



SENATE COMMITTEE ON CHILDREN AND FAMILIES

**ASSEMBLY STANDING COMMITTEE ON CHILDREN AND FAMILIES
ASSEMBLY LEGISLATIVE TASKFORCE ON WOMEN'S ISSUES**

NOTICE OF HEARING

SUBJECT: Access to quality child care

PURPOSE: To examine the barriers to accessing quality child day care and how such lack of access relates to a variety of issues including child development, family stability and the economy.

Hearing Room C, Legislative Office Building
Albany, NY
Tuesday, May 23rd
10:30a.m.

Research suggests that safe and reliable child care is critical to a family's ability to maintain employment and self-sufficiency, while promoting positive child development. Despite this evidence, many working families across the State are unable to access quality child care. In order to better guide policy decisions to assist parents and their children, it is necessary to identify obstacles to obtaining child care and the implications that lack of access has for families and the community.

The purpose of this hearing is to examine the need for increased access to quality child care in New York State as well as the impact on children, families, the labor force and the economy. The Committees and Taskforce are also interested in hearing from stakeholders regarding the adequacy of current State and local funding levels to promote the quality and availability of child care programs.

Persons wishing to present pertinent testimony to the Committees and Taskforce at the above hearing should complete and return the enclosed reply form at least twenty four hours prior to the commencement of the hearing. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible. In the absence of a request, witnesses will be scheduled in the order in which reply forms are postmarked.

Ten (10) copies of any prepared testimony should be submitted at the hearing registration desk.

In order to further publicize these hearings, please inform interested parties and organizations of the Committees' and Taskforce's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the New York State Senate and Assembly have made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Senate and Assembly facilities and activities.

Tony Avella
Member of Senate
Chair
Committee on Children and
Families

Ellen Jaffee
Member of Assembly
Chair
Committee on Children
and Families

Shelley Mayer
Member of Assembly
Chair
Assembly Legislative Taskforce on
Women's Issues

HEARING REPLY FORM

Persons wishing to participate in the hearing on Access to Quality Child Care are requested to complete this reply form at least 24 hours before the commencement of the hearing and mail, email or fax it to:

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Ihrar Muhammadi
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Assembly Committee on Children & Families
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- I plan to attend the following hearing on Access to Quality Child Care to be conducted by the Senate Committee on Children and Families, Assembly Committee on Children and Families and the Assembly Legislative Taskforce on Women’s Issues.
- I plan to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committees’ mailing list for notices and reports.
- I would like to be removed from the Committees’ mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____