

Rhode Island Early Learning Council Meeting

Wednesday, December 8, 2021

9:00 a.m.-11:00 a.m.

RI Nursing Education Center, Classroom 304
South Street Landing, 350 Eddy Street, Providence, RI
And via Zoom link

Meeting Summary

AGENDA SUMMARY

The Early Learning Council's agenda addressed the following topics:

- Welcome, Opening Remarks, and Meeting Overview
- Rhode Island's New Early Childhood Comprehensive System Grant: Health Integration Prenatal-to-Three Program
- Presentation/Discussion: Build Back Better Planning
- Update: Family Child Care Network
- Announcements and Public comment

KEY POINTS

Key discussion points from the meeting are summarized below:

WELCOME, OPENING REMARKS, AND MEETING OVERVIEW

Commissioner Angélica Infante-Green, Elizabeth Burke Bryant, and Kayla Rosen, on behalf of Interim Director Celia Blue, welcomed the Council. (See slides). The following comments and questions were made:

- As a result of all our collective advocacy efforts, the governor's office has proposed an investment in early childhood programs through state ARPA fiscal recovery fund dollars. Hearings have been held in the General Assembly and we expect a final package of funds to be authorized to include retention bonuses for child care and early educators and to address the staffing crisis in Early Intervention.
- DHS has distributed over \$16 million of its federally mandated ARPA child care stabilization grant funds to 56% of eligible providers. All eligible providers will receive two rounds of direct outreach across the application period for the federal stabilization funds. So far, 64% of eligible providers have applied for the grant, but some are waiting until 2022 because of tax implications.
- Test scores decreased in Rhode Island due to distance learning during COVID, but that is consistent with other states. Literacy scores decreased by 5% and math scores decreased by 10%. In Massachusetts, scores decreased more than in Rhode Island.
- There are mitigations in place in all school to try to keep children safe and in person. Vaccines are accessible in all schools.
- Pre-K and Kindergarten classrooms in public schools had the largest decrease in enrollment during the pandemic and numbers are still below pre-pandemic rates.

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- There are shortages of teachers and child care educators across the nation. We need to take care of them so they can take care of our children. We need to consider the youngest learners as we build an educational system, and we must support programs and educators that do that work.
- We need to target interventions to those students that are the most behind and implement those interventions through a lens of equity.
- On January 1st, the emergency rate for CCAP that began during COVID will be going away and the state will implement new rates that will lower reimbursement in some programs, including those serving over 1,000 infants and toddlers. Additionally, January 1st also marks the return of family co-payments waived during COVID. Although we successfully reduced co-payment amounts from pre-pandemic levels, providers will still need to collect funds from families, which are typically difficult to collect from low-income families. Minimum wage is also increasing on January 1st. Child care is in a dire crisis and we need long term solutions.

Early Intervention

Jennifer Kaufman discussed the state's response to its Early Intervention (EI) fiscal crisis. (See slides)
Questions and comments included the following:

- All EI providers in the state are closed to new referrals and EOHHS is managing a statewide referral process/list. To be fully staffed, Early Intervention needs 62 new staff members across all programs.
- EI cannot hire and retain staff because they cannot pay competitive salaries since reimbursement rates are so low.
- State funding to EI will help in the short term to offer sign-on and retention bonuses and more competitive salaries, but there needs to be a long-term strategy for rates, which have not changed in 18 years.
- EOHHS has designed an interim statewide referral process/ list for referrals to connect families to an EI provider as quickly as possible. To make a referral, people can contact specific providers directly, email Jennifer Kaufman (Jennifer.Kaufman@ohhs.ri.gov) or call 401-462-3425. Once the state or provider is contacted, families are added to the referral list. Families are offered a choice either to connect with the first available provider or to wait for a specific provider.
- The referral list is not prioritized other than by the time a family is added to the list. All children needing EI services should be prioritized so this method is most equitable.

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- Since the list started a few weeks ago, the longest wait for a referral has been 8 days. If a family waits more than a week, a RIPIN parent consultant contacts the family to update on waitlist status and to offer other resources, such as Early Head Start. Families with managed care plans can receive assistance from a managed care coordinator for help with the other medical appointments that EI usually coordinates. These other services are not in lieu of EI but are offered in addition to EI until a referral can be made.
- Q: If a child is getting close to age 3 and is trying to connect with EI, are you also contacting the school district to ensure a seamless transition to preschool special education?
A: We only started the interim referral waitlist process a few weeks ago. Since it started, families have been referred within 7 to 8 days. We will continue to monitor the wait times and if they start to get longer then we will examine the system to see if we need to start contacting school districts. It is not necessary at this time, though. Also, we cannot send a notice to school districts until we know that a child is eligible, which only happens after a child is referred.
- Q: Now that EI will be receiving some additional financial resources from the state, will EI providers re-open to referrals?
A: We are going to keep the statewide referral list process in effect until we are at 90% staffing capacity. The waitlist allows us to spread referrals more equitably as spaces become available.
- Q: How many children have been able to move off the EI waitlist? Are referrals staying steady?
A: We have already been able to move 30 children off the waitlist since it started a short time ago. This is a traditionally slow time for referrals. Pre-COVID we averaged 75 referrals a week. Over the summer we had 60 referrals a week, which was still low.
- Q: With respect to children referred to EI at age 2.5, who can school districts connect and coordinate with to find out about those children? Can it be done according to zip code?
A: Children need to be deemed eligible first so we cannot connect them to LEAs until after they are referred and evaluated. Right now, the wait is not significantly impacting the ability to transition. If the wait becomes more than 2 weeks, we will reevaluate the system.

RHODE ISLAND'S NEW EARLY CHILDHOOD COMPREHENSIVE SYSTEM GRANT: HEALTH INTEGRATION PRENATAL-TO-THREE PROGRAM

Blythe Berger discussed Rhode Island's new Early Childhood Comprehensive System Grant. (See slides) Key comments included the following:

- This grant will focus on coordination, collaboration, and integration through system building.

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- We will use mapping that the state has already completed to focus on where the system needs to go.
- The grant allows for the capacity to be creative. For example, we plan to increase the infrastructure of the doula program, which is an important program that, currently, does not have sufficient funding.
- A learning collaborative with a multi-disciplinary focus on early relational health will help identify what is happening with the social emotional mental health of children and will help us collaborate on how to approach children who are identified as needing support.
- COMMENT: Rates that are 20 years old are not sustainable for programs that serve infants and toddlers (Early Intervention and First Connections).
- COMMENT: We should capture where HEZ are being successful and sustain that activity.

PRESENTATION/DISCUSSION: BUILD BACK BETTER PLANNING

Kayla Rosen, Leanne Barrett, Rachel Flum, Lisa Nugent and Mary Varr presented on the Build Back Better planning and led the discussion with the Early Learning Council. (See slides) Key comments and questions included the following:

- Build Back Better would be a historic investment in early childhood, child care and Pre-K. This is a funding moment that can advance all our goals. As soon as it passes, we want to be ready to build on the strengths of our existing system. It has not passed yet, though, so things might still change.

Child Care

- States can move faster than the federal child care provisions outlined on the slides.
- Build Back Better improves the current co-pay system. In Rhode Island, under new state law, no family with a CCAP subsidy can be charged more than 7% of their income as a copayment, but, under Build Back Better, families earning up to \$53,377 will have \$0 co-pay.
- Build Back Better funding will be in addition to federal money already dedicated to child care.
- Starting in 2025, Build Back Better child care funding will be based on an entitlement structure that examines how well states have engaged and enrolled families and providers.
- Because Build Back Better's is focused on children under age 6, CCDBG funds that were previously providing services for children under age 6 could be focused on child care services for school age

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children ages 6 to 12, which could expand the current programming and services offered to school age children.

- Rhode Island has several non-federally required eligibility barriers for child care assistance, including child support enforcement, which should be removed.
- Q: What does Build Back Better say about educator compensation?
A: Build Back Better requires pay parity based on experience and credentials so that Pre-K teachers are paid the same as K-12 teachers. Each state needs a wage target and scale that reflects this pay parity. The wording regarding child care educator pay, however, is more vague. It says that Pre-K expansion for children ages 3 and 4 cannot disrupt infant toddler care. We can interpret that to mean that we have to do whatever we can to keep educated effective people in child care and infant toddler classrooms, including paying those providers the same as teachers in Pre-K and in the K-12 system. We need to think about services such as EI as well to ensure all wages are comparable throughout the educational system.
- COMMENT: We also need to adequately compensate providers trying to increase their credentials so that they can stay in the industry and eventually fill one of the higher level, higher paying early childhood education jobs. We need accessible on-ramps and pathways to higher paying jobs.
- COMMENT: We must consider total compensation packages and not just wages when we think about pay parity. Parity includes other benefits too.
- Q: How will the child care assistance money that families qualify for under Build Back Better be distributed?
A: The Build Back Better eligibility program is entirely new so we will have to set it up and implement it. It is not just more money into the CCAP pot. We can either use vouchers like CCAP or establish contracts with providers, or both. Contracts allow providers to know they have a steady source of revenue so they can hire more staff. In both cases, the money goes directly to the provider from the state. We will have to discuss the technical issues around payment.
- COMMENT: As we transition to more government support for child care and state Pre-K, will child care programs be limited on how much they can make and on what the state determines a spot is worth? Will there continue to be a private Pre-K system? If programs accept public funds, can they charge families beyond what they are receiving from the federal government?

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- COMMENT: Children of teen parents are important to include. Family income has often gotten in the way of them accessing child care. Hopefully, this will be a moot issue with new federal eligibility.

Paid Family and Medical Leave

- Rhode Island is one of nine states with paid family leave so we will need to integrate Build Back Better paid family leave funding into our existing Temporary Caregivers Insurance program.
- An employee tax pays for our current paid family leave program. The federally funded program will not be funded with a tax on workers.
- All workers would be eligible under the federal program, including workers not currently eligible under the Rhode Island program such as public sector employees, workers receiving unemployment benefits, and independent contractors.
- The definition of “family” under the federal program is broader than the Rhode Island program, so that would expand the situations which would be qualified for paid caregiving leave.
- We need to think about how the federal system would work with our state system. The federal system would provide a floor and states can pay for extra pieces separately. Rhode Island would need to increase its paid family leave program’s wage replacement and expand eligibility to reach the minimum floor of federal benefits.
- Q: Would workers continue to pay into the system in Rhode Island? If more workers benefit, would those who pay into the system be broadened?
A: Under Build Back Better, federal protection is 4 weeks total for both medical and family leave, but Rhode Island provides up to 30 weeks for both medical and family leave (4 weeks currently for family leave). The expectation is that workers would continue to pay into the Rhode Island system so they can get more than 4 weeks, but we need to determine how the Rhode Island system would work financially with the expanded eligibility under the federal system.

Pre-K and Head Start

- Build Back Better funding would allow Rhode Island to blend funding for Pre-K and Head Start in more ways to help support increased salaries and better programming.
- Rhode Island is ahead in planning because we already imbed special education services in Pre-K environments and have established a mixed delivery system. We need to capitalize on and grow what we already have.

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- RIDE, Head Start, DHS, and the governor's office are all committed to continue working collaboratively for early childhood education.
- Build Back Better funding would allow us to include 3-year-olds in state Pre-K programs. We started funding mixed 3 and 4 classrooms this year if that was how a provider organized their classrooms, although 3-year-olds were not funded with state Pre-K dollars. With Build Back Better, we can offer state Pre-K to all 3-year-olds. The data collected this year will help inform those classrooms.
- Access to state Pre-K slots is through a lottery system because we only have 2364 seats. The additional slots created with Build Back Better funding will allow us to prioritize seats as required by Build Back Better. Head Start already prioritizes its seats.
- If we expand universal Pre-K to include 3-year-olds, there could be fewer transitions to disrupt learning for those children.
- Q: How will we serve the influx of immigrant families coming into this country?
A: The goal is that the additional seats funded by Build Back Better will permit all children ages 3 and 4 to enroll in state Pre-K. There is no citizenship requirement for children under age 6 in Build Back Better for Pre-K or for child care. Currently, RI Pre-K and Head Start enrolls children without asking about citizenship or immigration status.
- COMMENT: Make sure family child care homes are included in universal Pre-K. This is important to ensure that family child care homes stay in business and that families continue to have a choice in the type of care they receive.
 - Build Back Better requires the inclusion of family child care homes. We want to fund them while also maintaining quality. In the past, we only partnered with family child care homes for before or after school care because we had limited funding for our model, but Build Back Better would permit us to expand the model.
- COMMENT: Build Back Better would be a gamechanger for LEAs supporting young children with IEPs. Children ages 3 to 5 who qualify for special education would receive services at their Pre-K similar to the services children currently receive in Kindergarten. LEAs will have to discuss how to provide services in the environments parent choose.

UPDATE: FAMILY CHILD CARE NETWORK

Dulari Tahbilder updated the Council on the Family Child Care network. (See slides) Comments included:

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- The SEIU Education Support Fund began operationalizing the training fund benefit in Rhode Island in 2019. SEIU ESF manages the training fund benefit for family child care homes. That benefit provides family child care providers with technical assistance, professional development, workforce development, and community and network building.
- There are many benefits to establishing a family child care network, including shared services and access to training.
- Over 2000 providers responded to the SEIU ESF Family Child Care Provider Support Network survey.
- Many family child care providers have an informal network, but not the majority.
- In 2022, Rhode Island will enter the implementation phase of the Provider-Powered Network Project.
- Empathy interviews with family child care providers validated what was heard anecdotally.
- The peer network model will include cohorts of 15-30 family child care providers that are geographically connected. Their relationship will last at least a year, with monthly meetings and quarterly trainings. The cohort will determine the topics for those meetings and trainings. SEIU ESF will remain responsive and ready to address the topics raised by the cohort. The network will also offer access to shared services at scale.

ANNOUNCEMENTS, PUBLIC COMMENT, AND NEXT STEPS

Comments from the public included:

- COMMENT: There are still slots available in state Pre-K programs. To enroll, call RIDE or Pre-K programs directly.
- COMMENT: We need to think about the readiness of programs, especially those not traditionally engaged in the system, to ensure resources are distributed equitably. Everyone needs to be equally prepared for Build Back Better.