

**New York State Senate
Democratic Policy Group**



**Pre-Natal to Pre-K: Supporting
New York's Young Families**

Senator Daniel Squadron, Chair

**Senators George Latimer, Velmanette Montgomery, and
José M. Serrano, Policy Group Members**

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**Senator Andrea Stewart-Cousins,
Democratic Conference Leader**

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INTRODUCTION

In October 2015, Democratic Conference Leader Andrea Stewart-Cousins launched the Democratic Policy Group to develop policy initiatives to better serve all New Yorkers. The group, chaired by Senator Daniel Squadron, with Senators George Latimer, Velmanette Montgomery and José M. Serrano, is working with the entire Democratic Conference to focus on affordability across the state, job creation, meaningful tax and mandate reform, and closing the upstate/downstate economic divide.

This report focuses on the critical early years of a child's life – from the prenatal period until a child's start in pre-kindergarten. Mounting evidence shows both the unmatched impact of this period on a child's lifelong development and unparalleled benefits from investment in these critical early years. Despite this, families across New York State are struggling during these critical early years. This should not be the case. Support and services for families during early childhood helps families get jobs and stay in the workforce; improves productivity; improves children's health, development and long-term academic and work experiences; and brings unmatched savings and future benefits to society as a whole.

With recent attention to pre-kindergarten around the state and ongoing support for other early childhood programs, New York is making valuable investments in this important early childhood period, and the Senate Democratic Conference has long championed these efforts. But the needs of New York's families, the importance of early childhood, and the demonstrated benefits of government investment in these early years justifies much greater and quicker action. Most importantly, families across New York State need more support during the critical early years.

This report discusses **five policy initiatives** for consideration to advance access to childcare, help New York's working families, and support the growth and development of all New York's children. **Together these initiatives would help families all over New York State and result in over \$2 billion per year in savings and financial returns for New York State plus additional economic activity.**

Policy Initiatives for Consideration

- 1. Increase Access to Childcare Through the “Childcare Advance” and Childcare Subsidies**
- 2. Establish Family Friendly Workplace Practices**
- 3. Offer Evidence-Based Maternal Home Visiting Universally to Eligible Families**
- 4. Identify and Treat Maternal Depression**
- 5. Create a New York State Office of Early Childhood**

The Importance of Early Childhood

The prenatal period and the first years of a child’s life are critical to a child’s lifelong development.ⁱ Significant, core brain development occurs in these early years that impact the social-emotional, cognitive, academic and other skills that children will rely on throughout their lives.ⁱⁱ Relatedly, stressors and trauma during this time have lasting effects on health, academic achievement, and employment.ⁱⁱⁱ Supporting a child’s development during this critical period, both at home and in childcare settings,^{iv} has been shown to result in a lifetime of improved outcomes and long-term benefits for families and society as a whole.^v

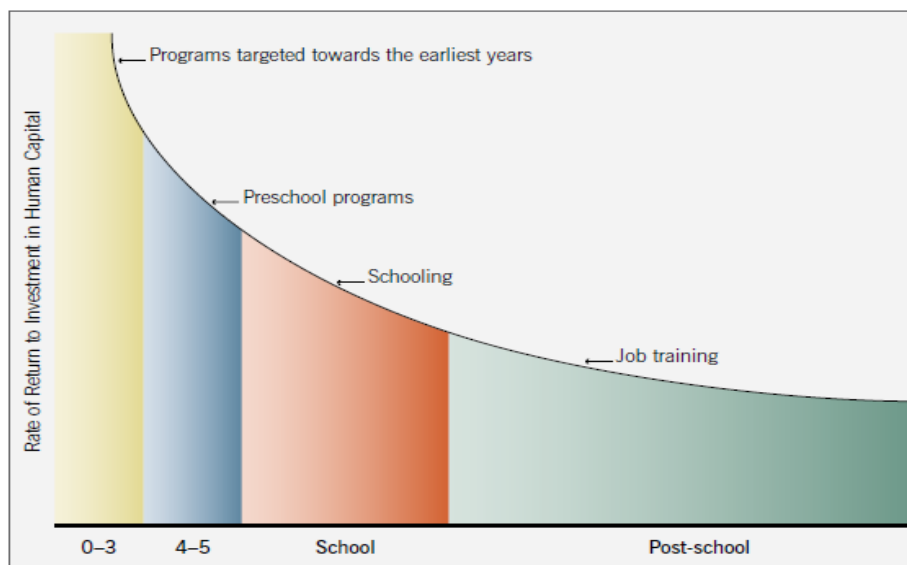
Families shouldn’t be on their own for this critical and challenging period. Government has a key role to play assisting families across the state to support their children’s development during these critical early years. New York State has recognized this, for example through recent support for expanding access to pre-kindergarten statewide,^{vi} and increasing support for New York’s early childhood quality improvement program QUALITYstarsNY,^{vii} two essential elements of early childhood programming. But the substantial research basis and proven benefits of early childhood programs justify a much greater commitment from New York State to helping families in this early period.

The five policy initiatives for consideration in this report can provide essential support to New York families during this critical time, while generating billions of dollars in savings and financial returns for New York State.

The Benefits of Investment in Early Childhood

Investment in early childhood has been called “the most cost-effective economic investment” our society could choose,^{viii} with research by Nobel-prize winning economist James Heckman emphasizing that “[g]reat gains are to be had by investing in early childhood development — from birth to age five” with the greatest returns coming the earlier the investment.^{ix} (Figure 1).

Figure 1: Returns to a Unit Dollar Invested^x



Established and ongoing research is demonstrating that investment in early childhood has benefits to society as a whole, including demonstrated return on investment (“ROI”) estimated at between \$4 to \$13 for each \$1 invested, with the Council of Economic Advisers estimating overall return on investment for early childhood programs at \$8.60 for every dollar invested.^{xi}

These future savings and benefits come from a variety of sources including:^{xii}

- increased earnings for children when they grow up;
- increased workforce participation and earnings of parents;
- lowered long-term involvement of children in the criminal justice system, resulting in public safety benefits and decreased justice system and incarceration costs;
- reduced need for future special and remedial education services;
- improved health outcomes for participating children and new mothers.

Given these substantial benefits, researchers have noted that targeting state investment toward early childhood makes financial and practical sense.^{xiii}

Policy Initiatives Discussed in this Report

In tandem with the state’s ongoing support for pre-kindergarten, QualityStarsNY, and other essential early childhood programs, the five policy initiatives raised for consideration in this report could create a more comprehensive system to support New York’s families as they raise the next generation of New Yorkers.

First, one of the greatest sources of stress for families with young children in New York State is the crushing cost of childcare, with New York families facing some of the highest childcare costs in the nation – costs that exceed housing costs for many families and are often the highest cost a family faces.^{xiv} By allowing families to defer up to \$2,000 of their state tax liability each year while young children are in childcare, **the “Childcare Advance” would make childcare substantially more affordable for over 134,000 New York families and result in over \$80 million in savings and financial returns to the state per year plus economic activity.** Subsidies for childcare are designed to help lower-income families access childcare, **increasing funding to expand the number of eligible families receiving childcare subsidies would further ease New York’s crushing childcare burden and generate over \$1.2 billion in savings and financial returns for each year of investment.**

Second, family-friendly workplace policies are crucial during early childhood and beyond, especially as more and more families have all parents in the workforce. **Paid family leave, flexible schedules and predictability for hourly workers would increase worker productivity, help parents maintain jobs after the birth of a child, and improve the health of children and families, while producing millions in long-term societal benefits and savings.**

Third, research shows that evidence-based maternal home visiting programs, in which a trained visitor meets with new and expecting families over a series of home visits, are one of the

most effective ways to assist families during the critical early childhood period, with numerous studies, including randomized controlled trials demonstrating their success at making a long-term difference in the lives of children and families. **Offering evidence-based maternal home visiting universally to eligible families would support young children and families during the critical early years, while each year of investment would generate over \$678 million in savings and financial returns.**

Fourth, research demonstrates that between 10 and 20 percent of women experience maternal depression during the prenatal or postnatal period, with significant impacts both on their own health and life experience and on that of their children. **Increasing treatment resources to expand support for women facing maternal depression would have a substantial positive impact on new families and children in New York State.**

Finally, as evidence mounts about the importance of the early childhood period, and as the state focuses investment in these areas, it is more important than ever to **coordinate among early childhood programs and ensure New York delivers such programs efficiently.** Work by entities like the New York State Early Childhood Advisory Council, the Council on Children and Families and others is providing an essential start to this effort. **Establishing a New York State Office of Early Childhood would make this work more efficient and effective.**

The Democratic Conference has long recognized the importance of the early childhood period – and members of the Democratic Conference in particular have long championed paid family leave, maternal home visiting, childcare quality and access, and protections for parents and working families.

The evidence about the importance of the early childhood period and the significant benefits of investing in this period are clear. The five policy initiatives in this report follow from this research and are common-sense ideas to expand support for families across New York State and result in over \$2 billion per year in savings and financial returns for New York State plus additional economic activity.

ⁱ See ZERO TO THREE: National Center for Infants, Toddlers and Families. *State Baby Facts, A Look at Infants, Toddlers, and Their Families in 2015*. 2015; Kuhl, Patricia K. “Early Language Learning and Literacy: Neuroscience Implications for Education.” *Mind, brain and education : the official journal of the International Mind, Brain, and Education Society* 5.3 (2011): 128–142; Center on the Developing Child at Harvard University. *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. Aug. 2007, at 2, 6-10.

ⁱⁱ *Id.*

ⁱⁱⁱ See *id.*; Thompson, Ross A.. “Stress and Child Development”. *The Future of Children* 24.1 (2014): 41–59; Johnson, Kay and Suzanne Theberge. *Reducing Disparities Beginning in Early Childhood*. New York: National Center for Children in Poverty, 2007.

^{iv} See, e.g., American Academy of Pediatrics, Policy Statement: Quality Early Education and Child Care from Birth to Kindergarten. *Pediatrics*. 2005;115(1):187–191. Reaffirmed December 2009; Belsky, Jay, Deborah Lowe Vandell, Margaret Burchinal, K. Alison Clarke-Stewart, Kathleen McCartney, Margaret Tresch Owen and The NICHD Early Child Care Research Network. Are There Long-Term Effects of Early Child Care? *Child Development* 78.2 (2007): 681–701; Johnson, Kay and Suzanne Theberge. *Reducing Disparities Beginning in Early Childhood*. New York: National Center for Children in Poverty, 2007.

^v See ZERO TO THREE: National Center for Infants, Toddlers and Families. *State Baby Facts, A Look at Infants, Toddlers, and Their Families in 2015*. 2015; Thompson, Ross A.. “Stress and Child Development”. *The Future of*

Children 24.1 (2014): 41–59; Kuhl, Patricia K. “Early Language Learning and Literacy: Neuroscience Implications for Education.” *Mind, brain and education : the official journal of the International Mind, Brain, and Education Society* 5.3 (2011): 128–142; Center on the Developing Child at Harvard University. *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. Aug. 2007, at 2, 6-10; Johnson, Kay and Suzanne Theberge. *Reducing Disparities Beginning in Early Childhood*. New York: National Center for Children in Poverty, 2007.

^{vi} New York State, Office of the State Comptroller. *Report on the State Fiscal Year 2015-16 Enacted Budget*. April 2015; New York State Education Department. Available at <http://www.p12.nysed.gov/funding/2014-15-statewide-universal-full-day-prekindergarten/home.html>. The Governor’s 2016 State of the State address included additional commitments to further statewide pre-K expansion.

^{vii} See, e.g., New York State, Office of the State Comptroller. *Report on the State Fiscal Year 2015-16 Enacted Budget*. April 2015

^{viii} Calman, Leslie J. and Linda Tarr-Whelan. *Early Childhood Education for All A Wise Investment: Recommendations arising from “The Economic Impacts of Child Care and Early Education: Financing Solutions for the Future” a conference sponsored by Legal Momentum’s Family Initiative and the MIT Workplace Center*. New York: Legal Momentum, Apr. 2005. Available at <http://web.mit.edu/workplacecenter/docs/Full%20Report.pdf>.

^{ix} See, e.g., The Heckman Equation. *The Heckman Equation: A solution for better education and health outcomes, less crime and poverty and greater economic prosperity*. Available at <http://www.smartbeginnings.org/Portals/5/PDFs/Research/HeckmanEquation.pdf>.

^x Figure reproduced from Heckman, James J. *Schools, Skills and Synapses: Working Paper 14064*. Cambridge: National Bureau of Economic Research (NBER), June 2008, at 91. Available at <http://www.nber.org/papers/w14064>.

^{xi} See Executive Office of the President of the United States. *The Economics of Early Childhood Investments*. Jan. 2015; *Early Childhood Education: A Call to Action from the Business Community*. The Business Roundtable and Corporate Voices for Working Families, 2003; HighScope, HighScope Perry Preschool Study Lifetime Effects: The HighScope Perry Preschool Study Through Age 40 (2005), available at <http://www.highscope.org/Content.asp?ContentId=219>.

^{xii} Executive Office of the President of the United States. *The Economics of Early Childhood Investments*. Jan. 2015.

^{xiii} See, e.g., Bruner, Charles and Victor Elias, Debbie Stein, and Stephanie Schaefer. *Early Learning Left Out: An Examination of Public Investments in Education and Development by Child Age*. Voices for America’s Children and the Child and Family Policy Center, Feb. 2004. Available at <http://eric.ed.gov/?id=ED491074>.

^{xiv} See *Childcare Aware of America, Parents and the High Cost of Childcare 2015 Report* (2015) at 31, and Appendix V.

1. Increase Access to Childcare Through the “Childcare Advance” and Childcare Subsidies

New parents are told to plan for college for 18 years, but only have 9 months to plan for the most important and expensive years of parenting. Once children enter full-day pre-kindergarten (or kindergarten) childcare costs are reduced significantly, but prior to that many of New York’s working families are on their own for childcare just when they most need more support.

Average annual childcare costs in New York State are \$10,140 to \$14,144 per year for an infant and \$9,776 to \$11,700 for a four-year-old,ⁱ costs that exceed housing costs for many families and often make up the largest bill faced by a family with young children.ⁱⁱ Childcare costs for an infant consume, on average, 15% of median family income for a married couple and 55% for a single mother.ⁱⁱⁱ And these costs have risen significantly over the last decade,^{iv} during a time when many families have been struggling during the recent economic downturn.

State and federal child and dependent care credits are helpful, but are capped – with the state credit providing an average of only \$369 (\$517 in New York City).^v Many families could use more support. And it is not only the high costs that are a challenge – but that these costs are incurred over a short time when families are often just starting out and trying to make home or car purchases, or take other steps to support long-term family stability.

The “Childcare Advance” would be an interest-free deferral of state taxes to help young, working families spread out the costs of childcare and pay them back at a time when they can better afford it. Under the “Childcare Advance,” a family could defer up to \$2,000 per year of their state tax liability in each year the family incurs qualifying childcare costs.^{vi} Once all young children are of school age (but not later than five years after each deferral), families would begin interest-free repayment, with the option of spreading out repayment over ten years.

Allowing families to defer part of their tax liability, use those savings for childcare and then pay their taxes back over time, would reduce the burden of childcare when families are starting out and make more money available to young families for other needs, without the same cost to the state of an additional or expanded tax credit. Providing this benefit to 134,000 families would result in deferred tax revenue and administrative costs of approximately \$194 million in the first year and less each subsequent year, while resulting in over \$80 million in savings and financial returns to the state per year, plus economic activity.^{vii}

Childcare subsidies are designed to help lower-income families access childcare while parents work or look for work. These subsidies pay a portion of childcare costs for income-eligible families, allowing these families to access childcare, offering children the benefit of a reliable childcare setting, and infusing these dollars into the economy. At current levels in New York State, however, only 22% of eligible families are receiving such subsidies and the

significant costs of meeting new federal health and safety regulations requires investment to ensure these subsidies are available to income-eligible families.^{viii} Increasing funding by \$190 million to expand the number of eligible families receiving these subsidies would generate over \$1.2 billion in savings and financial returns per year of investment.^{ix}

For consideration:

- ***Establish the “Childcare Advance,” a deferral of state taxes to help 134,000 families afford the cost of early childcare and generate over \$80 million in savings and financial returns to the state per year plus economic activity***
- ***Increase support for childcare subsidies to meet federal health and safety guidelines and increase availability of childcare subsidies, generating over \$1.2 billion in savings and financial returns per year of investment***

ⁱ Child Care Aware of America and New York. *Child Care in the State of: New York*. Child Care Aware of America, May 2015. Available at <http://usa.childcareaware.org/wp-content/uploads/2015/10/2015-State-Fact-Sheets-New-York.pdf>.

ⁱⁱ See Childcare Aware of America. *Parents and the High Cost of Childcare 2015 Report*. Child Care Aware of America, 2015, at 31, and Appendix V.

ⁱⁱⁱ Child Care Aware of America and New York. *Child Care in the State of: New York*. Child Care Aware of America, May 2015. Available at <http://usa.childcareaware.org/wp-content/uploads/2015/10/2015-State-Fact-Sheets-New-York.pdf>.

^{iv} U.S. Census Bureau. “Child Care Costs on the Upswing, Census Bureau Reports.” Release Number: CB13-62. 3 Apr. 2013; Laughlin, Linda. U.S. Dept. of Commerce, Economics and Statistics Administration. “Who’s Minding the Kids? Childcare Arrangements: Spring 2011.” Apr. 2013.

^v See New York State Department of Taxation and Finance, OTPA. *Annual Statistical Report: The New York State Child and Dependent Care Credit, Background and Statistical Analysis for Tax Year 2011*. Aug. 2014. Available at https://www.tax.ny.gov/pdf/stats/stat_pit/cdcc/child_and_dependent_care_credit_2011.pdf.

^{vi} Qualifying costs would include costs for childcare for children under 5 that are “work-related” as defined by the federal and New York State child and dependent care credit.

^{vii} Based on participation estimates. See Executive Office of the President of the United States. *The Economics of Early Childhood Investments*. Jan. 2015; New York State Fiscal Analysis Model for Early Childhood Services, Methodology and Technical Manual. March 2015, at 2.

^{viii} Citizens’ Committee for Children of New York. Testimony of Alexis Henry Before the New York State Assembly Standing Committee on Children and Families. 16 Dec. 2015. Available at <http://www.ccnewyork.org/wp-content/uploads/2015/12/CCCTestimony.ChildCareAssistance.Dec2015.pdf>. Nationally, the percent of eligible children receiving subsidies is 15% using federal eligibility criteria and 25% using state eligibility criteria. See Chien, Nina. United States Department of Health and Human Services, Office of Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation. *ASPE Issue Brief: Estimates of Child Care Eligibility and Receipt for Fiscal Year 2012*. Washington, D.C.: Nov. 2015.

^{ix} Estimates based on New York State Fiscal Analysis Model for Early Childhood Services, New York State Child Care Subsidy Program. Available at <http://newyork.apacostmodels.net/main.aspx>.

2. Establish Family Friendly Workplace Practices

When their lives allow it parents are choosing to spend more time with their children than ever before.ⁱ At the same time, however, most children today live in households in which all parents work,ⁱⁱ and all workers are reporting more hours worked and greater schedule pressures than ever before.ⁱⁱⁱ Family-friendly workplace policies are a sensible, modern solution to support today's working families to provide quality care to their families during the critical early childhood period and throughout the life of a family.

Paid family leave, which allows a worker paid time off to care for a new baby or seriously ill relative or to recover from a serious illness, provides significant long-term benefits for families in early childhood and beyond, and generates significant societal savings. Although the federal Family and Medical Leave Act guarantees twelve weeks of leave for workers to provide care to a new baby or a seriously ill family member, this law provides only *unpaid* leave and covers less than 60% of workers,^{iv} leaving the United States as the only industrialized country not to provide employees with paid family leave.^v

Paid family leave has been shown to increase workforce participation by women after childbirth, and to increase employee morale and loyalty and lower turnover, resulting in positive impacts for businesses.^{vi} Paid family leave also helps combat the significant financial strain that a new baby or serious illness can put on families – a strain that can otherwise lead to significant debts and even bankruptcy.^{vii}

Paid family leave also has significant benefits for children and family health: It is associated with decreased infant and child mortality, increased immunization rates and pediatric check-ups, increased rates and duration of breastfeeding,^{viii} increases in women taking the physician-recommended time to recover after childbirth,^{ix} and protection against the poverty, debts and bankruptcy that often accompany a child's birth or serious illness.^x Merely having a parent present shortens a child's hospital stay by 31 percent.^{xi} Care from a loved one speeds recovery time and decreases nursing home and hospital costs for adults as well, meaning paid family leave also has significant value based on the significant portion of workers who are now providing care to an aging parent or other adult.^{xii}

A recent report from the federal Department of Labor catalogues the high costs of lack of access to paid leave and estimates billions of dollars in nationwide benefits and cost savings from addressing this issue.^{xiii} California, New Jersey, and Rhode Island – three other U.S. states that have a temporary disability insurance system as New York does – have expanded those systems to provide paid family leave to workers in those states.^{xiv} A study of California's program showed annual savings of over \$23 million based on reduced use of other state programs following adoption of paid family leave.^{xv}

Access to flexible schedules is another workplace policy that can provide significant support to working families. A majority of workers with caregiving responsibilities report having to come in late or leave early to accommodate those responsibilities.^{xvi} Flexible work schedules can help working families balance family and work obligations and provide significant benefits: Access to flexible work schedules has been shown to increase worker productivity, commitment, and job satisfaction and decrease worker mental health issues, stress and burnout.^{xvii} Research shows that permitting flexible work arrangements can allow businesses to serve customers across a greater number of hours, assist employers in recruiting and retaining employees, and are one of the most effective workplace strategies for reducing unplanned workplace absences.^{xviii}

Despite the proven benefits of flexible work schedules to both employers and workers, few workers have access to flexible schedules and a significant portion report fear that using or even asking for a flexible work schedule will negatively impact their career advancement – with lower-income workers, who often have the most caregiving responsibilities reporting the greatest concern.^{xix} At least twenty-three states have passed laws to increase access to flexible work arrangements,^{xx} including laws to protect employees from retaliation for requesting a more flexible schedule and creating processes for employers to consider employee requests for a flexible schedule.^{xxi}

Predictable schedules for hourly workers is a third aspect of workplace practice that can support working families. Hourly workers are facing increasing unpredictability in hours and work schedules – a challenge for anyone trying to make a living, but a particular problem for families with young children. Work hours in a month vary close to 70% for food service workers, 50% for retail workers, and 40% for janitors and housekeepers.^{xxii} Newly available scheduling software used by some large corporations is increasing instances of “on-call” scheduling, split shifts, and unpredictable hours, and research is now documenting the negative impact such schedules can have on the young children of parents’ facing these challenges.^{xxiii} Providing advance notice of schedules and predictability in hours and pay, as now being considered through legislation in several states, can significantly assist families and children currently impacted by unpredictable and last-minute scheduling.^{xxiv}

For consideration:

- ***Implement a 12 week paid family leave system***
 - ***Use our existing Temporary Disability Insurance system for implementation, as in three other states that have such a system***
- ***Support employee requests for flexible schedules and protect employees from retaliation for making such requests***
- ***Enhance protection for employees for split or cancelled shifts***
- ***Improve notice provided to employees for schedules and schedule changes***

ⁱ See, e.g., Ramey, Garey and Valerie A. Ramey. The Rug Rat Race. *Brookings Papers on Economic Activity*. Spring 2010: 129-199.

ⁱⁱ *Children Benefit When Parents Have Access to Paid Leave*. Washington, D.C.: National Partnership for Women and Families, 2015, citing U.S. Census Bureau. (2013). American Community Survey 1-Year Estimates 2012, Table DP03: Selected Economic Characteristics.

ⁱⁱⁱ See, e.g., Ramey, Garey and Valerie A. Ramey. The Rug Rat Race. *Brookings Papers on Economic Activity*. Spring 2010: 129-199.

^{iv} Klerman, J., Daley, K., & Pozniak, A. *Family and Medical Leave in 2012: Technical Report*. Abt Associates, Sept. 2012, at 21.

^v A Better Balance: The Work and Family Legal Center. *Investing in Our Families: The Case for Paid Family Leave in New York and the Nation*. May 2015.

^{vi} Miller, Claire Cain and Liz Alderman. “Why U.S. Women Are Leaving Jobs Behind.” *N.Y. Times*. 12 Dec. 2014. Rossin-Slater, Maya, Christopher J. Ruhm, and Jane Waldfogel. “The Effects of California’s Paid Family Leave Program on Mothers’ Leave Taking and Subsequent Labor Market Outcomes.” *Journal of Policy Analysis and Management* 32, no.2: 224-245, 2011. Appelbaum, Eileen and Ruth Milkman. *Leaves That Pay*. Center for Economic and Policy Research, Jan. 2011; A Better Balance: The Work and Family Legal Center. *Investing in Our Families: The Case for Paid Family Leave in New York and the Nation*. May 2015.

^{vii} Waldfogel, Jane. *International Policies Toward Parental Leave and Child Care*. The Future of Children, Vol. 11, No. 1, Spring/Summer 2001.

^{viii} United States Department of Labor. *The Cost of Doing Nothing*. 4 Sept. 2015. Available at <http://www.dol.gov/featured/paidleave/cost-of-doing-nothing-report.pdf>; Heymann, Jody. *The Widening Gap: Why America’s Working Families Are in Jeopardy—and What Can Be Done About It*. New York: Basic Books, 2011; Human Rights Watch. *Failing its Families: Lack of Paid Leave and Work-Family Supports in the U.S.*, February 2011, available at www.hrw.org/reports/2011/02/23/failing-its-families-0. A Better Balance: The Work and Family Legal Center. *Investing in Our Families: The Case for Paid Family Leave in New York and the Nation*. May 2015.

^{ix} Gomby, D., & Pei, D. *Newborn Family Leave: Effects on Children, Parents, and Business*. David and Lucile Packard Foundation Publication, 2009. Available at <http://paidfamilyleave.org/pdf/NewbornFamilyLeave.pdf>; *Fact Sheet: Children Benefit When Parents Have Access to Paid Leave*. Washington, D.C.: National Partnership for Women and Families, 2015.

^x Waldfogel, Jane. *International Policies Toward Parental Leave and Child Care*. The Future of Children, Vol. 11, No. 1, Spring/Summer 2001.

^{xi} Heymann, Jody. *The Widening Gap: Why America’s Working Families Are in Jeopardy—and What Can Be Done About It*. New York: Basic Books, 2011.

^{xii} Gibson, M. & Houser, A. A New Look at the Economic Value of Family Caregiving, AARP Public Policy Institute, June 2007, available at http://assets.aarp.org/rgcenter/il/ib82_caregiving.pdf. Feinberg, Lynn and Rita Choula. *Understanding the Impact of Family Caregiving on Work*. AARP Public Policy Institute, Oct. 2012.

^{xiii} United States Department of Labor. *The Cost of Doing Nothing*. 4 Sept. 2015. Available at <http://www.dol.gov/featured/paidleave/cost-of-doing-nothing-report.pdf>.

^{xiv} United States Department of Labor. *The Cost of Doing Nothing*. 4 Sept. 2015, at 8. Available at <http://www.dol.gov/featured/paidleave/cost-of-doing-nothing-report.pdf>.

^{xv} Dube, A. & Kaplan, E. *Paid Family Leave in California: An Analysis of Costs and Benefits*. Labor Project for Working Families, July 2002.

^{xvi} The MetLife Study of Sons at Work Balancing Employment and Eldercare: Findings from a National Study by the National Alliance for Caregiving and The Center for Productive Aging at Towson University. Mature Market Institute, June 2003, at 6.

^{xvii} McGuire, Jean Flatley, Kaitlyn Kenney, and Phyllis Brashler. *Flexible Work Arrangements: The Fact Sheet*. Georgetown University Law Center, 2010; Sloan Work and Family Research Network. *Flexible Work Schedules*. Policy Briefing Series: Work-Family Information for State Legislators. 2005, Issue 1, Updated 2009; Bond, J. T., Thompson, C., Galinsky, E., & Prottas, D. *Highlights of the National Study of the Changing Workforce*. New York, NY: Families and Work Institute, 2002.

^{xviii} McGuire, Jean Flatley, Kaitlyn Kenney, and Phyllis Brashler. *Flexible Work Arrangements: The Fact Sheet*. Georgetown University Law Center, 2010, at 5-6; 2005 Unscheduled Absence Survey. Riverwoods, Illinois: CCH Incorporated, 2005; 2007 Unscheduled Absence Survey. Riverwoods, Illinois: CCH Incorporated, 2007.

^{xix} Bond, James T., Ellen Galinsky, Stacy S. Kim, Erin Brownfield. *National Study of Employers*. Families and Work Institute, 2005, at 13; Richman, Amy, Arlene Johnson and Lisa Buxbaum. *Workplace Flexibility for Low*

Wage Workers. Corporate Voices for Working Families, Oct. 2006, at 11; A Better Balance: The Work and Family Legal Center. *The Need for Real Workplace Flexibility*. Mar. 2008.

^{xx} Sloan Work and Family Research Network. *Flexible Work Schedules*. Policy Briefing Series: Work-Family Information for State Legislators. 2005, Issue 1, Updated 2009, at 4.

^{xxi} National Partnership for Women and Families. *Schedules That Work*. July 2015 (describing laws in Vermont and San Francisco).

^{xxii} A Better Balance: The Work and Family Legal Center. *The Need for Fair Schedules*. Available at http://www.abetterbalance.org/web/images/stories/Documents/Fair_Schedules.pdf. Citing Lambert, Susan. National Longitudinal Survey of Youth.

^{xxiii} See, e.g., Scheiber, Noam. “The Perils of Ever-Changing Work Schedules Extend to Children’s Well-Being.” *N.Y. Times*. 12 Aug. 2015.

^{xxiv} A Better Balance: The Work and Family Legal Center. *The Need for Fair Schedules*. Available at http://www.abetterbalance.org/web/images/stories/Documents/Fair_Schedules.pdf; Center for Law and Social Policy, Retail Action Project, and Women Employed. *Tackling Unstable and Unpredictable Work Schedules*. Mar. 2014.

3. Offer Evidence-Based Maternal Home Visiting to All Eligible Families

Evidence-based maternal, infant, and early childhood home visiting – in which a trained visitor meets with new, at-risk parents over a series of home visits through the toddler years – is one of the most effective ways to assist families during the critical early childhood period,ⁱ with decades of evidence demonstrating the success of this approach at making a difference in the lives of children and families and generating long-term savings.ⁱⁱ

The maternal home visiting model is based on accepted research showing that expectant and new parents have an indelible impact on a child's lifelong development including through healthy practices during pregnancy, secure bonding and attachment during a baby's first months of life, and parenting behaviors that encourage emotional stability and brain and language development.ⁱⁱⁱ

Numerous studies that meet stringent federal criteria, including randomized-controlled trials, have demonstrated the significant impact of evidence-based maternal home visiting programs at improving outcomes for children and families.^{iv} In addition to the benefits accruing to participants, established and growing evidence also demonstrates significant long-term benefits and savings to society from these programs based on their long-term effectiveness in reducing child abuse and neglect, decreasing long-term criminal justice costs, and improving birth outcomes, school readiness, and long-term economic self-sufficiency.^v The promise of these programs has led to their expansion in other states and to bipartisan support for expansion of these programs around the country.^{vi}

According to fiscal estimates, New York State is currently dedicating \$54.6 million to home visiting programs serving 10,339 children and their families statewide, but this represents less than 1% of total public funding for early childhood,^{vii} only a portion this is state, rather than federal or other funds, and some of it goes toward programming other than home visiting. The research-proven benefits of maternal home visiting programs supports a much greater state commitment. Offering these evidence-based programs universally to eligible families with investment of \$101 million in new dollars could serve an additional 30,000 families and generate over \$678 million in long-term savings.^{viii}

The Nurse-Family Partnership program, in which a trained nurse provides a series of home visits to low-income, first-time mothers and their babies from pregnancy until the child is two years old, is supported by 37 years of research, including three randomized, controlled trials demonstrating its success at improving birth outcomes and children's health and development, and supporting families' long-term self-sufficiency.^{ix} This research has shown significant outcomes for participating children later in life, as compared to a control group including: 48% reduction in child abuse and neglect;^x 59% reduction in arrests for the child and a 61% fewer arrests for the mother at the time the participating child is 15;^{xi} 9 percentile improvement in math and reading achievement test scores for grades 1-3;^{xii} along with reductions in pregnancy-related

hypertension and future high-risk pregnancies among participating mothers, among other benefits.^{xiii}

Healthy Families NY, which provides a trained visitor to work with at-risk families over a series of visits until a child is in a preschool or school program, has shown a 48% reduction in low birth weight babies, increased rates of school continuation, increased scoring above grade level, and a 26% reduced need for special education services by age 7 among participants.^{xiv}

Research shows that children participating in Parents as Teachers, which provides families with 12 or more hour-long visits from a trained parent educator annually for at least two years between pregnancy and kindergarten, show increased kindergarten readiness,^{xv} score higher at kindergarten and in elementary school on multiple academic and social development measures;^{xvi} are five times more likely to be immunized;^{xvii} and that participation is related to a 50% decrease in suspected cases of abuse or neglect.^{xviii}

For consideration:

- ***Provide universal access for eligible families to evidence-based maternal home visiting programs including Nurse-Family Partnership, Healthy Families, and Parents as Teachers, to serve an additional 27,000 families and generate over \$678 million in savings***

ⁱ See, e.g., ZERO TO THREE National Center for Infants Toddlers and Families. “The Research Case for Home Visiting.” Feb. 2014. Available at <http://www.zerotothree.org/policy/homevisiting/docs/ztt-summary-of-home-visiting-research-2-20-2014.pdf>; Augenblick, Palaich, and Associates for New York State Early Childhood Advisory Council Finance Work Group. “New York State Fiscal Analysis Model for Early Childhood Services: A look at the New York State’s Home Visiting Programs.” March 2015; Karoly, L., Kilburn, M.R., and Cannon, J.S. “Early Childhood Interventions: Proven Results, Future Promise.” RAND Corporation. 2005. Available at http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf; National Conference of State Legislatures (NCSL). “Maternal, Infant and Early Childhood Home Visiting Programs (MIECHV).” Available at <http://www.ncsl.org/research/health/maternal-infant-and-early-childhood-home-visiting.aspx>; Schuyler Center for Analysis and Advocacy. *Hopeful Futures for New York’s Children*. Jan. 2016, at 4-5.

ⁱⁱ *Id.*

ⁱⁱⁱ *Id.*

^{iv} See e.g., U.S. Department of Health and Human Services. “Lessons Learned from the Home Visiting Evidence of Effectiveness Review.” January 2011. Available at http://homvee.acf.hhs.gov/Lessons_Learned.pdf.

^v See e.g., Augenblick, Palaich, and Associates for New York State Early Childhood Advisory Council Finance Work Group. “New York State Fiscal Analysis Model for Early Childhood Services: A look at the New York State’s Home Visiting Programs.” March 2015; ZERO TO THREE National Center for Infants Toddlers and Families. “The Research Case for Home Visiting.” Feb. 2014. Available at <http://www.zerotothree.org/policy/homevisiting/docs/ztt-summary-of-home-visiting-research-2-20-2014.pdf>; Schuyler Center for Analysis and Advocacy. *Hopeful Futures for New York’s Children*. Jan. 2016, at 4-5.

^{vi} See, e.g., Hawaii HB 908, Act 91 2013; Maine HP 1671, Chapter 683 (2008) and HP 1105, Resolve 77 (2011); Johnson, K. “State-based Home Visiting Strengthening Programs through State Leadership.” February 2009. National Center for Children in Poverty, Mailman School of Public Health at Columbia University. Available at http://www.nccp.org/publications/pdf/text_862.pdf (cataloguing state efforts to expand and strengthen home visiting programs); Schuyler Center for Analysis and Advocacy. “Maternal, Infant and Early Childhood Home Visiting in New York: Funding Options and Opportunities.” March 2012. Available at http://www.scaany.org/documents/home_visiting_fundingopps_mar2012.pdf; Office of the President, Council of Economic Advisors. “The Economics of Early Childhood Investments.” January 2015. Available at https://www.whitehouse.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf.

^{vii} See Augenblick, Palaich, and Associates for New York State Early Childhood Advisory Council Finance Work Group. “New York State Fiscal Analysis Model for Early Childhood Services: A look at the New York State’s

Home Visiting Programs.” March 2015. New York state investment includes support for Nurse-Family Partnership, Healthy Families NY, Parents as Teachers, the Parent Child Home Program, Home Instruction for Parents of Preschool Youngsters, and other programs.

^{viii} Based on participation estimates. See Augenblick, Palaich, and Associates for New York State Early Childhood Advisory Council Finance Work Group. “New York State Fiscal Analysis Model for Early Childhood Services: A look at the New York State’s Home Visiting Programs.” March 2015, at 4 (discussing return on investment).

^{ix} See Nurse-Family Partnership. “Proven Results.” Available at <http://www.nursefamilypartnership.org/proven-results>.

^x “Reanalysis of Olds, et al.” *Journal of the American Medical Association*. 1997 Aug 27;278(8):637-43; and “Reanalysis of Olds, et al.” *Journal of the American Medical Association* 1998 Oct 14;280(14):1238-44. Cited in Nurse-Family Partnership. “Evidentiary Foundations of Nurse-Family Partnership.” Available at http://www.nursefamilypartnership.org/assets/PDF/Policy/NFP_Evidentiary_Foundations.aspx.

^{xi} *Id.*

^{xii} Among children born to mothers with low psychological resources. See Olds, D.L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., Luckey, D.W., Henderson, C.R.J., Holmberg, J., and Tutt, R.A., et al. “Effects of nurse home visiting on maternal and child functioning: age-nine follow-up of a randomized trial.” *Pediatrics* 2007;120(4). Cited in Nurse-Family Partnership. “Evidentiary Foundations of Nurse-Family Partnership.”

^{xiii} Kitzman H, Olds DL, Henderson CR Jr, Hanks C, Cole R, Tatelbaum R, McConnochie KM, Sidora K, Luckey DW, Shaver D, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *Journal of the American Medical Association* 1997 Aug 27;278(8):644-52. Cited in Nurse-Family Partnership. “Evidentiary Foundations of Nurse-Family Partnership.”

^{xiv} New York State Office of Children and Family Services (OCFS). “Healthy Families NY Home Visiting Program.” Available at <http://ocfs.ny.gov/main/publications/Pub5134.pdf>.

^{xv} See e.g., O’Brien, T., Garnett, D.M., & Proctor, K. (2002). Impact of the Parents as Teachers program. Cañon City, CO (Fremont County) School Year 1999-2000. Center for Human Investment Policy, Graduate School of Public Affairs, University of Colorado at Denver; Wagner, M., Spiker, D. & Linn, M.I. (2002). The effectiveness of the Parents as Teachers program with low-income parents and children. *Topics in Early Childhood Special Education*, 22(2), 67-81. Cited in Parents as Teachers. “An Evidence-based Home Visiting Model.” Available at http://www.parentsasteachers.org/images/stories/PAT_EBHVMModel_2015_sm.pdf. p.4.

^{xvi} E.g., Drotar, D., Robinson, J., Jeavons, I., & Kirchner, H.L. (2009). A randomized controlled evaluation of early intervention: The Born to Learn curriculum. *Child: Care, Health & Development*, 35(5), 643-643; Pfannenstiel, J. & Selzer, D. (1985). Evaluation report: new Parents as Teachers project. Overland Park, KS: Research & Training Associates; Pfannenstiel, J. C., Seitz, V., & Zigler, E. (2002). Promoting school readiness: The role of the Parents as Teachers Program. *NHSA Dialog: A Research-to-Practice Journal for the Early Intervention Field*, 6, 71-86. Zigler, E., Pfannenstiel, J., & Seitz, V. (2008). The Parents as Teachers program and school success: A replication and extension. *Journal of Primary Prevention*, 29, 103-120. Cited in Parents as Teachers. “An Evidence-based Home Visiting Model.”

^{xvii} Wagner, M., Iida, E., & Spiker, D. The multisite evaluation of the Parents as Teachers home visiting program: Three-year findings from one community. Menlo Park, CA: SRI International, 2001. Cited in Parents as Teachers. “An Evidence-based Home Visiting Model.”

^{xviii} Drazen, S.M., & Haust, M. (1993, August). Raising reading readiness in low-income children by parent education. Paper presented at the annual meeting of the American Psychological Association, Toronto, Ontario, Canada. Cited in Parents as Teachers. “An Evidence-based Home Visiting Model.”

4. Identify and Treat Maternal Depression

Maternal, or perinatal, depression refers to a set of serious mental health conditions that can affect women during pregnancy and after the birth of a child. It is one of the most common medical complications women may experience during and after pregnancy. Between 10% and 20% of mothers experience prenatal (before birth) or postpartum (post-birth) depression, which can include anxiety, fatigue, sadness, lack of attachment to the baby, and physical symptoms that may last for months without treatment. Maternal depression also refers to postpartum psychosis, which is a rare but severe condition that occurs in 1 to 2 out of every 1,000 births and has a 5% suicide rate and a 4% infanticide rate.ⁱ

Maternal depression can lead to significant negative consequences for those affected and their families and children if left untreated.ⁱⁱ Mothers experiencing maternal depression can have trouble caring for their new baby and for other children, can be unable to work or look for work, and in the most serious cases can harm themselves, their babies or others.ⁱⁱⁱ Such depression can negatively impact the essential growth and development of families and young children, including to jeopardize infants' long-term social and cognitive development.^{iv}

Although treatment of maternal depression is successful for 80-90% of patients, many women do not receive treatment because their symptoms are not recognized or they do not know where or how to seek help.^v This doesn't have to be the case. Effective screening tools have been developed that allow healthcare providers who are already seeing pregnant women and new mothers, such as obstetricians and pediatricians, to screen new and expecting mothers for signs of depression.^{vi}

The American College of Obstetricians and Gynecologists ("ACOG") now recommends prenatal screening for maternal depression, emphasizing the importance of preparing providers to perform screens and make referrals.^{vii} In January 2016, the United States Preventive Services Task Force ("USPSTF") – an independent national panel of experts tasked with making evidence-based recommendations about screenings and other preventative health services – recommended that all women be screened for maternal depression during pregnancy and after giving birth.^{viii}

In 2014 important legislation (S.7234-B Krueger/A.9610-B Gottfried) became law in New York which encouraged screening, education, and treatment for maternal depression, including by increasing the availability of information for maternal health care providers and families and enabling pediatricians and other well-baby health care providers to perform screenings of the mother during the child's first year. While this legislation was a victory for new mothers and their families, there is more the state can do to help overcome this serious public health concern.

As screening increases pursuant to the USPSTF recommendations, it is essential that healthcare providers have the support they need to conduct maternal depression screenings and refer women who screen positive for treatment or further evaluation. A centralized list of mental healthcare providers offering treatment for maternal depression would help providers doing screening to make referrals and assist more women to access treatment.

As maternal depression screening was expanded in New Jersey, that state invested in provider training, a strengthened referral network, and other treatment resources, starting with an initial \$4.5 million investment.^{ix} That state and others have also supported statewide maternal depression hotlines.^x A similar investment of \$7 million in New York State could significantly strengthen provider training, hotline capacity, peer support, and referral network resources, ensuring that more women across the state can access essential maternal depression services.

As focus on maternal depression increases, state development – in coordination with health experts – of a best practice treatment protocol for maternal depression would provide critical support for the screening, referring, and treating of patients with maternal depression.^{xi} Exploration of the possibilities for telemedicine for maternal depression treatment could help more women facing this condition find support.

For consideration:

- ***Make available a central, accessible list of providers offering treatment for maternal depression***
- ***Invest in treatment resources, including referral networks, peer support, and a strengthened and expanded hotline***
- ***Develop – in coordination with experts – a state best practice protocol for the treatment of maternal depression, including consideration of telemedicine to make treatment options more widely available***

ⁱ See, e.g., Postpartum Resource Center of New York. “Learning About Perinatal Mood and Anxiety Disorder including Postpartum Depression.” Available at <http://postpartumny.org/what-is-ppdpmad/ppdpmad/>; New York State Department of Health. “Understanding Maternal Depression, A Fact Sheet for Care Providers.” Available at https://www.health.ny.gov/community/pregnancy/health_care/perinatal/maternal_factsheet.htm; New York State Department of Health. “What is Maternal Depression?” Available at https://www.health.ny.gov/community/pregnancy/health_care/perinatal/maternal_depression/providers/what_is_maternal_depression.htm; State of New Jersey Department of Health. “About PMD.” Available at <http://www.nj.gov/health/fhs/postpartumdepression/about.shtml>.

ⁱⁱ See, e.g., National Institute for Healthcare Management. *Identifying and Treating Maternal Depression: Strategies & Considerations for Health Plans*. Jun. 2010, at 9-10; Knitzer, Jane, Suzanne Theberge, and Kay Johnson. “Reducing Maternal Depression and Its Impact on Young Children.” National Center for Children in Poverty, Jan. 2008; Onunaku, Ngozi. “Improving Maternal and Infant Mental Health: Focus on Maternal Depression.” National Center for Infant and Early Childhood Health Policy, July 2005, at 3-4, 8. Available at <http://main.zerotothree.org/site/DocServer/maternaldep.pdf?docID=622>.

ⁱⁱⁱ See, e.g., Onunaku, Ngozi. “Improving Maternal and Infant Mental Health: Focus on Maternal Depression.” National Center for Infant and Early Childhood Health Policy, July 2005, at 5. Available at <http://main.zerotothree.org/site/DocServer/maternaldep.pdf?docID=622>.

^{iv} *Id.* at 3-4, 8; National Institute for Healthcare Management. *Identifying and Treating Maternal Depression: Strategies & Considerations for Health Plans*. Jun. 2010, at 9.

^v New York State Department of Health. “Understanding Maternal Depression, A Fact Sheet for Care Providers.” Available at https://www.health.ny.gov/community/pregnancy/health_care/perinatal/maternal_factsheet.htm; New York State Department of Health. “What is Maternal Depression?” Available at https://www.health.ny.gov/community/pregnancy/health_care/perinatal/maternal_depression/providers/what_is_maternal_depression.htm.

^{vi} Mental Health America, and the Substance Abuse and Mental Health Services Administration (SAMHSA). “Maternal Depression: Making a Difference through Community Action. A Planning Guide,” at 12-13. Available at http://www.mentalhealthamerica.net/sites/default/files/maternal_depression_guide.pdf.

^{vii} American College of Obstetricians and Gynecologists, Committee on Obstetric Practice. Committee opinion no. 453; <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>. In November 2015, New York City announced a goal of screening and treating all pregnant women and new mothers for maternal depression. See “NYC Sets Goal to Screen, Treat All Pregnant Women and New Mothers For Maternal Depression.” 17 Nov. 2015. Available at <http://www1.nyc.gov/office-of-the-mayor/news/847-15/nyc-sets-goal-screen-treat-all-pregnant-women-new-mothers-maternal-depression>.

^{viii} See Belluck, Pam. “Panel Calls for Depression Screenings During and After Pregnancy.” *New York Times*. 27 Jan. 2016 NY ed: A1; United States Preventive Services Task Force. “About the USPSTF.” Available at <http://www.uspreventiveservicestaskforce.org/Page/Name/about-the-uspstf>.

^{ix} Postpartum Support International. “U.S. State Legislation: New Jersey.” Available at <http://www.postpartum.net/professionals/legislation/>.

^x See *id.*; Postpartum Support International. “U.S. State Legislation: Illinois.” Available at <http://www.postpartum.net/professionals/legislation/>; National Institute for Healthcare Management. *Identifying and Treating Maternal Depression: Strategies & Considerations for Health Plans*. Jun. 2010, at 13.

^{xi} In 2013, the New York State Department of Health released best practice protocols for early screening of young children for autism spectrum disorders, as had been required under earlier legislation. See New York State Department of Health, Bureau of Early Intervention. *Best Practice Protocol for Early Screening of Young Children for Autism Spectrum Disorders (ASDs) by Pediatric Primary Care Providers*. Jul. 2013. In 1999, the Department developed the first clinical practice guidelines for autism for parents and practitioners. *Id.*

5. Create a New York State Office of Early Childhood

As evidence of the importance of early childhood increases, it is more important than ever to ensure that programs operating to support children and families are working effectively and in coordination to provide the best possible support.

A recent fiscal analysis of early childhood programs in New York State lists over 80 federal and state program types that support young children and families in New York State.ⁱ Without proper coordination, programs based in different agencies and with different funding streams can become siloed, particularly when new programs and funding streams are launching.ⁱⁱ

In New York, major programs supporting young children are administered by the State Education Department, the Department of Health, the Office of Children and Family Services, and numerous other entities, only some of which have a focus on young children as a specific part of their mission.

New York has been moving toward increased coordination of early childhood programs, for example, by increasing the early childhood focus of the existing Council on Children and Families and creating the New York State Early Childhood Advisory Council in 2009 to bring together members representing state agencies, advocacy groups, foundations, and other key groups concerned with early childhood to advise the Governor on early childhood.ⁱⁱⁱ These entities are doing important work researching early childhood programs, building connections between agencies, and between stakeholders and government, and making recommendations. But their reach is limited without responsibility for programs and funding streams.

Connecticut, Washington, Georgia, and Massachusetts have gone even further to coordinate early childhood programs by recently creating cabinet level offices of early childhood.^{iv} These moves allowed the appointment of a director with responsibility for the State's early childhood plan, and allowed a single entity to become responsible for multiple programs delivering services to assist young children that had previously been administered across numerous agencies.^v Connecticut credits the creation of this new, centralized office for its recent success in obtaining a \$50 million federal grant for preschool expansion.^{vi}

These examples show how bringing multiple programs and funding streams under one roof – where possible – and appointing a central director to oversee and manage those programs can allow coordination, innovation, and a more unified approach to early childhood.

For consideration:

- *Create a New York State Office of Early Childhood to ensure the state is using all available early childhood resources to maximally benefit young children and families*
- *Give the office responsibility for early childhood programs and funding streams*
- *Appoint a centralized director with oversight of early childhood programs*

ⁱ Augenblick, Palaich, and Associates prepared for the NYSECAC Finance Work Group. “New York State Fiscal Analysis Model for Early Childhood Services - Technical Manual.” March 2015. Available at http://www.nysecac.org/files/8114/2842/8432/APA_NY_Early_Childhood_Cost_Estimation_Model_Technical_Report_-_2-24-15_-_FINAL.pdf.

ⁱⁱ See, e.g., Hurley, Kendra. et al. *Baby & Toddler Takeoff: Tracking NY’s Surge in Early Childhood Programs and Policies*. July 2015, at 3-4. The New School, Center for New York City Affairs. Available at <http://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/55b98cabe4b0b0462f3ed192/1438223531676/Toddler+Takeoff+06.pdf>.

ⁱⁱⁱ See New York State Council on Children and Families. “Early Childhood Comprehensive Systems.” Available at <http://ccf.ny.gov/council-initiatives/early-childhood-comprehensive-systems-eccs/>; New York State Early Childhood Advisory Council. “About Us: History.” Available at <http://www.nysecac.org/about/history/>. The New York State Early Childhood Advisory Council had its basis in part in 2007 federal rules requiring an early childhood advisory council as a condition of certain federal funding, but New York’s Council built on and continued prior efforts in New York State. See 42 U.S.C. § 9837b (2007 through Pub. L. No. 110-134).

^{iv} See Connecticut Office of Early Childhood “About Us,” available at <http://www.ct.gov/oec/cwp/view.asp?a=4546&q=535738>; and Kovner, J. “State Consolidates, Elevates Early Childhood Services.” *Hartford Courant*. 2 Mar. 2015. Available at <http://www.courant.com/politics/hc-early-childhood-0302-20150302-story.html>. The Washington Department of Early Learning was founded in 2006 as a cabinet-level agency to bring together early childhood programs that were formerly housed within three Washington agencies. See Washington HB 2964, enacted RCW 43.215.020; HB2964 House Bill Report available at <http://lawfilesexternal.wa.gov/biennium/2005-06/Pdf/Bill%20Reports/House/2964.HBR.pdf>. The Georgia Department of Early Care and Learning was created through legislation in 2004 and is an independent education department focused on early childhood education and care (ECE) for children birth to age five, their families, and ECE providers. See “Infinity and Beyond: Implementing a Licensing Data System that Increases Efficiency and Supports the Work.” Georgia Department of Early Care and Learning. Available at <http://www.naralicensing.org/assets/docs/Seminar2015/g-2%20nara%20ppt%209-16-15.pdf>. Massachusetts created its Department of Early Education and Care as of 2005 to consolidate early education programs that were previously administered by different agencies. See “A Case Study of the Massachusetts Department of Early Childhood Education and Care.” April 2008. Available at http://www.strategiesforchildren.org/doc_research/08_Rennie_ExSum.pdf.

^v *Id.*

^{vi} Kovner, J. “State Consolidates, Elevates Early Childhood Services.” *Hartford Courant*. 2 Mar. 2015. Available at <http://www.courant.com/politics/hc-early-childhood-0302-20150302-story.html>.

CONCLUSION

Families across New York State are working hard to support their children during the critical early childhood period, while managing the crushing costs of childcare and the challenges of raising young children. Given the substantial research showing the importance of the early childhood period and the incredible benefits to children, families and society of investment in that stage, it makes sense to provide these families with more support during these early years. The five policy initiatives in this report would support New York's families during this critical time and result in over \$2 billion per year in savings and financial returns for New York State plus additional economic activity.