

PERMANENT LEGISLATIVE COMMISSION ON CHILD CARE IN RI

FEBRUARY 8, 2010

ATTENDANCE

Representative Diaz

Representative Williams

Sheetal Sehgal – Lt. Governor’s office

Kathie Sandberg

Heidi Collins

Blythe Berger

Mike Burk

Aimee Mitchell

Leslie Gell

Leanne Barrett

Charlotte Boudreau

Laura Mason Zeisler

Joseph Morra

Bonnie Larson

Pam Hall

Sharon Moylan

Missy Deitrick

Khadija Lewis Khan

Susan A. Libutti

Karen Beese – DHS

Katheryn Tavares

Kim Maine – Sunshine Child Development

Brenda Almeida – DCYF

MaryAnn Finamore - West Bay Community Action

Amy Vogel - RI School Age

Tamitaza Clavell - SEIU

Minutes:

Representative Diaz welcomed everyone and asked if there were any issues with the minutes. A few changes were made then Representative Diaz moved to the agenda. She stated U.S Senator Sheldon Whitehouse has agreed to come to and meet with the commission. This month will be a very busy month for the child care commission. He has planned to meet with the commission on February 26th at 3pm. Senator Sheldon White House will meet with the commission for an hour. Representative Diaz stated members of the committee need to present goals. Also Roberta contacted Jack Reed and he has also agreed to meet with us on February 22nd 2010 at 1:00pm in Cranston. The office of the Senator has stated they only have space for 4 to 5 people. This is devastating because the committee has many members. We must decide who will attend the meeting.

Larry from DHS has information that President Obama and the administration has funding for child care in the new FY11. Also the federal budget has some funding for childcare and for Head Start. We are trying to get US Senators to fight for more funding for Rhode Island. Representative Diaz opened the floor for any agencies that wanted to share information with the members of the committee. Karen Beese from DHS informed a member that on March 9th 2010 is the second quarterly DHS community exchange meeting at 1:30pm. DCYF will be putting through a child care violation bill looking into regulatory abuse and neglect. The bill has been pushed for the past 3 to 5 years. The Senate has passed the bill but not the House of Representatives. The bill allows for DCYF to provide parents with information on whether or not a child care center has any regulatory violations. Also for an indication of abuse or neglect that happened in the child care center not outside the childcare center.

A question was asked: is the bill specific to center-based only? Yes. It is center-based only. There were some worries from members of committee as far as what is going to be required to be posted. One member wanted a clarification on the instances of abuse for regulatory violation. DCYF stated a violation is a violation, there is no way to appeal it there is only a way to correct it. There would not be an option to appeal, only to fix.

Options for Working Families provide resources and referrals to parents and families who are seeking childcare. They are working to make sure everything is right with the license of a child care provider. They are trying to advocates for child care providers; the more information they have for them the more they can refer children to them.

Representative Diaz opened the Commission to Rep. Williams which stated she has a dilemma for two individuals and was seeking some answers. Her question is "If you have a viable license, but it is not an active child care facility at the time, why should they be responsible to make sure that the policies and regulations are being followed?" Are they subjected to have to go through regulation? One of the providers wants to retain their license for future use; the other is upgrading the household and plans to continue and to

start back up with their child care once the household is upgraded. DCYF stated they need to make sure the house is safe for a provider to have an active license. With both cases they need to renew their license every two years. They must still go through the entire process. The license means you have meet with the regulations and you must comply with the regulations.

Representative Diaz moved to the report from the Department of Health. The Child Care Health Consultation model that currently exists which is funded through DHS and the Department of Health and some federal private grants through Bradley hospital has been in the pilot phase since March of 2008. Currently they have two full-time nurses who have been trained in the New England model, but have not gone to the national training institute in North Carolina because they did not know if they would get funding but did learn on Thursday that will get funded for another 2 year extension and they plan to bring the nurses in, either in the summer, or in the fall. Also did compile data on the different activities they are doing; about 50% of the time they are working with staff on the environment, 25% is assisting with sick children/staff. 25% is policy review and revision. They did spend time working on H1N1 issues. Currently working with Bradley Hospital and Life Span business management office to get started on paper service models. Bradley does plan on charging for it starting in July. Right now looking at running the gamut heavily subsidized or almost no subsidized. The floor is currently opened for questions.

Is training available?

Blythe: The need for infant care is huge. We must be able to accept money before they expand. We have funding coming in from DHS and Title IV, services will be available free of charge for all providers through the health consultant network. That will be the network that is currently lead by the two nurses. We have had the training information on H1N1.

Rakim: What will be the capacity? How many programs will be able to access it? Will it be a statewide program?

Blythe: We are hoping it will be statewide and take on four. Right now we are dealing with a six month period working with the centers we are with. We started a hotline and no one has called it and any one can call. The hotline does not currently have a Spanish childcare healthcare consultant.

Kim Maine found it interesting that 50 % of the time is classroom environment and child interaction I always thought that fell under head teacher and education coordinator they should be doing that. Is there any way to shore that up in some cases? Healthcare consultants should focus on their expertise, and not education.

Blythe: There are centers that serve primarily infants. Many centers need significant help and they have been doing some of that because they are there.

Kim: perhaps the stimulus money for toddlers and infants, could that take care of some of this or is that where we can use some of that training?

Blythe: That is where we focus it, with the New England Consortium there is a infant toddler training we are looking at, whether or not that will meet the need of all infant toddler teachers has yet to be determined. Again it is very hard to decouple health if it's a toddler. They may perceive what they are doing as health related or we don't limit health to pediatrics. Its physical activities, its nutrition I would have to have the supervisor see what they are doing. We need infant training in Rhode Island because some do not know. CCRI is currently teaching an infant toddler course.

Rep Diaz: Anymore questions that childcare centers want to leave this off on?

We are hearing different concerns from different people. A lot of it is lack of understanding.

Rep Diaz: Also I would love to ask you, is there any way to update information and connect it. We know you are working in the pilot programs to put everything together. With a lack of information people have questions and I am unable to respond. I would love to see if during this period of time we stay connected and members can raise concerns and questions that can be answered. And make it easier for people to be aware of how the program works.

Sharon Moylan: Options for Working Families: if you could please go on our website and learn about what is happening.

If someone wants to participate in the vendor, is there a form to fill out? what do they do?

Rep Diaz: Introduce Laura

Laura: Rep Diaz talked about increased requirements that come down to childcare providers because we want quality care and they decreased in funding. Part of what the meeting was about was to prepare for Senator Sheldon Whitehouse, for what specifically we wanted in terms of federal dollars.

Rep Diaz: What we are trying to do is figure how to bring the problems from the commission to the U.S Senators. We have so many things going on in childcare example Agencies, government departments doing something, general assembly. My goal to present to Senator Whitehouse is to present to him what we are facing and challenges we face all the time because of regulation we have from each agencies and what the state is expecting us to provide as quality service to childcare. There is so many things that homecare providers and childcare centers have to keep in mind in order to provide quality childcare. We have had many financial downfalls that have hurt childcare. We have put a chart to show how the childcare provider business is affected by the agencies. We all want to increase the quality childcare. The purpose of trying to do that is to give them the vision that they can work with the childcare system in the state, we need to try to increase funding on a federal level we cannot do more, we don't have a chance to increase eligibility and this is the best opportunity we have. With President Obama to try to put more money on a national level, the conversation we had in the meeting is to make a clear picture that we need him to be the best ally for funding on childcare.

Sharon Moylan: we need to address to him the matching dollars the fact that we have one of the worse states in terms of the economy.

Karen had an issue with the graph because her job is equality at DHS and DHS is not defining equality in anyway and that is a huge issue.

Rep Diaz: Like I said it is a rough draft.

Karen: It is important to show DHS roll in funding as well as all the other agencies. We give the tools to the providers to reach this quality.

Blythe: Be careful in asking for money on a federal level, once a decision is made on a state level, we use our federal allies to say you need to be sure to do these things. Specific language needs to be used.

Missy: Funding is going down. How do we put that in writing?

Tactic for the meeting, federal government likes to influence it for the better. We should thank them for their role. Many states are writing thank you letter to the Whitehouse for the stabilization of state issues.