

TABLE OF CONTENTS

Chapter 6: Community Facilities and Services	6-1
A. INTRODUCTION.....	6-1
B. PRINCIPAL CONCLUSIONS	6-2
C. POLICE PROTECTION	6-2
1. EXISTING CONDITIONS	6-3
2. 2010 FUTURE WITHOUT THE PROPOSED ACTION.....	6-3
3. 2010 FUTURE WITH THE PROPOSED ACTION	6-4
4. 2025 FUTURE WITHOUT THE PROPOSED ACTION.....	6-4
5. 2025 FUTURE WITH THE PROPOSED ACTION	6-4
D. FIRE PROTECTION AND EMERGENCY SERVICES	6-4
1. EXISTING CONDITIONS	6-5
2. 2010 FUTURE WITHOUT THE PROPOSED ACTION.....	6-5
3. 2010 FUTURE WITH THE PROPOSED ACTION	6-5
4. 2025 FUTURE WITHOUT THE PROPOSED ACTION.....	6-6
5. 2025 FUTURE WITH THE PROPOSED ACTION	6-6
E. PUBLIC SCHOOLS.....	6-6
1. EXISTING CONDITIONS	6-6
a) Elementary Schools	6-7
b) Intermediate/Junior High Schools	6-8
c) High Schools	6-8
2. 2010 FUTURE WITHOUT THE PROPOSED ACTION.....	6-8
a) Elementary Schools	6-10
b) Intermediate/Junior High Schools	6-10
c) High Schools	6-11
3. 2010 FUTURE WITH THE PROPOSED ACTION	6-11
a) Elementary Schools	6-11
b) Intermediate/Junior High Schools	6-12
c) High Schools	6-13
4. 2025 FUTURE WITHOUT THE PROPOSED ACTION.....	6-13
a) Elementary Schools	6-14
b) Intermediate/Junior High Schools	6-14
c) High Schools	6-15
5. 2025 FUTURE WITH THE PROPOSED ACTION	6-16
a) Elementary Schools	6-16
b) Intermediate/Junior High Schools	6-17
c) High Schools	6-17
F. PUBLIC LIBRARIES	6-17
1. EXISTING CONDITIONS	6-18
2. 2010 FUTURE WITHOUT THE PROPOSED ACTION.....	6-18
3. 2010 FUTURE WITH THE PROPOSED ACTION	6-19
4. 2025 FUTURE WITHOUT THE PROPOSED ACTION.....	6-19
5. 2025 FUTURE WITH THE PROPOSED ACTION	6-19
G. HEALTH CARE FACILITIES (OUTPATIENT).....	6-19
1. EXISTING CONDITIONS	6-20
a) Hospitals and Emergency Rooms.....	6-20
b) Other Outpatient Services.....	6-21
2. 2010 FUTURE WITHOUT THE PROPOSED ACTION.....	6-24
3. 2010 FUTURE WITH THE PROPOSED ACTION	6-24
4. 2025 FUTURE WITHOUT THE PROPOSED ACTION.....	6-24

- 5. 2025 FUTURE WITH THE PROPOSED ACTION 6-25
- H. DAY CARE CENTERS (PUBLICLY FUNDED) 6-25**
 - 1. EXISTING CONDITIONS 6-25
 - 2. 2010 FUTURE WITHOUT THE PROPOSED ACTION 6-27
 - 3. 2010 FUTURE WITH THE PROPOSED ACTION 6-27
 - 4. 2025 FUTURE WITHOUT THE PROPOSED ACTION 6-28
 - 5. 2025 FUTURE WITH THE PROPOSED ACTION 6-28
- I. MITIGATION 6-28**
 - 1. POLICE PROTECTION 6-28
 - 2. FIRE PROTECTION AND EMERGENCY SERVICES 6-29
 - 3. PUBLIC SCHOOLS SERVING THE PROJECT AREA 6-29
 - 4. HEALTH CARE FACILITIES 6-29
 - 5. DAY CARE CENTERS 6-30

LIST OF TABLES

TABLE 6-1 POLICE PROTECTION..... 6-3

TABLE 6-2 FIRE PROTECTION SERVICES..... 6-5

TABLE 6-3 2002–2003 SCHOOL YEAR: PUBLIC ELEMENTARY/INTERMEDIATE SCHOOL ENROLLMENT, CAPACITY, AND UTILIZATION 6-7

TABLE 6-4 2002–2003 SCHOOL YEAR: MANHATTAN PUBLIC HIGH SCHOOL ENROLLMENT, CAPACITY AND UTILIZATION..... 6-8

TABLE 6-5 2010 FUTURE WITHOUT THE PROPOSED ACTION: PROJECTED NEW HOUSING UNITS AND ESTIMATED NUMBER OF STUDENTS GENERATED BY THE NEW HOUSING UNITS 6-9

TABLE 6-6 2010 FUTURE WITHOUT THE PROPOSED ACTION: ESTIMATED PUBLIC ELEMENTARY/INTERMEDIATE SCHOOL ENROLLMENT CAPACITY AND UTILIZATION6-10

TABLE 6-7 2010 FUTURE WITHOUT THE PROPOSED ACTION: ESTIMATED MANHATTAN PUBLIC HIGH SCHOOL ENROLLMENT, CAPACITY AND UTILIZATION.....6-11

TABLE 6-8 2010 FUTURE WITH THE PROPOSED ACTION: PROJECTED NEW HOUSING UNITS AND ESTIMATED NUMBER OF STUDENTS GENERATED BY THE NEW HOUSING UNITS.....6-12

TABLE 6-9 2010 FUTURE WITH THE PROPOSED ACTION: ESTIMATED PUBLIC ELEMENTARY/INTERMEDIATE SCHOOL ENROLLMENT, CAPACITY, AND UTILIZATION6-13

TABLE 6-10 2010 FUTURE WITH THE PROPOSED ACTION: ESTIMATED MANHATTAN PUBLIC HIGH SCHOOL ENROLLMENT, CAPACITY AND UTILIZATION6-13

TABLE 6-11 2025 FUTURE WITHOUT THE PROPOSED ACTION: PROJECTED NEW HOUSING UNITS AND ESTIMATED NUMBER OF STUDENTS GENERATED BY THE NEW HOUSING UNITS6-14

TABLE 6-12 2025 FUTURE WITHOUT THE PROPOSED ACTION: ESTIMATED PUBLIC ELEMENTARY/INTERMEDIATE SCHOOL ENROLLMENT, CAPACITY AND UTILIZATION.....6-15

TABLE 6-13 2025 FUTURE WITHOUT THE PROPOSED ACTION: PROJECTED NEW HOUSING UNITS AND ESTIMATED NUMBER OF STUDENTS GENERATED BY NEW HOUSING UNITS6-15

TABLE 6-14 2025 FUTURE WITH THE PROPOSED ACTION: PROJECTED NEW HOUSING UNITS AND ESTIMATED NUMBER OF STUDENTS GENERATED BY THE NEW HOUSING UNITS6-16

TABLE 6-15 2025 FUTURE WITH THE PROPOSED ACTION: ESTIMATED PUBLIC ELEMENTARY/INTERMEDIATE SCHOOL ENROLLMENT, CAPACITY, AND UTILIZATION6-16

TABLE 6-16 2025 FUTURE WITH THE PROPOSED ACTION: ESTIMATED MANHATTAN PUBLIC HIGH SCHOOL ENROLLMENT, CAPACITY, AND UTILIZATION6-17

TABLE 6-17 BRANCH LIBRARY SERVICES6-18

TABLE 6-18 HOSPITALS AND EMERGENCY ROOMS WITHIN 1 MILE OF PROJECT AREA.....6-21

TABLE 6-19 SUMMARY OF OUTPATIENT HEALTH CARE FACILITIES WITHIN THE PROJECT AREA AND 1 MILE STUDY AREA6-21

TABLE 6-20 PUBLIC DAY CARE CENTERS IN STUDY AREA6-25

TABLE 6-21 MANHATTAN FAMILY CHILD CARE NETWORKS6-26

TABLE 6-22 INCREASED DEMAND FOR PUBLICLY FUNDED DAY CARE FACILITIES: 20106-27

TABLE 6-23 INCREASED DEMAND FOR PUBLICLY FUNDED DAY CARE FACILITIES: 20256-28

LIST OF FIGURES

FIGURE 6-1 POLICE AND FIRE SERVICES

FIGURE 6-2 PUBLIC ELEMENTARY, INTERMEDIATE AND HIGH SCHOOLS

FIGURE 6-3 LIBRARY LOCATIONS

FIGURE 6-4 HOSPITAL FACILITIES

FIGURE 6-5 OUTPATIENT HEALTH CARE FACILITIES

FIGURE 6-6 PUBLIC DAY CARE CENTERS

Chapter 6: Community Facilities and Services

A. INTRODUCTION

This chapter examines the Proposed Action's potential effect on services provided by public or publicly funded community facilities. It describes existing conditions, and examines and compares the Future Without the Proposed Action to the Future With the Proposed Action to determine the impacts of the Proposed Action. The analysis years are 2010 and 2025.

The Proposed Action would introduce new demands on community resources based on the introduction of many thousands of daytime users and new residents to the Project Area.

In the Future Without the Proposed Action, the population in the Project Area is expected to increase as a result of commercial and residential development projects that have been identified in Chapter 3, "Analytical Framework." For the FGEIS, changes have been made to this section to include a description of new development projects that have become known since the publication of the DGEIS. This section also reflects changes in the status and development program of several projects originally described in the DGEIS. As shown in Chapter 3, several large residential projects are included in the Future Without the Proposed Action that were not identified in the DGEIS. The projected increase in population could increase demand on community facilities in the Project Area.

In the 2010 Future With the Proposed Action, it is anticipated that the No. 7 Subway Extension, the Convention Center Expansion, the Multi-Use Facility, and a small portion of the commercial and residential development, with a net increase of residential development of approximately 844 dwelling units anticipated with the rezoning, would be finished and operating. It is conservatively assumed that the redevelopment of the Project Area would be substantially done by 2025, including the new open space, an increment of approximately 9,899 additional dwelling units, and about 27 million square feet of commercial, retail, and hotel space. In addition, it is possible that the Proposed Action could allow up to 192 low- to moderate-income housing units in 2010 (or 22.75 percent of the total new housing units) and up to 1,368 additional low- to moderate-income units (or 15.11 percent) by 2025. This development would increase the demand for community facilities and is shown, along with residential development expected by 2010 and 2025 in the Future Without the Proposed Action. Because the development scenario in which Madison Square Garden (MSG) would not relocate would result in a higher number of new residential units in 2010, and therefore a larger residential population, the community facilities analysis conservatively assumes MSG would not be relocated. The total number of residential units created by the Proposed Action by 2025 is the same both in the scenario without and with relocation of MSG.

The *New York City Environmental Quality Review (CEQR) Technical Manual* recommends a community facilities analysis for any project that adds 100 or more residential units. With a proposed development plan including more than 9,800 new units, this threshold is exceeded, as are individual community facility thresholds. As a result, a full analysis of community facilities has been conducted for the Project Area. In accordance with the *CEQR Technical Manual*, the community facilities examined in this FGEIS include: police and fire protection, public schools, libraries, outpatient and emergency health care facilities, and publicly funded day care centers.

In order to accommodate the additional No. 7 subway cars needed to serve the Hudson Yards area in the Future With the Proposed Action, the existing Corona Yard would be extended to the northeast of the yard to provide additional capacity. Because this proposed expansion would involve no new residential units, and only a small increase in employment, no community facility analysis is required for this location.

B. PRINCIPAL CONCLUSIONS

- **Police**—In the Future With the Proposed Action, it is anticipated that the New York Police Department (NYPD) would continue to evaluate its staffing needs and assign personnel based on population growth, area coverage, crime levels, and other local factors. The NYPD expects that an expansion of its police communication system would be required with the extension of the No. 7 Subway service, but does not anticipate significant adverse impacts on its operations.
- **Fire**—While the Proposed Action is not expected to displace existing fire station houses, the new worker, residential, and visitor populations expected as a result of the Proposed Action, along with the proposed street closures in the Project Area, could have a significant impact on firefighting services in the area in both 2010 and 2025. The Proposed Action has been reviewed for potential impacts on fire protection services, and the New York City Fire Department (FDNY) believes it would need additional resources, including a new firehouse, to continue to provide adequate fire protection with the Proposed Action.
- **Public Schools**—In the 2010 Future With the Proposed Action, a significant adverse impact is expected to occur for elementary and intermediate schools serving the Project Area, requiring mitigation. It is anticipated that by 2025 in the Future With the Proposed Action, there would not be a sufficient number of school seats to accommodate new elementary and intermediate school students in the area. Therefore, the Proposed Action would result in significant adverse impacts to public elementary and intermediate schools, requiring mitigation.
- **Libraries**—No significant adverse impacts to libraries in the 2010 or 2025 Future With the Proposed Action are expected to occur.
- **Outpatient and Emergency Health Care Facilities**—The Proposed Action is not expected to result in any significant adverse impacts to outpatient and emergency health care facilities in either 2010 or 2025. The population increase with the Proposed Action is a relatively small incremental change measured against the hundreds of thousands of annual visits to the many hospital emergency rooms and outpatient services serving the study area. No significant increases in utilization of publicly funded outpatient facilities are expected as a result of the Proposed Action.
- **Day Care**—The Proposed Action is expected to increase the number of children eligible for publicly funded day care by 2010 and 2025. This could have a significant adverse impact on local publicly funded day care centers.

C. POLICE PROTECTION

Although the *CEQR Technical Manual* suggests that a detailed analysis of police services is generally conducted only in the case of direct impacts on facilities, the nature and scope of the Proposed Action in this case warrants an examination of potential impacts on service delivery.

The service areas for analyzing police coverage include the NYPD precincts, transit districts, and special units that currently serve the Project Area or would be assigned upon completion of the Proposed Action. The NYPD has been consulted as part of the assessment of police protection.¹

Impacts are identified if the Proposed Action would directly displace or infringe on an existing NYPD facility or if the Proposed Action would significantly and adversely affect NYPD operations.

¹ See Appendix G, letter from NYPD's Office of Management Analysis and Planning dated September 25, 2003.

1. Existing Conditions

As shown in Figure 6-1 and Table 6-1, the NYPD’s 10th and Midtown South Precincts serve the Project Area. The Midtown North Precinct and Transit District 1 are immediately north and the Manhattan Traffic Task Force is located in the Project Area.

**TABLE 6-1
POLICE PROTECTION**

Map No.	Police Department	Address	Facility Type	Staff
1	10th Precinct	230 W. 20th St	NYC Police Station	149
2	Midtown South Precinct	357 W. 35th St	NYC Police Station	387
3	Midtown North Precinct	306 W. 54th St	NYC Police Station	269
4	Manhattan South Traffic Task Force	138 W. 30th St	Other NYPD Facility	377
5	Manhattan Transit District 1	59th Street/ Columbus Circle	Other NYPD Facility	181

Source: Refer to Figure 6-1.

Note: See Figure 6-1 for locations.

The 10th Precinct serves most of the Project Area (generally west of Ninth Avenue). In total, the precinct serves an area of approximately 0.93 square miles bounded by West 43rd Street, Ninth Avenue, West 14th Street, and the Hudson River. It serves the Chelsea residential neighborhood, Hudson Yards commercial and manufacturing districts, notable large regional attractions such as Chelsea Piers and the Convention Center, and major transportation routes (e.g., Lincoln Tunnel, West Side Highway). Approximately 150 uniformed staff members are assigned to the 10th Precinct.

The Midtown South Precinct serves the Project Area generally east of Ninth Avenue. In total, the precinct serves an area of approximately 0.77 square miles bounded by West 45th Street, Lexington Avenue, West 29th Street, and Ninth Avenue. This precinct serves the area largely composed of business and entertainment uses, including some of the most intensively used areas in the Midtown area (e.g., Times Square, the Garment Center, the Empire State Building, Penn Station, Grand Central Station). Approximately 390 uniformed staff members are assigned to the Midtown South Precinct.

The Manhattan Traffic Task Force (MTTF) provides additional traffic-related protection and services in Manhattan, primarily south of 59th Street. The MTTF generally serves the area from the southern end of Manhattan to 59th Street and is dedicated to assisting local precincts with maintaining traffic flow in Manhattan.

The NYPD’s Transit Bureau provides police service for the stations and lines of the New York City Transit System. Transit Bureau operations are divided into districts, and there are four districts in Manhattan. For the existing No. 7 Subway, the western stations of Times Square and Fifth Avenue are within Transit Bureau District 1, while Grand Central Station is in District 2.

2. 2010 Future Without the Proposed Action

The NYPD typically adjusts its allocation of personnel as the need arises. Increased allocations are considered when demand becomes apparent. It is NYPD policy not to make adjustments in advance of planned or potential development. Each year, the precinct could be assigned new recruits, but there are also losses due to transfers, promotions, and retirements. Further adjustments to the size and deployment of the police force according to demand-based needs or other policy decisions could be made by 2010 in the Future Without the Proposed Action.

3. 2010 Future With the Proposed Action

By 2010, the new worker, residential, and visitor population could increase the demand for police protection. In coordination with the NYPD, the development scenarios for the Project Area have been reviewed for potential impacts on police coverage.

According to the NYPD's Office of Management Analysis and Planning, the NYPD would continue to evaluate its staffing needs and assign personnel based on a variety of factors, including demographics, calls for service, and crime conditions. The NYPD expects that with the extension of the No. 7 Subway service, additional police communication equipment would be required to provide service to the expanded subway system. There would be no direct displacement of existing NYPD facilities in 2010 with the Proposed Action and, with continued adjustments in deployment of personnel and equipment, the NYPD does not anticipate significant adverse effects on its operations.

4. 2025 Future Without the Proposed Action

While no changes in police staffing by 2025 are projected at this time, it is expected that further adjustments to the size and deployment of the police force based on need determination or other policy decisions could be made by 2025 in the Future Without the Proposed Action.

5. 2025 Future With the Proposed Action

In the 2025 Future With the Proposed Action, there would be no direct displacement of existing NYPD facilities.

The new worker, residential, and visitor populations could increase the demand for police coverage by 2025. In coordination with the NYPD, the Proposed Action has been reviewed for potential impacts on police coverage. The projected development scenario does not include redevelopment or displacement of existing NYPD facilities.

As with the 2010 analysis, it is expected that further adjustments to the size and deployment of the police force could be made in the 2025 Future With the Proposed Action.

D. FIRE PROTECTION AND EMERGENCY SERVICES

Although the *CEQR Technical Manual* suggests that a detailed analysis of fire protection services is generally conducted only in the case of direct impacts on facilities, the nature and scope of the Proposed Action in this case warrants an examination of potential impacts on service delivery.

The service areas for analyzing FDNY coverage include both fire and emergency resources that currently serve the Project Area or would be assigned upon completion of the Proposed Action. Emergency Medical Service (EMS) is included in the Fire Department analysis. This analysis does not include private emergency medical response units that could provide services in the Project Area. The FDNY has been consulted as part of the assessment of fire protection and emergency services.²

Impacts are identified if the Proposed Action would result in the direct displacement of an existing FDNY facility or if it would significantly and adversely affect FDNY operations.

² See Appendix G, letter from FDNY's Chief of Operations dated October 7, 2003.

1. Existing Conditions

In New York City, FDNY engine companies carry hoses, ladder companies provide search, rescue, and building ventilation functions, and rescue companies specifically respond to fires or emergencies in high-rise buildings. In addition, the FDNY operates the City’s EMS system.

As shown in Figure 6-1 and Table 6-2, the study area for fire protection services, the area within approximately one mile of the Project Area includes a total of 14 firehouses and 3 emergency response units, although units responding to a fire are not limited to those closest to it. Normally, a total of three engine companies and two ladder companies respond to each call, although initial responses to alarms from any given call box location are sometimes determined by the specific needs of the geographic location or use at that location. The FDNY can also call on units in other parts of the City as needed.

**TABLE 6-2
FIRE PROTECTION SERVICES**

Map No.	Fire Department	Address	Type
6	Engine 16 Ladder 7	234 E. 29th St.	NYC Firehouse
7	Engine 21	238 E. 40th St.	NYC Firehouse
8	EMS ambulance Station #8 – Bellevue Hospital	462 First Ave.	NYC EMS
9	Engine 8 Ladder 2	165 E. 51st St.	NYC Firehouse
10	Engine 34 Ladder 21	440 W. 38th St.	NYC Firehouse
11	Rescue Co 1	530 W. 43rd St.	NYC Firehouse
12	EMS Battalion #9 – Clinton Station	522 W. 45th St.	NYC EMS
13	Engine 54 Ladder 4	782 Eighth Ave.	NYC Firehouse
14	Engine 1 Ladder 24	142 W. 31st St.	NYC Firehouse
15	Engine 26	220 W. 37th St.	NYC Firehouse
16	EMS Battalion #9 – Port Authority Outpost	641 Eighth Ave.	NYC EMS
17	Engine 65	33 W. 43rd St.	NYC Firehouse
18	Engine 18	132 W. 10th St.	NYC Firehouse
19	Ladder 3	108 E. 13th St.	NYC Firehouse
20	Engine 14	14 E. 18th St.	NYC Firehouse
21	Engine 23	215 W. 58th St.	NYC Firehouse
22	Engine 3 Ladder 12 Battalion 7	146 W. 19th St.	NYC Firehouse

Source: Refer to Figure 6-1.
 Note: See Figure 6-1 for locations.

Approximately 25 personnel are staffed in each engine company and ladder company. Therefore, if a firehouse contains one engine and one ladder company, a total of approximately 50 personnel are assigned to that facility. Typically, during one shift, each engine and ladder company is manned by five and six firefighters, respectively.

2. 2010 Future Without the Proposed Action

Like the NYPD, the FDNY does not allocate personnel based on proposed or potential development. The FDNY has no immediate plans to make any changes in stations or equipment in the study area. In 2010, the FDNY would continue to evaluate the need for personnel and equipment and make necessary adjustments to provide adequate service in the Project Area.

3. 2010 Future With the Proposed Action

The current plans do not show direct displacement of any fire station houses. Therefore, no significant adverse impacts are expected as a result of the Proposed Action due to the displacement of resources.

The new worker, residential, and visitor populations could increase the demand for fire department services by 2010. The FDNY has reviewed the Proposed Action and determined that the FDNY would need additional resources to continue to provide adequate fire protection service in the Project Area. The Convention Center Expansion (both Phase 1 and Phase 2) and the proposed open space over the Convention Center truck marshalling yard would be completed by 2010, thus requiring West 33rd, West 39th, West 40th, and a portion of West 41st Streets between Eleventh and Twelfth Avenues to be closed. The combination of the increased demand for fire protection services and the access constraints due to street closures could result in a significant adverse impact to fire protection services to the area.

4. 2025 Future Without the Proposed Action

In 2025, the FDNY would continue to evaluate the need for personnel and equipment and make necessary adjustments to provide adequate service in the Project Area.

5. 2025 Future With the Proposed Action

In the Future With the Proposed Action in 2025, there would be no direct displacement of FDNY facilities.

The new worker, residential, and visitor populations could increase the demand for fire department services by 2025. As described above, the new development under the Proposed Action along with the proposed street closures could result in significant impacts on the firefighting services in the area. The FDNY has indicated that given the anticipated demand for fire protection services in the 2025 Future With the Proposed Action, a new firehouse would be required.

E. PUBLIC SCHOOLS

1. Existing Conditions

As per Table 3C-1 of the *CEQR Technical Manual*, a detailed analysis is required if the Proposed Action would generate more than 50 elementary/middle school and/or more than 150 high school students. The Proposed Action's residential component would generate enough students to far exceed those thresholds. Therefore, this section analyzes the potential impact of the Proposed Action on local public school conditions.

The service area analyzed in this FGEIS includes the elementary and intermediate schools located in that portion of the Community School District (CSD) serving the Project Area. High schools are treated on a Borough-wide basis.

The Project Area and the primary study area for educational facilities fall within the boundaries of Community School District 2 (CSD 2), which extends from 59th Street to the southern tip of Manhattan on the West Side and from 96th Street to the southern tip of Manhattan on the East Side, except for a section of the Lower East Side between 14th Street and Delancey Street and east of the Bowery. Under the New York City Department of Education's (DOE) 2003 reorganization, New York City's 32 Community School Districts have been grouped into 10 instructional divisions. CSD 2 has been placed into Instructional Division 9 (along with CSDs 1, 4, and 7).

According to the *CEQR Technical Manual*, the study area for an analysis of educational facilities generally coincides with the region within the CSD serving the Proposed Action. Therefore, this analysis assesses the potential effects of the Proposed Action on schools located in the immediate vicinity of the Project Area and primary study area, Region 3 of CSD 2 (Figure 6-2). The analysis also examines effects on schools within the entire CSD 2, since students can also attend schools

within their district but outside their immediate neighborhood. As population shifts within a school district over time, the DOE can adjust attendance zones within the district to improve the affected school or schools' composition and utilization.

Impacts are identified if the Proposed Action would result in a 5 percent or more increase in a deficiency of available seats in the affected schools over the Future without the Proposed Action.

a) Elementary Schools

There are no public elementary schools within the Project Area or Rezoning Area boundaries. Five elementary schools are located in Region 3 of CSD 2. The elementary school nearest the Project Area and within the primary study area is P.S. 51, Elias Howe School (see Figure 6-2). According to the most recent enrollment and capacity figures available from DOE, which are for the 2002-2003 school year, this school is operating at 98 percent capacity, and has a surplus of 7 seats (Table 6-3). The other four elementary schools include: P.S. 33, Chelsea School, operating at 75 percent capacity, with 145 available seats; P.S. 212, Midtown West School, operating at 95 percent capacity, with a surplus of 17 seats; P.S. 11, William J. Harris School, operating at 100 percent capacity, with 1 available seat; and P.S. 111, Adolph S. Ochs School, which has 106 seats available and is operating at 87 percent capacity. (P.S. 111 is located outside the primary study area.) Cumulatively, these five elementary schools are operating below capacity (89 percent) with 276 available seats. Total enrollment at elementary schools in all of CSD 2 is 14,022 students (not including Pre-K enrollment), or 92 percent of capacity, with 1,163 available seats.

**TABLE 6-3
2002–2003 SCHOOL YEAR: PUBLIC ELEMENTARY/INTERMEDIATE SCHOOL ENROLLMENT,
CAPACITY, AND UTILIZATION**

Map No.	School Name	Address	Enrollment in Program	Capacity	Available Seats in Program	Program Utilization
Elementary Schools						
1	P.S. 51 Elias Howe School	520 W. 45th Street	313	320	7	98%
2	P.S. 33 Chelsea School	281 Ninth Avenue	435	580	145	75%
3	P.S. 212 Midtown West School	328 W. 48th Street	336	353	17	95%
4	P.S. 11 William J. Harris School	320 W. 21st Street	526	527	1	100%
5	P.S. 111 Adolph S. Ochs School	Tenth Avenue, between W. 53rd and 54th Streets	686	792	106	87%
Totals, Region 3			2,296	2,572	276	89%
Totals, CSD 2			14,022	15,185	1,163	92%
Junior High/Intermediate Schools						
6	I.S./J.H.S. 260 Clinton School	320 W. 21st Street	211	273	62	77%
Totals, CSD 2			7,169	6,659	(510)	108%

Sources: Enrollment and capacity for individual schools: DOE, Utilization Profiles: Enrollment/Capacity/Utilization, 2002-2003. These figures include Pre-K enrollment in these buildings.

Totals for CSD 2 enrollment: DCP, Enrollment Projections for CSD 2 (actual 2002, projected 2003-2012). DCP's actual enrollment does not include Pre-K enrollment. Capacity numbers for CSD 2: DOE, Utilization Profiles: Enrollment/Capacity/Utilization, 2002-2003.

Note: See Figure 6-2.

b) Intermediate/Junior High Schools

There are no public intermediate schools within the Project Area or Rezoning Area. I.S./J.H.S. 260, Clinton School, is the only intermediate school in the primary study area and within Region 3 of CSD 2. It is located in the same building as P.S. 11 (see Figure 6-2 and Table 6-3). According to DOE enrollment statistics for the 2002-2003 school year, this school has a utilization rate of 77 percent, with 62 available seats. Overall, the intermediate schools in CSD 2 are operating at 108 percent of capacity, with a shortfall of 510 seats.

c) High Schools

High school students can usually elect to attend schools outside of their neighborhood, depending on admissions criteria and space availability. The public high schools nearest to the Project Area and within the primary educational facilities study area include the Professional Performing Arts High School, Fashion Industries High School, and Bayard Rustin High School for the Humanities. Other High Schools in the Region 3 study area include the High School for Graphic Communication Arts, Park West High School, and the High School for Environmental Studies (Figure 6-2). In the 2002-2003 school year, these high schools were operating at 108 percent of capacity with approximately 10,496 enrolled students and a shortfall of 786 seats (Table 6-4). In 2002–2003, Manhattan’s public high schools were operating at 111 percent utilization rate, with a shortfall of 5,823 seats (Table 6-4).

TABLE 6-4
2002–2003 SCHOOL YEAR: MANHATTAN PUBLIC HIGH SCHOOL ENROLLMENT, CAPACITY AND UTILIZATION

Map No.	School Name	Address	Enrollment in Program	Capacity	Available Seats in Program	Program Utilization
7	Professional Performing Arts High School	328 W. 48th Street	373	538	165	69%
8	Fashion Industries High School	233 W. 24th Street	1,826	1,949	123	94%
9	Bayard Rustin High School	351 W. 18th Street	2,303	1,843	(460)	125%
10	High School for Graphic Communication Arts	439 W. 49th Street	2,137	1,967	(170)	109%
11	Park West High School	525 W. 50th Street	2,330	2,278	(52)	102%
12	High School for Environmental Studies	444 W. 56th St.	1,527	1,135	(392)	135%
Totals, High schools near Project Area			10,496	9,710	(786)	108%
Totals, High schools in Manhattan			60,952	55,129	(5,823)	111%

Sources: Enrollment and capacity for individual schools: DOE, Utilization Profiles: Enrollment/Capacity/Utilization, 2002-2003. Total enrollment for Manhattan Public High Schools: DCP, Enrollment Projections for Manhattan Public High Schools (actual 2002, projected 2002-2012), New York City Public Schools. Capacity numbers for Manhattan Public Schools: DOE, Utilization Profiles: Enrollment/Capacity/Utilization, 2002-2003.

Notes:

1. The DOE includes Long-Term Absentees (LTAs) in its enrollment projections and Utilization Profiles; the DCP does not include them. The term “long-term absentee” refers to those students who are registered but not in attendance at a NYC public school. In the 2002-2003 school year, Manhattan high schools had 1,146 LTAs.
2. The DCP included Charter high school enrollments in its enrollment projections (actual 2002, projected 2003-2012); the DOE did not include them. Manhattan’s Wildcat Academy Charter School had 411 students in the 2002-2003 year. See Figure 6-2.

2. 2010 Future Without the Proposed Action

The Future Without the Proposed Action utilization rate for school facilities is calculated by adding the estimated enrollment from known future proposed residential developments to the projected enrollment from the DCP or DOE and then comparing that number to projected capacity.

In the 2010 Future Without the Proposed Action, new residential development is anticipated, as described in Chapter 3, “Analytical Framework” (see Tables 3-2 and 3-3³). As presented in Chapter 3 and Table 3-3, this includes residential units that could be generated by the proposed Special West Chelsea Rezoning and the adopted Ladies Mile Rezoning. The Special West Chelsea and Ladies Miles Rezoning areas are located within Region 3 of District 2. The schools most likely to be affected by both rezoning actions include P.S. 11, M.S. 260, and P.S./I.S. 33. Up to approximately 2,908 market rate units and 460 low-to-moderate-income units are expected to be generated in 2010 by the West Chelsea rezoning. The Ladies Mile Rezoning is expected to generate approximately 869 market-rate units and 62 low-to-moderate income units by 2010.

The *CEQR Technical Manual*’s Table 3C-2, “Projected Public School Pupil Ratios in New Housing Units of All Sizes,” summarizes pupil generation rates, based on the DOE’s analysis of income mix and location (borough) for new residential units. Tables 6-5, 6-8, 6-12, and 6-14 show the number of new public school students expected to be generated by the new residential development identified in Chapter 3.

TABLE 6-5
2010 FUTURE WITHOUT THE PROPOSED ACTION: PROJECTED NEW HOUSING UNITS AND ESTIMATED NUMBER OF STUDENTS GENERATED BY THE NEW HOUSING UNITS

	Housing Units	Elementary School	Intermediate School	High School	Total
Project Area					
Market Rate	2,010*	201	40	60	301
Low-Moderate Income	334*	40	10	17	67
Study Area					
Market Rate	6,055**	606	121	182	909
Low-Moderate Income	522**	63	16	26	105
Total	8,921	910	187	285	1,382

Sources: Student generation rates are based on the *CEQR Technical Manual*’s Table 3C-2: “Projected Public School Pupil Ratios in New Housing Units of All Sizes.”

- * The total number of residential units in the Project Area under existing and the Future Without the Proposed Action conditions are provided in Table 3-2 of Chapter 3, “Analytical Framework.” The number of units in the Future Without the Proposed Action in Tables 3-1 and 3-2 include existing residential units. Therefore, the total number of new housing units in the Future Without the Proposed Action as represented in Table 6-5 is calculated by removing the existing units in Table 3-2 from the total number of units in the Future Without the Proposed Action in Table 3-1.
- ** Excluding Project Area. The total number of new housing units in the Future Without the Proposed Action in the Study Area is provided in Table 3-3. However, two projects, 325 Fifth Avenue and 400 Fifth Avenue (Projects 21 and 22 on Table 3-3, respectively), are located outside of the community facilities study area. Therefore, the total number of new housing units in the Future Without the Proposed Action in the Study Area as represented in Table 6-5 is calculated by removing the number of units for 325 Fifth Avenue and 400 Fifth Avenue (540 market rate units) from the total number of units shown in Table 3-3.

The New York City Department of City Planning (DCP) and DOE’s Division of School Facilities predict changes in enrollment by school district up to 10 years into the future using cohort survival methodology based on number of births, actual enrollment, and grade-retention ratios. Some differences in methodology account for variations between the DOE and DCP enrollment projections (see notes in Table 6-4). The *CEQR Technical Manual* suggests that both the DCP’s and DOE’s enrollment projections could be considered in evaluating potential impacts, although the more conservative (higher) projections should be used for calculating numerical impacts. Enrollment

³ Three projects are newly constructed and therefore are considered part of existing conditions in Chapter 3. Given that these buildings were not fully occupied during the 2002-2003 school year, the students generated by these projects were not included in existing conditions. Therefore, the Ivy Tower with 320 units, 360 West 43rd Street with 256 units, and the Biltmore with 460 units are accounted for in the 2010 Future Without the Proposed Action.

projections were obtained from the DCP and DOE, and the data were compared to determine which figures were more conservative in projecting future enrollment for Community School District 2. In addition, the DOE and DCP also provide projections of high school students, but on a Boroughwide basis rather than on a district or regional level. The DCP’s enrollment projections (actual 2002, projected 2003-2012), which were higher than the DOE’s, were used for this analysis.

a) Elementary Schools

By 2010, the DCP’s Community School District 2 projections indicate that elementary school enrollments are expected to increase, primarily because of the increase in the number of births in CSD 2 during the latter 1990s. The DCP’s projections show 1,890 additional public elementary school students for CSD 2 in 2010, or an approximately 13 percent net increase (for a total enrollment in CSD 2 of 15,912). The DOE also projects increased elementary school enrollment by 2010, with an overall increase of 9 percent or 1,229 students in CSD 2.

Applying the more conservative DCP rates (approximately 13 percent) to the schools nearest the Project Area and educational facilities study area (CSD 2, Region 3) results in a projection of 309 additional public elementary school students at local schools by 2010. In addition, as shown in Table 6-5, several residential projects are expected to be completed within the Project Area and educational facilities study area that would add 910 students to the schools in these areas. With a total of 1,219 additional elementary school students expected by 2010 (including DCP projections and students generated by new residential development), the total enrollment in the five elementary schools near the Project Area would be 3,515 (Table 6-6). This is expected to result in a deficit of 943 seats in the elementary schools nearest the Project Area and primary educational facilities study area (137 percent utilization). Districtwide there is expected to be a total of 2,800 additional elementary school students above the 2002-2003 enrollments, and schools would operate at 111 percent of capacity with a deficit of 1,637 seats.

TABLE 6-6
2010 FUTURE WITHOUT THE PROPOSED ACTION: ESTIMATED PUBLIC
ELEMENTARY/INTERMEDIATE SCHOOL ENROLLMENT CAPACITY AND UTILIZATION

Region/District	Projected Enrollment in 2010	Students Generated from New Residential Development	Total Projected Enrollment	Program Capacity	Available Seats in Program	Program Utilization
Elementary Schools						
Totals, Region 3	2,605	910	3,515	2,572	(943)	137%
Totals, CSD 2	15,912	910	16,822	15,185	(1,637)	111%
Junior High/Intermediate Schools						
I.S./J.H.S. 260 Clinton School	208	187	395	273	(122)	145%
Totals, CSD 2	7,145	187	7,332	6,659	(673)	110%

Sources: Totals for CSD 2 projected enrollment: DCP, Enrollment Projections (actual 2002, projected 2003-2012) for CSD 2. DCP enrollment projections do not include Pre-K enrollment. Capacity numbers for CSD 2: DOE, Utilization Profiles: Enrollment/Capacity/Utilization, 2002-2003.

Note: 2010 estimates for enrollment in schools nearest the Project Area/Region 3 of CSD 2 were derived proportionally from total enrollment for CSD 2.

b) Intermediate/Junior High Schools

In 2010, DCP projections indicate that the intermediate schools in CSD 2 would have a total enrollment of 7,145, a decrease of 24 students (1 percent) from 2002-2003 enrollments. This reflects a steady decline in enrollment through 2008 followed by an increase in intermediate students. DOE projections also indicate a net decrease in students in CSD 2 of 11 percent which would result in 848

fewer students. However, the residential projects expected to be completed in the area by 2010 would add approximately 187 intermediate school students to the study area. Based on the DCP’s more conservative projections and the additional students generated by residential projects in the Future Without the Proposed Action (see Table 6-5), J.H.S. 260 Clinton School, the only intermediate school located in the vicinity of the Project Area, would be operating at 145 percent of capacity with a shortfall of 122 seats (see Table 6-6). Both this school and the district as a whole would be operating with a deficit of available seats.

c) High Schools

As shown in Table 6-7, the DCP projects a Boroughwide decrease in high school enrollment by 2010, anticipating 903 fewer students, a 1 percent decrease, from 2002-2003 conditions. It is expected that 285 high school students would be introduced to the area as a result of new residential projects (see Table 6-5). The Manhattan high school enrollment is estimated to be 60,334 by 2010, operating at 109 percent of capacity with a deficit of 5,205 seats, less than the deficit of seats (5,823) in 2002-2003.

TABLE 6-7
2010 FUTURE WITHOUT THE PROPOSED ACTION: ESTIMATED MANHATTAN PUBLIC HIGH SCHOOL ENROLLMENT, CAPACITY AND UTILIZATION

Region/District	Projected Enrollment in 2010	Students Generated from New Residential Development	Total Projected Enrollment 2010	Program Capacity	Available Seats in Program	Program Utilization
High Schools						
In Manhattan	60,049	285	60,334	55,129	(5,205)	109%

Sources: Totals for Manhattan high school enrollment: DCP, Enrollment Projections (actual 2002, projected 2003–2012). Capacity numbers for Manhattan Public High Schools: DOE, Utilization Profiles: Enrollment/Capacity/Utilization, 2002–2003.

3. 2010 Future With the Proposed Action

Two reasonable worst-case development scenarios were considered for 2010 both with and without the relocation of Madison Square Garden (MSG). The analysis was based on the more conservative scenario without the relocation of MSG that would result in a total of 844 additional new residential units in 2010 (124 more than in the scenario with the relocation of MSG). As shown in Table 3-1 in Chapter 3, approximately 652 of the new units would be high-income and the remaining 192 units are assumed to be low- to moderate-income units.

In addition, as discussed in Chapter 3, “Analytical Framework,” several developments in the Project Area assumed for development in the Future Without the Proposed Action would not be developed or would be developed differently under the Proposed Action. Therefore, the anticipated number of new students in the Project Area was recalculated to reflect these changes. The enrollment projections from the DCP and the proposed residential development in the educational facilities study area (excluding the Project Area) remain unchanged.

The analysis of the potential impacts on the New York City school system of students generated by the Proposed Action is presented below.

a) Elementary Schools

Using the formula set forth in the *CEQR Technical Manual* for high- and low-income units, an estimated 88 elementary school students would be generated by the Proposed Action in 2010 (see Table 6-8).

TABLE 6-8
2010 FUTURE WITH THE PROPOSED ACTION: PROJECTED NEW HOUSING UNITS AND ESTIMATED NUMBER OF STUDENTS GENERATED BY THE NEW HOUSING UNITS

	Housing Units	Elementary School	Intermediate School	High School	Total
Project Area					
Market Rate	652	65	13	20	98
Low-Moderate Income	192	23	6	10	39
Total	844	88	19	30	137

Sources: Student generation rates are based on the CEQR Technical Manual's Table 3C-2: "Projected Public School Pupil Ratios in New Housing Units of All Sizes."

Notes: Housing units for 2010 are based on the reasonable worst-case development scenario without the relocation of MSG. The total housing units represents the number of units generated by the Proposed Action within the Project Area.

As previously described, several projects assumed for development in the Project Area Future Without the Proposed Action would not be developed or would be developed differently under the Proposed Action. The 88 new students reflects the increment in the new students between the Future With the Proposed Action and the Future Without the Proposed Action.

As shown in Table 6-9, with the addition of the 88 students expected to be generated by the Proposed Action within the Project Area, there would be a shortfall of 1,031 seats (140 percent of capacity) would be created at the public elementary schools nearest the Project Area (Region 3, CSD 2). For CSD 2 as a whole, there would be a shortfall of 1,725 seats (111 percent of capacity). For both Region 3 and CSD 2, the Proposed Action is expected to result in a greater than 5 percent increase in the deficiency of available elementary school seats over the Future Without the Proposed Action (9.3 percent and 5.4 percent, respectively). Therefore, a significant adverse impact for public elementary schools in Region 3 and CSD 2 is expected. Mitigation for this impact is described in Section I, Mitigation.

b) Intermediate/Junior High Schools

In the Future With the Proposed Action, 19 new intermediate school students would be introduced into the Project Area (see Table 6-8). In 2010, the one public intermediate school near the Project Area (I.S./J.H.S. 260 Clinton School) is expected to be operating at 152 percent of capacity with a shortfall of 141 seats (see Table 6-9). As a result of the Proposed Action, CSD 2 would also be operating over capacity (110 percent) with a deficit of 692 seats. For Region 3, the Proposed Action is expected to result in more than a 5 percent increase in the deficiency of available intermediate school seats over the Future Without the Proposed Action (15.4 percent). CSD 2 would continue to be operating over capacity. Therefore, a significant adverse impact is expected to occur as a result of the Proposed Action. Mitigation for this impact is described in Section I, Mitigation.

TABLE 6-9
2010 FUTURE WITH THE PROPOSED ACTION: ESTIMATED PUBLIC
ELEMENTARY/INTERMEDIATE SCHOOL ENROLLMENT, CAPACITY, AND UTILIZATION

Region/District	Projected Enrollment in 2010	Students Generated from Proposed Action	Total Projected Enrollment in 2010	Program Capacity	Available Seats in Program	Program Utilization
Elementary Schools						
Totals, Region 3	3,515	88	3,603	2,572	(1,031)	140%
Totals, CSD 2	16,822	88	16,910	15,185	(1,725)	111%
Junior High/Intermediate Schools						
Totals, Region 3	395	19	414	273	(141)	152%
Totals, CSD 2	7,332	19	7,351	6,659	(692)	110%

Sources: Totals for CSD 2 projected enrollment: DCP, Enrollment Projections (actual 2002, projected 2003-2012) for CSD. DCP enrollment projections do not include Pre-K enrollment. Capacity numbers for CSD 2: DOE Utilization Profiles: Enrollment/Capacity/Utilization, 2002-2003.

Note: 2010 estimates for enrollment in schools nearest the Project Area/Region 3 of CSD 2 were derived proportionally from total enrollment of CSD 2.

c) High Schools

By 2010, with the addition of 30 new high school students generated by the Proposed Action within the Project Area (see Table 6-8), there would be a shortfall of 5,235 seats (109 percent) for Manhattan high schools (as shown in Table 6-10). This represents less than 1 percent increase in the deficiency of high school seats Boroughwide, with the utilization percent remaining constant from the Future Without the Proposed Action. Therefore, no significant adverse impact is expected to occur to high schools as a result of the Proposed Action.

TABLE 6-10
2010 FUTURE WITH THE PROPOSED ACTION: ESTIMATED MANHATTAN PUBLIC HIGH SCHOOL
ENROLLMENT, CAPACITY AND UTILIZATION

Region/District	Projected Enrollment in 2010	Students Generated from Proposed Action	Total Projected Enrollment in 2010	Program Capacity	Available Seats in Program	Program Utilization
High Schools						
In Manhattan	60,334	30	60,364	55,129	(5,235)	109%

Sources: Totals for Manhattan high school enrollment: DCP, Enrollment Projections (actual 2002, projected 2003-2012). Capacity numbers for Manhattan public high schools: DOE Utilization Profiles: Enrollment, Capacity, and Utilization, 2002-2003.

4. 2025 Future Without the Proposed Action

As shown in Tables 3-2 and 3-3 in Chapter 3 and Table 6-11, new residential development, including projects from the 2010 Future Without the Proposed Action, is anticipated in the 2025 Future Without the Proposed Action, generating more elementary, intermediate, and high school students. As noted earlier, the Future Without the Proposed Action utilization rate for school facilities is calculated by adding the estimated enrollment from the known future proposed residential developments to the projected enrollment from the DCP or DOE, and then comparing that number to the existing capacity.

TABLE 6-11
2025 FUTURE WITHOUT THE PROPOSED ACTION: PROJECTED NEW HOUSING UNITS AND ESTIMATED NUMBER OF STUDENTS GENERATED BY THE NEW HOUSING UNITS

	Housing Units	Elementary School	Intermediate School	High School	Total
Project Area					
Market Rate	2,623*	262	52	79	393
Low-Moderate Income	436*	52	13	22	87
Study Area*					
Market Rate	7,198**	720	144	216	1,080
Low-Moderate Income	719**	86	22	36	144
Total	10,976	1,121	230	353	1,704

Sources: Student generation rates are based on the CEQR Technical Manual's Table 3C-2: "Projected Public School Pupil Ratios in New Housing Units of All Sizes."

Notes:

- Housing units and students generated are a cumulative total of 2010 and the increment to 2025.
- * The total number of residential units in the Project Area under existing and the Future Without the Proposed Action conditions are provided in Table 3-2 of Chapter 3, "Analytical Framework." The number of units in the Future Without the Proposed Action in Tables 3-1 and 3-2 include existing residential units. Therefore, the total number of new housing units in the Future Without the Proposed Action as represented in Table 6-5 is calculated by removing the existing units in Table 3-2 from the total number of units in the Future Without the Proposed Action in Table 3-1.
- ** Excluding Project Area. The total number of new housing units in the Future Without the Proposed Action in the Study Area is provided in Table 3-3. However, two projects, 325 Fifth Avenue and 400 Fifth Avenue (Projects 21 and 22 on Table 3-3, respectively), are located outside of the community facilities study area. Therefore, the total number of new housing units in the Future Without the Proposed Action in the Study Area as represented in Table 6-5 is calculated by removing the number of units for 325 Fifth Avenue and 400 Fifth Avenue (540 market rate units) from the total number of units shown in Table 3-3.

a) Elementary Schools

The projected enrollment figures from the DCP to the year 2025 show an increase in elementary school enrollment (based on projections through 2012).⁴ This continues the trend expected to start in approximately 2005, in which the higher number of births in CSD 2 in the latter 1990s is reflected in school enrollment year by year, beginning approximately five to six years after the surge in the number of births. According to the DCP's CSD 2 projections for 2012, held constant to 2025, elementary school enrollment is expected to increase approximately 13 percent between 2002 and 2025. It should be noted that the projected enrollment figures compiled by the DOE for 2012, held constant through 2025, are almost the same.

Applying the 13 percent increase results in a projection of 308 additional students. New residential development within the Project Area and the educational facilities study area would also generate 1,121 additional elementary students, for a total enrollment of 3,725 for the schools located near the Project Area in the educational facilities study area (see Table 6-12). These schools are expected to be at 145 percent of capacity with a deficit of 1,153 seats. At 112 percent capacity, the district is also expected to have a shortfall of 1,838 seats.

b) Intermediate/Junior High Schools

The DCP projections indicate a trend of declining enrollments in 2008, followed by increases to the end of the projection cycle (2012) which is held constant to 2025. In 2025, intermediate school

⁴ School projections by the DCP are calculated only for up to 10 years into the future from current enrollment figures. Since circumstances can change considerably over an extended timeline, it was determined in discussions with the DCP that the last year (2012) for which projections were calculated would be held constant for the 2025 projection.

enrollment is expected to surpass 2002 enrollment with an overall increase of 6 percent in intermediate school enrollment. DOE projections also indicate a trend of declining enrollments to 2009, followed by some increases, but with an overall decrease in enrollment (7 percent), similar to the DCP’s projections. Based on the DCP’s projections and students generated by new residential developments both in the Project Area and the remainder of the study area, the 2025 intermediate school enrollment in CSD 2 would be 7,924 students (119 percent utilization, shortfall of 1,265 seats). J.H.S. 260 Clinton School, the one intermediate school located in the vicinity of the Project Area and primary study area, would have a projected enrollment of 455 by the year 2025. The school would be operating at 168 percent of capacity with a deficit of 182 seats (Table 6-12).

TABLE 6-12
2025 FUTURE WITHOUT THE PROPOSED ACTION: ESTIMATED PUBLIC
ELEMENTARY/INTERMEDIATE SCHOOL ENROLLMENT, CAPACITY AND UTILIZATION

Region/District	Projected Enrollment in 2025	Students Generated from New Residential Development	Total Projected Enrollment	Program Capacity	Available Seats in Program	Program Utilization
Elementary Schools						
Region 3	2,604	1,121	3,725	2,572	(1,153)	145%
CSD 2	15,902	1,121	17,023	15,185	(1,838)	112%
Junior High/Intermediate Schools						
Region 3	225	230	455	273	(182)	168%
CSD 2	7,694	230	7,924	6,659	(1,265)	119%

Sources: Totals for CSD 2 projected enrollment: DCP, Enrollment Projections (actual 2002, projected 2003–2012) for CSD 2. DCP enrollment projections do not include Pre-K enrollment. Capacity numbers for CSD 2: DOE, Utilization Profiles: Enrollment/Capacity/Utilization, 2002–2003.

Notes: 2025 estimates for schools nearest the Project Area and Region 3 of CSD 2 were derived proportionally from the DCP districtwide projections for 2025 (see Footnote 4).

c) High Schools

As was the case in 2010, the DCP continues to project a decrease in the Boroughwide high school enrollment by 2025. The DCP projects a 7 percent decrease, resulting in 4,096 fewer students than in 2002–2003 conditions. (The DOE projects larger decreases [14 percent] in high school enrollments.) It is expected that 353 high school students would be introduced to the area as a result of new residential projects both within the Project Area and the remainder of the study area (see Table 6-11). As a result of applying the DCP’s projections and adding students generated by new residential development, the Boroughwide enrollment for 2025 is estimated at 57,209 (Table 6-13). Manhattan high schools are expected to be slightly over capacity (104 percent) with a shortfall of 2,080 seats.

TABLE 6-13
2025 FUTURE WITHOUT THE PROPOSED ACTION: PROJECTED NEW HOUSING UNITS AND
ESTIMATED NUMBER OF STUDENTS GENERATED BY NEW HOUSING UNITS

Region/District	Projected Enrollment in 2025	Students Generated from New Residential Development	Total Projected Enrollment	Program Capacity	Available Seats in Program	Program Utilization
High Schools						
In Manhattan	56,856	353	57,209	55,129	(2,080)	104%

Sources: Totals for Manhattan high school enrollment: DCP, Enrollment Projections (actual 2002, projected 2003–2012). Capacity numbers for Manhattan Public High Schools: DOE, Utilization Profiles: Enrollment/Capacity/Utilization, 2002–2003.

5. 2025 Future With the Proposed Action

The Proposed Action is expected to add a total of 9,899 (see Table 3-1 in Chapter 3) additional new housing units to the Project Area by 2025 (Table 6-14), and generate approximately 1,563 public school students.

TABLE 6-14
2025 FUTURE WITH THE PROPOSED ACTION: PROJECTED NEW HOUSING UNITS AND ESTIMATED NUMBER OF STUDENTS GENERATED BY THE NEW HOUSING UNITS

	Housing Units	Elementary School	Intermediate School	High School	Total
Project Area					
Market Rate	8,339	834	167	250	1,251
Low-Moderate Income	1,560	187	47	78	312
Total	9,899	1,021	214	328	1,563

Sources: Student generation rates are based on the CEQR Technical Manual's Table 3C-2: "Projected Public School Pupil Ratios in New Housing Units of All Sizes."

Note: Total housing units represents the number of units generated by the Proposed Action within the Project Area.

a) Elementary Schools

Based on the formula provided in the CEQR Technical Manual, 1,021 additional elementary school students would be introduced into the Project Area as a result of the Proposed Action (see Table 6-14). As mentioned earlier, several projects in the Future Without the Proposed Action would not be developed or would be developed differently in the Future With the Proposed Action. As shown in Table 6-15, the elementary schools in Region 3 and districtwide are expected to be operating over capacity. This would produce a shortfall of 2,174 seats within Region 3 and 2,859 seats within CSD 2.

Given that there are not sufficient available seats for the additional elementary school students that would be introduced to the study area, the Proposed Action is expected to create a significant adverse impact on the elementary schools near the Project Area and districtwide (89 and 56 percent increase in deficiency of available seats, respectively). Mitigation for this impact is described in Section I, Mitigation.

TABLE 6-15
2025 FUTURE WITH THE PROPOSED ACTION: ESTIMATED PUBLIC ELEMENTARY/INTERMEDIATE SCHOOL ENROLLMENT, CAPACITY, AND UTILIZATION

Region/District	Projected Enrollment in 2025	Students Generated by the Proposed Action	Total Projected Enrollment in 2025	Capacity	Available Seats in Program	Program Utilization
Elementary Schools						
Totals Region 3	3,725	1,021	4,746	2,572	(2,174)	185%
Totals CSD 2	17,023	1,021	18,044	15,185	(2,859)	119%
Junior High/Intermediate Schools						
Totals Region 3	455	214	669	273	(396)	245%
Totals CSD 2	7,924	214	8,138	6,659	(1,479)	122%

Sources: Totals for CSD 2 projected enrollment: DCP, Enrollment Projections (actual 2002, projected 2003-2012) for CSDs. DCP enrollment projections do not include Pre-K enrollment.

Capacity numbers for CSD 2: DOE, Utilization Profiles: Enrollment/Capacity/Utilization, 2002-2003.

Note: 2025 estimates for schools nearest the Project Area and Region 3 of CSD 2 were derived proportionally from DCP districtwide projections for 2025 (see Footnote 4).

b) Intermediate/Junior High Schools

The Proposed Action is expected to generate 214 (see Table 6-14) intermediate school students in the Project Area by 2025. New residential development within the remainder of the study area would remain unchanged from the Future Without the Proposed Action, with 230 additional students. As shown in Table 6-15, in 2025, I.S./J.H.S. 260 Clinton School, the only public intermediate school in the vicinity of the Project Area (Region 3 of CSD 2), is expected to be operating at 245 percent capacity, with a shortfall of 396 available seats. In addition, CSD 2 is also expected to be operating over capacity (122 percent), with a deficit of 1,479 available seats.

As a result of the Proposed Action, there would be an insufficient number of seats for the additional intermediate school students that would be introduced to the study area. Therefore, the Proposed Action is expected to create an adverse impact on the intermediate schools near the Project Area and districtwide (117 and 17 percent increase in the deficiency of available seats, respectively). Mitigation for this impact is described in Section I, Mitigation.

c) High Schools

As shown in Table 6-14, the Proposed Action would introduce 328 new high school students into the Project Area by 2025. New residential development in the remainder of the study area would remain unchanged from the Future Without the Proposed Action, with 353 high school students. Manhattan high schools are expected to be operating slightly above capacity at 104 percent (the same as in the Future Without the Proposed Action) with a shortfall of 2,408 seats (Table 6-16). Technically the Proposed Action is expected to cause a greater than 5 percent increase in the deficiency of available high school seats in Manhattan (16 percent). However, given that students would be able to choose from high schools throughout New York City and could be expected to be accommodated without constraining overall high school capacity, no significant adverse impacts to public high schools are anticipated as a result of the Proposed Action.

TABLE 6-16
2025 FUTURE WITH THE PROPOSED ACTION: ESTIMATED MANHATTAN PUBLIC HIGH SCHOOL ENROLLMENT, CAPACITY, AND UTILIZATION

Region/District	Projected Enrollment in 2025	Students Generated by the Proposed Action	Total Projected Enrollment	Capacity	Available Seats in Program	Program Utilization
High Schools						
In Manhattan	57,209	328	57,537	55,129	(2,408)	104%

Sources: Totals for Manhattan high school enrollment: DCP, Enrollment Projections (actual 2002, projected 2003-2012). Capacity numbers for Manhattan Public High Schools: DOE, Utilization Profiles: Enrollment/Capacity/Utilization, 2002-2003.

F. PUBLIC LIBRARIES

The Proposed Action would result in more than 901 new residential units in Manhattan, the threshold in the *CEQR Technical Manual* requiring a detailed public libraries analysis. Therefore, this FGEIS examines the neighborhood libraries that would serve the Project Area. According to the *CEQR Technical Manual*, neighborhood library branches serve areas based on the distance that residents would travel to use library services, which is typically not more than ¾-mile (referred to as the library’s catchment area).

Impacts are identified if the Proposed Action would result in a population increase of 5 percent or more over the Future Without the Proposed Action within the catchment area of a neighborhood branch library, and this increase would impair the delivery of library services.

1. Existing Conditions

The New York Public Library (NYPL) system includes 85 neighborhood branches and four research libraries located in Manhattan, the Bronx, and Staten Island, housing approximately 53 million volumes. (The boroughs of Queens and Brooklyn have separate library systems.)

Two NYPL neighborhood libraries and four central libraries are located within ¼-mile of the Project Area (Figure 6-3 and Table 6-17). The two local libraries—the Columbus and Muhlenberg branches—are located to the north and south of the Project Area. The catchment area for each library serves about half of the Project Area. The Columbus Branch currently serves a catchment area of 104,313 people and has a circulation of 58,734, while the Muhlenberg Branch serves a catchment area population of 142,745 and has a circulation of 108,260. Both of the neighborhood branches in Table 6-17 offer special programs and services to residents, including public education, health information services, job information centers, and Internet workshops. Both community libraries have been or are about to be upgraded and adequately serve the community (although systemwide budget constraints have reduced open days from six to five days per week). In addition, it should be noted that residents can go to any NYPL branch and order books from any of the other library branches.

TABLE 6-17
BRANCH LIBRARY SERVICES

Map No.	Name	Address	Volumes	Catchment Area Population
1	Columbus Branch	742 Tenth Ave.	50,000	104,313
2	Muhlenberg Branch	213 W. 23rd St.	50,000	142,745
Totals			100,000	247,058

Sources: The NYPL, Office of the Branch Libraries. The NYPL website. Population estimates derived from U.S. Census of Population and Housing, 2000.

Notes: The NYPL System consists of 85 neighborhood branches and four research libraries in Manhattan, the Bronx, and Staten Island. The total population of the three boroughs served by the NYPL System is 3,313,573. See Figure 6-3.

The four central libraries closest to the Project Area include the Donnell Library, the Humanities and Social Sciences Library (the “Main Library”) at Fifth Avenue and 42nd Street, the Mid-Manhattan Library at 455 Fifth Avenue, and the Science, Industry, and Business Library (SIBL) at 188 Madison Avenue. These libraries are not considered “neighborhood” libraries with individual catchment areas, as they are systemwide resources.

The Mid-Manhattan Library houses the largest of all circulating and general reference collections in the NYPL’s branch library system. The Main Library is not a circulating library and is visited by tourists and researchers, since it is both a National Historic Landmark and a world-famous research library. The SIBL contains a comprehensive collection of national and international patents, as well as extensive science- and business-related databases and reports. The Donnell Library houses the NYPL’s largest circulating collection of materials in languages other than English, films and videotapes, and material for children and teenagers. It also has a large general reference collection and a circulating collection of fiction and non-fiction for adults.

2. 2010 Future Without the Proposed Action

According to the NYPL Capital Planning and Construction Division, the Columbus Branch Library was scheduled to undergo a renovation in mid-2003. Construction is expected to last approximately two years. The renovation allows for a new children’s floor and additional computer terminals. No other renovations are expected to occur at the libraries within three-quarters of a mile of the Project Area.

New residential development expected to be completed by 2010 would change the population in the catchment areas served by the two local libraries. As described in Chapter 3, “Analytical Framework,” and in Tables 3-1 and 3-3, growth in the 2010 Future Without the Proposed Action is expected to result in an increase in population. Based on an average household size of 2.5 for low- to moderate-income units and 1.63 for market rate units, the new housing units shown in Table 6-5 and the additional residents from the proposed Fashion Institute of Technology dormitories would result in an increase in population of approximately 16,400 new residents. This would represent an increase of approximately 6.6 percent over the existing population in the combined catchment areas. This change in population would be relatively small and is not expected to overburden library services at the two branches.

3. 2010 Future With the Proposed Action

By 2010, a net increase of approximately 1,543 new residents would be added to the Project Area (see Table 3-1 in Chapter 3) as a result of the Proposed Action. This would represent a population increase of 0.6 percent in the Muhlenberg and Columbus Branch catchment areas in the 2010 Future Without the Proposed Action. Thus, no adverse impact on local library services is expected in 2010.

4. 2025 Future Without the Proposed Action

Based on an average household size of 2.5 for low- to moderate-income units and 1.63 for market rate units, the new housing units shown in Table 6-11 and the additional residents from the proposed Fashion Institute of Technology dormitories would result in an increase in population of approximately 20,000 new residents from existing conditions. The 2025 population in the Future Without the Proposed Action would increase to 265,958. This would represent an increase of 8.1 percent above the combined catchment areas’ existing population. Therefore, while this population increase would add to the service demands at the two library branches, it is anticipated that the libraries would be able to serve the increased population.

5. 2025 Future With the Proposed Action

By 2025, a net increase of 17,493 new residents would be added to the Project Area as a result of the Proposed Action (see Table 3-1 in Chapter 3). This would represent a 6.5 percent increase over the combined population in the Muhlenberg Branch and Columbus Branch catchment areas in the 2025 Future Without the Proposed Action. According to the *CEQR Technical Manual*, if the increase in population would impair the delivery of library services in the study area, a significant impact could occur, warranting consideration of mitigation. However, the NYPL indicates⁵ that the increase in the local library population can be accommodated with these existing resources. In addition, the proximity of Midtown Manhattan’s Central Libraries and their extensive resources to the Hudson Yards Project Area suggests that the Central Libraries would help to absorb the increased demand on library resources in the Project Area. Therefore, no significant adverse impact to public libraries is expected to occur.

G. HEALTH CARE FACILITIES (OUTPATIENT)

According to the *CEQR Technical Manual*, an analysis of outpatient health care facilities is required if a project would result in more than 600 low- to moderate-income housing units. It is possible that

⁵ Telephone conversation with the Senior Vice President of the New York Public Library’s Capital Construction Office on October 17, 2003.

in the Future Without the Proposed Action, there could be up to 856 new low- to moderate-income units in the study area for health care resources in 2010 and an additional 299 new low-to-moderate-income units in 2025 (see Tables 6-5 and 6-11). In addition, the Proposed Action would allow up to 192 new low- to moderate-income units in 2010 and up to an additional 1,368 new low-to-moderate-income units by 2025 (see Table 3-1 in Chapter 3).

While the *CEQR Technical Manual* indicates that there is no specific study area designated for health care resources, it suggests that such facilities be mapped within a “mile-or-so” radius from the Project Area.

The focus of the analysis is on those facilities that accept public funds (usually in the form of Medicare and Medicaid reimbursements), that are available to any community member, and that could be affected by the introduction of a large low-income residential population. Private doctors’ offices and other similar resources are not identified within the service area. In accordance with the *CEQR Technical Manual*, the assessment focuses on emergency and outpatient services that could be affected by the introduction of a large low-income population which could rely heavily on nearby hospital emergency rooms and other public outpatient services. For example, the National Center for Health Statistics has estimated that the uninsured make 393 emergency room visits annually per thousand population, compared to 342 visits per thousand for the general population. Low-income people are more likely to be uninsured, and uninsured populations are more likely to use emergency rooms for their health care.⁶

Impacts are identified if the Proposed Action would result in an increase of 5 percent or more in the demand for services over the Future without the Proposed Action, or would result in a facility exceeding its capacity.

1. Existing Conditions

There are 137 outpatient health care facilities located in the study area for health care resources, offering general medical care, alcohol and substance abuse services, mental health services, and mental retardation and developmental disabilities services.

a) Hospitals and Emergency Rooms

As shown in Figure 6-4 and Table 6-18, within one mile of the Project Area, there are 10 hospitals (four in the health care facilities study area and six just outside the study area), including emergency rooms, available to residents and workers in the study area. This is evidenced by the hundreds of thousands of annual outpatient and emergency room visits logged by these facilities. The closest hospital to the Project Area is St. Vincent’s Midtown/ St. Clare’s Hospital and Health Center at 415 West 51st Street. St. Luke’s Roosevelt Hospital is located to the north of St. Vincent’s/St. Clare’s Hospital at Tenth Avenue and West 59th Street. Three of the hospitals—Beth Israel Medical Center, NY Eye and Ear Infirmary, and the Orthopedic Institute of the Hospital for Joint Disease—are clustered along the east side of Manhattan (east of Third Avenue and south of East 28th Street). To the south of the Project Area is St. Vincent’s Medical Center on West 11th Street and Seventh Avenue. In addition, three major hospitals lie just outside the one-mile radius east of First Avenue.

⁶ See Centers for Disease Control and Prevention’s *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 1999*, August 2003. Series 10, No. 212, p. 11; see also: *National Healthcare Disparities Report*, www.qualitytools.ahrq.gov; and “*Differences in Access to Health Care Among the Moderate- and Low-Income Population Areas*,” www.healthpolicy.ucla.edu/pubs; see also: *The Commonwealth Fund’s Commonwealth Fund Survey of Health Care in New York City*, February 1998, www.cmwf.org/programs/health-care/nysur264.

These are the Veterans Administration Medical Center on East 23rd Street, Bellevue Hospital on East 28th Street, and Tisch Hospital/NYU Medical Center on East 32nd Street.

TABLE 6-18
HOSPITALS AND EMERGENCY ROOMS WITHIN 1 MILE OF PROJECT AREA

Map No.	Hospital	Address	Outpatient Department Visits	Emergency Room Visits
1	St. Clare's Hospital	415 W. 51st St.	95,491	22,788
2	St. Luke's Roosevelt Hospital	59th St. and Tenth Ave.	203,148	109,797
3	Cabrini Medical Center	227 E. 19th St.	44,593	16,524
4	St. Vincent's Hospital	170 W. 12th St.	123,415	53,646
Hospitals Just Outside Service Area				
5	Orthopedic Institute Hospital for Joint Disease	301 E. 17th St.	58,059	NA
6	NY Eye and Ear Infirmary	310 E. 14th St.	135,874	NA
7	Beth-Israel Medical Center-Petrie	First Ave. at 16th St.	135,277	59,857
8	NYU Medical Center-Tisch Hospital	500 First Ave.	31,284	29,600
9	Bellevue Hospital	462 First Ave.	342,570	88,089
10	Veterans Administration Medical Center	423 E. 23rd St.	NA	NA
Total Number of Visits			1,169,711	380,301

Source: United Hospital Fund Health Care Annual Update, 2003.
Note: See Figure 6-4.

b) Other Outpatient Services

Table 6-19 and Figure 6-5 show the more detailed inventory of the 137 specific outpatient locations within the Project Area and the surrounding one-mile area (as inventoried in the DCP *Selected Facilities and Program Sites in New York City, 2003 Edition*). The majority of these sites are located to the north and to the southeast of the Project Area. They cover the entire area with a full range of ambulatory care facilities.

TABLE 6-19
SUMMARY OF OUTPATIENT HEALTH CARE FACILITIES WITHIN THE PROJECT AREA AND 1 MILE STUDY AREA

Map No.	Facility Name	Address	Type
1	VIP Medical Associates	72 Fifth Ave.	Free Standing Health Center
2	Elizabeth Seton Childbearing Center	222 W. 14th St.	Free Standing Health Center
3	Housing Works Lower Manhattan ADHCP	320 W. 13th St.	Free Standing Health Center
4	Guttman Diagnostic Center	55 Fifth Ave.	Hospital Affiliated Health Center
5	O'Toole Outpatient Services	36 Seventh Ave.	Hospital Affiliated Health Center
6	Southern Manhattan Dialysis Center	330 W. 13th St.	Dialysis Center
7	Greenwich House, Inc.-MED SUP OP-SA	55 Fifth Ave.	Med Supervised Outp Svc-Alcohol/Sub Abuse
8	Greenwich House, Inc.-MED SUP OP-SA	80 Fifth Ave.	Med Supervised Outp Svc-Alcohol/Sub Abuse
9	St. Vincents Cath Med Ctr-ALCSM Clinic	203 W. 12th St.	Med Supervised Outp Svc-Alcohol/Sub Abuse
10	Beth Israel Medical Center-MMTP Clinic	201 W. 13th St.	Methadone Treatment Clinic-Sub Abuse
11	St. Vincents Cath Med Ctr-Psych Inpt	153 W. 11th St.	Hospital Based Inpatient Care-Mental Health
12	NY Society F/T Deaf Mental Health Prog	817 Broadway	Mental Health Clinic/Day Treatment
13	Fifth Ave. Center F/Counseling	10 W. 10th St.	Mental Health Clinic/Day Treatment
14	St. Vincents Manhattan-Child & Adolesc	144 W. 12th St.	Mental Health Clinic/Day Treatment
15	St. Vincents Manhattan-Continuing Day	203 W. 12th St.	Mental Health Clinic/Day Treatment
16	Manhattan Counseling & Psychotherapy	61 W. 9th St.	Day Training/Workshop-Mental Health
17	Young Adult Institute	320 W. 13th St.	Clinic/Day Treatment-MR/DD
18	Assn F/Help of Retarded Child	320 W. 13th St.	Clinic/Day Treatment-MR/DD
19	Federation Employment & Guidance Service	62 W. 14th St.	Day Training-MR/DD
20	Flemister House	527 W. 22nd St.	Free Standing Health Center
21	Premier Healthcare D7T Center	460 W. 34th St.	Free Standing Health Center
22	Michael Callen-Audre Comm Health Center	356 W. 18th St.	Free Standing Health Center
23	Frost'd Primary Care	369 Eighth Ave.	Free Standing Health Center
24	United Cerebral Palsy of NYS	330 W. 34th St.	Free Standing Health Center

TABLE 6-19 (CONTINUED)
SUMMARY OF OUTPATIENT HEALTH CARE FACILITIES WITHIN THE PROJECT AREA AND 1 MILE
STUDY AREA

Map No.	Facility Name	Address	Type
25	West Midtown Medical Group	311 W. 35th St.	Free Standing Health Center
26	Union Health Center – ILGWU	275 Seventh Ave.	Free Standing Health Center
27	New York Diagnostic Center	330 W. 42nd St.	Free Standing Health Center
28	H S Systems Inc	321 W. 44th St.	Free Standing Health Center
29	Covenant House	460 W. 41st St.	Free Standing Health Center
30	Ryan Chelsea-Clinton Health Center	651 Tenth Ave.	Free Standing Health Center
31	Pan American Medical Center	500 W. 57th St.	Free Standing Health Center
32	NY Cornell Sports Medical Center	Pier 62	Hospital Affiliated Health Center
33	Chelsea Internal Medicine & Senior Health	275 Eighth Ave.	Hospital Affiliated Health Center
34	Senior Health at Penn South	275 Eighth Ave.	Hospital Affiliated Health Center
35	Chelsea Pediatrics	365 W. 25th St.	Hospital Affiliated Health Center
36	Penn South Geriatric Clinic	305 W. 28th St.	Hospital Affiliated Health Center
37	Chelsea Center for Special Studies	119 W. 24th St.	Hospital Affiliated Health Center
38	Family Health Center	350 W. 51 St.	Hospital Affiliated Health Center
39	Spellman Center for HIV	415 W. 51st St.	Hospital Affiliated Health Center
40	PS 51 (SBHC)	520 W. 45th St.	HHC School Based Health Clinic
41	Lower Manhattan District Health Center	303 Ninth Ave.	HHC Oral Health Center
42	AREBA/CASRIEL-Alcohol Primary Care	500 W. 57th St.	Inpatient Detox/Withdrawal–Alcoholism
43	NRI Group LLC-SA Inpt Rehab	455 W. 50th St.	Inpatient Rehabilitation–Alcoholism
44	AREBA/CASRIEL-ALCSM Inpt Rehab	500 W. 57th St.	Inpatient Rehabilitation–Alcoholism
45	St. Lukes-R'sevelt Ctr Psych Inpt Service	428 W. 59th St.	Hospital Based Inpatient Care–Mental Health
46	Hudson Guild Counseling Service	441 W. 26th St.	Mental Health Clinic/Day Treatment
47	Safe Space West	300 W. 43rd St.	Mental Health Clinic/Day Treatment
48	St. Lukes-R'sevelt Div Psych Adult Clinic	910 Ninth Ave.	Mental Health Clinic/Day Treatment
49	Puerto Rican Family Adolescent Day	145 W. 15th St.	Mental Health Clinic/Day Treatment
50	Postgraduate West Rehabilitation Center	344 W. 36th St.	Mental Health Clinic/Day Treatment
51	St. Luke's Roosevelt Division Transition	1000 Tenth Ave.	Mental Health Clinic/Day Treatment
52	Postgraduate West Rehabilitation Center	344 W. 36th St.	Intensive Psychiatric Rehab
53	St. Luke's Roosevelt CPEP	1000 Tenth Ave.	Emergency/Crisis Intervention–Mental Health
54	Greenwich House	303 Ninth Ave.	Mental Health Clinic/Day Treatment
55	Fountain House	425 W. 47th St.	Vocational/Social Training–Mental Health
56	Young Adult Institute	120 W. 16th St.	Intermediate Care Facility–MR/DD
57	Catholic Guardian Society of NY	400 W. 43rd St.	Intermediate Care Facility–MR/DD
58	Assn For Help of Retarded Child	426 W. 52nd St.	Intermediate Care Facility–MR/DD
59	Lifespire	333 W. 14th St.	Residential Alternative–MR/DD
60	Metro New York DDSO	120 W. 24th St.	Residential Alternative–MR/DD
61	NY Foundling Hosp Center for Med & Rehab	590 Sixth Ave.	Residential Health Care Facility
62	Community Family Planning Council	184 Fifth Ave.	Free Standing Health Center
63	League for the Hard of Hearing	71 W. 23rd St.	Free Standing Health Center
64	United Wire Metal & Machine Medical Ct	10 E. 15th St.	Free Standing Health Center
65	Bliss-Poston/2nd Wind-Drug Abs Clinic	152 Madison Ave.	Med Supervised Outp Svc–Alcohol/Sub Abuse
66	AREBA/CASRIEL Inst Drug Abuse Clinic	145 W. 45th St.	Med Supervised Outp Svc–Alcohol/Sub Abuse
67	AREBA/CASRIEL Inst ALCSM Clinic	145 W. 45th St.	Med Supervised Outp Svc–Alcohol/Sub Abuse
68	Medical College/Cornell Univ-SA Clinic	56 W. 45th St.	Med Supervised Outp Svc–Alcohol/Sub Abuse
69	Medical Arts Ctr Hosp-Med Sup Op-SA	57 W. 57th St.	Med Supervised Outp Svc–Alcohol/Sub Abuse
70	Medical Arts Hospital- ALCSM Clinic	57 W. 57th St.	Med Supervised Outp Svc–Alcohol/Sub Abuse
71	Villa Opc 2 - OUPD Drug Abuse Clinic	290 Madison Ave.	Med Supervised Outp Svc–Alcohol/Sub Abuse
72	Villa Opc 2, Inc. Alcoholism Clinic	290 Madison Ave.	Med Supervised Outp Svc–Alcohol/Sub Abuse
73	Freedom Institute Inc. ALCSM Clinic	515 Madison Ave.	Med Supervised Outp Svc–Alcohol/Sub Abuse
74	AREBA/Casriel Institute -MS with/OP	145 W. 45th St.	Med Supervised Outp Svc–Alcohol/Sub Abuse
75	Medical Arts Hospital- MS with/OP	57 W. 57th St.	Med Supervised Outp Svc–Alcohol/Sub Abuse
76	Villa OPC 2(The) - MS with/OP	290 Madison Ave.	Med Supervised Outp Svc–Alcohol/Sub Abuse
77	Daytop Village, Inc DF Outpat	500 Eighth Ave.	Non-Med Supervised Outp Svc–Alc/Sub Abuse
78	Daytop Village Crim Justice Referral	500 Eighth Ave.	Non-Med Supervised Outp Svc–Alc/Sub Abuse
79	Fortune Society Inc-Outpt Drug Clinic	39 W. 19th St.	Non-Med Supervised Outp Svc–Alc/Sub Abuse
80	NYC Dept Probation -Fortune Society	39 W. 19th St.	Non-Med Supervised Outp Svc–Alc/Sub Abuse
81	Greenwich House, Inc.-Methadone Keep	24 W. 20th St.	Outpatient Methadone Treatment–Sub Abuse
82	Greenwich House, Inc MMTP Clinic	24 W. 20th St.	Methadone Treatment Clinic–Sub Abuse
83	BIMC-OPD 3-C MMTP Clinic - S	215 Park Ave. South	Methadone Treatment Clinic–Sub Abuse

TABLE 6-19 (CONTINUED)
SUMMARY OF OUTPATIENT HEALTH CARE FACILITIES WITHIN THE PROJECT AREA AND 1 MILE
STUDY AREA

Map No.	Facility Name	Address	Type
84	Employment Pgm for Recovered Alcoholic	225 W. 34th St.	Vocational Rehab–Alcoholism/Sub Abuse
85	Greenwich House Aids Mental Health Pro	122 W. 27th St.	Mental Health Clinic/Day Treatment
86	McMurray Clinic	115 W. 31st St.	Mental Health Clinic/Day Treatment
87	League for the Hard of Hearing	71 W. 23rd St.	Mental Health Clinic/Day Treatment
88	Blanton-Peale Counseling Center	3 W. 29th St.	Mental Health Clinic/Day Treatment
89	JBFCS-YCL Mental Health Clinic	386 Park Ave. S	Mental Health Clinic/Day Treatment
90	Madeleine Borg Manhattan West Clinic	120 W. 57th St.	Mental Health Clinic/Day Treatment
91	The Children's House	25 W. 17th St.	Mental Health Clinic/Day Treatment
92	JBFCS Child Development Center Day	120 W. 57th St.	Mental Health Clinic/Day Treatment
93	Fedcap Rehabilitation Service	212 W. 35th St.	Vocational/Social Training–Mental Health
94	Assn. For Help of Retard Child	127 E. 30th St.	Residential Alternative–MR/DD
95	Lifespire	27 W. 23rd St.	Clinic/Day Treatment–MR/DD
96	UCP of NYC	122 E. 23rd St.	Clinic/Day Treatment–MR/DD
97	Assoc in Manhattan for Autistic	25 W. 17th St.	Day Training–MR/DD
98	Young Adult Institute and Workshop	22 E. 28th St.	Day Training–MR/DD
99	Assn F/Help of Retarded Child	200 Park Ave. S	Clinic/Day Treatment–MR/DD
100	Epilepsy Institute	257 Park Ave. S	Day Rehabilitation–MR/DD
101	UCP of NYC	122 E. 23rd St.	Day Training/Preschool Program–MR/DD
102	Assn F/Help of Retarded Child	252 W. 29th St.	Day Rehabilitation–MR/DD
103	Assoc in Manhattan for Autistic	25 W. 17th St.	Day Rehabilitation–MR/DD
104	Lifespire	27 W. 23rd St.	Day Training/Workshop–MR/DD
105	Epilepsy Institute	257 Park Ave. S	Day Rehabilitation–MR/DD
106	UCP of NYC	122 E. 23rd St.	Day Training/Workshop–MR/DD
107	Lifespire	27 W. 23rd St.	Day Training/Workshop–MR/DD
108	UCP of NYC	120 E. 23rd St.	Day Training/Workshop–MR/DD
109	Job Path	22 W. 38th St.	Supported/Transitional Employment–MR/DD
110	Cabrini Medical Center	227 E. 19th St.	Hospital
111	Lord Memorial Clinic	150 E. 45th St.	Free Standing Health Center
112	Cabrini Madison Avenue Family Practice	213 Madison Ave.	Hospital Affiliated Health Center
113	Lower Manhattan Dialysis Center 2	187 Third Ave.	Dialysis Center
114	Lower Manhattan Dialysis Center	323 E. 34th St.	Dialysis Center
115	Pediatric Dental Clinic	225 E. 23rd St.	HHC Oral Health Center
116	Hazelden/New York- Drug Free Resid	233 E. 17th St.	Drug Free Community Residence–Sub Abuse
117	Cabrini Medical Center-Med Mgd Detox	227 E. 19th St.	Hospital Based Detox/Rehab–Sub Abuse
118	Parallax Center, Inc - Med Sup Op-Sa	145 E. 32nd St.	Med Supervised Outp Svc–Alcohol/Sub Abuse
119	Parallax Center, Inc. - MS with/OP	145 E. 32nd St.	Med Supervised Crisis Svc–Alcohol/Sub Abuse
120	Hazelden/New York- DF Outpat	233 E. 17th St.	Non-Med Supervised Outp Svc–Alc/Sub Abuse
121	Gramercy Park Medical Group-MMTP	255 Third Ave.	Methadone Treatment Clinic–Sub Abuse
122	BIMC-MMTP Clinic- Clinic 1E	429 Second Ave.	Methadone Treatment Clinic–Sub Abuse
123	Beth Israel Medical Center-MMTP Clinic 3G	429 Second Ave.	Methadone Treatment Clinic–Sub Abuse
124	Beth Israel Medical Center-MMTP Clinic	429 Second Ave.	Methadone Treatment Clinic–Sub Abuse
125	BIMC-MMTP Clinic- Clinic 2C	433 Second Ave.	Methadone Treatment Clinic–Sub Abuse
126	Beth Israel Med Center-MMTP Clinic 3C	435 Second Ave.	Methadone Treatment Clinic–Sub Abuse
127	Cabrini Medical Center in PT Psychiatric	227 E. 19th St.	Hospital Based Inpatient Care–Mental Health
128	Center for Adult Psychotherapy	138 E. 26th St.	Mental Health Clinic/Day Treatment
129	Postgraduate Child Adolescent & Family C	138 E. 26th St.	Mental Health Clinic/Day Treatment
130	Cabrini Medical Center Cont Day Treatment	227 E. 19th St.	Mental Health Clinic/Day Treatment
131	Lifespire	484 Second Ave.	Intermediate Care Facility–MR/DD
132	Young Adult Institute	314 E. 35th St.	Intermediate Care Facility–MR/DD
133	Young Adult Institute	123 E. 36th St.	Residential Alternative–MR/DD
134	Assn For Help of Retarded Child	200 E. 16th St.	Residential Alternative–MR/DD
135	UCPA of NYC	484 Second Ave.	Residential Alternative–MR/DD
136	UCPA of NYC	490 Second Ave.	Residential Alternative–MR/DD
137	UCPA of NYC	460 Second Ave.	Residential Alternative–MR/DD

Sources: DCP, *Selected Facilities and Program Sites in New York City, Manhattan, 2003*; United Hospital Fund website; New York City Department of Health and Mental Hygiene website.

1. Facility Types: G = General Medical Care; A/S = Alcohol and Substance Abuse Services; MH = Mental Health Services; MR = Mental Retardation and Developmental Disabilities Services; Capacity CL = Certified Caseload (if applicable)
2. See Figure 6-5.
- * Clearly linked locations and facilities are combined.

2. 2010 Future Without the Proposed Action

In the Future Without the Proposed Action, two health care facility expansions are expected to be completed by 2010. New York University (NYU) Medical Center and the NYU School of Medicine Bellevue Hospital are planning substantial expansions of their campuses, which would increase the presence of these institutional facilities on the East Side and the need for associated supporting uses in the area, such as offices, labs, and residences. NYU School of Medicine has approval to build the East River Science Park, a 1.2 million-square-foot campus with biotechnology space, medical office space, and hospital housing on the northern portion of the Bellevue Hospital campus. Bellevue Hospital is developing a new ambulatory care facility and DNA lab on its existing campus. As shown in Table 6-5, approximately 856 new low- to moderate- income units are expected in the Future Without the Proposed Action. Based on an average household size of 2.5 for low- to moderate-income units, the low- to moderate- income residential population increase of 2,140 new residents in the one-mile study area in the 2010 Future Without the Proposed Action is not expected to affect the overall provision of health care services, based on the extensive array of existing facilities serving the area. Assuming the national average of about 390 annual emergency room visits per 1,000 low-income population, the 2,140 new low- to moderate-income residents could add a total of about 835 annual visits, an insignificant increase (approximately 0.22 percent of all study area hospital emergency room visits in 2002) over all study area hospital and emergency room visits in 2002. The incremental change in visits would be small in comparison to the hundreds of thousands of overall visits currently accommodated by the existing health care facilities in the study area.

3. 2010 Future With the Proposed Action

By 2010, as a result of the Proposed Action, up to 192 additional new low- to moderate-income housing units (see Table 6-8) with a residential population of 480 (based on an average household size of 2.5) could be provided. Based on the national average of 390 annual emergency room visits per 1,000 low income population, the addition of 480 low- to moderate-income residents could add an estimated 187 annual visits to study area emergency rooms. Given the hundreds of thousands of such visits in the study area currently, this additional low- to moderate-income population would generate a minimal change in demand over the Future Without the Proposed Action (approximately 0.049 percent increase in study area hospital and emergency room visits in 2002), and no impacts are expected. In addition, the planned expansion of the NYU and Bellevue Health Care facilities could offset any expected increase in the number of emergency room and ambulatory care visits as a result of the Proposed Action.

4. 2025 Future Without the Proposed Action

At this time, no specific plans for new health care facilities in the study area are expected between 2010 and 2025. As shown in Table 6-11, approximately 1,155 new low- to moderate- income units are expected in the 2025 Future Without the Proposed Action. Based on an average household size of 2.5 for low- to moderate- income units, by 2025 the total population increase would be roughly 19,827, with up to 2,888 people living in low- to moderate-income units, resulting in an estimated 1,126 additional emergency room visits (approximately 0.30 percent of all study area hospital emergency room visits in 2002). Based on this small incremental change in the existing base of hundreds of thousands of annual visits to emergency rooms in the study area (about 380,301), and the availability of many other ambulatory facilities, no significant increases in utilization of publicly funded outpatient facilities are expected by 2025.

5. 2025 Future With the Proposed Action

By 2025, an estimated 17,492 additional new residents would be introduced as a direct result of the Proposed Action. Up to an estimated 1,560 (see Table 6-14) of the new housing units could be low- to moderate-income units, housing 3,899 residents (based on an average household size of 2.5 for low- to moderate- income units.). Based on the national average of 390 annual emergency room visits per 1,000 low-income population, the addition of 3,899 low-moderate income residents could add approximately 1,521 annual visits to study area emergency rooms. This 0.40 percent increase in emergency room visits over the Future Without the Proposed Action (less than the five percent threshold for significance) is not expected to overburden health care facilities in the study area, and no adverse impacts on health care services are expected by 2025.

H. DAY CARE CENTERS (PUBLICLY FUNDED)

According to the *CEQR Technical Manual*, a publicly funded day care center analysis is required if a project would result in more than 50 eligible children, based on the number of low- to moderate-income housing units provided. It is anticipated that in the Future Without the Proposed Action, there would be 103 and 34 new children eligible for publicly funded day care in 2010 and between 2010 and 2025, respectively. Based on the number of new low- to moderate-income units as a result of the Proposed Action, up to 187 children under the age of 12 would be eligible for publicly funded day care by 2025.

Publicly funded day care facilities within a mile of the Project Area are identified and examined in this FGEIS. Private day care facilities are not considered in the analysis.

Impacts are identified if the Proposed Action would result in demand for slots in publicly funded day care centers greater than available capacity, and the increase in demand generated by the Proposed Action would be 5 percent or more over the collective capacity of the day care centers serving the study area in the Future Without the Proposed Action.

1. Existing Conditions

Publicly funded day care for the children of income-eligible households in New York City is sponsored and financially supported by the New York City Administration for Children’s Services (ACS) Division of Child Care and Head Start (federally funded early childhood education and family support programs) (Table 6-20 and Figure 6-6).

**TABLE 6-20
PUBLIC DAY CARE CENTERS IN STUDY AREA**

Map No.	Name	Address	Capacity	Enrollment	Waiting List
1	UCP NYC Manhattan DCC	122 E. 23rd St.	38	15	7
2	Educare Early Childhood Center	484 Second Ave.	83	78	61
3	Children’s Day Care Center	457 W. 51st St.	60	63	16
4	LYFE Manhattan High School	317 W. 52nd St.	8	6	0
5	LYFE West Manhattan Outreach	850 Tenth Ave.	8	5	0
6	Polly Dodge Center	538 W. 55th St.	93	103	36
7	American Red Cross Emergency	515 W. 41st St.	37	28	7
8	Bank Street	113 E. 13th St.	60	55	NA
9	Children’s Day Care	410 W. 40th St.	64	54	10-15
Total			451	407	142
Net Demand					98

Sources: Administration for Children’s Services, 2003.

In addition to group day care centers that are licensed by the New York City Department of Health and Mental Hygiene (NYCDOH), eligible children could also be cared for in the homes of family child care providers that are registered by the NYCDOH (Table 6-21). A family child care provider is a professional who provides care for three to seven children in his or her residence. A group family child care provider is a professional who cares for 7 to 12 children, with the help of an assistant, in his or her home. The majority of family and group family child care providers in New York City are registered with a child care network, which provides access to training and support services. Currently, there are approximately 2,083 public day care slots throughout Manhattan administered by 13 network providers. According to the ACS, these home-based facilities tend to absorb unmet demand at day care centers and the system adds more capacity, or host households, as demand increases.

However, the ACS does not directly operate child care programs. Most children are served through the ACS contracts with hundreds of private, non-profit organizations that operate child care programs in communities across the City. The ACS also issues vouchers to eligible families to assist them in purchasing care from any legal day care provider in the City. The ACS facilitates day care services for children between the ages of 2 months and 12 years, although publicly financed day care is used predominantly by children 5 years old and younger. (Children over 5 often start kindergarten within elementary schools.) The child care centers are licensed by the NYCDOH. Head Start programs administered by the ACS throughout New York City serve over 17,000 preschool-age children (ages 3 to 5) from low-income families. To receive subsidized child care services, a family must meet specific financial and social eligibility criteria that are determined by federal, State, and local regulations.

**TABLE 6-21
MANHATTAN FAMILY CHILD CARE NETWORKS**

Name	Address	Estimated Network Spaces
Borough of Manhattan Community College Child Care Network	199 Chambers Street	36
Chama Child Development Center	218 W. 147th Street	65
Community Life Family Day Care	15 Mt. Morris Park	232
East Harlem Council FDC	2253 Third Avenue	138
Emmanuel Family Day Care	737 E. 6th Street	61
Graham Windham Family Day Care Network	33 Irving Place	540
Hamilton Madison Family Child Care Network	10 Catherine Street	150
Hartley House Family Day Care	413 W. 46th Street	150
Neighborhood Children's Family Day Care	1833 Lexington Avenue	90
RENA Family Day Care	639 Edgecombe Avenue	250
Salem Family Day Care	211 W. 129th Street	62
Sheltering Arms Family Day Care	2493 Seventh Avenue	65
University Settlement Family Day Care	184 Eldridge Street	244
Total Child Care Spaces		2,083

Sources: Child Care Inc., 2003.

Note: Residence-based day care located throughout Manhattan.

Nine public day care centers are located in the Project Area and surrounding study area, with a total capacity of 451 children (see Table 6-20). These facilities are well-utilized, with a current enrollment of 407 and a waiting list of 142 children, creating a total unmet demand for 98 spaces. Additional capacity could likely be provided by private day care centers, but these facilities are not included in this analysis. Given that there are no locational requirements for enrollment in day care centers, some parents/guardians could choose a day care center closer to a location other than their place of residence. Parents/guardians have the option of using ACS vouchers to purchase day care from

public and private providers both within and outside the study area, potentially in neighborhoods close to parents’ workplaces. The portability of ACS vouchers indicates that services beyond the study area can be and are used by eligible parents.

2. 2010 Future Without the Proposed Action

No new publicly funded day care centers are planned in the Project Area by 2010. The growth in residential population discussed in Chapter 3, “Analytical Framework,” could result in a proportionate increase in the number of low-income households, which could nominally increase demand for publicly financed day care. The 8,921 new housing units generated in the study area could include up to 856 low- to moderate-income units (see Table 6-5), resulting in the addition of 103 children under the age of 12 who would potentially be eligible for publicly funded day care (based on the *CEQR Technical Manual* estimate of 0.12 children under 12 per low- to moderate-income housing unit). This full potential increment would increase demand by 105.1 percent over the existing capacity of 451 children, suggesting a significant shortfall. However, as noted by the ACS, demand in excess of available day care spots is typically absorbed by the available network of home-based care. Also, many parents choose to take their children to other day care centers outside of the study area (e.g., closer to work). The full potential increment would also be somewhat reduced by the day care focus on children aged 5 and under, even though children up to age 12 are eligible.

3. 2010 Future With the Proposed Action

The Proposed Action could result in the addition of up to 23 children under the age of 12 potentially eligible for publicly funded day care (based on up to 192 new units of affordable low-income housing) (see Table 6-8). According to *CEQR Technical Manual* guidelines, a significant adverse impact could result if the Proposed Action results in: 1) a demand for slots greater than remaining capacity of day care centers, and 2) demand that constitutes an increase of 5 percent or more of the collective capacity of the day care centers serving the Project Area over the Future Without the Proposed Action. As shown in Table 6-22, this condition exists currently and is expected to worsen with the Proposed Action, which would increase demand by 11.4 percent over the Future Without the Proposed Action capacity. Because the Proposed Action would result in an increase of five percent or more in a deficiency of day care slots (11.4 percent) over the Future Without the Proposed Action, a significant adverse impact to publicly funded day care centers in or near the Project Area could occur in 2010.

**TABLE 6-22
INCREASED DEMAND FOR PUBLICLY FUNDED DAY CARE FACILITIES: 2010**

	Capacity	Net Demand Over Capacity	Percent Increase in Demand
Existing	451	98	
2010 Future Without the Proposed Action	451	98 + 103 = 201	105.1
2010 Future With the Proposed Action	451	98 + 103 + 23 = 224	11.4

However, this maximum potential increase in demand would be offset by limiting factors noted previously: namely, that many parents use day care facilities outside their residential community, day care is focused on children under the age of 5, and, as noted by the ACS, demand in excess of available day care spots is typically absorbed by the available network of home-based care. Nonetheless, the potential increase is considered to be a significant adverse impact, and available mitigation is discussed in Section I, Mitigation.

4. 2025 Future Without the Proposed Action

As shown in Tables 6-5 and 6-11 the additional 299 low- to moderate-income housing units expected between 2010 and 2025 in the study area would add to the shortfall of spaces available for publicly financed day care by potentially adding 346 eligible children under the age of 12 between 2010 and 2025. Therefore, in the 2025 Future Without the Proposed Action, the total potential increase of eligible children would be 139 (103 in 2010 and 36 between 2010 and 2025 in the Future Without the Proposed Action), making a total of 237 children (141.8 percent over existing demand) over the existing capacity of 451 children. However, as noted by the ACS, demand in excess of available day care spots is typically absorbed by the available network of home-based care and the many parents who choose to take their children to other day care centers outside of the study area (i.e., closer to work). The full potential increment would also be somewhat reduced by the day care focus on children 5 and under, even though children up to age 12 are eligible.

5. 2025 Future With the Proposed Action

The development of 9,899 additional residential units could include up to 1,560 units of low- to moderate-income housing (see Table 6-14). As established in the *CEQR Technical Manual*, this could generate an estimated 187 children under the age of 12 who are potentially eligible for publicly funded day care. Using the *CEQR Technical Manual* guidelines—a demand for slots greater than the remaining capacity of day care centers or a demand that constitutes an increase of 5 percent or more of the collective capacity of the day care centers serving the Project Area—it is evident that a significant increase in demand would occur. As shown in Table 6-23, lack of day care capacity to meet demand would significantly worsen with the Proposed Action, an increase of 78.9 percent over the Future Without the Proposed Action capacity. Because the Proposed Action would result in an increase of 5 percent or more in a deficiency of day care slots over the Future Without the Proposed Action, a significant adverse impact to publicly funded day care centers in or near the Project Area could occur in 2025.

**TABLE 6-23
INCREASED DEMAND FOR PUBLICLY FUNDED DAY CARE FACILITIES: 2025**

	Capacity	Net Demand Over Capacity	Percent Increase in Demand
Existing	451	98	
2025 Future Without the Proposed Action	451	98 + 103 + 36 = 237	141.8
2025 Future With the Proposed Action	451	98 + 103 + 36 + 187 = 424	78.9

However, this maximum potential increase in demand would be offset by limiting factors noted previously: namely, that many parents use day care facilities outside their residential community, day care is focused on children under the age of 5 and, as noted by the ACS, demand in excess of available day care spots is typically absorbed by the available network of home-based care. Nonetheless, the potential increase is considered to be a significant adverse impact, and available mitigation is discussed in Section I.

I. MITIGATION

1. Police Protection

With continued adjustment of staffing and other resources to accommodate the Proposed Action, it is anticipated that there would be no significant adverse impacts on NYPD services and, as a result, no mitigation is proposed.

2. Fire Protection and Emergency Services

Development of the Proposed Action in 2025 in combination with the anticipated street closings along West 33rd, West 39th, West 40th, and West 41st Streets within the Project Area could result in a significant adverse impact to fire protection services. The FDNY has indicated that the residential and visitor population increase as a result of the Proposed Action would require a new firehouse. The City would construct a new facility for the FDNY, as it becomes necessary, but it is not possible to commit to its construction decades before the need to build it would occur. Therefore, the FDNY would monitor growth and development in the Project Area and would respond, first with administrative actions, and finally, if necessary, with a new firehouse.

A facility for the FDNY could be constructed on any of the Projected or Potential Development Sites, either as a stand-alone structure or in conjunction with another use, most likely an office building. The decision to build the facility would be subject to the City's site selection process, which includes ULURP and CEQR. Detailed studies of relevant environmental impacts or firehouse operations would be undertaken at that time, when the type and size of the required facility has been determined by the FDNY. The site specific impacts for potential firehouse locations, such as historic and archaeological resources and hazardous materials, have already been addressed on all Projected or Potential Development Sites in this FGEIS.

3. Public Schools Serving the Project Area

As discussed above, the Proposed Action would result in significant adverse impacts on elementary and intermediate schools. The shortfall in school seats with the Proposed Action would increase a shortfall that is expected in the Future Without the Proposed Action for both 2010 and 2025, due to the substantial amount of residential development expected throughout the study area. Absent the West Chelsea rezoning, a new school would not be warranted as mitigation for the impacts of the Proposed Action in 2010. Instead, enlargement of an existing school, such as P.S./I.S. 51 Elias Howe School, and administrative actions by DOE would suffice to mitigate the impacts of the Proposed Action at that time. If the West Chelsea rezoning is approved, the City would construct or lease a new 630-seat, K-8 elementary/intermediate school in the Project Area between 2010 and 2013 (West Chelsea's build year) in addition to this enlargement of an existing school. This mitigation would be supplemented through administrative actions that the DOE would undertake to mitigate the shortfall in school seats, such as adjusting catchment areas and/or reorganizing grade levels within schools.

Without the West Chelsea rezoning, a new elementary/intermediate school would be required between 2010 and 2025, as the development associated with the Proposed Action proceeds. If the West Chelsea rezoning is approved, it is likely that a second K-8 elementary/intermediate school would be required between 2010 and 2025. DOE would continue to monitor trends in demand for school seats in the area. The DOE responses to identified demand could take place in stages and include administrative actions and/or enlargement of existing schools, followed by the later construction or lease of new school facilities at an appropriate time.

The enlargement of an existing school by 2010 would consist of approximately four classrooms and necessary ancillary space. Such an enlargement, which would be subject to a separate review process, is not likely to result in any significant adverse impact.

4. Health Care Facilities

It is anticipated that there would be no adverse impacts on health care services and, as a result, no mitigation is proposed.

5. Day Care Centers

In 2010 and 2025 the Proposed Action could result in a significant adverse impact on publicly funded day care centers in or near the Project Area. Mitigation for this impact could include adding capacity to existing facilities or providing a new day care facility in or near the Project Area. At this point, however, it is not possible to know exactly which type of mitigation would be most appropriate and when, because the demand for publicly funded day care depends not only on the amount of residential development in the area, but the proportion new residents who are children of low-income families. Therefore, ACS will monitor development of the Project Area and respond as appropriate to provide the capacity needed. ❖