

PERMANENT LEGISLATIVE COMMISSION ON CHILD CARE IN RI  
MEETING MINUTES  
APRIL 12, 2010

Representative Grace Diaz

Vladimir Ibarra

Jeff K. Gale

Kathie Sandberg

Heidi Collins

Blythe Berger

Mike Burk

Michele Palermo

Aimee Mitchell

Leanne Barrett

Charlotte Boudreau

Laura Mason Zeisler

Bonnie Larson

Lucia Ramos

Sharon Moylan

Susan A. Libutti

Karen Beese

Rep. Diaz began the meeting by greeting everyone, and thanking them for meeting because there was a briefing on the budget. Everyone went over the Minutes and Rep. Diaz asked if there were any motions. Everyone agreed, and the minutes were approved. The meeting moved into the Agenda. The floor was open to make proposal on the

childcare bills. Rep. Diaz was not feeling well, and she informed the commission. The bill that was discussed last month, regarding the DCYF bill, we tried to change the language to include home childcare base. It will be in the Judiciary Committee next week. Last month there was a hearing with the Health and Welfare committee regarding the child care resolution, and it's in good shape. The committee is trying to finalize the process, and it will soon be on the floor. The governor proposed 5% cuts. It was stopped, and it is a big win. Also, there is a meeting regarding eligibility under the lead of the RI Poverty Institute. The bill is regarding closing the gaps in terms of eligibility. If there is any family falling into the group of their income increasing that they have to lose their assistance - The bill we are putting in is to prevent this situation. If they will qualify to fall under 180% of poverty level, they will not lose their care until they hit 225%. DHS did some kind of wrong calculation, and the perception is the state will spend more money; that is not correct. We just want to keep the families that are already in the program (in the program). The great news is that we have Mary Ann Shallcross Smith on the Finance Committee. She cannot advocate for child care because the FD Commission is restricting her to do it, but she can express herself with colleagues on what the right thing to do is. It is a great asset to have Mary Ann Shallcross Smith on the finance committee. Also we have Ric Viaro, who is also a great advocate for child care. There are new State Reps. added to the Finance Committee (that) will be good for our Commission. We have no more bills pending. If I missed anything, I forgot, please speak now. We are working on two bills, the DCYF bill and the Eligibility Bill. Next we will move to the agencies and reports.

(During meeting, Blythe Burger stated that updated comments would be forwarded to Roberta but none sent to date. SAS 6/8/10)

Blythe passed out some business plans, one of the things Blythe wanted to clarify was that once this is implemented, it's voluntary; you don't have to take advantage of it. If you want stay with your nurse, that is fine. There is no pressure to not use the model you are currently using. This is really for the people who are currently looking for a nurse and want to have a nurse on-site and haven't been able to successfully do that in the past. She broke it down this way. Centers with infants will pay a set fee based on annual contracts. The way it will work is that it is going to be based on the number of kids in care. Right now the nurses are focusing on infants and toddlers, but we want to expand it to meet the needs. There will be some on-site consultation no matter what. They will do a health records review, policy and procedure update, and there will be networking opportunities. For centers that do not have infants, we will have a fee scale based on the set of services; like I need you to come in and review my health policies, but I don't really want you to do anything else. So we are currently looking at the types of services the nurses are providing, how much time it will take and what we think will be a reasonable cost, and keeping it as low as possible. All childcare providers will have access to the health hotline. There is no fee to call and ask questions. The other thing that will be available is the networking opportunity for childcare health consultants. This went to providers who are on our list who have infants and toddlers. It is first come, first serve; we keep track of who can come. We have been having quarterly meetings and we want to expand it. What we have been doing since March is looking at how much services will cost for centers who serve infants, how much services will cost for centers who do not serve infants (big

kids only), Contract information, do you sign a contract for a year? Things like that.

Rep Diaz: Are there any questions for Blythe?

Kathie Sandberg: Yes. On behalf of RICCDA, we would like a Sub-committee to take a look at this to see what the end result is. We came in talking about healthcare and the healthcare consultant on a whole different level, and it has gotten away from us so we would like the users to have some input and have some questions answered. The nursing duties that are performed are extremely limited. We were looking for a healthcare consultant, sort of based on the Massachusetts model, someone we could call with questions, someone who would update our healthcare policies, someone who would do training on this, like breast feeding and universal health.

Rep Diaz: Now I am confused. My understanding was that we were also looking for centers to have a nurse come in and serve them as a consultant. The difference would be is it would be a part-time consultant. I believe this addresses what we are looking for. I feel we are accomplishing what we are looking for and the need.

Blythe: Let me clarify a few things, when we started to develop this five years ago there was no legislation in existence and what we were responding to was childcare centers coming and saying we can't find a nurse what are we going to do? Nobody wants to work 15 hours a week. So this was being developed on the national level. So we moved forward with that and tried to develop it. In the meantime legislation came up, but we didn't divert from the track we have on from the national model.

Rep Diaz: What would be the suggestion, we have met with you several times, the last time was last week and we tried to clarify things surrounding the issue. It looks like there still needs to be more conversation. I know you are open and the Department of Health is open.

Blythe: The network meetings are designed for anybody who is doing healthcare consultation or at this point anyone who can come. Some of those people who attend this are people who are in the current model and will be giving us feedback. One of the questions we asked was, "If this has a fee, would you want it?" 7 out of 9 said yes. About 5 hour's onsite seems to be too much. That might not be necessary.

Rep Diaz: I would like to congratulate Blythe, Anna, DYCF because in a short period of time many people have worked very hard to put this together. I am aware we still need to make some adjustments during the process. It is still open for questions and concerns; I know Blythe is more than willing to work with anybody on the Child Care Commission. The resources have been great, and I am very happy.

In other states it is heavily subsidized. What can we do in the future? We have a challenging budget; that's understandable. It is good for us to know other states have made that commitment so that we can look and see how we can offer better support.

Blythe: It is often a combination of state, federal and private. It depends by state.

Rep Diaz: I will be in The Dominican Republic for 7 days if you have any questions, please contact Roberta. I need to be on the beach and relax.

May 3rd will be the date for the programs to tell us what their intent is.