



Economic Development Committee

Thursday, April 7, 2022 3:30PM
40 McMaster Street, Ballston Spa, NY
Conference Room 1

Chair: Kevin Tollisen

Members:

Joe Grasso-VC
Mark Hammond
Jonathan Schopf
Kevin Veitch
Matt Veitch
Tom Wood

- I. Welcome and Attendance
- II. Approval of the minutes of the March 3, 2022 meeting.
- III. Employment & Training, Jenniffer McCloskey
 - a) Update: Summer Youth Employment Program
 - b) Update: Saratoga & Warren Counties Employment & Training Departments Grant awards
 - c) Update: EMT Pilot Program for Youth
- IV. Other Business
- V. Adjournment



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michael Hartnett, County Attorney
Therese Connolly, Clerk of the Board

CC: Jason Kemper, Planning Director
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office
Audra Hedden, County Administrator's Office
Stephanie Hodgson, Director of Finance

FROM: Jenniffer McCloskey

DATE: 4/1/2022

RE: Employment & Training programs

COMMITTEE: Economic Development

1. Is a Resolution Required: YES or NO
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed: YES or NO
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule: YES or NO
(If yes, provide details)
4. Specific details on what the resolution will authorize:

5. Does this item require hiring a Vendors/Contractors: YES or NO
 - a. Were bids/proposals solicited:
 - b. Is the vendor/contractor a sole source:
 - c. Commencement date of contract term:
 - d. Termination of contract date:
 - e. Contract renewal and term:
 - f. Contact information:
 - g. Is the vendor/contractor an LLS, PLLC or partnership:
 - h. State of vendor/contractor organization:
 - i. Is this a renewal agreement: YES or NO
 - j. Vendor/Contractor comment/remarks:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: YES or NO
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution
 - Are the terms changing:
 - What is the reason for the change in terms:
7. Is a new position being created: YES or NO
- Effective date
 - Salary and grade
8. Is a new employee being hired: YES or NO
- Effective date of employment
 - Salary and grade
 - Appointed position:
 - Term:
9. Is a grant being accepted: YES or NO
- Source of grant funding:
 - Amount of grant:
 - Purpose grant will be used for:
 - Equipment and/or services being purchased with the grant:
 - Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- Update the committee on programs happening in Employment & Training.
- 1.) Summer Youth Employment Program now accepting job seeker and worksite applications. Both applications can be found on the county homepage at saratogacountyny.gov.
 - 2.) Saratoga and Warren Counties Employment & Training departments have been awarded federal grant monies to support our home based childcare initiative for our area. In partnership with Southern Adirondack Childcare Network and Brightside up, we have the opportunity to fund a comprehensive training and support program to enable 10 Saratoga County residents with start-up and operational capital, training, supplies, and modifications, needed to open and in-home child care program.
 - 3.) EMT Pilot program for youth. In collaboration with the Town of Clifton Park, Shenedehowa High School, Clifton Park-Halfmoon EMS, Hudson Valley Community College, and Career Jam, the Department of Employment & Training will fund a cohort of students in the instruction and training to become EMT's.



Saratoga County
DEPARTMENT OF EMPLOYMENT & TRAINING
Jenniffer McCloskey, Director

152 West High Street, Ballston Spa, NY 12020

TEL: (518) 884-4170 FAX: (518) 884-4262

Saratoga County
Summer Youth Employment Program

Summer Jobs 2022

IMPORTANT INFORMATION – PLEASE READ!

**THE SUMMER YOUTH EMPLOYMENT PROGRAM
(SYEP) IS AN INCOME BASED PROGRAM.
ELIGIBILITY IS BASED ON FAMILY INCOME.**

Pre-Application Priority Deadline is April 15, 2022

**Although we will accept applications after 04/15, priority is
given to those applications received by the deadline.**

Intake/interviews will begin in May but we might not reach your area until June.

Questions? Call or Text Katherine at 518-941-4614.

(Please keep this page for your records.)

A proud partner of the  AmericanJobCenter network

2022 Saratoga County Summer Youth Employment Program OVERVIEW

- **Income based** work experience program for Saratoga County youth residents 14-20 years old.
- Summer employment for approximately 8 weeks within the time window of: June 24, 2022 – September 30, 2022. Start dates will be determined based on program and worksite needs.
- Hiring rate is NYS minimum wage: \$15.00/hour for the 2022 program.
- May work up to 30 hours a week (some jobs or weeks may be less hours).
- Job matching considerations include: skills, interests, transportation and desired location.
- Types of jobs include: clerical/office assistant, laborer, customer service, grounds work, library page, cleaner and more!

Youth may qualify if they receive: **Medicaid – Supplemental Security Income -**
Or their family receives: **SNAP - Cash Public Assistance - HEAP**

Please return the attached application to the address indicated.

- We will begin contacting eligible candidates in May to continue the application process.
- If you are under 18 you must apply for your working papers now. Contact your school guidance office. You must have your original working papers when we call you for an interview to complete the application process.

NOTE! Funding for the Summer Youth Employment Program is always contingent on legislative action and budget inclusion. Any incentive programs will be subject to the availability of funds.

Pre-Application Priority Deadline is April 15, 2022

(Priority is given to applications received by 04/15/2022.)

You MUST fill out ALL sections of the application form to be considered.

Be sure to write neatly, especially phone numbers.

**Mail to address shown at the bottom of the last page of the Pre-Application
or email to: kraymond@saratogacountyny.gov**

(Please keep this page for your records.)

YOUTH PROGRAM PRE-APPLICATION

You MUST fill out ALL sections of the application form to be considered.

(PLEASE BE SURE TO WRITE NEATLY SO WE CAN READ EVERYTHING ON YOUR APPLICATION)

Today's date is: ____/____/2022

Full Name _____ Social Security Number ____/____/____

Address _____
(Street) (City) (Zip Code)

Town you live in if different from your address: _____

Your Home Phone #: _____ Your Cell Phone #: _____

Parent/Guardian Phone #: _____ Email: _____

Additional way to contact you (phone, email, fb messenger, etc): _____

Birth Date: ____/____/____ How old are you right now? ____ Gender: _____

If you are a male, 18 years old or older, have you registered with selective service? Yes No

Is your parent or guardian a military veteran? Yes No If yes, check: Parent Guardian

ELIGIBILITY QUESTIONNAIRE (ALL Questions MUST Be Answered To Be Considered!)

1) How many immediate* family members live in the youth applicant's home (incl. applicant)? _____

2) Does the youth applicant's family receive Food Stamps (in the last 6 months)? Yes No

3) Does the youth applicant receive: Family Assistance/Safety Net? Yes No

4) Does the youth applicant receive: free healthcare (Medicaid)? Yes No

5) Does youth applicant's family receive: HEAP? Yes No

6) Does the youth applicant receive: SSI? Yes No

7) Is the youth applicant in foster care? Yes No

8) Does the youth applicant have any physical, emotional or learning disabilities or an IEP? Y N

If yes, does the youth applicant receive:

a) Medicaid Waiver: Yes No

b) Supplemental Security Income: Yes No

9) Has applicant ever been enrolled in this Summer Job Program? Yes No

If yes, what year & where did they work?

10) What is the total FAMILY income (gross) of all members of the youth's immediate* family in the home for the past year or six months prior to this application?

(↓ YOU MUST FILL IN ONE OF THE OPTIONS BELOW ↓)

GROSS INCOME: ALL FAMILY MEMBERS PAST ONE YEAR: \$ _____

or

GROSS INCOME: ALL FAMILY MEMBERS PAST SIX (6) MONTHS: \$ _____

What are the sources of income? _____

Include the gross income (income before taxes and deductions) of each family member who lives with you. List all sources of family members gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member.

*** IMMEDIATE FAMILY MEMBERS CLARIFICATION:**

Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

EDUCATION RECORD

	School Name	Highest Grade Completed	Grade You Are In Right Now	Major
Jr. High School				
High School				
BOCES/ Tech School				

Do you plan to return to school in the Fall? Yes No

If yes, what grade will you be in? _____

Name of school: _____

EMPLOYMENT RECORD (Include all jobs / volunteer work you have. List most recent first.)

From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		
From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		

SKILLS:

What skills do you have? Examples: typing / computer skills, animal care, cleaning, landscaping.

Do you have any prior work experience or training? If yes, please describe skills used or learned.

Do you currently have another job or summer job lined up? Check one: Yes No

Will you be able to get to a worksite? Yes No

How will you get to a worksite? _____

If you could choose the kind of work you would most like to do your 1st and 2nd choices would be:

1st) _____ and 2nd) _____

INTEREST IN PROGRAM:

Please explain why you want to be enrolled in this program and what you hope to accomplish through this experience.

COMMUNITY INVOLVEMENT:

Please list any community organizations that you belong to such as scouts, school clubs, civic organizations, and school activities:

WORKING PAPERS / CARD (Student General Employment Certificate)

Working papers (card) are issued by your local school district guidance office.

If you are 14 or 15 years old you must have a BLUE Employment Certificate (work card).

If you are 16 or 17 years old you must have a GREEN Employment Certificate (work card).

Do you have a valid Employment Certificate (work card)? Yes No

ETHNICITY INFORMATION (OPTIONAL)

CHECK ONE: WHITE BLACK HISPANIC ASIAN
AMERICAN INDIAN PACIFIC ISLANDER OTHER

Where did you obtain this application? _____

CERTIFICATION:

I certify that the information on this application is correct to the best of my knowledge. I understand that submitting a Pre-Application in no way guarantees an interview or placement in a summer job.

Applicant's Signature

Date

PARENTAL/ STUDENT RELEASE:

The applicant is applying for employment and training services provided by Temporary Assistance for Needy Families (TANF) and/or the State of New York. I will be required to provide certain documentation for eligibility determination. I grant permission to Saratoga County Department of Employment & Training to release and obtain information regarding physical and/or mental disabilities and other pertinent information of a social or economic nature from my child's school and other appropriate agencies. This information will be used to determine program eligibility and appropriate services to be provided. I understand that all information will be treated as confidential and privileged.

I am a (check one): Parent Legal Guardian

Relationship to applicant if guardian: _____

Name (PLEASE PRINT): _____

Parent/Guardian Signature
(Required if applicant is under age 18 or lives at home)

Date

Pre-Application Priority Deadline is April 15, 2022

**PLEASE RETURN THIS APPLICATION TO:
Saratoga County Department of Employment & Training
152 West High Street, Ballston Spa, NY 12020
Questions? Please call or text Katherine at 518-941-4614.**

Saratoga County is an Equal Opportunity/ Affirmative Action Employer
Auxiliary aids and services are available upon request to individuals with disabilities.



Saratoga County
DEPARTMENT OF EMPLOYMENT & TRAINING
Jenniffer McCloskey, Director

152 West High Street, Ballston Spa, NY 12020 TEL: (518) 884-4170 FAX: (518) 884-4262

2022 SUMMER YOUTH EMPLOYMENT PROGRAM

Please note: program can start any time after 6/24/2022, please specify your preferred start and end dates below (program length is 8 weeks).

WORKSITE APPLICATION

I. AGENCY / BUSINESS REQUESTING ASSISTANCE

A) AGENCY / BUSINESS NAME: _____

ADDRESS: _____

CONTACT Name/ Title: _____ FAX: _____

PHONE: _____ E-MAIL: _____

B) DESCRIPTION OF AGENCY / BUSINESS: _____

Experience employing youth? Yes: _____ No: _____

C) DATES TO EMPLOY YOUTH (8 weeks, starting after 6/24/2022)

START DATE: _____

END DATE: _____

II. JOB DESCRIPTION

A) THE JOB DESCRIPTION SHOULD BE DETAILED AND SPECIFIC AND MUST CONTAIN THE FOLLOWING INFORMATION: (A blank form exists at the end of this application for your convenience, or you may attach your own.)

- 1) Job title and # positions requested
- 2) Examples of work
- 3) Basic skills, work readiness and occupational skills utilized
- 4) Required knowledge, skills and abilities
- 5) Special requirements

III. SUPERVISION

Immediate Supervisor: _____ Title: _____

Email: _____

Phone: _____ (cell) Text? ___YES ___NO

Phone: _____ (work)

Alternate Supervisor: _____ Title: _____

Email: _____

Phone: _____ (cell) Text? ___YES ___NO

Phone: _____ (work)

IV. SAFETY / LABOR STANDARDS

Saratoga County Department of Employment & Training (DET) is very concerned with the safety of our participants. Strict adherence to safety procedures is expected at all times. Participants must be provided with safety equipment where appropriate (e.g. safety glasses, work gloves, reflective vests). Any specialized training required to enable participant to safely and satisfactorily perform on the job is the responsibility of the worksite.

There are limitations on employment of minors for youth employment programs including the hours they can work and type of work they are allowed to do. Please reference the Division of Labor Standards, Laws Governing the Employment of Minors handbook or the NYS Department of Labor website (www.labor.ny.gov). Copies of the handbook can be obtained from Saratoga DET if needed.

V. SCHEDULE

- A) Please complete the attached schedule form reflecting 25 and 30 hours per week respectively. The number of hours youth can work each week will depend on total program budget. We always strive for the maximum amount of hours and will inform if we need to reduce at any point during the program.

Are provisions made for inclement weather? ___YES ___NO ___N/A

Please state what the participants will do in case of inclement weather:

Please complete a **Worksite Assignment** and **Schedule(s)** form for each job title requested.

VI. FUNDING

- A) Does your agency / business have funds from any other source for the position requested?

___YES ___NO Other funding source: _____

- B) Has this position ever been funded through any other source?

___YES ___NO Other funding source: _____

- C) Do any layoffs or work stoppages exist at your agency / business?

___YES ___NO

VII. TRANSPORTATION

A) Is travel involved in this position?

YES NO

B) If yes, is transportation provided for this position?

YES NO

VIII. EQUAL EMPLOYMENT OPPORTUNITIES

A) Is your agency / business (or worksite) accessible to the handicapped?

YES NO

B) Is there a grievance procedure in place in your agency / business?

YES NO

IF NO, interested parties and participants are entitled to use DET's grievance procedure.

No party involved may discriminate with respect to any participant because of race, creed, color, national origin, sex, political affiliation or belief.

IX. CERTIFICATE OF LIABILITY INSURANCE

Saratoga County requires that each worksite applicant meet specific liability provisions. Please submit your insurance certificate with the application.

We cannot consider your application without an insurance certificate on file.

Is the Certificate of Liability Insurance enclosed? YES NO

If already on file with our Department:

Your Certificate of Liability Insurance: Expired _____

Will expire _____

X. SIGNATURE

The agency / business authorized representative hereby certifies that the information in this application is correct to the best of his/her knowledge and belief. The agency further certifies that compliance with applicable labor laws is the responsibility of the worksite.

Signature of Authorized Agency / Business Representative

Date

Printed Name of Authorized Agency / Business Representative

2022 Labor Union or Agency Endorsement of SYEP Program

WORKSITE: _____

JOB TITLE: _____

Are employees at this worksite represented by a collective bargaining unit (labor union)?

YES _____ If YES, please complete Section I. NO _____ If NO, please complete Section II.

(↓ YOU MUST FILL IN ONE OF THE OPTIONS BELOW ↓)

.....

Section I Union Endorsement (to be completed by Union Representative)

As the authorized bargaining agent for the union in existence at this agency, I am aware of the Employment Program and have determined that it does not infringe upon the rights of any union member covered under our collective bargaining agreement.

Name of Union: _____

Name of Representative: _____

Title: _____

Signature: _____ Date: _____

.....

Section II Agency Endorsement (to be completed if no union exists at your agency)

If Employees at this agency are not represented by a labor union, the authorized agency representative must sign below, attesting to the same as above.

Agency Representative: _____

Title: _____

Signature: _____ Date: _____

This endorsement will become a part of the worksite agreement between the Saratoga County DET and the Worksite regarding the employment of eligible youth.

**Please fill out all sections of the JOB DESCRIPTION
and WORKSITE ASSIGNMENT forms.**

JOB DESCRIPTION:

Name of Worksite: _____

1) Start date: _____ End date: _____

2) Number of positions requested: _____

3) Job title(s): _____ (min. age required)

_____ (min. age required)

FOR QUESTIONS BELOW PLEASE SPECIFY IF DIFFERENT TITLES

4) Description of work to be performed:

5) Required knowledge, skills and abilities:

6) Basic skills, work readiness skills and occupational skills utilized in this position:

7) Dress Code or other special requirements:

Saratoga County is an Affirmative Action/ Equal Opportunity Employer-
Auxiliary aids and services are available upon request to individuals with disabilities

WORKSITE ASSIGNMENT:

Please leave "Name of Employee" blank and begin with "My Assigned Worksite" below filling in your agency name and completing all remaining areas of this form. This form will be given to the assigned youth once matched with your worksite.

Name of Employee: _____

My Assigned Worksite: _____

My Job Title: _____

My Supervisor's Name: _____

My Worksite Phone Number is: _____

My First Day of Work is: _____

I Will Report At (exact time and location): _____

Work Schedule, 25 HOURS:

	TIME BEGIN (circle am or pm)	Lunch Break (if required*)	TIME END (circle am or pm)
Monday	_____ am pm	Beg: _____ End: _____	_____ am pm
Tuesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Wednesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Thursday	_____ am pm	Beg: _____ End: _____	_____ am pm
Friday	_____ am pm	Beg: _____ End: _____	_____ am pm
Saturday	_____ am pm	Beg: _____ End: _____	_____ am pm
Sunday	_____ am pm	Beg: _____ End: _____	_____ am pm

*NYS Labor Law states that the noontime meal period extends from 11:00am – 2:00pm. An employee who works a shift of more than six hours which extends over the noontime meal period is entitled to at least a 30-minute meal break. We do NOT pay for breaks of any kind including meal breaks required by law. Employees are only paid for actual hours worked. Please note on form above any additional breaks (other than lunch break) if given.

WORKSITE ASSIGNMENT:

Please leave "Name of Employee" blank and begin with "My Assigned Worksite" below filling in your agency name and completing all remaining areas of this form. This form will be given to the assigned youth once matched with your worksite.

Name of Employee: _____

My Assigned Worksite: _____

My Job Title: _____

My Supervisor's Name: _____

My Worksite Phone Number is: _____

My First Day of Work is: _____

I Will Report At (exact time and location): _____

Work Schedule, 30 HOURS:

	TIME BEGIN (circle am or pm)	Lunch Break (if required*)	TIME END (circle am or pm)
Monday	_____ am pm	Beg: _____ End: _____	_____ am pm
Tuesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Wednesday	_____ am pm	Beg: _____ End: _____	_____ am pm
Thursday	_____ am pm	Beg: _____ End: _____	_____ am pm
Friday	_____ am pm	Beg: _____ End: _____	_____ am pm
Saturday	_____ am pm	Beg: _____ End: _____	_____ am pm
Sunday	_____ am pm	Beg: _____ End: _____	_____ am pm

*NYS Labor Law states that the noontime meal period extends from 11:00am – 2:00pm. An employee who works a shift of more than six hours which extends over the noontime meal period is entitled to at least a 30-minute meal break. We do NOT pay for breaks of any kind including meal breaks required by law. Employees are only paid for actual hours worked. Please note on form above any additional breaks (other than lunch break) if given.

**PLEASE USE THIS PAGE TO INFORM US OF ANYTHING
ADDITIONAL WE WOULD NEED TO KNOW ABOUT YOUTH
YOU ARE ABLE TO EMPLOY FOR THE SUMMER. (e.g.
mandatory trainings, will be sent home if wearing
inappropriate footwear or clothing, need to be a certain age).**

Project Title: Increasing Viable Child Care Options through Workforce Development in Warren and Saratoga Counties

Type of Project: Training & Employment Services

Short Project Description:

Warren County Employment & Training Administration will work with partners to recruit and train local residents to become New York State Licensed Home Based Child Care Providers. Family Child Care Homes, as described by NYS, offer small communities more options for quality child care since they do not have enough access to child care centers.

Training will include:

- Required Health & Safety training through Southern Adirondack Child Care Network (Warren County) and Bright Side Up (Saratoga County).
- CPR and First Aid training (variety of vendors)
- Professionalism & Accounting Skills (Offered through the Warren County and Saratoga County Career Centers via local [Metrix](#) online learning platform)
- Small Business Skills and Mentorship offered through [SCORE](#)
- Office of Child & Family Services (OCFS) requirements and creating an early learning environment offered through Southern Adirondack Child Care Network and Bright Side Up

Project funding will cover marketing materials to recruit trainees, training program costs, and the supplies and resources necessary to successfully and safely open a Family Child Care Home business.

Local businesses will greatly benefit from more child care options for the local workforce so a separate fund of private sector donations will supplement the initiative and cover any additional expenses not included in the project funds.

Why is this request an appropriate use of taxpayer funds? (Less than 1,000 Characters)

This request is an appropriate use of taxpayer funds because the funds will be utilized through existing longstanding and successful government programs in the County One Stop Career Centers and in collaboration with community partners. The workforce system for this region successfully serves thousands of taxpaying residents with employment and training services through the Workforce Innovation & Opportunity Act (WIOA, 2014) and the Warren and Saratoga County Career Centers are proud partners of the American Job Center Network. The pandemic's greatest impact on working families was the loss of child care and they need relief and support that will support parents in transitioning back into the workforce and having more long-term solutions so they can remain in the workforce.

Project Status (If Applicable) *

Total Project Budget (\$ amount) *

\$228,000.00

Congressional Request (\$ amount) *

\$203,00.00

Other Committed Funds (\$ amount) *

\$25,000.00 (Private sector donations)

Short description of project budget, including applicant's ability to meet federal matching requirements, if applicable. (Less than 1,000 Characters) *

Marketing materials and services to recruit trainees- \$3,000.00 (\$1,500.00 per County)
Health and Safety Training – \$250.00 per person X 20 trainees = \$5,000.00
CPR/First Aid Training- \$75.00 per person X 20 trainees = \$1,500.00
OCFS requirements & Learning Environment Class- \$150 per person X 20 \$3,000.00
Early Learning Supplies- \$5,000.00 per provider X 20 = \$100,000.00
Professional supplies and first month salary support- \$4000.00 X 20 = \$80,000.00
Technology costs-\$10,500.00
Private sector donations to cover expenses not included in federal funds- \$25,000.00
Total \$228,000.00

If this project is selected, it would receive one-year funding for federal fiscal year 2022. Will the applicant be able to spend monies, if awarded, by September 30th, 2022? *

Yes, funds can be spent on this project in one year.

Which U.S. House Appropriations Subcommittee has jurisdiction over this request, if known?

The Labor, Health and Human Services, and Education Subcommittee

Which federal account or program is this request for? (Refer to the Appropriations Subcommittee guidance documents listed on Congresswoman Stefanik's website (stefanik.house.gov/) * :

Workforce Innovation & Opportunity Act (WIOA)

Letters of Support (Max 10 MB) *

List of partners submitting letters of support:

Southern Adirondack Child Care Network (SACCN) **RECEIVED**
Adirondack Regional Chamber of Commerce (ARCC) **RECEIVED**
Warren County Economic Development Corporation (EDC) **RECEIVED**
Lake George Regional Chamber of Commerce & CVB **RECEIVED**
Saratoga-Warren-Washington Workforce Development Board **RECEIVED**
Saratoga County Employment & Training **RECEIVED**
Saratoga Prosperity Partnership **RECEIVED**
Bright Side Up **RECEIVED**
SCORE **RECEIVED**

Long Project Description (Max 100 MB)

Recruit, Train, and Support the Success of New Child Care Providers in Warren and Saratoga Counties

Prior to the pandemic, it was a challenge for families to locate, maintain, and afford quality child care in their communities but the COVID-19 impacts on child care were even more catastrophic with 2/3 of working parents having to change their child care arrangements (US Chamber of Commerce Foundation). The gaps in quality child care options for communities in Warren and Saratoga Counties are no exception and a recent local survey showed that only 10% of local parents believe that it's easy to find child care (Saratoga County Prosperity and partners). Consistent with nationwide trends, the pandemic disproportionately affected women, as working mothers had to prioritize child care and remote schooling and therefore exit from the workforce. The detrimental impacts on the health, safety, financial and economic security on families and businesses is unparalleled. These challenges require comprehensive programs to assist families in re-entering the workforce by securing viable and local child care options. Smaller communities are more likely to trust their neighbors to provide quality child care to the infants and children of their own community and therefore the Family Child Care Homes, allow for working parents to conveniently utilize a child care provider residence in their own neighborhood or community.

To assess the needs of families and businesses regarding child care, several partners in this application formed a Child Care Coalition in the fall season of 2020 and administered two surveys in the Saratoga-Warren-Washington County region from December 2020 through February, 2021. The results of those business and family surveys provided valuable insight on which communities to market this training program and the topics of most importance to families and businesses. The public-private partnership in distributing the surveys resulted in over 160 families responding and over 60 area businesses participating. It's been evident throughout the pandemic that the private-public partnership is critical in addressing systemic challenges together and surviving and thriving in a post-pandemic economy.

This workforce initiative aims to continue to build upon the private-public relationships in the community to address an issue that impacts both families and businesses. Without viable child care options, families cannot participate in the workforce to contribute to the local economy and earn an income for the well-being of their families. Businesses feel the impact of inadequate child care as well through employee absenteeism, turnover, and lost productivity.

The combination of public and private funds for this project will highlight that all stakeholders value families and the role that they play in the economic recovery and long-term prosperity of local businesses. The public funds distributed through local workforce development programs and successful child care trainers results in quality training programs for participants that are customized for the area and reflective of the longstanding community partnerships. The private sector contributions to this project ensure that any gaps in needs can be met as the new providers begin their business and it initiates a long-term fund that will continue after the federal contributions expire.

Marketing & Recruiting

The existing workforce system between local One Stop Career Centers and the public and community partnerships offers a strong communication network to support the recruitment strategies for this project. Employment Counselors and staff at both Saratoga and Warren County Career Centers engage on a daily basis with the public and with job seekers who may have an interest in early childhood education and becoming a self-employed child care provider.

Recruitment of trainees will also include marketing materials, postings on social media platforms and websites, and community based organizational partnership networks to communicate the opportunity. The importance of the initiative and the supports in place to help the new trainees be successful will also be emphasized in these distribution and communication efforts.

Training

Southern Adirondack Child Care Network and Bright Side Up offer the required health and safety trainings for child care providers as well as supportive classes and materials on Office of Child & Family Services regulations and how to implement and manage an engaging learning environment.

Several local organizations offer the required CPR/First Aid training and the participants in the program can select a provider that is most convenient for their location and schedule.

To increase the success rate of the new Child Care Providers, the trainees will also complete financial and business courses offered through the Warren County and Saratoga County Career Centers ([Metrix](#) online learning platform) and [SCORE](#). Both reputable training programs offer robust content and guidance to prepare new business owners with the knowledge and resources to be successful. SCORE also provides access to small business owners and mentors to assist the new child care providers with expert advice.

Evaluating Success

The project will be evaluated based on the number of additional slots for child care that this initiative creates in the two counties over the course of the year. An assessment of the training and success services received will be determined by the new child care providers participating in a focus group and completing a survey to learn which aspects of the program specifically assisted their success and were most helpful. Parents who enroll their children in these newly opened programs will also participate in a survey to provide feedback on the quality of child care they receive and if the new program resolved any of their challenges related to local access to child care.

The private sector donors will receive a report of the successes of the program and how the funds were used to contribute to the community initiative. Their feedback on the report and the program will guide future work to continue similar efforts to address child care needs and for the expansion or replication of this pilot project.



Saratoga County Employment & Training announces EMT Career Pathway for youth

Born from a collaboration with the Town of Clifton Park, Clifton Park-Halfmoon EMS, Hudson Valley Community College, Shenendehowa High School, and Career Jam, we are pleased to announce the details of our EMT Career Pathway pilot program.

Who:

Shenendehowa students 17+ participating in Healthcare Career Courses who are interested in becoming an EMT while attaining college credits and paving a medical career pathway. Qualifying students can participate in lectures and labs prior to turning 18, but must be 18 at the time of NYS Certification exam.

What:

Qualified participants will be enrolled students at Hudson Valley Community College and have earned 7 college credits at completion of the program. Training will include lecture, laboratory, and observation time.

Where:

Lecture and laboratory time will take place at the HVCC TEC-SMART campus in Malta. 10 Hour observation time will be coordinated with Clifton Park-Halfmoon EMS.

When:

The program kicks off on Monday, June 27th, 2022 at 9am. The class will run every Monday-Thursday from 9am to 1pm until September 8th. The written NYS Certification exam will take place 2 weeks later.

Why:

Emergency Medical Technicians are vitally important to all of our communities. EMS agencies Locally and nationally are facing current staffing issues but also seeing a crisis on the horizon. With an increase in need and a decrease in available workforce, many agencies will struggle to serve communities at the levels they have in the past. This program will target individuals with an interest in the medical services field who plan to enter the workforce while working towards post-secondary certifications and degrees. The importance of enrollment with Hudson Valley Community College is to place the framework for continuous learning and paving a career pathway to paramedic, LPN, RN, or even a medical doctor.

How:

The cost of training/tuition, books, supplies, transportation, and technology all represent barriers that many students face when deciding on their next steps. This program is intended to support students through the whole process. Tuition, books, supplies, tutoring, and support services, will all be provided to help our participants be as successful as possible.