Rosov fielded a survey to JECE Centers in 15 communities** that included communities of differing size, a mix of emerging and long-standing Jewish communities, communities across varying geographies, etc. See following slide for list of communities. The survey was fielded in spring 2025, with data collection ending in late summer 2025. In total, 218 JECE programs (67% of the total 327 JECE programs across all communities) completed the survey. In addition, Rosov reviewed **local Jewish community studies** (available for 13 of the 15 communities) and conducted 38 **interviews** with leaders across all 15 communities, as well as national leaders. See the following slide for community-level detail on data collection.

This report outlines findings from the research with the intent of sharing insights with partner funders, leaders in the JECE space, and others about the current state of the Jewish Early Childhood landscape in a diverse set of communities. The report serves to **highlight common challenges, strengths, and positive deviants across select communities.** It is intended to be **informative, but <u>not</u> evaluative in nature,** and **only represents a portion of the national JECE landscape.** We are incredibly grateful to the JECE center staff, as well as community and national leaders whose insights, time, and expertise informed the insights presented here.

1. *"Exploring Associations Between Jewish Early Care, Education and Engagement." CASJE. March 4, 2020. "How Jews Choose: A study of Early Childhood Decisions Among Jewish Parents in Greater Boston." CJP. August 2015.*

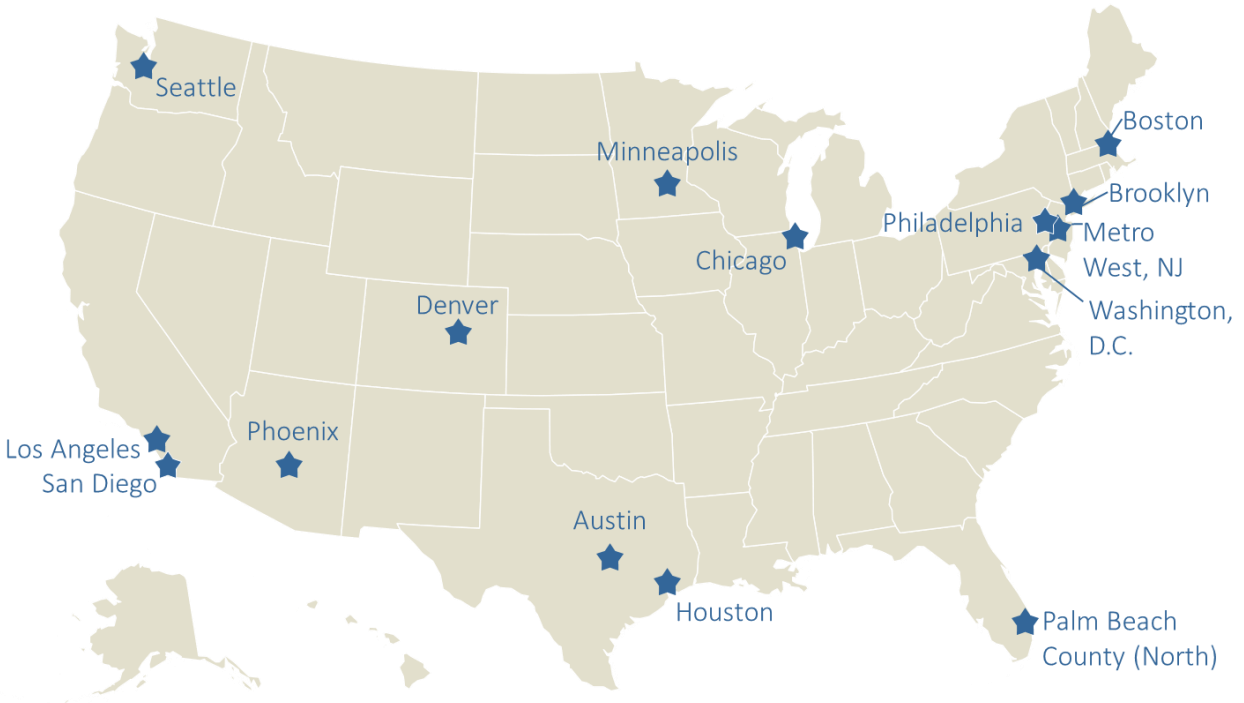
Rosov conducted a survey of JECE Centers in 15 US communities

Survey Overview

Rosov surveyed JECE centers in **15 diverse communities** that ranged in location, size, strength of local Jewish infrastructure, etc.

Data collected includes:

- **Program information** (ed pedagogy, ages served, enrollment capacity, hours, schedule, etc.)
- **Enrollment and Re-enrollment** (including waitlist and profile of families served)
- **Perceived competition**
- **Tuition and tuition assistance**
- **Staffing** (hiring, retention, etc.)
- **Operating structure and costs** (funding sources, expenses, financial relationship with host org)



Rosov collected full or partial responses from two thirds of centers across the 15 communities

Community	Total Centers	Responses (At least partial, post-cleaning)	Response Rate	Stakeholder Interviews	Jewish Community Study
Austin	3	2	67%	1	
Boston	36	30	83%	3	Y
Brooklyn	16	12	75%	3	Y
Chicago	33	25	76%	3	Y
Denver	18	16	89%	3	Y
Greater MetroWest NJ	31	28	90%	2	Y
Houston	10	8	80%	2	Y
Los Angeles*	54	16	30%	2	Y
Minneapolis	9	5	56%	4	Y
Palm Beach County	9	5	56%	2	Y
Philadelphia	33	20	61%	2	Y
Phoenix	12	7	58%	2	
San Diego	13	11	85%	2	Y
Seattle	12	8	67%	1	Y
Washington DC	38	25	66%	2	Y
National Experts	-	-	-	4	-
Total	**327**	**218**	**67%**	**38**	

***Note**: Los Angeles Bureau of Jewish Education fielded a JECE survey in spring 2025 to collect current enrollment and capacity data; to avoid over surveying the field, Rosov fielded a limited version of the survey to LA centers, while only 30% of centers participated in the survey, Rosov was able to collect enrollment and capacity data from 51 of 54 centers (94%) from the LA BJE*

The findings in this report are based on center-reported data with varying sample sizes and mixed quantitative and qualitative measures

The findings presented in this report are based on center responses to survey questions; data provided by centers has not been externally vetted. When interpreting the findings, please consider the following:

- **Sample sizes vary by question:** Not all centers responded to all survey items (e.g., enrollment and capacity data are available for most survey respondents, while many questions regarding budgets have meaningfully smaller Ns)
- **Response rates vary by center type:** Day School and Chabad-affiliated centers had response rates below 50%, which should be kept in mind when interpreting results by center type (see chart below)

Center Type	Total Centers	Responses* (At least partial, post-cleaning)	Response Rate
Synagogue	159	119	75%
JCC**	42	35	83%
Day School	54	25	46%
Standalone	16	13	81%
Chabad	56	26	46%
Total	**327**	**218**	**67%**

- **Response rates vary by community:** As noted in the previous slide, response rates varied significantly by community. To understand trends across communities, Rosov evaluated differences in five communities that had high response rates and large numbers of centers responding: Chicago, Boston, Greater MetroWest NJ, San Diego, Denver; comparisons across these communities are presented throughout the report
- **All findings are based on center-reported data:** Responses reflect center directors' perspectives, including on topics that describe family behavior or external conditions (e.g., reasons families do not enroll, staff turnover drivers, or perceived competitive pressure)
- **Data combine structured and open-ended responses:** Survey included a mix of closed-ended (used for quantitative analysis) and qualitative open-response items, which provide additional context on topics such as infant care, center challenges, and host institution relationships

**Note:* *Response figures exclude LA centers that did not complete Rosov survey*

***The data for most JCC centers in this report was graciously provided by the Sheva Center at the JCC Association of North America. Sheva Center's 2024 JCC Movement Early Childhood Census provides detailed information regarding the current state of early childhood Jewish education across the JCC Movement. We are grateful to the Sheva Center for their partnership and contribution to the field of Jewish early childhood education.*

Executive Summary of Findings

Opportunities Exist to Strengthen JECE Offerings Relative to Parent Needs

- Studies on Jewish early childhood[1] have documented factors that drive parent decision making, such as **cost, location, schedule, and hours;** stakeholder interviews and center survey responses in this study echoed the importance of these factors
- Center survey responses indicate **gaps** between what families are looking for and JECE offerings (e.g., average **closing hour at 5pm**, average of **13 closure days for Jewish holidays, underfunded financial assistance** programs and varied use of government funds (both of which could support lower costs)

Enrollment and Market Data Indicates Room to Grow JECE Enrollment

- Over half of reporting centers have **unfilled seats** (that they want to fill); over half of reporting centers have **waitlists**. Many report having **both** unfilled seats waitlists indicating a mismatch between supply and demand across ages
- Waiting lists are particularly large for **infant care spots** (40% of reported waitlist spots were for infants (18mo and younger)
- JECEs are serving a **sizeable non-Jewish population**; one third of centers report that <75% of their student population is Jewish (has at least 1 Jewish parent)
- **All communities indicated opportunities to grow enrollment** via addressing unmet demand (waitlists) and filling excess capacity (unfilled seats), though size of the need varies

Regression Analyses Provide Insights into High Leverage Investments and Learning Opportunities

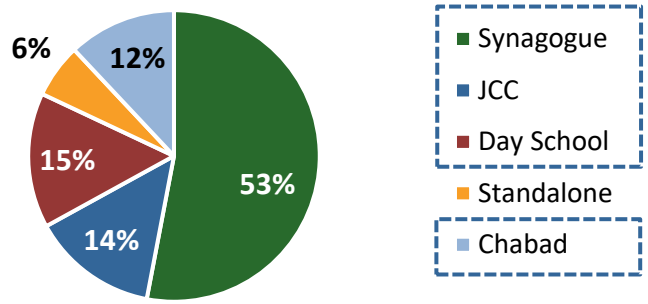
- **Denver and Chabad** sites outperform other communities/center types in the study on operational and enrollment indicators – there may be valuable learnings from these settings
- **Centralized supports** seem valuable for operational health (e.g., funding and staffing measures); less so for enrollment health, though that may be an indicator of where central entities have focused their resources
- **Better resourced programs** have stronger enrollment indicating the **potential impact of increasing investment in JECE**

1. "Exploring Associations Between Jewish Early Care, Education and Engagement." CASJE. March 4, 2020. "How Jews Choose: A study of Early Childhood Decisions Among Jewish Parents in Greater Boston." CJP. August 2015.

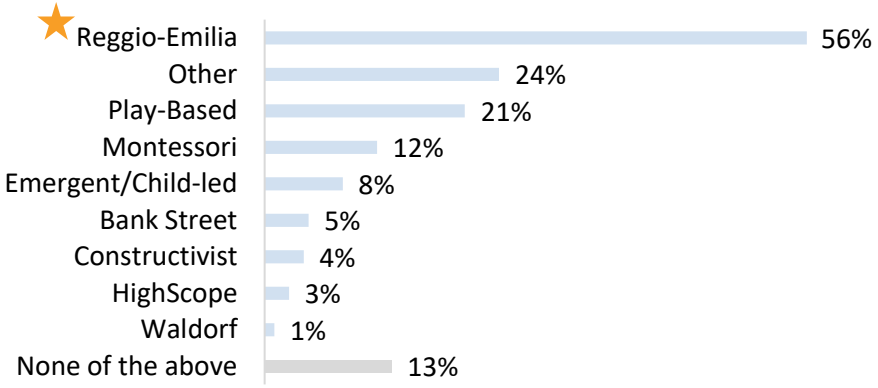
Table of Contents

JECE center survey respondents represent a range of center types

JECE Center Type - % Center Respondents
(N=253)



Education Pedagogy - % Centers Using
(N=200)



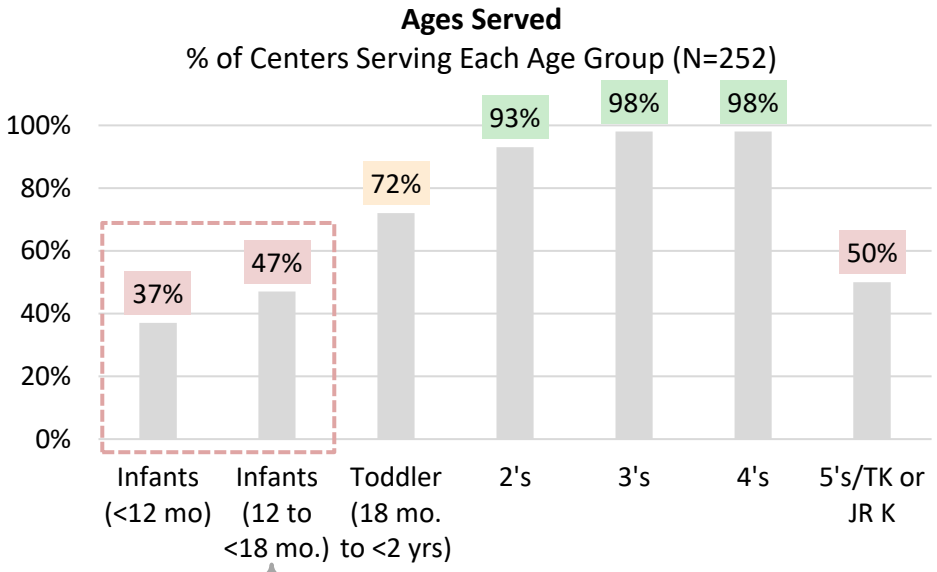
JECE Center Median Founding Year, By Type
(N=162)

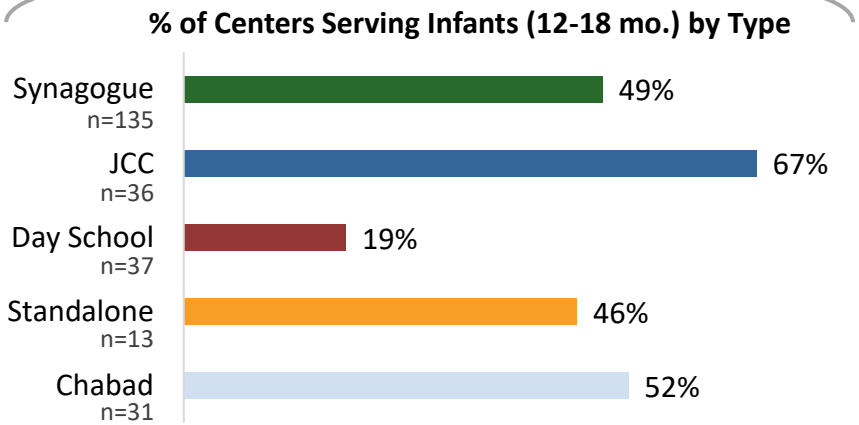
Type	Median Founding Year
Synagogue (n=96)	1989
JCC (n=11)	1977
Day School (n=18)	2010
Standalone (n=12)	1998
Chabad (n=25)	2013

Key Takeaways – Center Overview

- The majority of survey respondents identified as being **part of a host organization**; only 6% identified as standalone centers
- 89% of JECEs in the sample **share services** with a host organization; 15% share services with other Jewish orgs
- Centers **range in length of institutional operations**; the earliest founding year in the sample was 1907 and the most recent was 2025
- **Day School and Chabad centers** have the most recent median founding year (2010 and 2013 respectively)
- **Over half of centers use a Reggio-Emilia model**; only 13% (26 centers) reported using none of the listed pedagogical models

Nearly all JECEs in the sample serve ages 2-4; less than half of JECEs serve infants

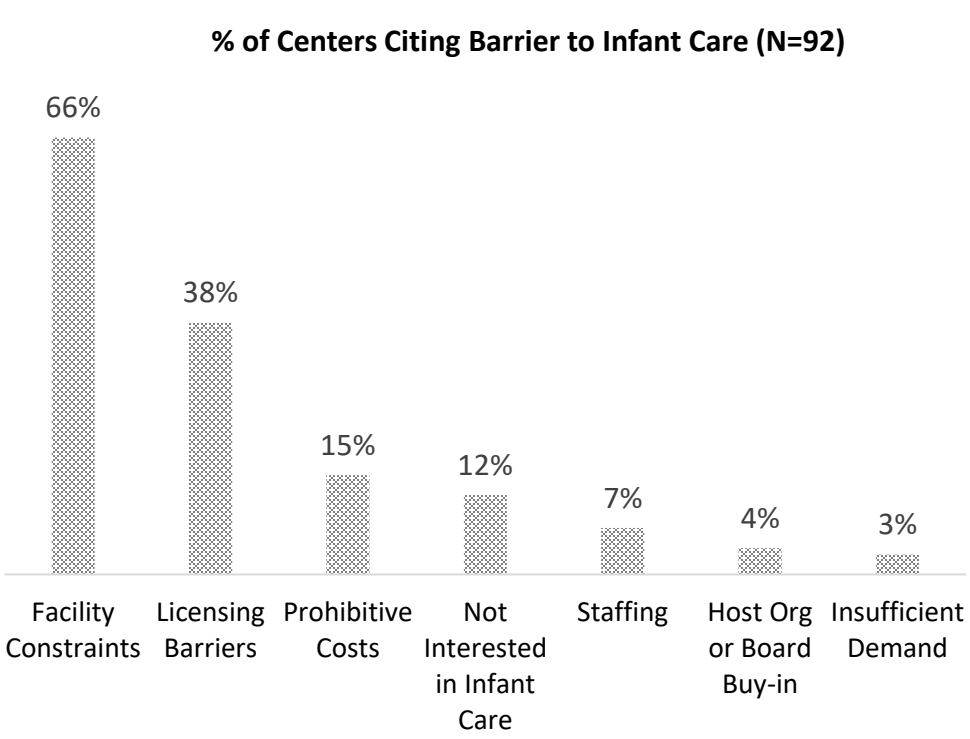




Key Takeaways – Ages Served

- Stakeholder interviews conducted by One8 and Rosov highlighted the **need for infant care, particularly among working families**
- **Among survey respondents, infant care is limited;** less than half of centers serve infants ages 12-18 months and only 37% serve infants under 12mo.
- **Larger centers**, whether measured by enrollment or by operating budget, are **more likely than others to offer infant care;** Rosov's analysis showed that, based on enrollment, a 10-child increase in total enrollment is associated with approximately 5% higher odds of offering infant care. JCCs, which are often larger, were more likely to offer infant care
- In its analysis, Rosov evaluated differences in five communities that had high response rates and large numbers of centers responding; Rosov's analysis revealed **meaningful differences in infant care offerings (12-18 mo.) by community**:
  - Chicago (n=24): 42% centers serve infants
  - Boston (n=30): 47%
  - Greater MetroWest NJ (n=28): 50%
  - San Diego (n=11): 73%
  - Denver (n=16): 75%

Facility or space constraints and licensing challenges are the most common barriers to offering infant care



Key Takeaways – Infant Care Barriers

- 92 JECEs provided **qual responses on why they don't offer infant care**
- **Facility and licensing challenges were the most common issues cited, and they were often named together** – e.g., space is not configured appropriately to secure license to serve infants
  - 61 (66%) cited **facility or space constraints**
  - 35 (38%) cited **licensing barriers**
- **Other common issues included:**
  - 14 (15%) cited **prohibitive costs**
  - 11 (12%) do not want to serve infants (**not target audience**)
  - Other issues mentioned: **Staffing** (6 JECEs, 7%), **Host org or board buy in** (4, 4%), **Insufficient demand** (3, 3%)

Most centers offer full day coverage, though early closing times could create challenges for working families

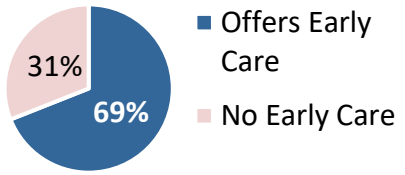
Full and Part Time Options by Age

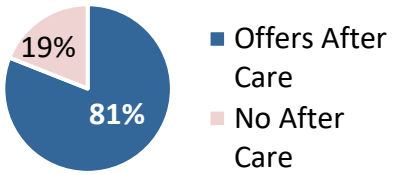
Ages Served	FT Only	PT Only	Both
Infants (<12 mo.) (n=69)	57%	1%	42%
Infants (12–18 mo.) (n=94)	35%	3%	62%
Toddlers (18 mo.–2 yrs) (n=140)	25%	8%	68%
2's (n=172)	23%	9%	69%
3's (n=176)	32%	7%	61%
4's (n=180)	37%	7%	56%
5's (TK or JK) (n=75)	47%	3%	51%

Daily Care Coverage (N=200)

Opening Time	
Mean	**7:49am**
Median	**7:45am**
Min	6:30am
Max	9:15am

Closing Time	
Mean	**5:03pm**
Median	**5:30pm**
Min	12:45pm
Max	7:00pm



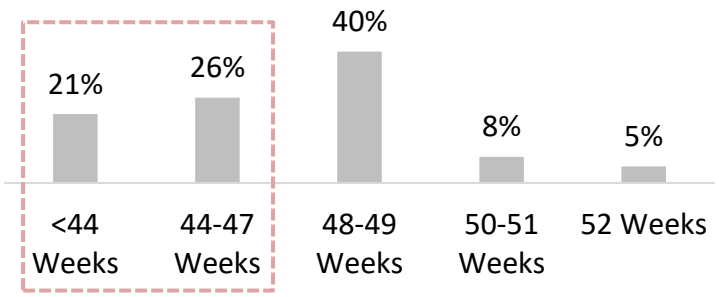


Key Takeaways – Calendar and Hours

- JECE centers respondents offer a **mix of full and part time options;** very few centers only offer part time care, particularly for infants
- ★ On average, JECE center respondents **open before 8am**, but **close around 5pm**; this could create challenges for working families
- Across the sample, **two thirds of programs offer early-care (69%) and four-in-five offer after-care (81%)**
- Half of JECE respondents operate **between 9 and 10 hours per day** with a median of 9.5 hours
- In its analysis, Rosov found that **hours of operation—including total hours open, opening times, or closing times—are strongly correlated with the center's size** (total enrollment and/or operating budget); extended schedules require greater staffing capacity and more resources to support higher fixed operating costs that stem from longer hours

JECE Centers close for both secular breaks and Jewish holidays

Operating Weeks Per Year
% Centers Open (N=184)



Key Takeaways – Calendar and Hours

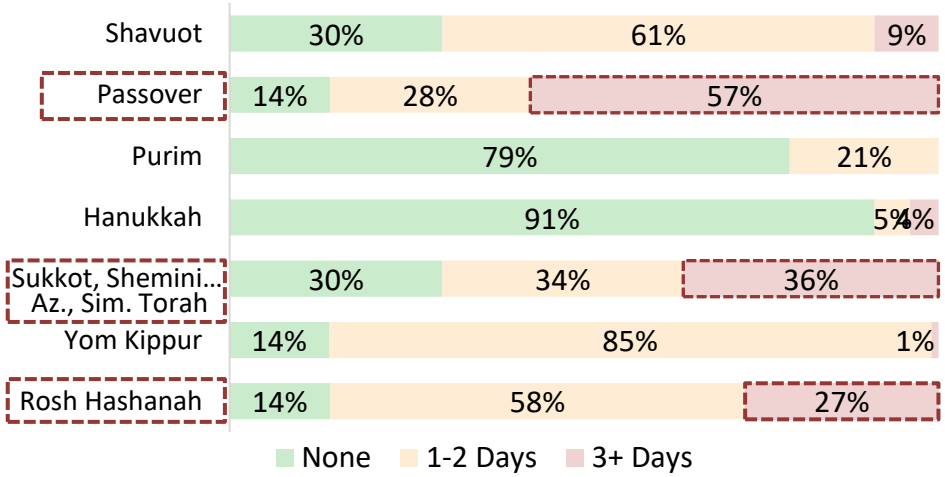
- 47% of center respondents are **closed for at least 5 weeks** during the year; 21% are open less than 44 weeks per year
- Most centers report being **closed for Jewish Holidays** (86%), as well as **common secular school breaks** (winter break – 84% closed, spring break – 56% closed)
- On average, center respondents are **closed roughly 13 days for Jewish Holidays;** that **varies significantly by center type** with JCCs closed for far fewer holidays on average than Day Schools
- Most schools are **closed for 0 or 1-2 days for each Jewish Holiday**; many schools close for **3+ days for Passover, Sukkot, and Rosh Hashanah**

% Centers Closed For…	
Jewish holidays	**86%**
Winter break	**84%**
Spring break	56%
Other closures of 1+ wk	40%
Summer months	15%
None of the above	5%

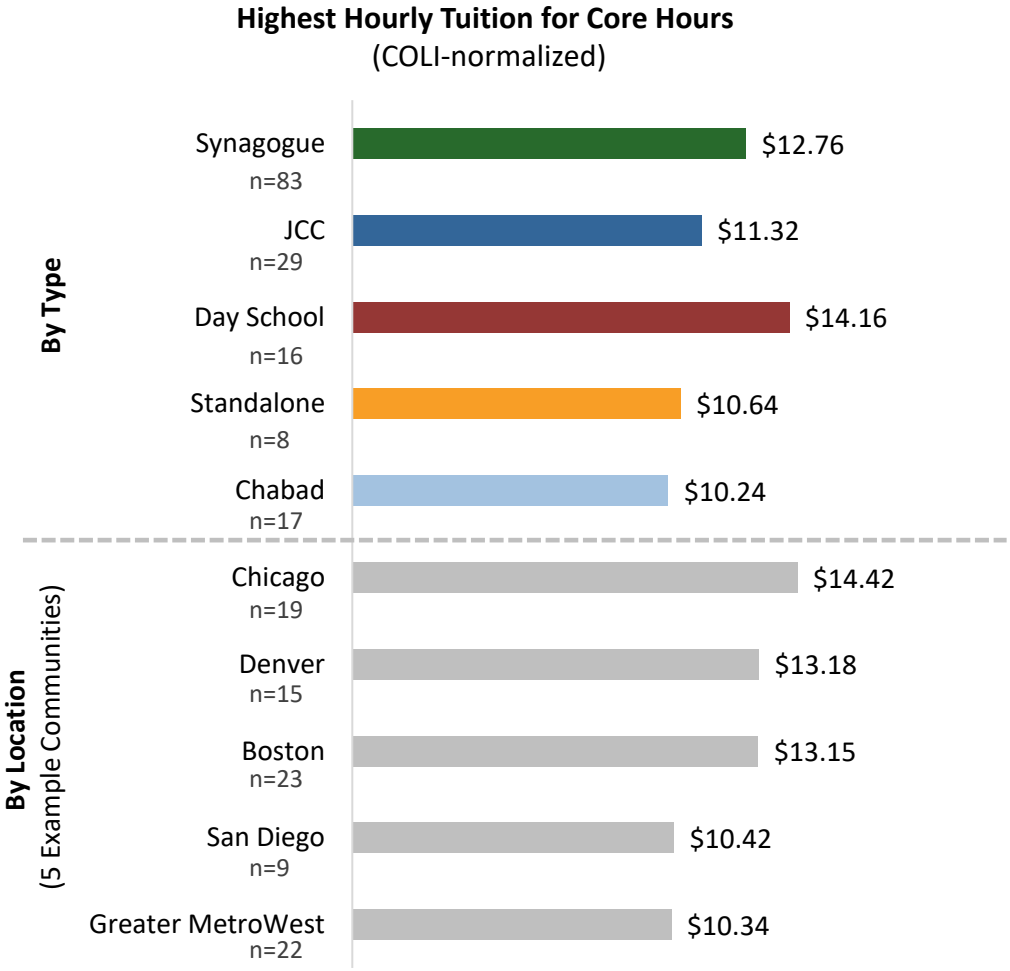
Avg. Total Jewish Holiday Closures

All	**12.7**
Synagogue (n=96)	10.9
JCC (n=19)	6.8
Day School (n=21)	20.2
Standalone (n=13)	13.6
Chabad (n=23)	17.8

Length of Closure Per Holiday, % of Centers Closed (N=197)



Tuition varies significantly across sites, but is higher on average among Day School centers than other center types

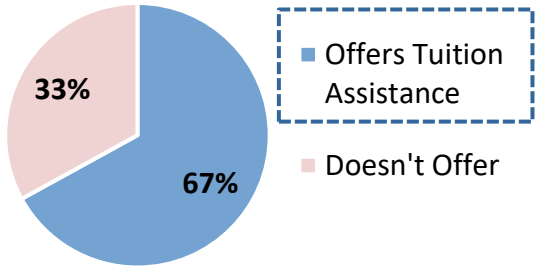


Key Takeaways – Tuition

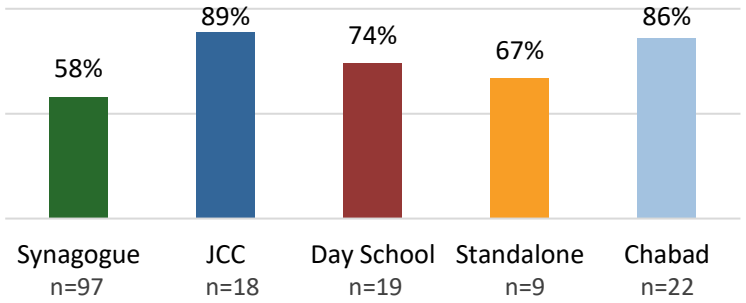
- After accounting for variations in local cost of living, the cost of care **differs significantly by type and community**
- On average, tuition is **38% higher in Day School** (highest) **vs. Chabad** (lowest); across the five example communities, it is **39% higher for centers in Chicago** (highest hourly rate) vs. **Greater MetroWest NJ** (lowest)

Only two thirds of JECE centers offer tuition assistance

% of JECE offering Tuition Assistance (N=165)



% Offering Tuition Assistance, by Type (N=165)

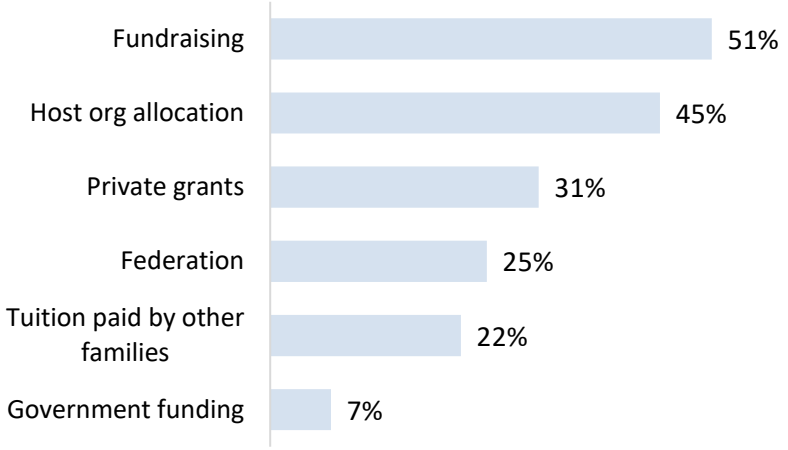


Among centers that offer tuition assistance, they typically (median data point):

★ **Award aid to** 100% of families that apply (n=76)

- **Award $5,000** of aid (n=61)
- **Cover 30% of tuition** (n=78)

Assistance Funding Sources, by Percent of JECEs Using That Source (N=95)



Key Takeaways – Tuition Assistance

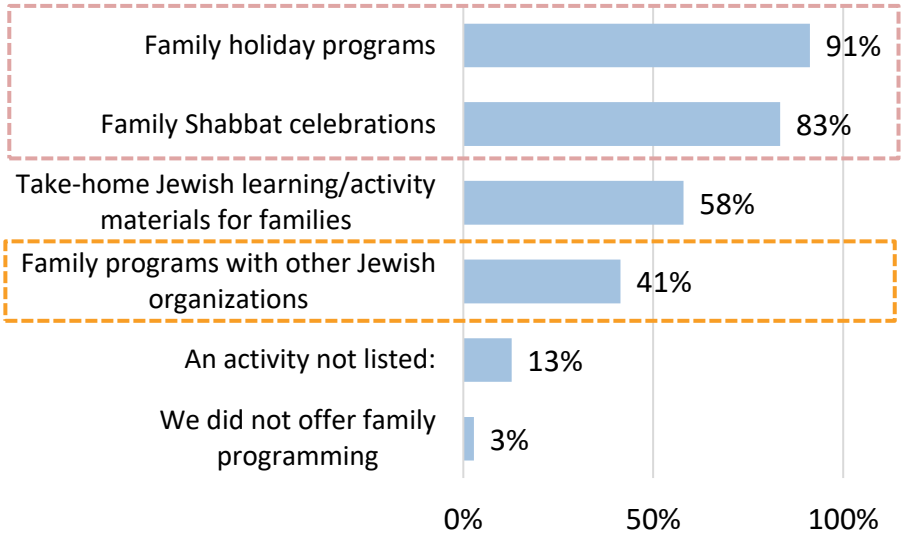
- **Two thirds of JECEs offer tuition assistance** to offset cost of care for families
- With **just over half (58%) of synagogues offering tuition assistance**, they are least likely to offer among the organizational settings; **JCC and Chabad centers are most likely to offer** (89%, 86%)

★ Centers report that **100% of families that apply get aid** (n=76); on average, **awards cover 30%** of tuition (n=78)

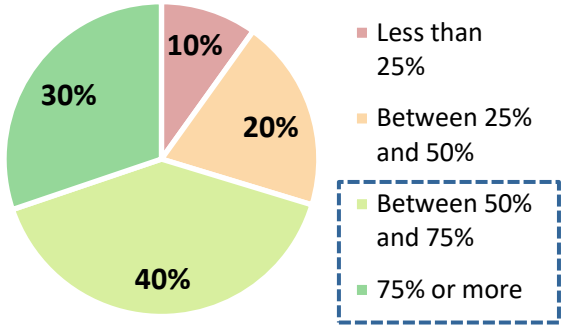
- **Tuition assistance funding** most often comes from **fundraising and allocations from the host organization**

Most JECE Centers offer family programming, typically in the form of Shabbat and holiday celebrations

Family Programming Offerings
% of Centers Selecting as Option Offered (N=181)



Family Programming Participation
% of Centers Selecting as Family Participation Range (N=172)

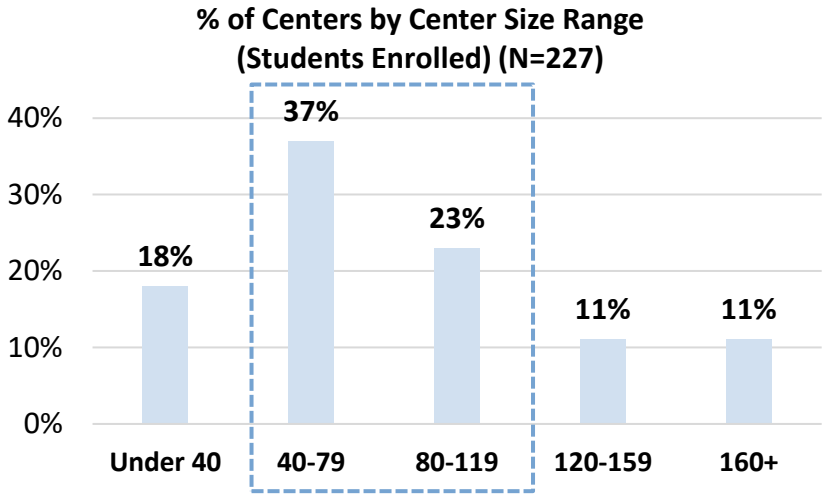


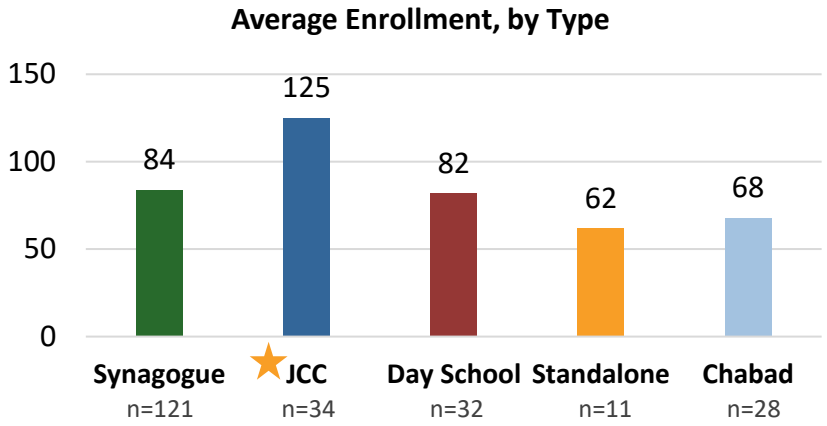
Key Takeaways – Family Programming

- Almost all centers offer family programming of some type, with **family holiday programs (91%)** and **family Shabbat celebrations (83%)** being the most common offerings
- **41%** of centers partner with **other Jewish organizations** to offer programming to families; more collaboration may support family engagement with broader Jewish community and efficiency for center operations
- **Family program participation** is relatively strong, with **70%** of centers reporting that **more than half** of enrolled families participate in family programming

Table of Contents

JECE centers range in size, with six in ten serving between 40 and 119 students; on average, JCC centers have the largest enrollment





Key Takeaways – Enrollment Trends

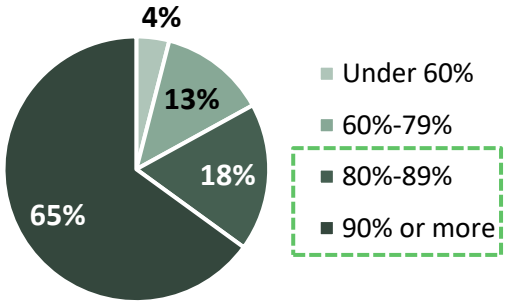
- **Most centers range from 40-119 students;** only 11% are over 160 students
- ★ On average, **JCC centers are significantly larger** than other JECE types based on enrollment

JECE enrollment has grown slightly 3.4% across all surveyed communities over the past two years, supported by strong re-enrollment

JECE Two-Year Enrollment Growth

% Change over 2 years (2023-2025)	# Center Respondents
3.4%	119 (36% of total)

% Students who Re-enrolled, 2024-25 School Year (N=158)



Key Takeaways – Enrollment Trends

- JECE enrollment has been **growing slightly in the last two years,** with a **3.4% increase in enrollment** across all communities*
- JECE centers experience **strong re-enrollment**, with 83% of centers achieving an 80%+ re-enrollment rate for the 2024-25 school year

**Does not include Los Angeles and Minneapolis; do not have 2-year enrollment data for centers in those communities*

JECE market penetration within the Jewish community varies significantly across the communities studied

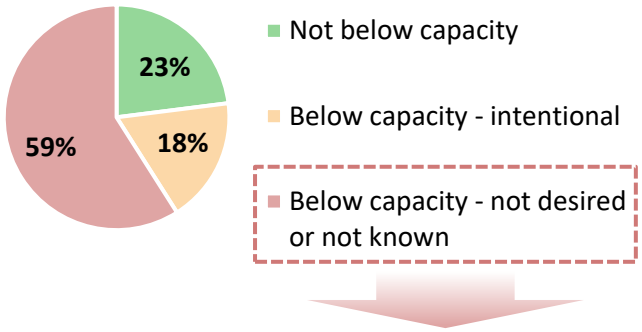
Rosov used data from 12 local Jewish community studies[1] conducted over the past 10 years to estimate market penetration rates within each community's estimated population of Jewish children ages 5 and under.

	Community	Total Potential Market (Jewish, <6yo)	Total Enrolled in Jewish ECEs	JECE Market Penetration	Enrolled in Other ECE Programs	Not in any ECE
High Market Capture	Houston	2,735	1,020	37%	26%	37%
	Seattle	4,100	1,300	32%	42%	26%
	Greater MetroWest NJ	4,848	1,403	29%	31%	38%
	San Diego	3,778	921	24%	43%	30%
	Brooklyn[2]	8,028	1,772	22%	-	-
Mid	Los Angeles	29,479	4,923	17%	44%	39%
	Boston	16,560	2,580	16%	60%	26%
	Chicago	20,193	3,271	16%	43%	39%
Low	Denver	8,186	573	7%	43%	48%
	Washington DC	27,834	1,617	6%	52%	39%
	West Palm Beach	6,774	391	6%	52%	41%
	Minneapolis	6,172	333	5%	60%	33%
	Total	138,687	20,104	14%	-	-
	Community Average	-	-	18%	45%	36%

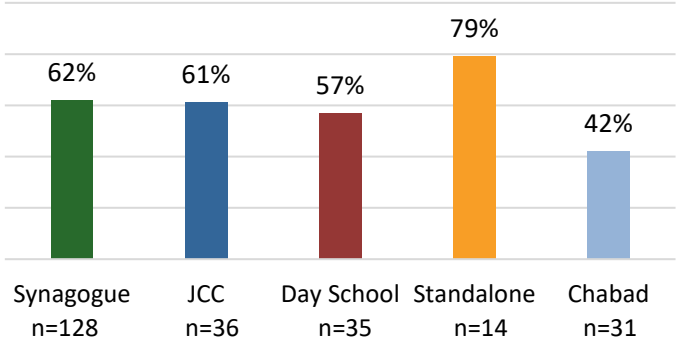
1. *Austin, Phoenix did not have studies that were completed within the last 10 years; Philadelphia study did not have information about non JECE ECE enrollment*
2. *Brooklyn Jewish ECE total market and market penetration data excludes Haredim. Info about other ECE programs was not included in the Brooklyn community study.*

Many JECE Centers are below capacity and have room to grow

Enrollment Relative to Legal Capacity (N=244)

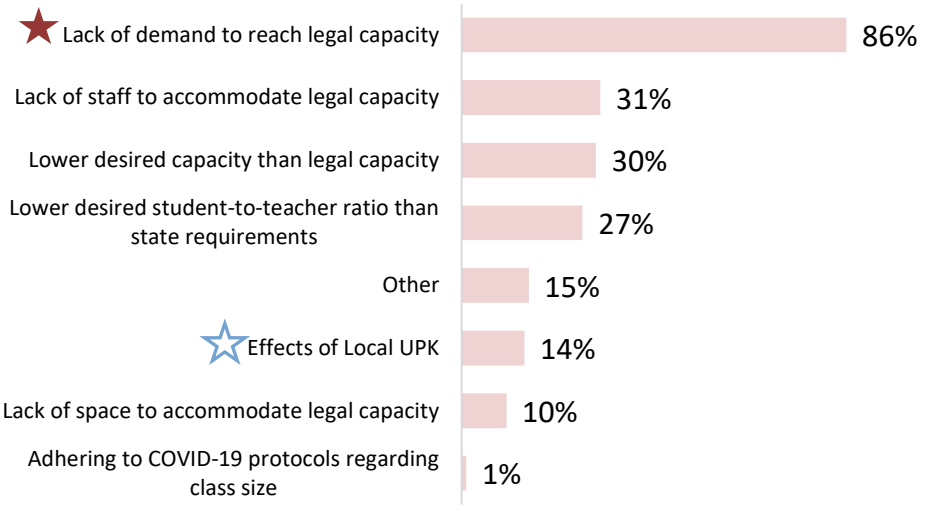


Percentage of Centers Below Capacity, Not Desired



Reasons for Operating Below Capacity

% of Centers Selecting as Reason (N=118)

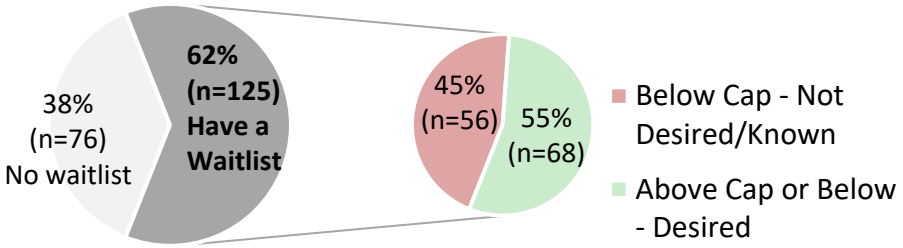


Key Takeaways – Operating Capacity

- More than **three-quarters (77%)** of centers operate **below legal capacity;** in survey responses, **43%** of centers report operating at **less than 80% of legal capacity**
- **59%** of centers report operating **below legal capacity** but do not want to be
- **Lack of demand** is the primary reason centers operate below capacity when they don't want to be, with 86% of centers selecting this as a reason
- **UPK** was less frequently cited as a reason centers operate below capacity when they don't want to be
- **Almost half (47%, n=104)** of centers have **unused space**

Many centers in the sample also have waitlists; nearly half of those with waitlists also are below capacity (not desired)

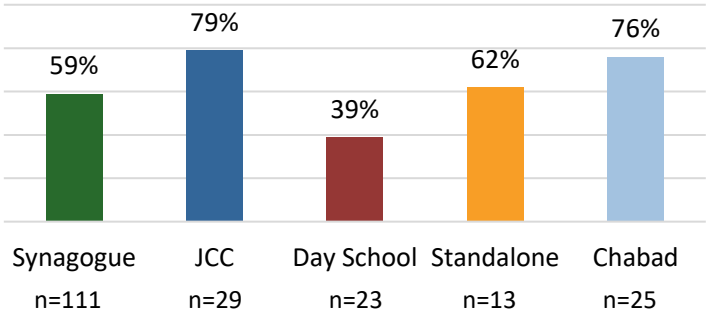
Percentage of Centers with a Waitlist, by Enrollment Capacity



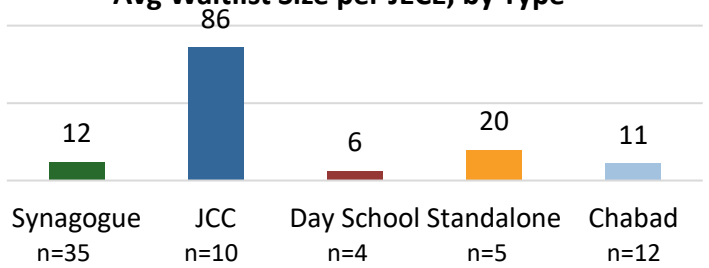
Key Takeaways – Waitlist

- 125 centers (62%) reported **having a waitlist**; of those centers with a waitlist, 56 (45%) **also report being under capacity and wishing they were not**
- **Only 66 centers provided detail on waitlist size;** total waitlist reported for 2024-25 SY: **~1.5k**
- On average, **JCCs have significantly larger waitlists** than other JECE types
- **57%** of total waitlist spots across all communities are for **infants and toddler seats**

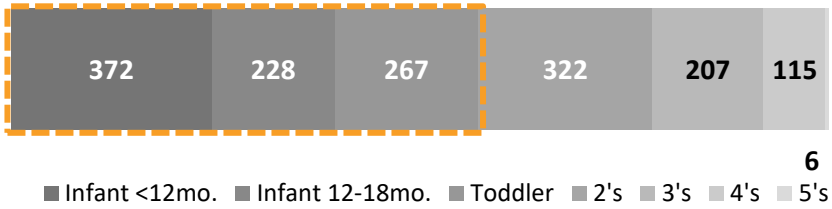
Percentage of Centers with a Waitlist, by Type



Avg Waitlist Size per JECE, by Type



Total Waitlist Reported Across All Communities, by Age (N=66)



Based on (limited) community-level data, there are varying levels of unmet demand and (undesired) open seats across communities

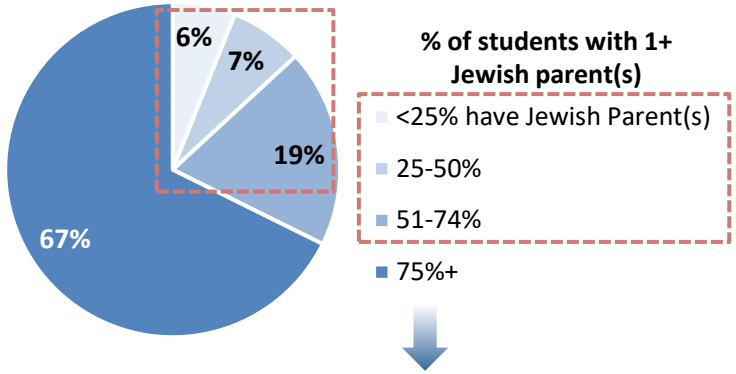
Some centers reported the **size of their waitlist** (N=66), as well as data that can be used to **calculate open seats** (capacity, less current enrollment, N=131); this data can be used to **project a total number of waitlist and open seats by community*** and evaluate potential opportunities to grow enrollment across the communities in the study.

Communities	Reported Total Waitlist	*Projected* Total Waitlist*	Reported Total Open Seats (not desired) (Capacity – Enrollment)	*Projected* Total Open Seats*
Denver	**300-499** (n=10)	~500+	**<100** (n=8)	~100-199
Austin	**200-299** (n=1)	~300-499	**n/a** (n=0)	~ <100
Chicago	**100-199** (n=7)	~500+	**300-499** (n=15)	~500+
Boston	**100-199** (n=12)	~300-499	**200-299** (n=15)	~300-499
Washington DC	**<100** (n=7)	~300-499	**500+** (n=18)	~500+
Philadelphia	**<100** (n=6)	~200-299	**100-199** (n=5)	~300-499
San Diego	**<100** (n=2)	~200-299	**100-199** (n=7)	~200-299
Brooklyn	**<100** (n=3)	~500+	**<100** (n=2)	~100-199
Greater MetroWest	**<100** (n=6)	~300-499	**500+** (n=13)	~500+
Houston	**<100** (n=2)	~ <100	**300-499** (n=2)	~300-499
Minneapolis	**<100** (n=3)	~200-299	**100-199** (n=3)	~200-299
Palm Beach County	**<100** (n=1)	~100-199	**100-199** (n=4)	~100-199
Phoenix	**<100** (n=4)	~100-199	**100-199** (n=3)	~200-299
Seattle	**<100** (n=2)	~100-199	**<100** (n=5)	~100-199
Los Angeles	**n/a** (n=0)	~300-499	**500+** (n=31)	~500+

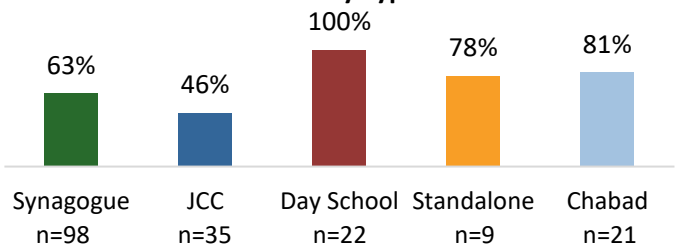
***Note:** Projections were generated by applying aggregate percentage of centers with waitlists and those below capacity (not desired) and average waitlists or open seats per center by type to the estimated distribution of non-respondent center types within each community. Please note that projections were developed off of limited center responses and center responses were not individually vetted for accuracy.*

67% of JECE Centers have 75%+ of families that are Jewish; 33% serve more sizeable non-Jewish populations

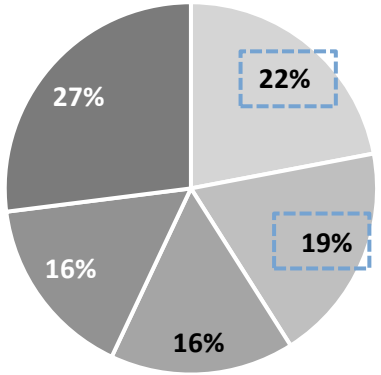
% of Centers Reporting Share of Student Population with One Jewish Parent (N=185)



% of Centers with 75%+ Students with 1+ Jewish Parent(s), by Type



% of Centers Reporting Size of Family Population that are Synagogue/JCC Members (N=128)*



% of families that are JCC/Synagogue Members*

Less than 20% | 20-39% | 40-59% | 60-79% | 80% or more

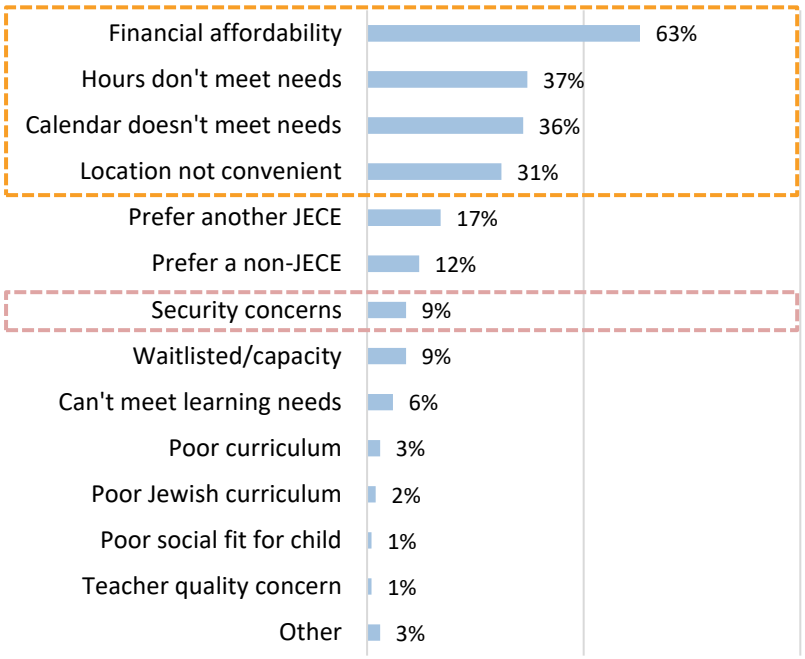
*Among centers operating in a JCC or Synagogue

Key Takeaways – Enrolled Families

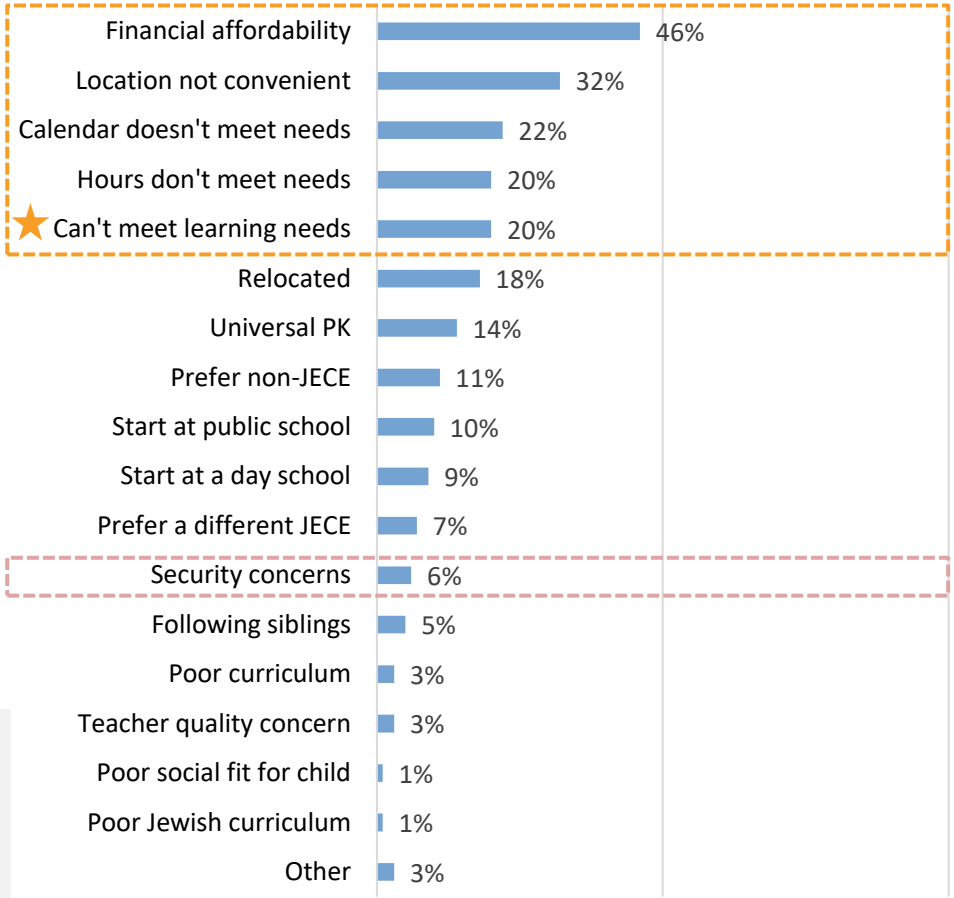
- **One third** of total centers report that <**75%+ of enrolled students are Jewish** (at least one Jewish parent)
- Most **Day School and Chabad-affiliated centers serve a predominantly Jewish population**, while **JCC and Synagogue** JECE types have **lower proportions of centers serving 75%+ Jewish students** (46% and 63%, respectively)
- **Many families attending schools in JCCs/Synagogues are not members** (41% of centers report that less than 40% of families are members); unclear the degree to which synagogue or JCC membership is indicative of engagement levels

Affordability, location, and hours/calendar are primary drivers of family decisions to enroll and remain in JECE

Reasons Families Do Not Enroll
% of Centers Selecting as Top 3 Parent Reason (N=183)



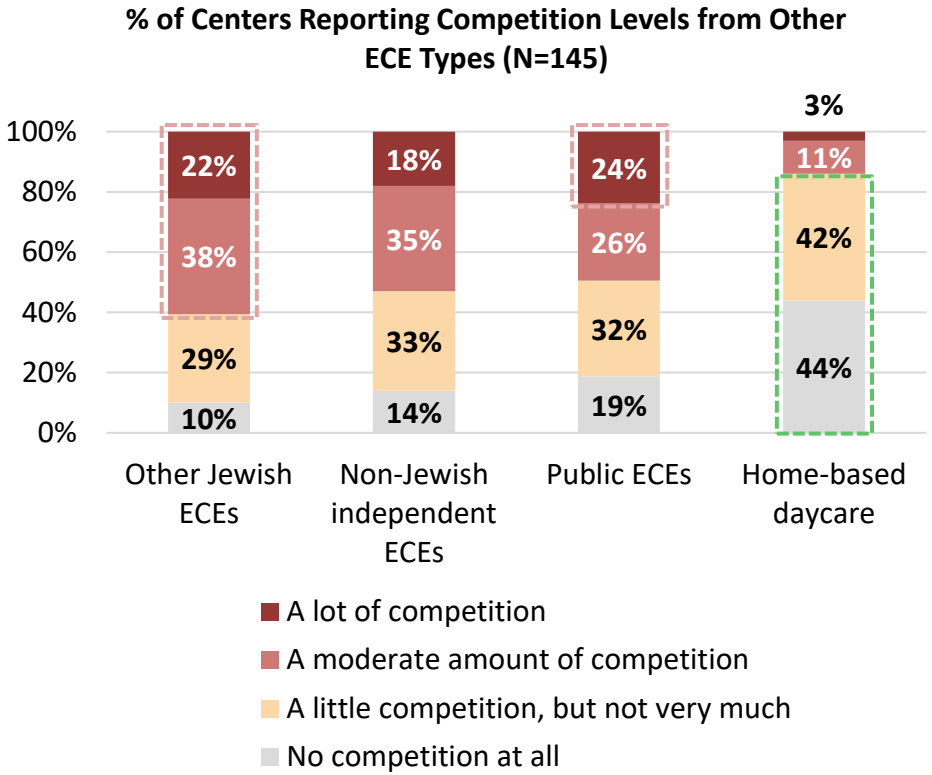
Reasons Families Unenroll
% of Centers Selecting as Top 3 Parent Reason (N=184)



Key Takeaways – Enrollment Drivers

- **Affordability, location, and hours/calendar** are primary drivers of enrollment choices
- ★ **Inability to meet student learning needs** is also a top reason families unenroll from JECE (20% families cited as top 3)
- **Security concerns** are much less likely to drive enrollment choices for families

JECEs face competition from various other ECE options, but most do not feel competition from home-based care



Key Takeaways – Competition

- While **other JECE centers provide the most common competition for JECEs,** centers also reported **acute competition from Public ECEs** (nearly a quarter of centers report feeling a lot of competition)
- Few report more than a little competition from home-based daycare

A regression analysis revealed that budget size, Chabad affiliation, and perceived low competition are drivers of strong enrollment health

Enrollment Health

Rosov constructed an **Enrollment Health metric** that combined **several indicators**[1] of strong family demand and healthy enrollment:

- Enrollment relative to capacity
- Presence of a waitlist
- Child re-enrollment rate
- % of children enrolled for max. hours
- Tour-to-enrollment conversion rate

Despite One8's initial hypothesis that infant care would be a driver of enrollment, the regression analysis **did *not* identify a statistically significant independent association between offering infant care and enrollment health**

Drivers of Enrollment Health

Rosov's regression analysis revealed associations between program characteristics and Enrollment Health; key findings include (see Appendix for full analysis results):

Positive Correlation with Enrollment Health (EH)

- **Larger and better-resourced programs** (e.g., programs with **higher operating budgets** and the **highest reported hourly rates of pay** (adjusted for local COL))
- **Chabad-affiliated programs** (compared to other JECE types)
- Programs that report **operating in less competitive local environments**

Negative Correlation with EH

- The **percent of budget that is allocated to marketing and communications** (note: Rosov believes this finding may be largely causal; programs are more likely to market more because enrollment is weak, rather than enrollment being weak because of marketing)
- Programs in which **at least 75% of enrolled children have at least one Jewish parent**
- Programs that **close for summer months or take extended breaks** outside of either the typical school or Jewish calendar

1. In the analysis, enrollment relative to capacity was weighted at 2x; % children enrolled for max hours, tour to enrollment rate weighted at 0.5x

Chabad centers and the Denver and Philadelphia communities have particularly strong enrollment health compared to their peers

To understand how enrollment health differs across organizational setting and communities, Rosov evaluated average Enrollment Health using an adjusted mean to control for program size.[1] Results indicate stronger than average enrollment health in **Chabad centers** and the **Denver and Philadelphia communities**, pointing to possible best practices or learnings in these settings.

Center Type	Adjusted Mean % Change Relative to Mean EH
Chabad	48%
JCC	-22%
Day School	-20%
Synagogue	-4%

Community[2]	Adjusted Mean % Change Relative to Mean EH
Boston	3% (n=14)
Chicago	-11% (n=14)
Denver	24% (n=13)
Greater MetroWest, NJ	-10% (n=14)
Philadelphia	22% (n=18)
Phoenix	-36% (n=5)
San Diego	-17% (n=8)
Washington DC	-2% (n=13)

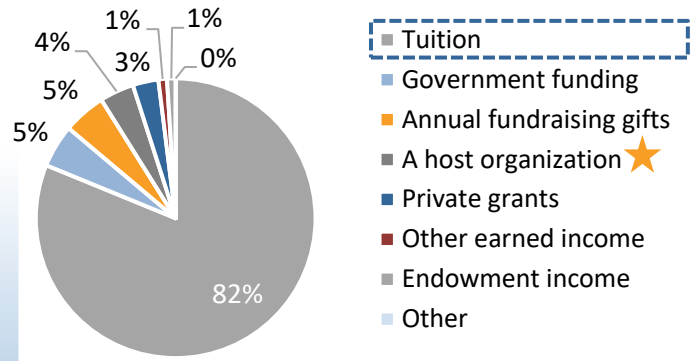
1. Because program budget is a very strong predictor of enrollment health, and because it varies widely across programs, Rosov used an adjusted means for this analysis to account for differences in budget; using adjusted mean allows us to compare enrollment health across groups as if they had similar financial resources and ensure that observed differences reflect program characteristics rather than differences in funding levels.

2. This analysis only includes communities with sufficient data to calculate Enrollment Health and an adjusted means score.

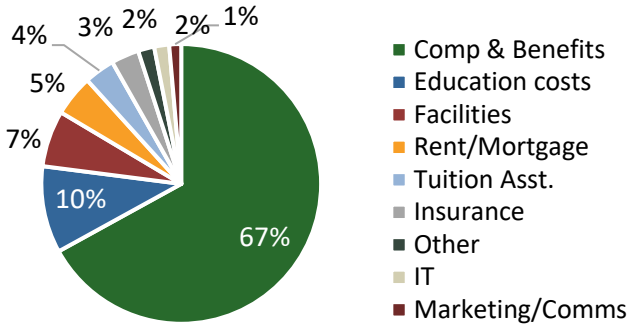
Table of Contents

JECE Centers are largely funded through tuition, with gov't funding varying by community; primary form of in-kind support from host orgs is rent and facilities

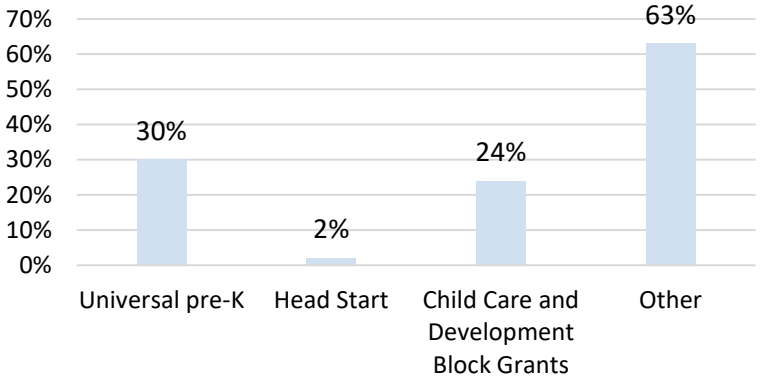
Average % of Funding from Sources (N=159)



Average % Budget Allocation (N=131)



Sources of Gov't Funding
% of Centers Accessing (N=46)



Key Takeaways – Budget

- JECEs are largely funded through **tuition**; **only a small percentage of funding comes from government sources** (higher in some communities: Brooklyn – 17%, Denver – 14%, Phoenix – 16%)
- ★ **80 JECEs** provided qual responses on their **financial relationships with host orgs** and the **types of in-kind support** they receive*:
  - The primary forms of in-kind support are **rent/mortgage and facilities; 37 centers (46%)** say host org covers rent/mortgage, and **42 centers (51%)** say host org covers some facilities-related expenses (e.g., security, maintenance/cleaning, utilities)
    - A vast majority of centers **(83%)** that don't pay rent are **synagogues**
    - **5 centers (6%)** that operate within host orgs say they pay **no rent/facilities costs,** but any **operating surplus is absorbed into host org's budget**; **6 centers (8%)** report having **combined budget** with host org
  - **12 centers (15%)** report receiving in-kind support for **marketing/ comms, IT, HR, or other operational functions**

Select communities have a UPK program for which JECE centers are eligible; use of government funds across those communities varies

While there have been **efforts across the country to expand Universal PreK (UPK),*** some states or communities still limit which programs are eligible to participate in UPK programs (e.g., excluding faith-based programs, only allowing public schools to serve as UPK sites or requiring participation in a state quality rating system); seven communities in the Rosov sample have UPK programs for which JECE programs are eligible, however only some centers in each of these communities report government funding as a revenue source:

Community with JECE-eligible UPK	% of Centers Reporting Receiving Gov't Funding
Denver (n=15)*	73%
Boston (n=24)*	58%
Brooklyn (n=4)	50%
Palm Beach Co. (n=3)	33%
Los Angeles (n=13)	23%
Washington DC (n=19)	21%
Chicago (n=16)	6%

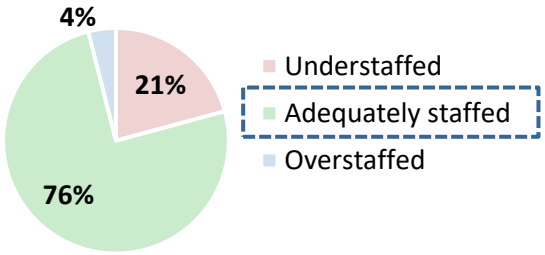
Key Takeaways – UPK

- The two communities where 50%+ of respondents report receiving government funds are those that have **robust centralized supports** (Efshar in Denver, Combined Jewish Philanthropies in Boston)
- Stakeholder interviews highlight that navigating public funding programs can be **complex and time-consuming**, and that **external support can ease access** to these funds

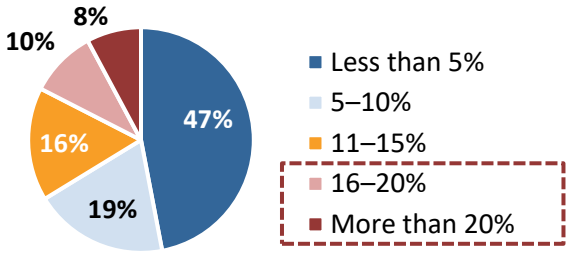
**Note: While UPK has been on the rise in recent years, it is unclear how shifts in government spending and the end of COVID relief funds will impact future UPK growth*

Most JECE Centers are adequately staffed and have low attrition; the top reason for staff leaving is concerns about pay/benefits

Staffing Status, Given Current Enrollment (N=160)

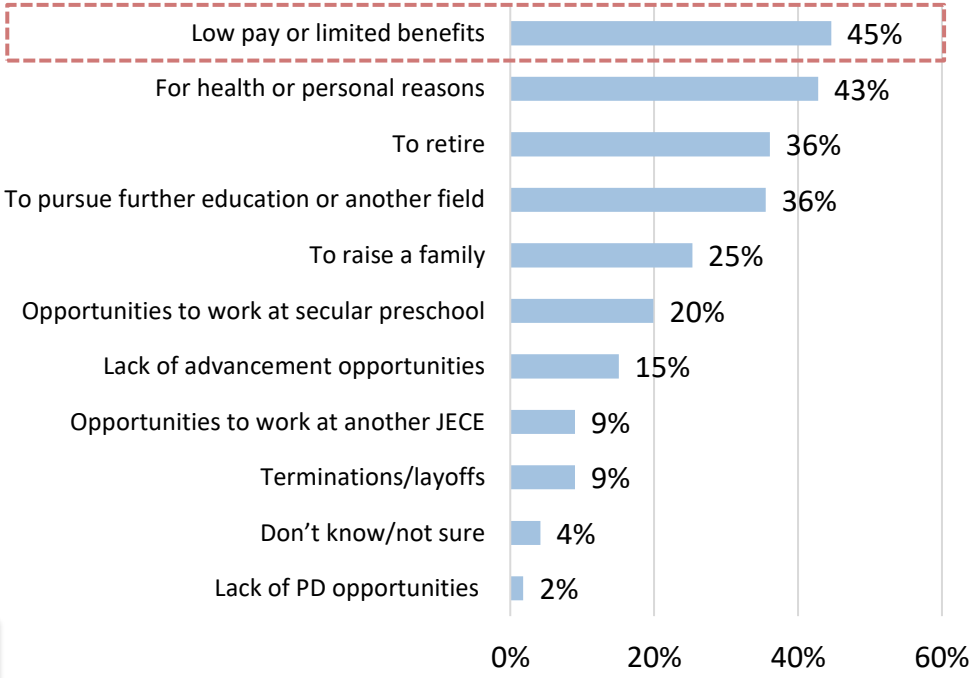


Annual % of Teachers that Leave (N=151)



Reasons for Staff Leaving

% of Centers Selecting as Option (N=166)



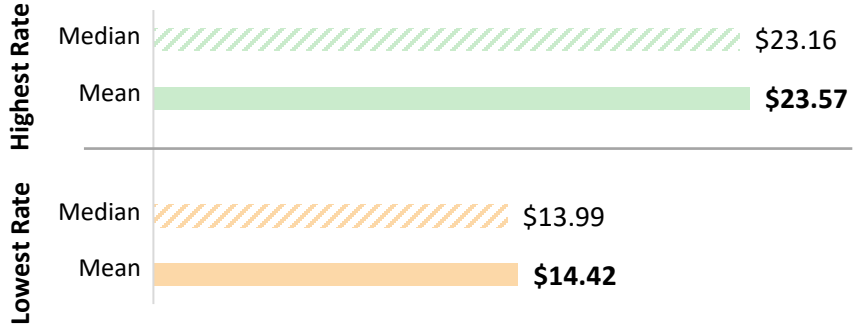
Key Takeaways – Staffing

- **Most JECE centers (76%) are adequately staffed,** relative to current enrollment
- **Attrition is low for a majority of centers**, although **18%** have an annual turnover rate greater than 15%
- The most common reason staff leave is **concerns about low pay or limited benefits;** in the analysis, Rosov found that higher staff attrition is correlated with lower wages*

**Centers reported the highest and lowest salary rates that they pay. In the analysis, Rosov found a weaker correlation between retention and the lowest reported salary rate data, but a stronger correlation with the highest reported rate data. Rosov assesses that this suggests that retention is driven less by minimum wage floors and more by whether staff can see a viable long-term career pathway.*

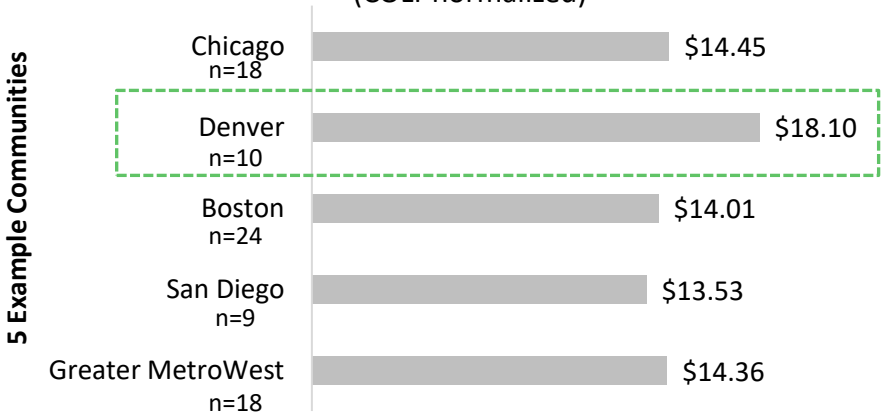
Average lowest and highest staff wages are equivalent to annual compensation rates of $29k and $49k, respectively

Median and Average Highest and Lowest COLI-Normalized Hourly Staff Compensation (N=159)



★ The mean low wage of **$14.41 is equivalent to $29,211 annually** and the mean high wage of **$23.57 is equivalent to $49,026 annually***

Average <u>Lowest</u> Hourly Staff Compensation, by Community
(COLI-normalized)



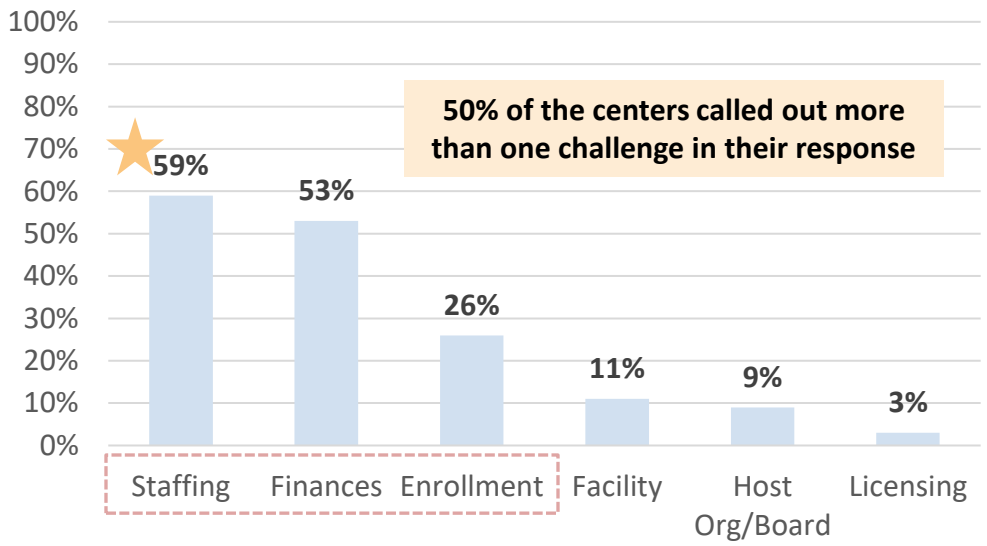
Key Takeaways – Staff Compensation

- ★ The **average lowest wage** (COLI-normalized) reported by JECE centers is **$14.42** and the median lowest wage is $13.99, while the **average highest wage is $23.57** and the median highest wage is $23.16
- The average reported **low-end wages** for the **Denver JECEs are meaningfully higher** ($18.10 vs. $13.50-$14.50) than the other example communities; reported high rates do not differ across communities
- Staff wages **do not differ meaningfully across organizational settings**

*Based on a standard 2,080 hours of work annually. Applies to a hypothetical community that has a COLI score of 100, which is the average score for all urban areas across the U.S.

Insufficient funding and staffing are the top reported challenges faced by JECEs in open ended responses

% of Center Responses Citing Issues Areas as Primary Challenge (N=144)



Key Takeaways – Operational Challenges

- 59% of centers cited **staffing** as the or one of the top operating challenges; while **only 21% of centers reported being understaffed** (see prior slide), **centers may be expending significant time and resources to fill staffing vacancies**
- Many centers called out challenges related to the **interplay of staffing, finances, and enrollment**:
  - Paying **sufficient salaries** (24%)
  - Maintaining **affordable tuition** (14%)
  - Balancing **staff salaries and tuition** (6%)
- Rosov's stakeholder interviews highlighted **low pay, burnout, and mental health challenges** as major issue areas for teachers; for administrators, major concerns include **heavy workload, minimal business or admin. training**, and the growing **tendency among employees to view ECE as temporary "gig work"**

"The nature of our field is going younger and younger--we have **long waitlists for infants and toddlers,** but because of **ongoing and public schools opening up** more preK spots, we have less PS & TK enrollment lately. We could open many more infant and toddler classes with the students on our waitlists but can't do so because of **strict licensing regulations**, and the **high cost of these classrooms** to our operating budget (they feed the rest of our program and help local families, but don't make generate any profit and often don't even break even, to run a high quality infant/toddler classroom with the **amount of dedicated experienced teachers it really takes to do it well**.) We cannot continue to operate these younger and younger classrooms, which is where our field needs to grow, without **more government and grant money to help pay for it**; many of our **families cannot afford the tuition** we charge now, let alone anything higher, and the state voucher system currently does not function well for many people in our community." - Synagogue JECE Director

A regression analysis revealed that centralized support entities and Chabad affiliation are drivers of strong operational health

Operational Health

Rosov constructed an **Operational Health metric** that combined **several indicators**[1] of strong and healthy operations:

- Diversity of funding sources
- Staffing levels (adequately or under staffed)
- Annual staff retention rate
- Financial aid funding
- % of budget to compensation

Drivers of Operational Health

Rosov's regression analysis revealed associations between program characteristics and Operational Health; key findings include (see Appendix for full analysis results):

Positive Correlation with Operational Health (OH)

- Programs located in communities with **strong centralized support or infrastructure** (e.g., Efshar in Denver, Jewish United Fund in Chicago, Combined Jewish Philanthropies in Boston)[2]
- **Chabad-affiliated programs** (compared to other JECE types)

Negative Correlation with OH

- **Less than 90% re-enrollment** rates
- Programs that **report a lack of competition** (note: Rosov hypothesizes that self-reported lack of competition may reflect thinner or more isolated markets where centers rely more heavily on one or two funding sources, struggle to recruit or retain staff due to smaller labor pools, and/or have greater challenges sustaining adequately funded financial aid)

1. *In the analysis, diversity of funding sources was weighted at 2x; financial aid funding, % of budget to compensation weighted at 0.5x*
2. *Select communities have organizations or teams designated to provide support to JECE centers in the community, such as staff professional development, financial assistance, recruitment and staffing support, etc.*

Chabad and Day School centers, as well as those in Denver, Phoenix, and Greater Metrowest NJ have stronger than average Operational Health

To understand how Operational Health (OH) differs across organizational setting and communities, Rosov evaluated average OH by type and community relative to the overall average.[1] Results indicate stronger than average OH in **Chabad and Day School centers** and the **Denver, Phoenix and Greater Metrowest NJ communities**, pointing to possible best practices or learnings that can be gleaned in these settings.

Center Type[2]	Mean % Change Relative to Mean OH
Chabad	25%
JCC	-19%
Day School	15%
Synagogue	-4%

Community[2]	Mean % Change Relative to Mean OH
Boston	5% (n=25)
Chicago	0% (n=17)
Denver	23% (n=15)
Greater MetroWest NJ	10% (n=22)
Houston	-34% (n=5)
Philadelphia	-7% (n=16)
Phoenix	13% (n=7)
San Diego	-10% (n=10)
Seattle	-19% (n=6)
Washington DC	-12% (n=21)

1. *Adjusted means was not used for this analysis; size only weakly correlates with Operational Health*
2. *This analysis only includes center types and communities with sufficient data to calculate Operational Health.*

Table of Contents

Rosov constructed Enrollment Health and Operational Health indices to assess correlations with other variables of interest

Enrollment Health (EH) and Operational Health (OH) Indices – Overview:

- Each index is comprised of 5 variables; centers were assigned -1, 0, or 1 for each variable
- 3 of 5 complete variables were required for a center to be assigned an index score *(see breakdown of eligible centers on the right)*
- The weighted index *(see index variables and weights below)* ran from -5 to +5 and was min-max normalized with the final normalized indices running from 0 to 1

	EH Index	OH Index
Valid data points	N =	N =
5	144	120
4	37	33
3	9	5

Variable	Scoring		Weight	% of EH Variance
Enrollment relative to capacity	+1	Enrollment at capacity (or selectively below)	2x	66%
	0	Enrollment below capacity >80% (not selectively)		
	-1	Enrollment <80% below capacity (not selectively)		
Waitlist	+1	Has a waitlist	1x	18%
	0	-		
	-1	Does not have a waitlist		
% Re-enrollment	+1	90% or higher	1x	10%
	0	80-89%		
	-1	Less than 80%		
% enrolled for max. hours	+1	75% or more	0.5x	3%
	0	50-74%		
	-1	Less than 50%		
Tour to enrollment rate	+1	90% or more	0.5x	3%
	0	80-89%		
	-1	Less than 80%		

Variable	Scoring		Weight	% of OH Variance
Funding source diversity	+1	4-6 unique sources	2x	64%
	0	3 unique sources		
	-1	1-2 unique sources		
Staffing	+1	Adequately staffed	1x	16%
	0	-		
	-1	Under or overstaffed		
Annual staff retention	+1	95% or higher	1x	16%
	0	90-95%		
	-1	Less than 90%		
Financial aid finding	+1	Adequately or overfunded	0.5x	2%
	0	Underfunded		
	-1	No financial aid offered		
% of budget to compensation	+1	60-79%	0.5x	2%

The EH model analysis provides insight into the factors that most strongly correlate with enrollment health

Model Fit	
R-squared	
Adjusted R-Squared	

Model Variables	Standardized coefficient beta (β)	Significance (p-value)	Percent of variance explained
Operating budget (2024-2025)			
Organizational setting - Chabad			
Percent of budget to marketing and communications			
Year program began			
Highest reported hourly rate (normalized to cost of living index)			
Lack of competition			
At least 75% of children with at least one Jewish parent			
Close for Summer			
Close for breaks of one week or more that are not typical of a school calendar			
Close for winter break			
Percent of funding from annual gifts			
Infant care offered			
Percent of funding from a host organization			
Percent of budget to educational programs			

R-squared tells us **how much of the overall variation in enrollment health across programs is explained by the factors included in the model**, and **Adjusted R-squared is a more conservative version** of R-squared that accounts for the number of variables in the model.

For reporting on model variables, **standardized beta shows the relative strength of each factor in the model**, and illustrates which factors are more strongly associated with enrollment health—whether positively or negatively.

Standardized beta is largely correlated, but not strictly analogous with the percentage of variance in the data that an individual factor is able to explain.

Operating budget, Chabad-affiliation, and perceptions of low competition are most strongly associated with strong enrollment health (EH)

Model Fit	
R-squared	0.702
Adjusted R-Squared	0.601

	Model Variables	Standardized coefficient beta (β)	Significance (p-value)	Percent of variance explained
1	Operating budget (2024-2025)	0.431	0.000	10.8%
2	Organizational setting - Chabad	0.434	0.000	9.7%
1	Percent of budget to marketing and communications	-0.319	0.002	6.5%
	Year program began	0.287	0.003	5.7%
	Highest reported hourly rate (normalized to cost of living index)	0.281	0.004	5.5%
3	Lack of competition	0.236	0.014	3.8%
2	At least 75% of children with at least one Jewish parent	-0.227	0.016	3.7%
	Close for Summer	-0.245	0.021	3.4%
3	Close for breaks of one week or more that are not typical of a school calendar	-0.235	0.025	3.2%
	Close for winter break	0.189	0.060	2.2%
	Percent of funding from annual gifts	-0.172	0.084	1.8%
	Infant care offered	-0.138	0.160	1.2%
	Percent of funding from a host organization	-0.116	0.281	0.7%
	Percent of budget to educational programs	0.093	0.301	0.6%

Positive Correlation with EH

1. **Larger and better-resourced programs** (e.g., programs with **higher operating budgets** and the **highest reported hourly rates of pay** (adjusted for local COL))
2. **Chabad-affiliated programs** (compared to other organizational settings)
3. Programs that report **operating in less competitive local environments**

Negative Correlation with EH

1. The **percent of budget that is allocated to marketing and communications** (note: Rosov believes this finding may be largely causal; programs are more likely to market more because enrollment is weak, rather than enrollment being weak because of marketing)
2. Programs in which **at least 75% of enrolled children have at least one Jewish parent**
3. Programs that **close for summer months or take extended breaks** outside of either the typical school or Jewish calendar

The story around operational health (OH) is less clear, though centralized support and Chabad-affiliation are correlated with stronger outcomes

Model Fit	
R-squared	0.360
Adjusted R-Squared	0.239

	Model Variables	Standardized coefficient beta (β)	Significance (p-value)	Percent of variance explained
1	Centralized community support (Chicago, Denver, Boston)	0.300	0.004	6.8%
2	Organizational setting - Chabad	0.239	0.023	4.0%
1	Less than 90% re-enrollment	-0.248	0.034	3.6%
	Close for winter break	-0.226	0.038	3.3%
2	Lack of competition	-0.217	0.039	3.3%
	Close for spring break	0.226	0.044	3.1%
	Close for summer	0.197	0.045	3.1%
	Lowest reported hourly rate normalized to cost of living index	0.154	0.110	2.0%
	Program has a waitlist	-0.164	0.133	1.7%
	Organizational setting - Standalone	-0.146	0.145	1.6%
	Operation below capacity (not voluntarily)	0.123	0.261	1.0%
	At least 75% of children with at least one Jewish parent	0.105	0.270	0.9%
	2024-2025 Total Enrollment	0.108	0.403	0.5%

Overall, the Operational Health model is weaker; the model variables only explain ~24% of the variation of OH scores

Positive Correlation with OH

1. Programs located in communities with strong **centralized form of support or infrastructure** (e.g., Efshar in Denver, JUF in Chicago, CJP in Boston)
2. **Chabad-affiliated programs** (compared to other organizational settings)

Negative Correlation with OH

1. Less than 90% re-enrollment rates
2. Programs that report a lack of competition; self-reported lack of competition may reflect thinner or more isolated markets where centers rely more heavily on one or two funding sources, struggle to recruit or retain staff due to smaller labor pools, and/or have greater challenges sustaining adequately funded financial aid

Note: Closing for winter break is correlated with weaker OH while closing for spring or summer is correlated with stronger OH; Rosov hypothesizes this may be based on the timing of the holiday during the year (mid-year break increasing risk of losing staff during closure)