

RESTORING THE GRID

the

an intersectional approach to the child care shortage

RESTORING
the
GAP



VISION

A world where all children are understood.

MISSION

Investing in collaborative relationships that enhance the development of children.

OUR STORY

Brightside Up, Inc. is dedicated to providing resources to the community in order to improve the availability and quality of child care and to assist families in finding child care. As the local child care resource and referral agency (CCR&R) for New York's Capital Region since 1989, Brightside Up provides these resources to Albany, Saratoga, Schenectady, Fulton, Montgomery, and Rensselaer counties.

SAME INTRINSIC VALUES UNDER A MORE MEANINGFUL NAME

After 40 years as child development experts, we understand children. Previously known as the Capital District Child Care Council we are now Brightside Up, creating a world where all children are understood. We help the world see the bright side in every behavior, every cry, every laugh, every challenge by advocating a strength based, positive approach to problem solving as well as celebrations. Failures are merely opportunities for growth and learning and are not to be avoided or viewed as shameful; they should be a lens through which we can strive to be better parents, providers, educators and children.

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The benefits of high quality child care for children and the community are plentiful and long-lasting. Children build life-long relationships with peers and caregivers, learn language and science concepts, are more aware of their environment and those within their community, and have increased cognitive and social emotional abilities. Access to high quality child care provides an opportunity for the whole child to thrive and grow. However, not all children and families in the Capital Region are able to access child care, which can have negative health and economic outcomes for children, families, businesses and the larger community.

The average cost for center-based care can be as much as \$53 a day for an infant or \$44 a day for a four year old. Only 9% of New Yorkers can afford infant care.

Each week, an estimated 72% or about 36,000 children in New York's Capital Region attend some type of child care. However, many families are unable to find child care for their children. Those who do are overwhelmed by the financial strain it adds; spending a significant portion of their income on child care expenses. The average cost for center-based care can be as much as \$53 a day or \$14,000 annually for an infant and

\$44 a day or \$11,500 annually for a four-year-old. Only nine percent of New Yorkers can afford the current cost of infant care.¹ The inadequate supply, high cost and inaccessibility of child care burdens families, communities and businesses resulting in lost productivity, frustration and all too often – low quality early education experiences.

This annual report on child care supply and demand illustrates how the child care crisis in the Capital Region adds unnecessary demands on families and employers. Additionally, the report highlights the connection between the lack of access to child care and children's health. Also included are recommendations for policy makers and businesses to form key partnerships to close the gap by addressing the child care trilemma: build access to child care, increase affordability and quality, and then maintain quality.



INTRODUCTION

BARRIERS TO ACCESSIBLE CHILD CARE

Capacity

Across urban, suburban and rural communities of the Capital Region, inadequate supply of child care programs has been a barrier to accessing child care since 2008. The trends show a 69% decrease in child care available to families across the region, creating an extreme child care shortage. To better understand

A child care desert is defined as an area where there are three or more children per child care slot.

the supply of regulated child care across the United States, the Center for American Progress (CAP) analyzed the geographic locations of regulated child care facilities, including child care centers and family child care homes. In 2016, CAP introduced a working definition of child care desert as areas with an insufficient supply of regulated child care.

Specifically, a child care desert either has no child care facilities or there are more than three times the children living in a community for each child care slot. Their findings indicate that 64% percent of New Yorkers live in neighborhoods classified as child care deserts and areas of the Capital Region have even larger gaps in licensed, high-quality child care.¹ Not only is this an obstruction for families trying to find child care but the shortage has a significant economic impact on businesses. According to a study led by CAP, the child care shortage epidemic costs businesses approximately \$57 billion annually at a national level.³

Child Care Cost and Impact on the Labor Force

Child care capacity is not the only barrier to accessible high quality child care. The U.S. Department of Health and Human Services (HHS) states that child care is affordable if it costs no more than seven percent of a family's income. If a typical family in New York has an infant and a 4-year-old, they would spend 39.8% of their income on the current cost of child care.¹ Millennials in New York State, which are the largest growing workforce, are paying an estimated 35% of their income to child care centers. The cost of child care is out of reach for many families in the region, including those who earn a middle class salary.⁴ While these staggering figures are not sustainable for families, the cost of child care also has an immediate and long-lasting impact for employers.

Capital Region businesses need a reliable and skilled workforce. An unprecedented number of working parents enroll their children in regulated or unregulated child care to maintain employment. However, only reliable, high quality, affordable child care arrangements significantly contribute to the success of the workforce, which ultimately contributes to a successful

business. Without reliable child care, parents risk impacting their employment by needing to bring children into the workplace, missing full or partial days, not having the flexibility to extend their work day as needed and the potential of decreased productivity from the added stress.

“I was terminated from my position at a nursing home because I needed to pick up my child and I was unable to stay past the end of my shift. I had to apply for social service assistance.” –Cohoes parent

While child care is a necessary support for working parents, it also critically influences children during the most consequential phase of human development. By laying the crucial groundwork for tomorrow's leaders and promoting a strong workforce today, high-quality, accessible, and affordable child care provides a powerful multi-generational approach to building the human capital that a prosperous and sustainable future requires. It supports parents by increasing workforce productivity and helping business attract and retain talent. Most importantly, it ensures that children have the chance for optimal development.

Non-traditional Hours & Special Needs Care

While most parents struggle to find child care, it is particularly difficult for those seeking care for an infant, a child with developmental needs or during non-traditional work hours. Families who must seek child care to accommodate non-traditional work hours are extremely unlikely to find a reliable or regulated child care facility. In fact, there are so few child care programs that offer non-traditional care hours that some employers report that their staff bring their children to work on a regular basis or fail to report for their shift at least once weekly. On average, parents have approximately a 2.5% chance of enrolling their child in a child care program that has either overnight or weekend care. This overwhelming gap makes securing regulated child care nearly impossible for parents working second or third shifts or for those that have weekend shifts.

The trends indicate there is a growing need for regulated child care programs to integrate children with special needs, however, less than 40% of child care providers offer these services. Of the regulated child care providers that do offer special needs care, the majority can support children with asthma, educational disability or attention deficit hyperactivity disorder (ADHD). This gap leaves so many children without trained professionals to oversee their care or a parent is unable to work in order to provide the necessary support.

Child Care Provider Retention

The population of child care providers continues to decline even as new recruits come into the field. The decline is two-fold as many providers age out of the system and others cannot afford to stay employed in child care. While 46% of preschool teachers in the Capital Region have a bachelor's degree or higher, the median salary is only \$28,000. This is lower than the median wage for preschool teachers in the rest of the United States. A person entering the workforce as an entry level child care worker can expect to earn only \$11.50 an hour in the Capital Region.⁵ If a child care provider had to enroll their own child into care, they would spend an estimated 57% of the income on child care for one child. According to the Center for the Study of Child Care Employment, in New York State, 65% of child care worker families are enrolled in social service support programs in order to feed their families and receive medical care.⁶ These substandard salaries and financial stressors do not reflect the countless hours of quality education, relationship building and promotion of early childhood development these child care providers spend with the 36,000 children that are enrolled in child care in the Capital Region.

HEALTH OF THE WHOLE CHILD

Child Care as a Determinant of Health

The importance of early childhood education programs extends beyond school readiness to include the health of the whole child and to provide a foundation for physical and mental health for children enrolled in care. Not only do high-quality child care and Head Start programs offer an array of additional health services, but a child must meet the minimum health requirements to enroll. When children lack access to regulated child care programs they may also be missing the most crucial health and nutrition services for their age compared to their peers. In the Capital Region, there are approximately 2300 children to every pediatrician, which can make receiving the most basic health care services inaccessible for many families.⁷

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Access to Health Care

In order to enroll in a child care program, a child must have had a physical examination from a health care provider, be free of communicable disease and have up to date immunizations. These health care providers and pediatricians may also play a crucial role in identifying signs of developmental delay in infants and toddlers. While health care providers have a role in early intervention, social emotional and physical health of children, when a child is not enrolled in child care, that important link may be missing.

New York State Department of Health estimates that 20% of the children ages 3–6 in the Capital Region do not receive an annual well-care visit.

Barriers to accessing health care are widespread throughout the region, the state and the United States. Health disparities are more pronounced in areas of poverty with lack of transportation, ability to pay for services, as well as racial, cultural and language

divides that create obstacles for families to access health care services. New York State Department of Health estimates that 20% of the children ages 3-6 in the Capital Region do not receive an annual well care visit.⁸ For children of families that cannot access doctors, dentists or health care services, there is a higher likelihood that children are not being screened for early learning and behavioral disabilities at an appropriate age. In fact, according to the National Survey of Children’s Health, in New York State, only 23% of children ages 9-35 months, have had a parent that completed the developmental screening tool.⁹

Head Start and Early Head Start programs are one option for families that have low-income. These programs allow all enrolled children to receive health and developmental screenings, nutrient dense meals, oral health and mental health support. Their staff will also connect families to health care providers to help children receive the health services they need outside of their child care day.¹⁰

Food Security

The enhancement of children’s health is not limited to access to health care. Many children eat two meals and two snacks while in child care for the day. For the 15% of the children in the Capital Region that live in food insecure households, having a reliable source of meals and snacks can mean the difference between surviving and thriving.¹¹ Child care programs may also take part in emergency food supply, such as the backpack program, to send meals home with children on the weekends. If the child care program participates in the Child and Adult Food Care Program (CACFP), a federally funded and state managed nutrition program that reimburses child care programs for serving healthy, nutrient dense meals and snacks to children, children are learning about where food comes from, how food and movement is good for their bodies, and even have the opportunity to make and eat meals together with their peers. There are 238 family child care providers and 70 child care centers that participate in CACFP in the Capital Region accounting for a significant portion of children enrolled in regulated child care.¹²

Public health trends suggest there is overlap of the children without access to regulated child care, whole child medical care and a regular supply of healthy food, meaning an estimated 60%-80% of children in the Capital District live in families that struggle to maintain a secure and dependable environment for children to thrive. Addressing the extreme shortage in regulated child care programs would create a multi-sector cascade that impacts the entire community. Regulated child care should be regarded as an institution that positively impacts the development of the business sector, the community and of the whole child which include: educational, social emotional, physical and mental health, and societal.

The following provides county specific child care and health access data for six Capital Region counties that are in the Brightside Up service area: Albany, Fulton, Montgomery, Rensselaer, Saratoga, and Schenectady Counties. The first page is a Capital Region summary and comparison.

CAPITAL REGION SUMMARY: GRID FAILURE

CHILD CARE ACCESS

68% of census tracts have a shortage of regulated child care

68%

44

44 census tracts do not have ANY regulated child care²

AN AVERAGE OF 33

children per regulated child care slot²

30,000

30,000 children (0-5 yrs) lack consistent regulated care²

32%

32% of 3 & 4 year olds in select school districts in the Capital Region are enrolled in universal pre-kindergarten

2%

2% of child care providers offer overnight care and 3% offer weekend care

CHILD HEALTH

over 8,500

over 8,500 children (0-5 yrs) do not have a well care visit⁸

an average of 28%

an average of 28% of the Capital Region's children (3-6 yrs) have not received age appropriate immunizations⁸

42%

42% of children qualify for free & reduced lunch¹³

15%

15% of children are considered food insecure¹¹

238

238 Family child care programs & 70 centers enrolled in Child & Adult Care Food Program (CACFP)¹²

1

1 primary care physician to every 1,583 people¹³

1,583

1

1 pediatrician to every 2,279 children⁷

2,279

1

1 dentist to every 1,883 people¹³

1,883

ALBANY COUNTY

CHILD CARE ACCESS

of census tracts have a shortage of regulated child care

63%

16 census tracts do not have ANY regulated child care²

16

AN AVERAGE OF 41 children per regulated child care slot²

41

9,000 children (0-5 yrs) lack consistent regulated care²

39%

of 3 & 4 year olds in select school districts in the Capital Region are enrolled in universal pre-kindergarten

2%

of child care providers offer overnight care and 3.5% offer weekend care

CHILD HEALTH

over 3,500 children (0-5 yrs) do not have a well care visit⁸

an average of 30%

of the Capital Region's children (3-6 yrs) have not received age appropriate immunizations⁸

35%

of children qualify for free & reduced lunch¹³

15.9%

of children are considered food insecure¹¹

72

Family child care programs & 26 centers enrolled in Child & Adult Care Food Program (CACFP)¹²

1 pediatrician to every 549 children⁷

1 primary care physician to every 950 people¹³

1 dentist to every 1,119 people¹³

FULTON COUNTY

CHILD CARE ACCESS

73% of census tracts have a shortage of regulated child care

73%

4

4 census tracts do not have ANY regulated child care²

AN AVERAGE OF 49

children per regulated child care slot²

2,200

2,200 children (0-5 yrs) lack consistent regulated care²

75% of the child care capacity is in four census tracts, yet only 23% of the children live in these areas

32% of 3 & 4 year olds in select school districts in the Capital Region are enrolled in universal pre-kindergarten

32%

0

0 child care providers offer overnight care and 3.85% offer weekend care

CHILD HEALTH

over 430

over 430 children (0-5 yrs) do not have a well care visit⁸

1 pediatrician to every 2,773 children⁷

an average of 31%

31% of the Capital Region's children (3-6 yrs) have not received age appropriate immunizations⁸

53% of children qualify for free & reduced lunch¹³

53%

21%

21% of children are considered food insecure¹¹

11

11 Family child care programs & 4 centers enrolled in Child & Adult Care Food Program (CACFP)¹²

1 primary care physician to every 2,150 people¹³

1 dentist to every 3,590 people¹³

MONTGOMERY COUNTY

CHILD CARE ACCESS

of census tracts have a shortage of regulated child care

75%

6

AN AVERAGE OF 47

census tracts do not have ANY regulated child care²

children per regulated child care slot²

2,000

children (0-5 yrs) lack consistent regulated care²

of 3 & 4 year olds in select school districts in the Capital Region are enrolled in universal pre-kindergarten

33%

0

child care providers offer overnight care and 0 offer weekend care

CHILD HEALTH

over 390

children (0-5 yrs) do not have a well care visit⁸

an average of 32%

of the Capital Region's children (3-6 yrs) have not received age appropriate immunizations⁸

of children qualify for free & reduced lunch¹³

58%

21%

of children are considered food insecure¹¹

10

Family child care programs & 5 centers enrolled in Child & Adult Care Food Program (CACFP)¹²

1

primary care physician to every

1,830 people¹³

1

pediatrician to every

5,663 children⁷

1

dentist to every

1,540 people¹³

RENSSELAER COUNTY

CHILD CARE ACCESS

64% of census tracts have a shortage of regulated child care

64%

8

8 census tracts do not have ANY regulated child care²

28

AN AVERAGE OF 28 children per regulated child care slot²

6,000

6,000 children (0-5 yrs) lack consistent regulated care²

25%

25% of 3 & 4 year olds in select school districts in the Capital Region are enrolled in universal pre-kindergarten

3.5%

3.5% child care providers offer overnight care and 2.8% offer weekend care

CHILD HEALTH

over 1,700

over 1,700 children (0-5 yrs) do not have a well care visit⁸

27%

an average of 27% of the Capital Region's children (3-6 yrs) have not received age appropriate immunizations⁸

46%

46% of children qualify for free & reduced lunch¹³

18%

18% of children are considered food insecure¹¹

28

28 Family child care programs & 14 centers enrolled in Child & Adult Care Food Program (CACFP)¹²

1

1 pediatrician to every

1,395 children⁷

1

1 primary care physician to every

1,860 people¹³

1

1 dentist to every

2,250 people¹³

SARATOGA COUNTY

CHILD CARE ACCESS

74% of census tracts have a shortage of regulated child care

74%

1

1 census tract does not have ANY regulated child care²

23

AN AVERAGE OF 23 children per regulated child care slot²

8,000

8,000 children (0-5 yrs) lack consistent regulated care²

18% of 3 & 4 year olds in select school districts in the Capital Region are enrolled in universal pre-kindergarten

18%

1%

1% child care providers offer overnight care and 3% offer weekend care

CHILD HEALTH

over 1,500

over 1,500 children (0-5 yrs) do not have a well care visit⁸

an average of 22%

an average of 22% of the Capital Region's children (3-6 yrs) have not received age appropriate immunizations⁸

23% of children qualify for free & reduced lunch¹³

23%

14%

14% of children are considered food insecure¹¹

57

57 Family child care programs & 9 centers enrolled in Child & Adult Care Food Program (CACFP)¹²

1

1 primary care physician to every 1,440 people¹³

1,440

1

1 pediatrician to every 879 children⁷

879

1

1 dentist to every 1,570 people¹³

1,570

SCHENECTADY COUNTY

CHILD CARE ACCESS

of census tracts have a shortage of regulated child care

59%

3

census tracts do not have ANY regulated child care²

AN AVERAGE OF 10

children per regulated child care slot²

6,000

children (0-5 yrs) lack consistent regulated care²

of 3 & 4 year olds in select school districts in the Capital Region are enrolled in universal pre-kindergarten

11%

6.6%

child care providers offer overnight care and 5% offer weekend care

CHILD HEALTH

over 700

children (0-5 yrs) do not have a well care visit⁸

an average of 24%

of the Capital Region's children (3-6 yrs) have not received age appropriate immunizations⁸

of children qualify for free & reduced lunch¹³

39%

17%

of children are considered food insecure¹¹

60

Family child care programs & 12 centers enrolled in Child & Adult Care Food Program (CACFP)¹²

1

pediatrician to every

2,412 children⁷

1

primary care physician to every

1,270 people¹³

1

dentist to every

1,230 people¹³

RECOMMENDATIONS FOR EMPLOYERS & POLICY MAKERS

Early childhood education is a cornerstone of human development. Without access to high-quality child care, the success of communities and societies will falter. As demonstrated in this report, solely increasing access to child care, by establishing new child care business, will not completely alleviate the epidemic. Large scale improvements in the early childhood education system require multi-sector partnerships with legislators, academia, employers and the community at large. All partners are responsible to remove the barriers to economic security for families, health services for the whole child, and regulated child care.

ENGAGE EMPLOYERS

In an effort to meet the 2019 priorities of the Regional Economic Development Councils (REDC) to work with businesses and communities to identify child care needs and to develop potential solutions, REDCs are implementing strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities (as defined by the state), and children who receive care during nontraditional hours. The following are action steps for the business community:

- Solidify the Capital REDC Child Care Committee as a permanent group. Add additional members with relevant and diverse experiences from across the region.
- Identify specific census tracts in each county that are considered low or no access child care zones using information from Brightside Up. Assist in the development of additional high-quality child care businesses in these areas.
- Study and adopt models of employer supported child care that increase productivity and decrease worker absences. These types of programs estimate a \$7 return on the dollar invested.¹⁴ Large employers or corporations can support their employees, as they do with contribution to retirement, educational attainment payments, and other employee benefits, by providing child care benefits:
 - ◇ Increase access to high-quality child care by developing on-site or near-site child care businesses. This allows parents to have peace of mind, visit their child during the workday, and decreases employee turnover.
 - ◇ Subsidize child care costs by purchasing child care enrollment slots or provide a child care discount program.
 - ◇ Support the development of a business sponsored family child care network near the business site. Family child care programs are often less expensive to operate due to decreased brick and mortar and other overhead costs yet can offer specific and individualized care (culture and language, special needs, or nontraditional hours).
 - ◇ Arrange for child care access during nontraditional hours and for back-up care so employees are able to decrease absences during snow days or mild child illness.
 - ◇ Develop family-friendly policies and practices in business culture, flex-time, leave policies, and benefits. Become a breastfeeding friendly certified business.¹⁵

- Promote the development of early childhood academic degrees and increase opportunity for entry level child care workers or retirees.
- Partner with legislators to improve federal, state and local policies around child care subsidy and child care worker salary.

The business community has the opportunity to effect change at a rapid and effective rate with an approach that puts child and workforce development at the forefront. An investment in early childhood not only secures a strong workforce for future generations of business leaders but also increases worker productivity, reduces employee absenteeism and turnover, assists with employee recruitment and contributes to positive public image.¹⁵ Businesses willing to make this crucial extension of employee benefits will receive more than a monetary return on investment.

ENGAGE LEGISLATORS

While the business community is a fundamental component of accessing high-quality child care programs, policy development will ensure long-term changes in the system at the state and local levels. A partnership with policy makers should focus on accessibility to affordable high-quality child care and equitable workforce development.

Workforce Development

- Establish a professional development system tied to secure funding and quality assurance
- Grow scholarship programs and the career pathway for early childhood professionals
- Ensure equitable compensation and benefits at parity with kindergarten teachers
- Promote data collection to support policies and programs to develop a statewide workforce registry.¹⁶

Child Care Affordability

To support parents in making child care more affordable, governments need to strengthen financial mechanisms. All federal and state funding should be tied to quality and safety measure to ensure the health of all children in child care. The SCREDC partnership with policy makers should focus on affordability by:

- Address raising the child care subsidy rate for families with low-income and cap child care cost to be no more than 7% of a parent's income
- Increase reimbursement rates for other programs that impact child care provider businesses and child development such as the Child and Adult Care Food Program
- Ensure that the state is fully utilizing and investing in early childhood development through the Child Care & Development Block Grant (CCDBG) and advocate for federal reauthorization and funding through the CCDBG
- Provide income tax credits for entering the child care workforce and for families with children in child care¹⁷

Now is the time to create a sustainable and equitable child care system that supports the development of the whole child, a diverse and healthy workforce, and a growing economy. By addressing the barriers to high-quality regulated child care, whole communities will move beyond merely surviving to become active and thriving environments that will support families and businesses for generations into the future.

GLOSSARY OF CHILD CARE MODALITIES

Child care center care

Provided for a group of children for more than three hours per day, not in a personal residence, which must meet state licensing regulations for facility, health, safety, staffing and its educational program. In addition to becoming state licensed, child care centers may strive to become accredited through the National Association for the Education of Young Children: www.naeyc.org.

Registered family child care

Provided in a home setting by one primary caregiver. The maximum number of children allowed in care is six including two children under the age of two, with an expanded capacity to care for two more school-age children, upon approval from the New York State Office of Children and Family Services. One caregiver for every two children under two years of age. When all children are over the age of two, the maximum number of children allowed in care is six, with an expanded capacity to care for two more school-age children, upon approval from the NYS Office of Children and Family Services. Family child care programs must be registered through the New York State Office of Children and Family Services if care is provided for three or more children. If care is provided for only two children in the home setting, it is legally exempt from state licensing. Family child care programs may be accredited through the National Association of Family Child Care: www.nafcc.org.

Licensed group family child care

Provided in a home setting by a primary caregiver and an assistant. The maximum number of children allowed in care is 12 including four children under the age of two, with an expanded capacity to care for four more school-age children. There must be at least one caregiver present for every two children under the age of two. A provider or assistant may care for up to eight children when alone, only two of those children can be under the age of two, and two of those children are school-age. When all children are over the age of two, the maximum number of children allowed in care is 12, with an expanded capacity to care for four more school-age children. Group family child care programs are licensed through the New York State Office of Children and Family Services and may be accredited through the National Association of Family Child Care: www.nafcc.org.

Regulated child care

References either registered or licensed child care but does not include legally exempt care.

School-age child care

Provided for a group of school-age children from kindergarten through age twelve before and after school and at times when school is not in session. Many school-age programs provide care during school vacation periods and holidays. School-age child care may be provided by child care centers, family child care homes, public schools, youth recreation groups, religious organizations, and other community groups. School-age programs are registered through the New York State Office of Children and Family Services and may be accredited through the National Afterschool Association: www.naaweb.org.

Legally exempt

Informal caregivers provide care for families receiving subsidies and are exempt from the family child care licensing process by caring for no more than two children.

In-home care

Provided by a relative or non-relative within a child's home.

Camp

Program or facility that operates during the summer months and is typically monitored by Department of Health guidelines.

Nursery school

An educational and social program for three to five year olds; for less than three hours per day, two to five times per week, and often follow a school-year schedule. Preschools which operate more than three hours per day are required to become licensed through the NYS Office of Children and Family Services. Preschools operated by public or private schools are exempt from licensing. Preschools may voluntarily register with the NYS Education Department, which sets guidelines for facility, staff and program.

Evening care

Provided from late afternoon or evenings until children begin their night's sleep.

Overnight care

Provided during the hours when children have begun or will be continuing their night's sleep.

Weekend care

Provided on a Saturday or Sunday.

Mildly ill care

For a child who has symptoms of a minor childhood illness which does not represent a serious risk to other children and who is able to participate in the routine program activities with minor accommodations.

Moderately ill care

For a child whose health status requires a level of care and attention that cannot be accommodated in a child care setting without the specialized services of a health professional.



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