

# ***Rhode Island Early Learning Council Meeting***

Wednesday, September 30, 2015

Save the Bay

## **Agenda**

<b>Time</b>	<b>Agenda Item</b>	<b>Lead</b>
11:30-11:45	<b>Welcome, Opening Remarks, and Meeting Overview</b>	Elizabeth Burke Bryant, Co-Chair <i>Ken Wagner, Co-Chair and Commissioner, RIDE is unable to attend today</i>
11:45-11:55	<b>Milestones and Celebrations</b>	Elizabeth Burke Bryant, Co-Chair
11:55-12:10	<b>RTT-ELC No-Cost Extension Overview and Update on Sustainability Planning</b>	Melissa Emidy, RTT-ELC Grant Officer
12:10-12:15	<b>Public Comment</b>	All
12:15-12:25	<b>Children's Cabinet Update and Connection with the Early Learning Council</b>	Jamia McDonald, Chief Strategy Officer, EOHHS
12:25-1:05	<b>Rhode Island Early Learning Council Strategic Plan Update</b>	Leanne Barrett, ELC Coordinator Heather Hudson, Governor's Policy Advisor
1:05-1:30	<b>Discussion: Initial Feedback on Potential New/Emerging Objectives and Goals</b>	Leanne Barrett, ELC Coordinator
1:30-1:40	<b>Family Child Care Contract Overview</b>	Melba Depeña, Director, DHS Jennifer Wood Deputy Secretary, EOHHS
1:40-1:50	<b>Updates</b>	Sara Mickelson, RTT-ELC Education Specialist, RIDE Deb Anthes, Administrator, DHS
1:50-1:55	<b>Public Comment</b>	Public Participants
1:55-2:00	<b>Next Steps</b>  <b>Next Early Learning Council Meeting:</b> December 9, 2015 11:30-2:00 p.m. Rhode Island Foundation	Elizabeth Burke Bryant, Co-Chair

# Collective Bargaining Agreement

Between the State of Rhode Island

and SEIU District 1199NE

covering

Child Care Assistance Program (CCAP) Family Child Care Providers

Duration:

July 1, 2015 – June 30, 2017

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## **PREAMBLE**

This agreement has been made and entered into by and between the State of Rhode Island (hereinafter referred to as the "State") and the Service Employees International Union, District 1199 New England, (hereinafter referred to as the "Union").

The Union and the State recognize the unique relationship created by RIGL 40-6.6 which authorizes collective bargaining between the family child care providers' chosen representative (the Union) and the State with the purpose of negotiating over the terms and conditions of CCAP family child care providers' participation in CCAP, including, but not limited to:

(1) Expanding training and professional development opportunities; (2) Improving the recruitment and retention of qualified CCAP family child care providers; (3) Reimbursement rates and other economic matters; (4) Benefits; (5) Payment procedures; and (6) A grievance resolution process.

It is the purpose of this agreement to carry out the policy of the State of Rhode Island and encourage a more harmonious and cooperative relationship between the State and its family child care providers by providing for procedures which will facilitate free and regular communications between the State and providers.

By means of this agreement, therefore, the signatories hereto agree to work together as partners to serve the needs of Rhode Island's families and to meet the highest standards of service to the people of Rhode Island and agree further that high morale and good relations with providers through a stabilized union relationship are essential to carry out this end.

## **ARTICLE 1 – UNION RECOGNITION**

### **1.1 – Union Recognition**

Service Employees International Union (SEIU) District 1199 New England ("the Union") is recognized, to the extent lawfully permitted and as certified by the Rhode Island Labor Relations Board in EE 3731, as the representative for all Child Care Assistance Program (hereinafter "CCAP") family child care providers, as defined in RIGL 40-6.6, who participate in CCAP as a Department of Human Services CCAP-approved provider; and are either licensed by the Department of Children, Youth and Families to provide child care services in the provider's own home, or are license exempt but approved by the Department of Human Services to participate in CCAP.

### **1.2 – Integrity of the Bargaining Unit**

The State recognizes the integrity of the bargaining unit and will not take any action intended to erode it, but may take other actions as allowed by labor relations law.

## **ARTICLE 2 - NON-DISCRIMINATION; DIGNITY AND RESPECT**

### **2.1 – Non-Discrimination**

The State agrees not to discriminate against any provider on the basis of race, sex, sexual orientation, gender identity or expression, creed, religion, color, marital or parental status, age, national origin, language, political affiliation and/or beliefs, or disability. This Article shall not be construed as otherwise limiting or impeding the right of consumers and prospective consumers to select, hire, supervise the work of, and terminate any child care provider giving services to them.

### **2.2 – Dignity and Respect**

The State, the Union, and Providers will treat each other with dignity and respect.

## **ARTICLE 3 – PARENTS’ RIGHTS**

### **3.1 – Parents Rights**

Nothing in this Agreement limits the rights of parents or legal guardians or caretaker relatives who are caring for children (hereafter referred to as “parents”) to elect, direct, and terminate the services of CCAP family child care providers.

The State recognizes the rights of Providers to select the children to be placed in their care, to terminate the relationship with parents, and to enter into private agreements for children not subsidized by CCAP.

### **3.2 – Information Regarding Parents**

This Agreement shall not be interpreted as to require the State to release confidential personal information regarding any parent or any child under parental control of a parent or legal guardian or caretaker relative receiving subsidized child care services to the Union without the written permission of any such parent.

DHS will provide a standard written permission form which will be made available at the provider orientation and on the DHS website.

### **3.3 – Parents Not Subject to Grievance Procedure**

No action taken by a parent with respect to this Article or any parents’ rights shall be subject to the grievance and arbitration procedures provided for in this Agreement.

## **ARTICLE 4 – UNION RIGHTS**

### **4.1 – Union Exclusivity**

The Union recognizes that the State may frequently interact directly with bargaining unit members or groups that include bargaining unit members. However, the State shall not meet, discuss, confer, subsidize or negotiate with any other provider organization or its representatives on any matters pertaining to the terms and conditions of providers' participation in the Child Care Assistance Program, the provision of CCAP care, or the terms of this agreement, other than the Union, except to the extent as authorized by law.

### **4.2 – Union Activity**

The State agrees that no provider shall be discriminated against, intimidated, restrained or coerced in or on account of the exercise of any rights granted by statute or this Agreement, or on account of membership or non-membership in or lawful activities on behalf of the Union.

### **4.3 – Union Representatives**

There shall be Union Delegates elected by the Membership. The Union shall notify the State of the names of its official representatives and delegates, and changes in such representatives and delegates as changes occur. The State will recognize said Union delegates for the purpose of administering this agreement.

### **4.4 – Neutrality**

The State shall not interfere with or discourage Union membership and shall remain neutral on the question of union representation for providers. All questions from providers addressed to the State concerning membership in or representation by the Union will be referred to the Union.

### **4.5 – Information**

The State will provide the Union with information regarding providers covered by this agreement electronically on a monthly basis by the fifteenth (15th) of each month. This information will include:

- a) Month in which the payments were issued;
- b) Name of all providers in bargaining unit who were paid a CCAP subsidy or subsidies in the previous calendar month;
- c) DHS Provider number and SSN/EIN used for provider payment;
- d) Addresses on file with CCAP for payment purposes and/or business address maintained by DHS;
- e) Primary and secondary telephone number(s), including home and cell if available;
- f) Whether the provider is DCYF licensed or DHS license exempt;

- g) Amount of subsidy payment paid ~~in~~ during the previous month;
- h) Number of units (as in age and time designations) billed; type of units billed (FT, ¾ Time, ½ Time, ¼ Time, or any other category as established in Rates of Reimbursement Article);
- i) Number of children billed;
- j) Amount of Union dues, PAC/COPE contributions, or any other SEIU-designated voluntary deductions that were deducted from the provider's payments; and
- k) Provider's email address, if available.

#### **4.6 – CCAP and Union Orientation**

A. In-Person Orientation -- CCAP orientations will continue to be offered by DHS. All newly-approved CCAP family child care providers shall participate in an orientation within approximately 90 days of the first day of providing CCAP care.

New provider applicants shall receive a notice of upcoming orientations from DHS and of the requirements to complete the orientation once the provider has submitted CCAP application packet. Currently-approved CCAP providers already included within the CPD may voluntarily choose to re-take the CCAP orientation.

Providers will be paid \$75 for attending the orientation for their attendance at their initial orientation or at subsequent orientations attended at the request of DHS. DHS shall determine the content of its orientation, which will include but is not limited to:

- CCAP eligibility, enrollment, attendance, and billing policies
- Basic information on DCYF licensing and who to contact with licensing questions
- Information on quality enhancement initiatives
- HealthSourceRI

The State shall grant access, not to exceed thirty (30) minutes, at the CCAP Orientation so that the Union may provide Union Orientation for bargaining unit members. The Union Orientation will take place at the conclusion of the State's portion of the agenda. The State shall notify the Union by email at least sixty (60) days in advance of each event listed above and include the time the Union presentation is scheduled.

The Union may (at its discretion) provide the State with copies of a brochure or flyer outlining the provider's collective bargaining benefits as well as union membership applications, which shall be distributed by the State with other orientation materials.

If the State contracts with another entity to conduct these provider orientations, the State shall require the entity to follow the above provisions as a condition of its contract.

B. Online Orientation -- The Union may provide the State with information to be included in the on-line CCAP orientation, should the State implement this format, including a link to the Union's website and

online membership application, and on-line CCAP-subsidy training or orientation will include information from the Union and a link to the Union's website and online membership application.

The State will electronically send the Union the contact information for those providers who complete the on-line subsidy training. The contact information shall include the provider number, name, address, telephone number, and, if available, email address.

#### **4.7 – Union Bulletin Boards & Links**

A. On-Site Bulletin Boards -- The Union may utilize the bulletin boards dedicated to Unions within existing State government buildings, and shall be notified of the location of such bulletin boards. Bulletin boards will be maintained by Union delegates and/or Union staff, and all material posted on the bulletin board will be identified as Union literature. Unauthorized materials will be removed, and no material shall be posted which is inflammatory, profane or obscene, or defamatory of the State or its representatives, or which constitutes political election campaign material for or against any person, organization, or faction thereof.

If the State relocates the offices which receive visits from bargaining unit members, the Union shall be allowed to suggest a location for bulletin board, subject to approval by the State. If requested, the Union will provide cork board bulletin boards (to be clearly marked as "SEIU District 1199NE") at each location.

B. Online Information -- The State agrees to include a link to the Union's website on the DHS and Exceed websites that contains lists of links of resources for child care providers.

#### **4.8 – Notices**

DHS will provide an advanced copy to the Union of all mass mailing (sent either by U.S. mail or electronically) notices issued by DHS to all childcare providers or subset of providers (e.g. specific category, or meeting a certain criteria) in the bargaining unit. Upon receipt of any request for information made by any agency, organization, individual, or business that will result in the release of any personal information of bargaining unit providers (e.g. names, contact information, reimbursements/deductions, etc.), the State shall notify the Union of such request before disclosing any of the requested information by providing the Union with a copy of the request within 5 days of its receipt.

#### **4.9 – Communications between the Parties**

The Union and the State will each designate a single contact person for bargaining information requests and responses, and to exchange other organizational communications including grievances. The parties agree that in order to avoid duplication of effort and to facilitate efficiency and clarity the designated contact person(s) will always be included in such communications and exchanges.

The State shall provide to the Union the names and contact information of the appropriate individuals to address case-specific subsidy payment and eligibility matters in order to facilitate resolving issues at the lowest level possible.

## **ARTICLE 5 – CCAP APPLICATIONS, PAYMENTS, UNION MEMBERSHIP & DEDUCTIONS**

### **5.1 – Timely Payments**

- A. All efforts will be made to process parent applications for CCAP as quickly as possible in conformance with state regulations. If a provider enrolls a CCAP child whose application is incomplete, the provider shall be notified of this fact upon request by calling the provider hotline. Upon receiving parental permission as outlined in Article 3, providers shall be notified of what is missing from a family’s CCAP application in order to help expedite the family’s application process.
- B. If no timely payment is made for an approved eligible child, as defined as 30 calendar days from submission to DHS, to a provider at no fault of the provider or parent/client, then the State shall pay interest using the formula described in RI General Laws Chapter 42-11.1.
- C. The parties shall complete and forward all paperwork (or electronic documents) necessary for provider payments in a timely manner. Providers are strongly encouraged to use enrollment and billing procedures, on-line when available, in order to expedite processing and payment. Reimbursements that are overdue, as defined above, are subject to interest using the formula described in RI General Laws Chapter 42-11.1.
- D. The Union and DHS shall work together in an ongoing way to identify ways to streamline the CCAP application and reimbursement process, including exploring mobile-based applications and electronic formats that facilitate the transmission of documents and information necessary for the prompt processing of CCAP applications, CCAP enrollments, and CCAP provider reimbursements, the ability to mail or electronically send to the providers the vendor payroll, and the ability to automatically notify a provider upon enrollment when a family’s application is incomplete.
- E. Providers shall continue to have the option to be paid every two (2) weeks and have the option of automatic direct deposit and/or electronic funds transfer of reimbursement payments. Effective upon the signing of this agreement, providers who are currently enrolled in or do enroll in direct deposit shall receive a one-time incentive bonus of \$100.
- F. All Providers shall be mailed or provided electronically itemized statements detailing for each payment: certificate number, case first and last name, net payment amount, all differentials and bonuses, all deductions, and children’s first names and payment amounts.

- G. Should Provider access to the above information (outlined in the preceding paragraph) be restricted or limited, DHS shall immediately negotiate with the Union to arrange an alternate method to provide access to the CCAP payment information.

## **5.2 – Accurate Payment**

- A. Providers shall receive accurate payment information for services authorized and rendered. Disputes regarding payments shall be subject to the dispute resolution process set forth in Article 7, and may be initiated at Step 2 of the dispute resolution procedure if not resolved informally.
- B. Upon determination that a provider has been underpaid in any given pay period, the State shall reconcile the underpayment within the next payment cycle.

## **5.3 – Union Membership and Deductions**

- A. The Union will provide to the State verification that dues deductions have been authorized by the Provider. Providers may express such authorization by submitting to the Union a written membership application form, through electronically recorded phone calls, by submitting to the Union an online deduction authorization or by any other means of indicating agreement allowable under state and federal law.
- B. To the extent allowable by law, upon receipt by the State of written, electronic, or telephonic authorization from a Provider, union dues and initiation fees shall be deducted from the Provider's payments and remitted to Union on a monthly basis. The Union shall advise the State of dues requirements or other deduction in writing. The State shall continue to make such lawful deductions, except where authorization is revoked by the Provider.
- C. Any Provider who is paying dues or an amount equal to dues may stop making those payments by giving written notice to both the State and Union during the period of thirty (30) days before the annual anniversary date of the Provider's authorization or the date of termination of the applicable contract between the State and the Union, whichever occurs sooner. The State will honor Provider check-off authorizations unless they are revoked in writing during the window period, irrespective of the Provider's membership in the Union.
- D. Upon receipt by the State of authorization from a Provider, contributions to any SEIU PAC/COPE fund in an amount specified by the Provider may be deducted by the State, as pay agent, from payments made to the Provider and remitted to the fund. The state, as pay agent, may continue to make such deductions in the future, except where the authorization is revoked by the Provider. If feasible, voluntary deductions for other SEIU-designated entities will be handled in the same manner.

- E. The amount and type of the deductions shall be detailed and identified on all reimbursement documents sent to each Provider. By the timeline established by the IRS, the State will include on the Provider's IRS forms all the deductions, contributions, etc. made for the previous calendar year as required by the IRS.
- F. The Union and each Provider authorizing the assignment of pay for the purpose of the payment of union dues hereby agree to undertake to indemnify and hold harmless from all claims, demands, suits or other forms of liability that shall arise against the State for or on account of any deduction made from the pay of such Provider. Therefore, the State shall be held harmless and free from liability for performing this task on behalf of the Union.
- G. The parties also acknowledge and agree that the term "written authorization" as provided in this Agreement includes authorizations created and maintained by use of electronic records and electronic signatures consistent with the state and federal law. The Union, therefore, may use electronic records to verify Union membership, authorization for voluntary deduction of Union dues and fees from reimbursements for remittance to the Union, and authorization for voluntary deduction from reimbursement and for remittance to PAC/COPE Funds or other SEIU-designated entities, subject to the requirements of state and federal law. The State shall accept confirmations from the Union that the Union possesses electronic records of such membership and give full force and effect to such authorization as "written authorization" for purposes of this Agreement.
- H. These above described processes will be performed by the State and may be performed in the future by a fiscal intermediary by mutual agreement of the parties. The parties shall meet to further negotiate a mutually acceptable mechanism for such regular voluntary deductions within six (6) months of the effective date of this agreement unless the timeline for such negotiations is extended by mutual agreement of the parties. These voluntary deductions may include but are not limited to such elements as a voluntary retirement mechanism and estimated tax withholdings.

## **ARTICLE 6 – PROVIDER HOTLINE**

The Office of Child Care (OCC) shall establish an email procedure to answer questions of a non-emergent nature. All emails from providers will be responded to within two (2) business days. A designated email address will be available to assist providers with issues.

For emergencies, there will be, within 60 days of the effective date of this agreement, a designated telephone OCC hotline for family child care providers. This phone line will be available for providers and staffed by individual(s) who speak both English and Spanish or the State will utilize an appropriate interpretation service and answered between the hours of 1:00pm and 2:30pm (the typical naptime for children in care) Monday through Friday, exclusive of holidays.

The purpose of the “Provider Hotline” is to ensure that the State can improve communication between and among its departments and family child care providers, as well as to share information, provided there is proper authorization for a release of information, and resolve provider problems that impact providers’ participation in the provision of care to CCAP children, including but not limited to:

- (1) the status of a pending CCAP child that a provider has enrolled or is considering enrolling, including information about what documents may be missing from a pending families’ CCAP application so that the provider can assist the family in completing the application process;
- (2) the status of the provider’s approval to participate in CCAP;
- (3) the status of any pending or disputed reimbursement payments from CCAP; and
- (4) any specific questions about licensing regulations or compliance with CCAP rules.

When a voicemail is left by a provider, it will be returned within two (2) business days, excluding weekends or holidays (i.e. a voicemail message left on Friday at 4pm must be returned by Tuesday at 4pm).

If the staff answering the hotline or returning provider calls or emails does not know the answer to a specific question of an emergent nature or is unable to resolve a particular problem of an emergency nature in the moment, he or she will inform the provider of such and then attempt to get a response to the provider within one (1) business day.

DHS shall provide information to the Communications Committee regarding the types of calls and emails that display trends.

## **ARTICLE 7 - GRIEVANCE/DISPUTE RESOLUTION PROCEDURE**

### **Dispute Resolution Philosophy**

DHS and the Union commit to address and resolve issues in a fair and responsible manner at the lowest possible level. Our relationship depends on mutual respect and trust based on our ability to recognize and resolve disagreements rather than avoiding them. Prior to filing a grievance for dispute resolution, the Union and DHS will attempt wherever possible to resolve problems informally and not to resort to the formal dispute resolution procedure. Providers are encouraged to use the provider hotline to resolve any issues that they can before proceeding to any of the below steps of the dispute resolution procedure.

### **7.1 – General Provisions**

#### **A. Grievance Definition**

For purposes of this agreement, a grievance shall mean any difference or dispute between the DHS Office of Child Care and the Union, or between DHS and a provider with respect to the interpretation,

application, or violation of any of the provisions of this agreement, as is normally defined in labor contracts as wages and working conditions. A grievance shall be presented by the aggrieved bargaining unit member and/or by the Union.

Administrative actions by the state such as revocation of licensure or DHS CCAP approval and other actions not covered by the Collective Bargaining Agreement, are not within the definition of a grievance under this dispute resolution process and are not considered eligible for resolution under this dispute resolution process unless such action violates a specific provision of this agreement. The sole process for resolution of administrative actions by the state under the state's regulatory authority governing family child care programs is through the administrative hearing and appeals process. Normal administrative appeals, as contained in DHS and OHHS regulations shall be handled through the administrative appeals process under R.I.G.L. section 42-35 et al.

#### B. Computation of Time

Days are considered to be calendar days unless otherwise noted. When the last day in a timeline falls on a Saturday, Sunday or holiday, the last day will be the next day which is not a Saturday, Sunday or holiday. Transmittal of grievances and responses will be in writing and timelines will apply to the date of receipt (or confirmed electronic transmission).

#### C. Failure to Meet Timelines

Failure by the Union to comply with the timelines will result in the automatic withdrawal of the grievance. Failure by the State to comply with the timelines will entitle the Union to move the grievance to the next step of the procedure.

#### D. Bypass, Consolidation, Resolution

Any of the steps in this procedure may be bypassed with mutual written consent of the parties involved at the time the bypass is sought. DHS and the Union may consolidate grievances arising out of the same set of facts, with mutual written consent of the parties. If DHS provides the requested remedy or a mutually agreed upon alternative, the grievance will be considered resolved and will not be moved to the next step. A grievance effecting multiple providers may initially be presented at Step 2.

### **7.2 – Dispute Resolution Procedure**

#### A. Informal Resolution (Step 1)

In an attempt to resolve any issue, the provider and/or Union delegate or representative should confer with the DHS' designated representative prior to filing a written grievance. DHS will have 10 (ten) days to either resolve the problem or, if unresolved, provide a written response to the issue to the provider and the Union unless this timeline for a response is extended by mutual agreement of the parties.

#### B. Written Grievance (Step 2) – DHS Office of Child Care / Child Care Administrator

If the grievance is not resolved at Step 1, the provider and/or Union representative may submit the written grievance to the Child Care Program Administrator. If the provider attempted to resolve a payment issue through the provider hotline and/or the informal resolution process and received a supplemental payment which did not resolve the issue, the provider will have 10 (ten) calendar days after he/she receives the supplemental payment to file a grievance at Step 2.

Written grievances may be submitted in person, by U.S. mail, by fax, email or other electronic means, and shall be directed to the CCAP program administrator.

The CCAP program administrator shall schedule and hold a conference call or in-person meeting with the provider and his/her Union representative within 10 calendar days of receipt of the written grievance in order to discuss and resolve the grievance unless this timeline is extended by mutual agreement of the parties. Subsequent to this meeting, if the grievance should remain unresolved, the CCAP Program Administrator will provide a written response to the grievance within 20 (twenty) calendar days from the date of the conference call or meeting. If the response does not resolve the grievance, the Union may, within 10 (ten) calendar days of receipt of the written response, proceed to Step 3.

#### C. Written Grievance (Step 3) – Department of Human Services Director

If the grievance is not resolved at Step 2, the provider and/or Union representative may submit the written grievance to the Director of the Department of Human Services at Step 3.

The Director shall schedule and hold a conference call or in-person meeting with the provider and his/her Union representative within ten (10) calendar days of receipt of the written grievance in order to discuss and resolve the grievance. Subsequent to this meeting, if the grievance should remain unresolved, the Director will provide a written response to the grievance within twenty (20) calendar days from the date of the conference call or meeting. If the response does not resolve the grievance, the Union may, within fifteen (15) calendar days of receipt of the written response, proceed to Step 3.5 or 4.

#### D. Optional Mediation (Step 3.5)

As an alternative prior to final and binding arbitration in Step 4, if the matter is not resolved in Step 2 or 3, the parties may choose by mutual agreement to submit the matter to mediation in order to resolve the issue. The party requesting mediation of the dispute must notify the other party no later than 10 (ten) calendar days of receipt by the Union of DHS' written response in Step 3. The party receiving the request for mediation must notify the other party within 10 (ten) calendar days of receipt of the request whether or not it agrees to mediation of the dispute. If the party receiving the request does not agree to mediation of the dispute, the Union may, within 10 (ten) calendar days of the notification of the decision not to mediate, proceed to Step 4, Arbitration.

If the parties agree to mediation, they shall select a neutral mediator. Both parties shall submit a statement of their position on the issue. The mediator may also bring the parties together in person to

attempt to resolve the issue. The parties shall each pay one-half (1/2) the costs or fees, if any, of the neutral mediator. Each party shall be responsible for its own costs, including the costs of representation, advocacy and the costs of that party's appointed representatives.

If the issue is successfully resolved by mediation, the decision shall be binding on all parties, and shall, unless specifically agreed otherwise, form a precedent for similar issues. If the issue is not successfully resolved through mediation, the Union may, within 10 (ten) calendar days of receipt of a written declaration of impasse or rejection of a settlement offer from either party, proceed to Step 4, Arbitration.

#### E. Arbitration (Step 4)

If the grievance is not resolved at Step 3 or 3.5 (if the parties participate in Step 3.5), the Union may, within the time frames noted above, file a request for arbitration to DHS. The parties shall select an arbitrator by mutual agreement or, upon failure to agree upon an arbitrator, the Union shall, within 20 (twenty) calendar days of the request for arbitration, request a list of seven (7) arbitrators from a tribunal such as the American Arbitration Association or Labor Relations Connection. The parties shall select an arbitrator by alternately striking names from the list of seven (7) arbitrators. A coin toss shall determine which party shall first strike a name.

The Arbitrator shall have no power to add to, subtract from, or change any of the terms or provisions of this Agreement. The Arbitrator shall be limited in his or her decision to the grievance issue(s) unless the parties agree to a modification. The award of the Arbitrator shall be final and binding upon both parties.

The parties shall each pay one half (1/2) the costs of the Arbitration, including the fees of the Arbitrator and any costs of the proceeding itself.

However, each party shall bear the cost of their own representation, advocacy and witnesses. If the arbitration is postponed or canceled because of one party, that party will bear the cost of the postponement or cancellation. The costs of any mutually agreed upon postponements or cancellations will be shared equally by the parties.

### **ARTICLE 8 – COMMUNICATIONS COMMITTEE**

For the purpose of maintaining communications between the State and the Union in order to cooperatively discuss matters of mutual concern, the parties shall meet at least once every six months, or more often as needed and within a reasonable timeframe as agreed to by both parties.

The Communications Committee meetings shall be scheduled at a time and place that is mutually agreeable to the parties and to facilitate the participation of the Union delegates as the appointees to the Committee.

In addition to addressing matters of concern, the Committee may invite content area specialists from the relevant State offices or related non-governmental agencies to participate in the discussion when appropriate.

As necessary, the Committee will also discuss and review the progress being made in implementing the Articles and Sections of the Collective Bargaining Agreement requiring phase-in periods or further follow-up.

## **ARTICLE 9 - GENERAL PROVISIONS**

### **9.1 – Provider Income/Reimbursement Verification**

Upon the request of a provider (or any other agency with the written authorization of the provider), DHS shall provide written verification of CCAP payments made to the provider within the previous twelve (12) months and DOA shall provide 1099 forms for the previous five (5) years.

Providers shall have the right to be reimbursed using their business name and/or federal IRS Employer Identification Number (EIN), or under their actual name and/or Social Security Number (SSN), whichever they prefer.

### **9.2 – Labor Peace**

During the term of this Agreement, neither the Union, the child care providers, nor their representatives shall directly or indirectly engage in, authorize, assist, encourage, sanction or support any strike or collective cessation of services delivered by the child care providers covered by this agreement; nor shall DHS take such action as to withhold work from the child care providers or collectively preclude them from delivering and being reimbursed for providing CCAP care.

### **9.3 – Provider Documents**

A child care provider may examine his or her own documents in the possession or control of DHS. Review of the documents will be in the presence of a State representative during business hours, unless otherwise arranged. With the provider's written authorization, the Union shall also be permitted access to such provider documents in the same manner.

The provider and/or the Union may not remove any contents; however, if a provider encounters any information in the document objectionable, he or she may contact a child care administrator for a review, explanation, or correction, if necessary, or be permitted to provide a written rebuttal to any information in the documents that he or she considers objectionable, which shall thereafter be included in the provider's file.

A provider may request a copy of his or her documents and will receive them within fifteen (15) calendar days of DHS receiving a written request, either electronically or in paper format, whichever the provider prefers. Paper copies shall be provided at a cost in accordance with RIGL section 38-2-4. If providers have questions about any of the information that has been provided, they can contact a child care administrator for a review, explanation and correction, if necessary. In accordance with Article 3 of this Agreement, nothing in this Section shall be interpreted to mean that providers or the Union have access to parent documents, unless insofar as a parent has authorized such.

If none of the above is resolved by the child care administrator, a provider may pursue a remedy in accordance with Article 7 of this Collective Bargaining Agreement.

#### **9.4 – Language Accessibility**

DHS shall publish all provider documents in English, Spanish, and any other language as required by the Office of Civil Rights. DHS shall ensure that staff utilize the available interpretation services as needed, or upon the request of any provider. DHS shall require its vendors/designees who contract to deliver services to providers to follow the provisions of this section.

The final Collective Bargaining Agreement will be in English with a mutually-agreed upon Spanish translation, and/or any other language as required by the Office of Civil Rights. In the event of any dispute or conflict over the meaning of any section of this entire agreement, the English document shall prevail.

#### **9.5 – Past Practice**

Except as otherwise expressly provided herein, and subject to the provisions of RI General Laws Chapter 28-9-27, all privileges and benefits which providers have hitherto enjoyed shall be maintained and continued by the State during the term of this Agreement.

#### **9.6 – Future Bargaining**

During the negotiations that resulted in this Agreement, the parties had unlimited opportunity to make demands and proposals with respect to any and all appropriate subjects of collective bargaining. Therefore, for the life of this Agreement, this Agreement shall constitute the total agreement between the parties, and the parties shall not be obligated to participate in any additional collective bargaining except as may be required by this Agreement or pursuant to Chapter 40-6.6-1 et al. of the Rhode Island General Laws, the Rhode Island Quality Family Child Care Act of 2013.

#### **9.7 – Subject to Legislative Approval**

Both parties agree that any terms of this agreement which meet the criteria described in RIGL 40-6.6-7 are subject to the terms of that section.

## **9.8 – Severability**

In the event that any Article, section or portion of this agreement, or any arbitrator’s decision rendered under the terms of the agreement, is found to be invalid or contrary to law by a decision of a tribunal of competent jurisdiction, or shall have the effect of loss to the State of funds made available through Federal law, then such specific arbitrator’s decision, Article, section or portion specified in such tribunal decision or so in conflict or having such effect shall be of no force and effect, but the remainder of this agreement shall continue in full force and effect.

In such an event, either party shall have the right immediately to reopen negotiations per the terms of RIGL 40-6.6 solely with respect to a substitute for such Article, section or portion rendered or declared unlawful, invalid or unenforceable. The parties agree to use their best effort to contest any such loss of Federal funds which may be threatened.

## **9.9 – Gender-Specific Pronouns**

Gender-specific pronouns used anywhere in this agreement shall be interpreted as to be universal (i.e. non-gender-specific).

# **ARTICLE 10 – TO IMPROVE HOME VISITING & COMMUNICATION PRACTICES**

## **10.1 – Identification of Home Visitors**

All representatives of the State (or agencies/vendors who contract with the State) who interact with providers must properly identify themselves when calling or visiting family child care providers, and must provide a business card that includes their name, title, phone number, email, and agency which the family child care provider can retain for her records.

## **10.2 – Visits Requiring Advanced Notice**

For DHS visits other than those for FRED/Fraud visits related to the provider and not the provider’s clients, family child care providers have the right to schedule an appointment with the DHS employee at a time that is convenient to the operation of her family child care home and does not interrupt the children’s learning environment.

All such DHS employees shall call ahead to make appointments to be held at a mutually agreeable time within two business days. Providers shall be informed of the general reason for the visit in advance, and shall abide by the confidentiality of DHS and shall not disclose to CCAP families the reasons for the DHS visit.

The above provision applies unless provisions of the federal law require DHS to conduct unscheduled visits.

### **10.3 – Feedback on Home Visitation**

All provider concerns or feedback regarding interactions with DHS employees or DHS vendors can be addressed by email, in writing, or by using a “Feedback Form” to be used for constructive feedback to DHS, with the goal of improving communication between family child care providers and representatives of DHS or its vendors.

Blank forms shall be made available in all DHS offices, included in provider orientation packets, and available on the State’s website. Completed forms shall be delivered to the Administrator of Family and Children’s Services or to the Associate Director of Community Services.

These forms shall not be used as the sole basis for any disciplinary action against any employee of the DHS or its vendors, nor shall any family child care provider be retaliated against for any feedback which they provide.

### **10.4 – Union and Providers Rights Not Limited**

This Article in no way limits the rights of the Union or bargaining unit members to communicate about issues, provide feedback or offer suggestions to other state departments, agencies, or vendors.

## **ARTICLE 11 - FAMILY CHILD CARE NETWORK PILOT**

The State agrees that the Providers and the Union are able to evaluate, develop, and pilot family child care provider network(s). The State and the Union will work collaboratively to set up the minimum standards that a family child care network must meet, including but not limited to: accountability and transparency of payment procedures, compensation that supports high quality, diversity and inclusion, and provider voice and governance.

## **ARTICLE 12 – BULK PURCHASING**

The State and the Union shall meet to plan a bulk purchasing program to be initiated within six (6) months of the effective date of this agreement to realize economies of scale and help providers in the delivery of quality care and early learning.

The communications committee shall meet as necessary to complete a framework to accomplish these goals, and all efforts will be made to ensure purchasing practices that benefit the Rhode Island economy (e.g., – working with local farmers via FarmFreshRI to develop a program to bring more locally-grown vegetables to family child care homes) and help to contain costs.

Providers shall be encouraged to submit ideas on what items, goods, and services might be obtained via bulk purchasing agreements. These could include but are not limited to:

- Age-appropriate children’s furniture, playground equipment, etc.
- Books, toys, puzzles, and other educational supplies
- A disability insurance program
- Tax preparation services
- Home inspection/maintenance services
- Discounts for internet connectivity

The Union (or its designee) will execute and manage the bulk purchasing program in accordance with the framework established by the committee (which may be modified by mutual agreement). The State will provide advice which may include (if feasible) regular voluntary deductions from CCAP reimbursements to pay for services that are billed on a periodic basis if such regular voluntary deductions are agreed to by the parties in the context of the collective bargaining process through a mutually acceptable mechanism, such as the utilization of a fiscal intermediary to facilitate such regular voluntary deductions.

### **ARTICLE 13 –TECHNOLOGY AND ELECTRONIC BILLING**

Within 12 months of the effective date of this collective bargaining agreement, all CCAP family child care providers who have provided at least 6 months of CCAP care within the past 12 months, and who do not currently own a home business computer (desktop, laptop, or tablet) shall be eligible for a one-time per provider technology award of a home computing device (desktop, laptop, or tablet), to be selected and purchased by the State with input from the Union.

The intended purpose of this one time per provider technology award is to facilitate providers’ use of the state’s online program administration resources for registration, billing, and fulfilling all related administrative filings; to communicate with the state using the provider email hotline; to participate in online training, professional development, and educational opportunities; as well as to access online resources for curriculum development, record keeping, business processes and other business and quality improvements.

The computing device shall become the sole property of the provider upon its award and the provider shall be responsible for all maintenance, upkeep, repair and lawful use of the device, unless due to a system-wide software/hardware malfunction, manufacturing defect, product recall, and/or any other issue covered by a product warranty. All family child care providers shall be required to comply with any new technology requirements set forth in state regulations, regardless of the receipt or non-receipt of the technology award.

The one time technology award program will include the following requirements for technology award recipients separate and apart from any regulatory requirements for the use of technology in program administration:

1. The State will offer use-of-technology classes at times and places convenient to providers which will be mandatory for all technology device award recipients in order for the providers to use the equipment effectively for the purposes stated in this section;
2. The provider must establish an account with DHS, including log in and regular use of the technology device as the primary means for communication and the completion of administrative requirements with DHS;
3. The provider will establish and provide DHS with an email address and expect to receive information via email from DHS on a regular basis; and
4. Web-based enrollment of CCAP children will be mandatory for technology device recipients, unless said device becomes unavailable.

The parties also mutually agree to further explore the potential for enrollment of family child care providers under the federally funded E-Rate program for access to reduced cost or no cost access to the internet such as that made available to public schools and public libraries through this federal program. If by January 1, 2016 the E-Rate program is not yet available to family child care providers, the parties will meet to negotiate a mutually-acceptable alternative to be established no later than July 1, 2016.

## **ARTICLE 14 – CONTINUOUS QUALITY IMPROVEMENT, TRAINING, EDUCATION & PROFESSIONAL DEVELOPMENT**

### **14.1 – Quality Improvement Supports and Incentives**

In order to ensure an adequate statewide supply of CCAP-approved family child care options for eligible parents and continue joint efforts to promote quality early learning, participation in QRIS/Bright Stars shall be incentivized, promoted, and supported via ongoing joint efforts of the State and the Union, which include but are not limited to the remainder of this Article and the Rates of Reimbursement Article.

Additionally, as of the effective date of this agreement, any DHS license-exempt provider who obtains a DCYF license shall receive a one-time bonus payment of \$500.

### **14.2 – Technical Assistance & Mentorship**

The State or its designee shall ensure that adequate technical assistance is offered in both English and Spanish to all providers who seek to pursue DCYF licensing, participate and advance in BrightStars, or apply for a Quality Improvement Grant. Such technical assistance and mentorship shall include but not be limited to individual support and group settings.

### **14.3 – College-Credit Courses in English and Spanish**

The parties agree to make good faith efforts to ensure that the professional development needs of family child care providers are met, including expanding access to college-credit bearing courses in English and Spanish.

#### **14.4 – Family Child Care Training & Supports Benefit Fund**

To enhance the services delivered by providers pursuant to CCAP, support providers' pursuit of their professional development goals, and ensure that the unique needs of the family child care provider workforce are being met, DHS and the Union shall establish a jointly administered Family Child Care Training & Supports Benefit Fund within 60 days of the effective date of this agreement, along the following lines:

- a) FY 2016, the State agrees to allocate \$250,000 into a training & support fund to be jointly administered by DHS and the Union, which may contract with vendors, agencies, colleges, instructors or provider peer mentors to offer family child care related trainings and support for trainings in order to fill needs not currently set by the current training contract.
- b) This funding shall be in addition to, rather than replace, existing State spending on training, professional development, and/or quality improvement initiatives. Any unused funds shall carry over from year to year. Nothing in this agreement prohibits the State from allocating more resources to training and professional development for family child care providers.
- c) The Union and DHS shall establish a Committee to oversee the training and support expenditures. The Committee shall adopt a budget for training and no expenditures shall be made except in accordance with the budget. The Committee may modify the budget as necessary after its adoption.
- d) The Committee shall file quarterly reports with the Department of Administration detailing expenditures from the fund, subject auditing and accountability standards.
- e) The Committee shall meet in order to identify trainings and supports that are needed in order to expand upon and support the existing training and professional development infrastructure in Rhode Island and ensure that family child care providers' needs are met. The committee shall focus on developing new training initiatives and supports that are not currently offered in the state or for which there is not sufficient support (examples could include early childhood education college courses in Spanish, GED and/or ESL, competency-based credits, computer training, training for family child care assistants, organizing a one-day conference for family child care providers, etc.).

#### **14.5 – Centralized Training & Professional Development Calendar**

The State or its designee shall ensure that all training and professional development opportunities that are offered to providers are publicized – at a minimum – via a centralized training calendar published on

the State's Professional Development website and an email list. A provider may also obtain information on upcoming trainings by calling the provider hotline established in Article 6.

## **ARTICLE 15 – TIME OFF**

### **15.1 – Vacations & Closures**

When a CCAP child is enrolled with a licensed provider, DHS shall make payment for up to two (2) weeks of CCAP authorized child care services per calendar year during which an eligible child is absent and the parent authorizes payment. This existing policy shall include such periods when the provider closes her program if she is able to coordinate her vacation with parents, provided that the following conditions are met:

- Providers must coordinate their vacation/closure dates with their CCAP families and provide at least 45 days notice to CCAP parents of their intent to close for a week or more. Providers must also notify DCYF of their vacation/closure dates according to the proper procedure, and inform DHS of their intent to use their vacation.
- CCAP parents must authorize payment to the provider during this vacation/closure and the child's absence from the program. Documentation of parent authorization must be provided when the provider submits for payment. The State shall provide a form for this purpose.
- A provider shall not be reimbursed during her vacation/closure for any CCAP child who enrolls in and attends another program which receives CCAP reimbursement for care during the hours the child is normally enrolled with the provider.
- No payment shall be made for periods of CCAP authorized services when the eligible child is not in attendance once the two (2) week limit has been reached, without the prior approval of department.

This Article does not limit the rights of providers to close for periods during which they are not seeking CCAP reimbursement.

### **15.2 – Holidays, Professional Development Days, and Other Provider Closure Days**

It is mutually-agreed that the payment policy outlined in Subsection E of DHS CCAP Regulation 0850.04.01 "CCAP Attendance" shall apply and licensed providers shall be reimbursed on days for which they are closed for holidays, professional development days, or other closures, as long as a CCAP child attends for some portion of their authorized CCAP enrollment during that week (with the exception of the two (2) week allowed absence described in both the DHS CCAP regulations and in Section A above, for which the provider will be reimbursed for the entire time as long as the requirements are satisfied).

### 15.3 – Substitute/On-Call Pool

The parties shall convene a joint committee charged with establishing a substitute pool of qualified, DCYF-licensed family child care providers and a protocol by which providers may access the services of the approved on-call substitutes, as well as a protocol by which providers may register to be placed into the on-call pool when they lack enrollment.

The joint committee shall make a recommendation on how to establish, manage, oversee, fund, and set rates for the substitute/on-call pool before January 1, 2016, and the substitute/on-call pool shall pilot operation on or before January 1, 2017. The committee shall ensure that the substitute pool operates in conformance with all relevant DCYF regulations.

## ARTICLE 16 – RATES OF REIMBURSEMENT

### 16.1 – Rates of Reimbursement

Subject to legislative approval as part the State budgets for FY16 and FY17 the rates of reimbursement shall be revised as follows:

- A. Effective July 1, 2015, a three percent (3%) increase to the base rate for family child care providers (applied to the rate resulting from the \$10 increase referenced in letter B for infant/toddler care);
- B. Effective July 1, 2015, a weekly increase of \$10 per infant/toddler per family child care provider;
- C. Effective July 1, 2016, increases for family child care providers as follows.

Step 1	Step 2	Step 3	Step 4
All providers	Providers who have a high school diploma, GED, or ten (10) or more years of related experience who enroll in an adult education program to pursue a GED or HS diploma*	Providers who have obtained a Child Development Associates (CDA) Credential or who have completed at least three (3) college credits**	Providers who have completed the RI Early Childhood Education & Training Program or who have an Associate’s Degree or greater**
1%	+ 1% (i.e. 2% total)	+ 1% (i.e. 3% total)	+ 1% (i.e. 4% total)

\*In order to be eligible for the Step 2 increase, a provider pursuing her GED or high school diploma must document her enrollment in related adult education programming with the stated intent to complete the program within four (4) years.

\*\*Credits earned or degree obtained must be in child development, early childhood education, or in a related field as determined by the DHS Office of Child Care Program Administrator. General coursework required for a degree in any of the related fields shall also be eligible for this step. Completion of college coursework or degrees for Steps 3 & 4 must be recorded on a

transcript from an accredited institution of higher learning, or via an articulation agreement with such an accredited institution. Any disputes arising under this paragraph shall begin at Step 2 of the Dispute Resolution Procedure outlined in Article 7.

- D. After July 1, 2016, any family child care provider who newly-qualifies for a higher step based on educational achievement shall provide notice and documentation to the DHS Office of Child Care, who will adjust the provider's pay rate accordingly within 60 days – retroactive to the pay period immediately following the provider's submission of supporting documentation.
- E. Effective July 1, 2016, additional funds in the amount of \$250,000 will be designated to fund a quality incentive pool for family child care providers. The additional funds in the quality incentive pool will be provided to family child care providers in a tiered manner, with the method of funding the tiers from the quality incentive pool to be agreed by the parties through the collective bargaining process no later than November 30, 2015, unless the parties mutually agree to extend this timeline within which to conclude negotiations on the tiered quality incentive payment.
- F. The parties agree to conduct a joint analysis of the issue of non-standard work hours (evening, night, and weekend care) as well as extended work hours by family child care providers. The analysis shall include but not be limited to a detailed review of the amount of CCAP care that is occurring in non-standard hours and the care setting, as well as the projected need for these services based on state economic trends and CCAP utilization data. The analysis shall also explore if different compensation strategies or methodologies are needed in order to ensure an adequate number of non-standard hours child care slots.

## **16.2 – Registration Fees**

The State shall provide an annual registration fee equivalent to the amount of the registration fee charged to private pay families, not to exceed fifty dollars (\$50.00) per child, for licensed providers who have a written policy to charge all families a registration fee. Such registration fee will be paid no more than once each year for each enrolled child.

## **ARTICLE 17 – OTHER BENEFITS**

### **17.1 – Access to Affordable Health Care**

In order to attract and retain qualified family child care providers, encourage their participation in the child care assistance program, and ensure that providers can care for themselves, the parties mutually acknowledge the importance of affordable, quality health insurance to the family child care workforce. To such end, the parties agree to seek joint meetings with representatives of HealthSourceRI with the goal of establishing a Memorandum of Understanding that would help:

- Promote and maintain affordable options for health care via HealthSourceRI in order to ensure a healthy and productive workforce and safeguard the health and safety of children in care
- Facilitate the application and recertification process for family child care providers using HealthSourceRI
- Create tools to better measure plan utilization by bargaining unit members
- Improve stability and prevent gaps in coverage given the variations in child enrollments and providers' income levels

Providers who do not have health insurance shall be encouraged to apply to RI's health insurance exchange. At CCAP provider orientations, DHS will seek to have a navigator/enrollment specialist from HealthSourceRI on hand to provide information and encourage providers to obtain health insurance.

In the event that changes occur to the Affordable Care Act or to the operation of HealthSourceRI due to the actions of any court, legislative body, or executive during the life of this agreement that significantly impact family child care providers' ability to access affordable health insurance, the Union and DHS shall immediately work to develop a mutually-agreeable alternative pathway for CCAP providers to access affordable health insurance, subject to the provisions of RIGL 40-6.6-7.

## **17.2 – Federal Food Program Expansion**

Upon execution of this agreement, DHS shall make all reasonable efforts to establish access to the US Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) for license-exempt providers who have been approved for payments from CCAP when they care for children in the provider's residence.

## **ARTICLE 18 - STATE ADMINISTRATION RIGHTS**

### **18.1 – Rights residing with the State**

Unless provided otherwise in this Agreement, the State reserves exclusively all the inherent rights and authority to manage and operate its programs. The parties agree that all rights not specifically granted in this Agreement are reserved solely to the State and the State has the right to decide and implement its decisions regarding such rights without negotiating about the decision and/or effects of those decisions, unless such decisions are mandatory subjects of bargaining as defined in RIGL 40-6.6-4. Examples of the rights reserved solely to the State, its agents and officials include, but are not limited to, the right:

- A. To operate so as to carry out the statutory mandate of the State;
- B. To establish the state's missions, programs, objectives, activities and priorities within the statutory mandates;

- C. To plan, direct and control the use of resources, including all aspects of the budget, in order to achieve the State's missions, programs, objectives, activities and priorities; however, this paragraph shall not be interpreted to limit the union's right to advocate for budget allocations that may be different from what the State may propose;
- D. To manage, direct and control all of the State's activities to deliver programs and services;
- E. To develop, modify and administer policies, procedures, rules and regulations and determine the methods and means by which operations are to be carried out;
- F. To establish qualifications of providers and reasonable standards of accountability except as otherwise limited by the agreement;
- G. To make and execute contracts and all other instruments necessary or convenient for the performance of the State's duties or exercise of the State's powers, including contracts with public and private agencies, organizations, corporations or individuals, and to pay them for services rendered or furnished;
- H. To determine the management organization, including recruitment, selection, retention and promotion to positions not otherwise covered by this agreement;
- I. To extend, limit or contract out any or all services and/or programs regarding the child care assistance program, and related early childhood quality initiatives, so long as such actions do not violate this agreement;
- J. To take whatever actions the State deems necessary to carry out services in an emergency. The State shall be the sole determiner as to the existence of an emergency in keeping with a reasonable and prudent standard;
- K. To modify any and all operations and work requirements in order to more efficiently and effectively provide services as a result of any existing and/or new laws, rules and regulatory provisions of State and/or federal origin which may in any way affect the State's ability to provide services;
- L. To determine the method, technological means and numbers and kinds of personnel by which operations are undertaken; and
- M. To maintain and promote the efficiency of public operations entrusted to the State.

## **18.2 – Non-Inclusive**

The above enumerations of State rights are not inclusive and do not exclude other State rights not specified and to the extent not otherwise expressly limited by this agreement. The exercise or non-

exercise of rights retained by the State shall not be construed to mean that any right of the State is waived. However the State shall not exercise any of its rights in an arbitrary or capricious manner.

### **18.3 – Grievable Action**

No action taken by the State with respect to a management right shall be subject to a grievance or arbitration procedure or collateral action/suit, unless the exercise thereof violates an express written provision of this agreement or is a mandatory subject of bargaining as defined in RIGL 40-6.6-4.

### **18.4 – Fulfillment of Statutory Obligation**

As provided under state law, this agreement expressly reserves the right of the Rhode Island State legislature to approve or not approve the funds necessary to implement the compensation and benefits provision of this agreement. In addition, this agreement expressly reserves the legislature’s right to make programmatic modifications to the delivery of State services through child care subsidy programs, including standards of eligibility of parents, legal guardians, and Family Child Care Providers participating in child care subsidy programs, and the nature of services provided.

### **18.5 – Duty to Bargain**

Provided however, nothing in this article or nothing contained in this Agreement shall be construed to as to diminish the obligation of the parties to discuss and/or negotiate over those subjects appropriate under the law to the extent that the State has lawful control over those subjects. This specifically includes but is not limited to economic compensation; such as the manner and rate of subsidy and reimbursement, including tiered reimbursements; payment procedures; health and welfare benefits; professional development and training; improving the recruitment and retention of qualified CCAP family child care providers; and other economic matters.



**APPENDIX – AUTHORIZATION TO OBTAIN CONFIDENTIAL INFORMATION**

Client’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client’s Address: \_\_\_\_\_

Client Phone: \_\_\_\_\_ CCAP Certificate # \_\_\_\_\_

I authorize The Rhode Island Department of Human Services to release any and all information contained in records pertaining to my Child Care Assistance Program (CCAP) application, and to discuss any and all information pertaining to the status of my application and eligibility, including identifying missing documents or information, with:

Provider Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone: \_\_\_\_\_  The information may also be released to representatives of the provider’s union.

This information can be released via: *(check all that apply)*

- Fax       Email/Web       Telephone       Direct contact

I understand that my records are processed under RI General Law and **cannot be disclosed without my written consent except as otherwise specifically provided by law.**

I release the Rhode Island Department of Human Services (DHS) and its employees from any liability arising from the release of this information to the above party, provided that said release of information is done substantially in accordance with applicable law. This consent will have a duration of no longer than one (1) year from the date of this form. I understand that I may withdraw my consent in writing to the Department at any time except to the extent that action has been taken in reliance on it.

I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign the authorization. I need not sign this form in order to receive services from DHS or from my child care provider. I understand that I may inspect or obtain information to be used or disclosed. I understand that any disclosure of information carries with it a potential for an unauthorized redisclosure and the information may not be protected by confidentiality rules.

**I have read and understand the above statements and do herein voluntarily consent to disclosure of the above information to those persons named above.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# **RHODE ISLAND EARLY LEARNING COUNCIL MEETING**

**September 30, 2015**

11:30-2:00 p.m.  
*Save the Bay*





# MEETING AGENDA

Welcome, Opening Remarks, and Meeting Overview

Milestones and Celebrations

RTT-ELC No-Cost Extension Overview and Update on Sustainability Planning

Public Comment

Children's Cabinet Update and Connection with the Early Learning Council

Rhode Island Early Learning Council Strategic Plan Update

Discussion: Initial Feedback on Potential New/Emerging Objectives and Goals

Family Child Care Contract Overview

Updates

Public Comment

Next Steps



# MILESTONES AND CELEBRATIONS

- CCRI NAEYC Accreditation
- Full Day Kindergarten
- Workforce Registry



# RTT-ELC UPDATE AND OVERVIEW OF NO COST EXTENSION

- ⦿ Budget: Rhode Island has drawn down over \$28M of \$50M
- ⦿ \$13M drawn down in 2015. Remaining \$22M is allocated. Both are on track to budget projection.
- ⦿ 76% of the grant's task deliverables have been met
- ⦿ Key areas of focus:
  - ⦿ BrightStars participation (overall and at higher quality levels)
  - ⦿ Complete the data system
  - ⦿ Complete KEA pilot and meet developmental screening goals



# OVERVIEW OF NO-COST EXTENSION

- ⦿ 4 applications submitted and approved
  - ⦿ Grant Management
  - ⦿ Program Quality Improvement
    - ⦿ Includes workforce supports that improve program quality
  - ⦿ Comprehensive Assessment
  - ⦿ Building an Early Learning Data System
- ⦿ Each have different timelines for the implementation of activities within the project area – see handout.



# UPDATE ON SUSTAINABILITY PLANNING

- ⦿ Draft report outline presented in late June. Incorporates feedback from the January Council meeting.
- ⦿ Team requested reframe of the document layout to be more representative of how we talk about the work.
- ⦿ Extended PEG contract and met again earlier this month to approve document outline, presentation and layout.
- ⦿ Team continues to work on the finer details – bringing in leadership of each agency.

# **PUBLIC COMMENT**

**RHODE ISLAND EARLY  
LEARNING COUNCIL  
STRATEGIC PLAN UPDATE**



# BACKGROUND

- ◎ **2010 RI Early Learning Council formed**
- ◎ **2010 Strategic Report/ARRA Application**
  - ◎ **Access:** understand needs and gaps
  - ◎ **Program Quality:** understand cost of quality by BrightStars levels, explore financing strategies
  - ◎ **Professional Development:** PD system planning, workforce study
  - ◎ **Higher Education:** establish T.E.A.C.H. to provide access to AA degrees, workforce study, analyze capacity of higher education
  - ◎ **Early Learning Standards:** work to update/expand
  - ◎ **Align Program Quality Standards:** update DCYF center licensing regulations, work to align program quality standards and measurement
  - ◎ **Data Systems:** develop recommendations for coordinated birth to 8 data infrastructure
  - ◎ **Children's Learning & Development:** explore statewide kindergarten entry assessment, explore options to improve 3<sup>rd</sup> grade reading proficiency



# BACKGROUND

## ◎ 2011 RTT-ELC Application

- ◎ **Improve program quality:** revise/align program standards, maximize participation in BrightStars QRIS, invest in strategies that promote quality improvement, improve DCYF licensing and monitoring practices
- ◎ **Improve child outcomes:** revise/expand RI Early Learning Standards, expand professional development on RIELS, statewide formative assessment system, universal developmental screening, evidence-based interventions
- ◎ **Improve workforce:** revise/expand Workforce Knowledge & Competencies, provide high-quality professional development, expand T.E.A.C.H. and include BA track, expand CCRI RIECTP program, build a workforce registry, complete workforce study
- ◎ **Measure outcomes and progress:** build comprehensive and coordinated early learning data system, implement statewide formative assessment system, identify and pilot a kindergarten entry assessment



# BACKGROUND

## © 2012 RI Early Learning Council Strategic Plan





# NGA ECE COMPREHENSIVE PLANNING PROCESS

- ❖ National Governor's Association Center for Best Practices
- ❖ Opportunity for Technical Assistance to:
  - “strengthen and implement a policy agenda related to expanding access and improving the quality of early care and education (ECE) for children from early childhood through third grade.”
- ❖ 5 States Selected – IL, KY, MS, MT, RI
- ❖ ECE includes: Child Care, State Pre-K, Early Intervention, Preschool Special Education, Head Start/Early Head Start, K-3, home visiting



# NGA ECE COMPREHENSIVE PLANNING PROCESS

- ❖ Goal: update and strengthen the RI Early Learning Council's Strategic Plan for a coherent B-8 system supporting children's early learning and development.
- ❖ Goal: Coordinate with other key planning activities (e.g. RIDE Strategic Plan, RTT-ELC Sustainability Plan, Children's Cabinet, etc.)
- ❖ Goal: Identify/Elevate policy priorities for Governor to champion



# NGA ECE COMPREHENSIVE PLANNING PROCESS

- ❖ 12-member Public-Private Leadership Team (operating as Ad Hoc Committee of the RI Early Learning Council)
- ❖ Multiple Opportunities for Community Input (Council Sub-Committees)
- ❖ Update/Input at September 2015 Council Meeting
- ❖ Finalize at December 2015 Council Meeting
- ❖ Governor's Summit on ECE in 2016



# DRAFT STRATEGIC PLAN FRAMEWORK

**Access Goal:** Increase access to high-quality early learning programs (b-8) particularly for children with high needs

## Foundational Objectives:

- ⦿ Increase access to CCAP
- ⦿ Increase access to Early Head Start and Head Start
- ⦿ Increase access to State Pre-K
- ⦿ Increase access to Early Intervention (DCYF focus)
- ⦿ Increase access to Preschool Special Education (inclusive ECE classroom focus)
- ⦿ Increase access to full-day kindergarten

## Potential new/Emerging Objectives:

- ⦿ Increase access to evidence-based home visiting programs
- ⦿ Reduce chronic absence K-Grade 3 and improve participation in ECE programs for all children 0 to 8.
- ⦿ Connect all maltreated children 0 to 8 to services that promote learning and development



# DRAFT STRATEGIC PLAN FRAMEWORK

**Quality Goal:** Improve the quality of early learning programs (b-8), particularly those serving children with high needs

## Foundational Objectives:

- ⦿ Use a common statewide Quality Rating and Improvement System (BrightStars)
- ⦿ Ensure consistent and effective monitoring and rating of early learning programs (licensing, BrightStars, RIDE Comprehensive Early Childhood Education approval)
- ⦿ Promote 100% participation in BrightStars
- ⦿ Invest resources to improve program quality
- ⦿ Increase the number/% of early learning programs (schools, centers, and family child care) that achieve Star 4 and Star 5 in BrightStars

## Potential New/Emerging Objectives & Strategies:

- ⦿ Establish and use quality standards for K-3 (social-emotional, family engagement, etc.)
- ⦿ Implement best practices for DLL/ELL children in ECE programs for all children 0 to 8
- ⦿ Implement tiered reimbursement for the Child Care Assistance Program (strategy to support program quality improvement)
- ⦿ Explore use of state child care tax credits to promote program quality (strategy)



# DRAFT STRATEGIC PLAN FRAMEWORK

**Workforce Goal:** Improve the knowledge and competencies of the early care and education workforce working with children b-8

## Foundational Objectives:

- ⦿ Develop/use workforce knowledge and competencies (WKC) frameworks
- ⦿ Develop/use a workforce registry
- ⦿ Ensure institutions of higher education and professional development providers offer training and coursework aligned to the WKC frameworks
- ⦿ Increase the number of early childhood educators receiving aligned professional development
- ⦿ Increase the number of early childhood educators who obtain aligned credentials along career pathways (college credits in ECE, AA degree, BA degree, MA degree)

## Potential New/Emerging Objectives:

- ⦿ Explore strategies to improve wages and benefits for the early care and education workforce and connect to qualifications
- ⦿ Establish access to higher education coursework in Spanish (strategy)



# DRAFT STRATEGIC PLAN FRAMEWORK

**Improve Outcomes for Children Goal:** Improve outcomes for children b to 8, but especially for children with high needs

## Foundational objectives:

- ⦿ Promote use of RI Early Learning & Development Standards
- ⦿ Increase the number/% of children who receive developmental screenings
- ⦿ Support the use of formative child assessment systems by programs serving children 0 to K entry
- ⦿ Develop, pilot, and implement a Kindergarten Entry Profile

## Potential New/Emerging Objectives:

- ⦿ Increase the number/% of children who can read proficiently by end of 3<sup>rd</sup> grade
- ⦿ Improve the social/emotional competence of children 0 to 8 (strategies: expand and improve social/emotional learning opportunities and social/emotional and mental health services in ECE programs for all children 0 to 8)



# DRAFT STRATEGIC PLAN FRAMEWORK

**Data Goal:** Ensure the state has data on programs, children, and the workforce to inform policy decisions

## Foundational objectives:

- ⦿ Complete and use the Early Care and Education Data System (ECEDS) to inform state policy decisions. *ECEDS will contain information on early learning programs, the early learning workforce, and children and from birth to K entry*
- ⦿ Implement common Kindergarten Entry Profile system statewide



# DRAFT STRATEGIC PLAN FRAMEWORK

**New Goal?:** Improve well-being of families with young children b to 8

**Recommendation:** Send these priorities to Children's Cabinet and support implementation/coordination.

- ⦿ Clear listing of services for children and families birth to 8
- ⦿ Coordinated referrals and case management
- ⦿ Improve family economic security
- ⦿ Universal screening and treatment for maternal depression and parent psycho-social issues (prenatal through early childhood)
- ⦿ Expand effective two-generation programs that promote improved outcomes for children and parents

**DISCUSSION: INITIAL FEEDBACK  
ON POTENTIAL NEW/EMERGING  
OBJECTIVES AND GOALS**



# DISCUSSION QUESTIONS

- ❖ Which ideas will create a significant impact or cause widespread positive change for children?
- ❖ Which ideas address the most pressing issues facing our birth to eight early childhood system?
- ❖ Which ideas offer the boldest and root-cause driven solutions that address the most important next steps for our birth to eight early childhood system?
- ❖ Which ideas have the most research or evidence basis?

# **FAMILY CHILD CARE CONTRACT OVERVIEW**

# UPDATES



# WORKFORCE REGISTRY

- Workforce Registry to be launched early October.
- “Soft-launch” in the fall with a small group of providers. Will provide hands-on support and use issues and questions that arise to inform on-going training.
- RFP for vendor to provide training and technology in early 2016.
- Continue registration efforts through RIAEYC conference in the Spring of 2016.



# RISING STARS

- The Rising Star award is to recognize programs achieving an advanced level in the BrightStars Quality Rating System.
- Programs that increase their BrightStars quality rating during the time period of 6/1/15 through 12/15/15 are eligible.
- Programs receiving a 1-Star rating are ineligible to receive an award. The exception to this is programs that are converting from 2009 to 2013 BrightStars Standards may receive an award at all levels, including star level 1.
- Programs can apply for funds once the program has received their new rating. Programs applying to BrightStars for the first time must achieve a rating of two stars or higher to be eligible for an award.
- Currently 42 programs have been awarded a Rising Star payment. Total funds expended to date totals \$84,500.

# **PUBLIC COMMENT**



# NEXT SUBCOMMITTEE MEETINGS

Council/ Subcommittee	Focus Area	Date	Time	Location
<b>Access</b>	Identify Access Gaps and Barriers	September 8, 2015	2:30-4:00 p.m.	Rhode Island Foundation One Union Station, Providence, RI Gallery Room
<b>Data</b>	Admin WKC and Professional Development Systems	October 21, 2015	10:00 – 12:00 p.m.	Warwick Public Library 600 Sandy Lane, Warwick, RI
<b>Early Learning Development Standards and Assessment</b>	KEA Roll Out of the Pilot, RTT-ELC Projects -4 year review of accomplishments	December 7, 2015	2:00-4:00 p.m.	Northern Rhode Island Collaborative, 640 George Washington Hwy, Lincoln, RI tentative)
<b>Program Standards and Quality</b>	Participation Along the Continuum	October 13, 2015	2:00-4:00 p.m.	Warwick Public Library 600 Sandy Lane, Warwick, RI
<b>Workforce</b>	Higher Education	November 3, 2015	9:30-11:30 a.m.	Warwick Public Library 600 Sandy Lane, Warwick, RI

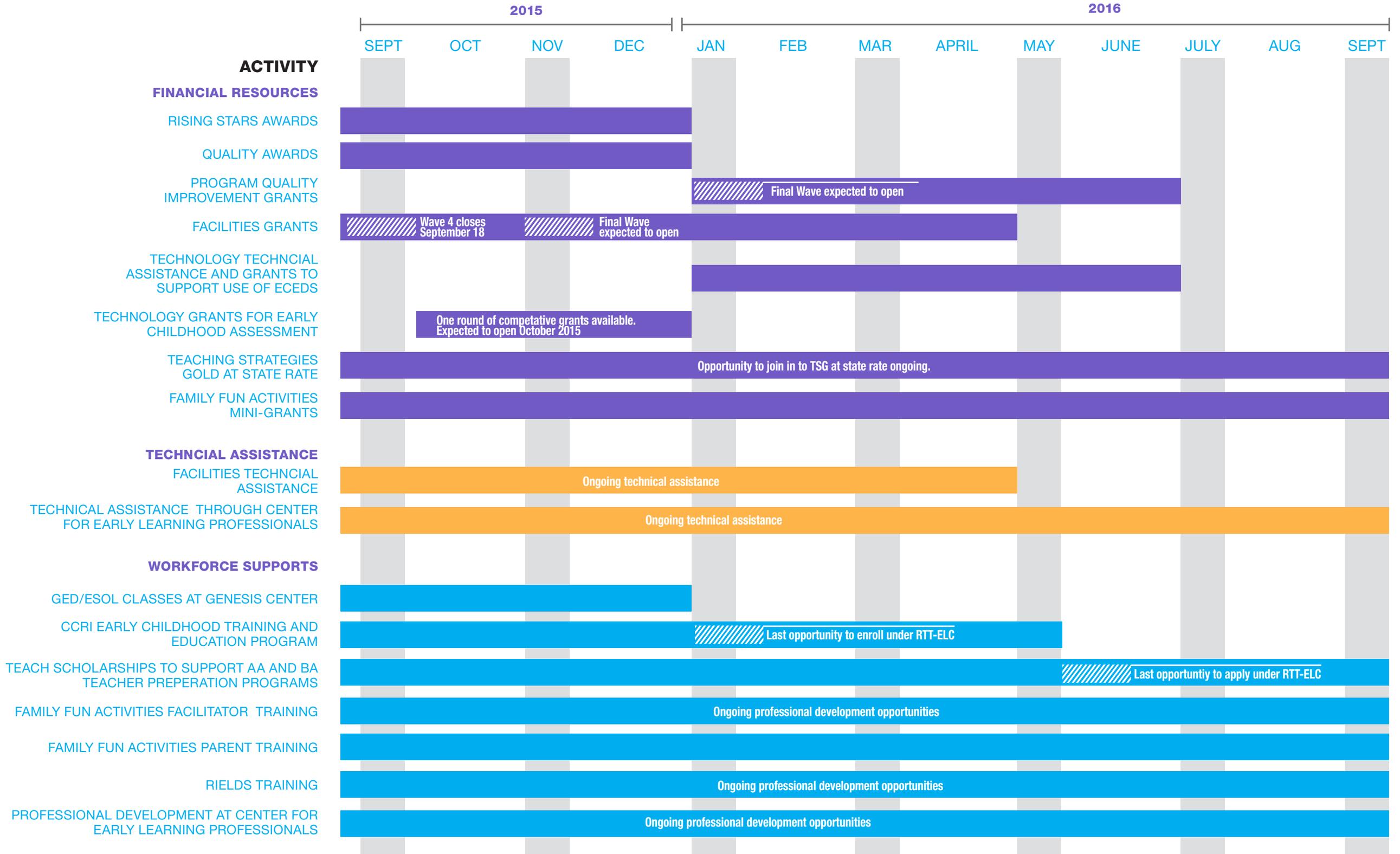


# NEXT COUNCIL MEETINGS

## Regular Council Meeting

- ⦿ **Date:** December 9, 2015 11:30 a.m. -2:00 p.m.
- ⦿ **Location:** Rhode Island Foundation

## EXCEED RESOURCES AND SUPPORTS:



# Rhode Island Early Learning Council Strategic Plan 2012-2016



December 2012

Rhode Island Early Learning  
Council Co-Chairs

Deborah A. Gist, Commissioner,  
Rhode Island Department of  
Education

Elizabeth Burke Bryant, Executive  
Director, Rhode Island KIDS  
COUNT

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# LETTER FROM THE RHODE ISLAND EARLY LEARNING COUNCIL CO-CHAIRS

Dear Fellow Rhode Islanders,

Thank you for taking the time to read and understand our strategic plan. This plan outlines the long-term goals, targets and key strategies of the Rhode Island Early Learning Council - a collaborative, cross-sector, cross-departmental body intended to align systems and resources statewide to support high quality early care and education services and improve coordination and collaboration among multiple agencies, organizations and programs.

This plan is meant to be a living document that will help prioritize our work and set our direction as a Council over the next five years from 2012 – 2016. We believe the goals and targets that we have set are both ambitious and achievable. We have also worked hard to ensure that the strategies reflected in this document are aligned and integrated across the multiple state agencies responsible for early learning in this State. The broad goals and vision articulated in this plan are supported by all of the state partner agencies and we know that full implementation of all the components of this ambitious plan will require additional funding and advocacy support.

Our major goal, the primary charge of the Council, is to expand access to ensure that more children, particularly children from low-income and vulnerable families, participate in high-quality early learning and development programs, including high-quality child care (both center-based and family child-care homes), Head Start, Early Head Start, Pre-K, Early Intervention, preschool Special Education, and full-day kindergarten. This overarching goal is supported by strategies in five areas of focus:

- Expanding Access to High Quality Programs
- Improving Program Quality
- Developing and Sustaining an Effective Early Care and Education Workforce
- Improving Early Learning and Child Development Outcomes
- Measuring Outcomes and Progress

This is an exciting time for early learning in the State of Rhode Island. We have a strong foundation in place and a plan and resources upon which to build. We are especially excited by Rhode Island's recent Race to the Top – Early Learning Challenge award, a competitive grant program jointly administered by the U.S. Departments of Education and Health and Human Services. This \$50 million award over four years (2012 – 2015) will go a long way toward accelerating Rhode Island's efforts to improve early learning and development opportunities for Rhode Island's youngest children and create an effective, accountable early learning system that increases access to quality early care and development programs for the highest need children in our State.

Sincerely,

Deborah A. Gist  
Co-chair, RI Early Learning Council  
Rhode Island Commissioner of Education

Elizabeth Burke Bryant  
Co-chair, RI Early Learning Council  
Executive Director, Rhode Island KIDS COUNT

## **ROLE OF THE EARLY LEARNING COUNCIL**

Rhode Island's Early Learning Council was formed in June 2010 according to the guidelines for State Early Care and Education Advisory Councils outlined in the 2007 federal Head Start Reauthorization Act. The Council is made up of 24 key leaders representing all the sectors of the early learning and development field and is co-chaired by the Commissioner of Education, Deborah A. Gist, and by Elizabeth Burke Bryant, the Executive Director of Rhode Island KIDS COUNT, an independent children's policy and research organization.

The Rhode Island Early Learning Council's overarching goal is "to expand access to ensure that more children, particularly from low-income and vulnerable families, participate in high-quality early learning programs, including high-quality child care (both center-based and family child-care homes), Head Start, Early Head Start, Pre-K, Early Intervention, preschool Special Education, and full-day kindergarten." To achieve this goal, the Council works to facilitate the development and sustainability of high-quality systems of early childhood education and care serving children from birth through age 8, with the goal of improving school readiness and success in school. In this role, the Council has developed a collaborative, cross-sector, cross-department strategic plan that aligns strategies and resources to support high quality early care and education services and improve coordination and collaboration among multiple agencies, organizations and programs. This initial plan is focused on developing and sustaining a high-quality system of early childhood education and care for our youngest children, age birth to five.

### **Race to the Top Early Learning Challenge**

In December 2011, Rhode Island was one of nine states awarded grants from the \$500 million Race to the Top – Early Learning Challenge fund, a competitive grant program jointly administered by the U.S. Departments of Education and Health and Human Services. Rhode Island was awarded \$50 million over four years to improve early learning and development opportunities for Rhode Island's young children. These grant funds will enable Rhode Island to build on its many strengths and accelerate its efforts to create an effective, accountable early learning system that increases access to quality early care and development programs for the State's highest need children.

This initiative will be managed and implemented by the Rhode Island Department of Education (RIDE) and its partner agencies, including the Executive Office of Health and Human Services, the Department of Human Services, the Department of Health and the Department of Children, Youth and Families. The work will be carried out by Core Project Management Teams led by state agency staff. Each Core Project Management Team includes a representative from the Early Learning Council in addition to state staff to carry out the work. Core Project Management Teams will consult with local and national experts for policy guidance as needed.

The Rhode Island Early Learning Council will provide leadership and oversight to the grant implementation to ensure the development of cross-sector and cross-departmental systems and programs. It is also charged with facilitating overarching policy decisions to help ensure the effective implementation of the grant. To support the work, seven Early Learning Council Sub-Committees have been established and will take the lead

in gathering and synthesizing stakeholder and public input and recommendations to inform the Core Project Management teams which are responsible for carrying out the grant activities on a day-to-day basis, ensuring the goals are achieved. The Early Learning Council Sub-Committees are as follows:

Early Learning Council Sub-Committee	Sub-Committee Co-Chairs
<b>Early Learning and Development Standards</b>	Susan Dickstein and Kristen Greene
<b>Early Childhood Assessment</b>	Mindy Mertz and Judy Stevenson-Garcia
<b>Program Standards Alignment</b>	Elizabeth Burke Bryant and Michele Palermo
<b>Program Quality Improvement</b>	Leanne Barrett and Karen Beese
<b>Workforce Knowledge and Competencies</b>	Khadija Lewis Khan and Karen Beese
<b>Data System</b>	Tammy Camillo and Mike Bosworth
<b>Access to High Quality Programs</b>	Elizabeth Burke Bryant and Lawrence Pucciarelli

Early childhood stakeholders will be a critical partner in the process and will be provided a number of opportunities to review documents and make recommendations to the Core Project Management team as the work progresses. This input is considered vital for the success of the Race to the Top-Early Learning Challenge Initiative.

## **RHODE ISLAND EARLY LEARNING COUNCIL MEMBERS**

### **Co-Chairs**

Deborah A. Gist, Commissioner, Rhode Island Department of Elementary and Secondary Education

Elizabeth Burke Bryant, Executive Director, Rhode Island KIDS COUNT

### **Members**

Jim Berson, Chair, RI Interagency Coordinating Council on Early Intervention

Tammy Camillo, Executive Director, Rhode Island Association for the Education of Young Children

Regina Costa, State Child Advocate, Office of the Child Advocate

Janice DeFrances, Director, Rhode Island Department of Children, Youth and Families

Susan Dickstein, President, RI Association for Infant Mental Health

Colleen Dorian, President, Family Child Care Homes of Rhode Island

Maryann Finamore-Allmark, Director, Westbay Children's Center

Dr. Michael Fine, Director, Rhode Island Department of Health

Cynthia Garcia Coll, Professor of Education, Psychology, and Pediatrics, Brown University

Leslie Gell, Director, Ready to Learn Providence

Deborah Grossman-Garber, Associate Commissioner, RIOHE

Pamela High, Director of Developmental-Behavioral Pediatrics, Hasbro Children's Hospital

Cindy Larson, Senior Program Officer, Rhode Island Child Care Facilities Fund

Khadija Lewis Khan, Executive Director, Beautiful Beginnings Child Care Center

Susan Lusi, Superintendent, Providence Public Schools

Anthony Maione, President and CEO, United Way of Rhode Island

Aimee Mitchell, RI Head Start Association

Charlotte Moretti, Chair, RI Child Care Directors Association

Michele Palermo, Associate Director, Early Childhood Education, Rhode Island Department of Elementary and Secondary Education

Sandra Powell, Director, Rhode Island Department of Human Services

Larry Pucciarelli, Director, Island Head Start Collaboration Office

Neil Steinberg, President & CEO, The Rhode Island Foundation

Susan Warford, Coordinator, URI Child Development Center

### **Ex Officio:**

Leanne Barrett, Senior Policy Analyst, Rhode Island KIDS COUNT & Coordinator, Rhode Island Early Learning Council

# RHODE ISLAND EARLY LEARNING COUNCIL WORKGROUP MEMBERS

## Co-Chairs

Leanne Barrett, Senior Policy Analyst, Rhode Island KIDS COUNT

Michele Palermo, Associate Director, Early Childhood Education, Rhode Island Department of Elementary and Secondary Education

Larry Pucciarelli, Director, Rhode Island Head Start Collaboration Office

## Members

Brenda Almeida, Licensing Supervisor, Rhode Island Department of Children, Youth and Families

Chris Amirault, President, Rhode Island Association for the Education of Young Children

Christine Arouth, Executive Director, Newport Family and Child Opportunity Zone

Karen Beese, Child Care Specialist, Rhode Island Department of Human Services

Blythe Berger, Team Leader – Perinatal and Early Childhood Health, Rhode Island Department of Health

Tammy Camillo, Executive Director, Rhode Island Association for the Education of Young Children

Diane Cook, State Child Care Administrator, Rhode Island Department of Human Services

Terese Curtin, Executive Director, Connecting for Children & Families

Susan Dickstein, Ph.D., President, RI Association for Infant Mental Health

Colleen Dorian, President, Family Child Care Homes of Rhode Island

Brenda Duhamel, Chief, Family Health Systems, Rhode Island Office of Health and Human Services

Rhonda Farrell, Rhode Island Head Start Association

Maryann Finamore Allmark, Director, Westbay Children's Center

Ruth Gallucci, Education Specialist: Early Childhood Special Education, Rhode Island Department of Elementary and Secondary Education

Leslie Gell, Director, Ready to Learn Providence

Jerry Hatfield, Professor and Chair – Department of Human Services, Community College of Rhode Island

Cindy Larson, Senior Program Officer, Rhode Island Child Care Facilities Fund

Khadija Lewis Khan, Executive Director, Beautiful Beginnings Child Care Center

Mindy Mertz, Supervisor, Providence Public Schools

Susan Orban, Coordinator, Washington County Coalition for Children

Leslie Sevey, Ph.D., Assistant Professor, Rhode Island College

Melinda Smith, Director of Curriculum, Lincoln Public Schools

Susan Warford, Coordinator, URI Child Development Center

## DEVELOPMENT OF THE STRATEGIC PLAN

This strategic plan integrates and consolidates the plans developed by the Rhode Island Early Learning Council since its inception in June 2010 including strategies and priorities from the following work products of the Council:

- State Early Learning Council ARRA application
- Early Learning Council Access Recommendations
- Early Learning Council Kindergarten Entry Assessment Recommendations
- Early Learning Council Data Team Recommendations
- Race to the Top-Early Learning Challenge Application
- Rhode Island’s Early Learning and School-Age Professional Development System Plan

It is important to note that the Council’s plan, while inclusive of the Race to the Top - Early Learning Challenge strategies is broader and more encompassing. The Council will continue to work towards its overarching goal of “expanding access to ensure that more children, particularly from low-income and vulnerable families, participate in high-quality early learning programs” after the four year Race to the Top – Early Learning Challenges grant is over and the systems building initiatives are in place by continuing to: conduct regular ongoing assessment of needs and gaps in services and identify opportunities for and barriers to increasing access, including financing as well as other strategies for expanding access to ensure that more children (particularly children with high needs) participate in high quality early learning.

Each of the work products that informed the strategic plan were reviewed and endorsed by the Rhode Island Early Learning Council. In addition, initial drafts of the strategic plan were reviewed by Council Work Group members. Feedback was gathered and used to revise the draft, and at the Council meeting on December 5, 2012, the Rhode Island Early Learning Council unanimously approved the plan.

[For additional information about the Rhode Island Early Learning Council:](#)

Contact Leanne Barrett, Coordinator, at 401-351-9400 or [lbarrett@rikidscount.org](mailto:lbarrett@rikidscount.org)

## RHODE ISLAND EARLY LEARNING COUNCIL FOCUS AREAS



\*The Early Childhood Care and Education System must have intentional linkages to systems that support the health and wellness of children and families, acknowledging the importance of children's development in the context of culture and supportive relationships.

## OBJECTIVES AT A GLANCE

### A. Expanding Access to High-Quality Early Learning and Development Programs, particularly for Children with High Needs<sup>1</sup>

**ACCESS1:** Assess needs and gaps.

**ACCESS2:** Identify opportunities for and barriers to increasing access, including financing.

**ACCESS3:** Expand access to ensure that more children (particularly children with high needs) participate in high quality early learning.

### B. Improving Program Quality

**QUALITY1:** Adopt a common, statewide quality rating and improvement system (BrightStars).

**QUALITY2:** Promote 100% participation in BrightStars for early learning programs.

**QUALITY3:** Ensure effective rating and monitoring of the quality of programs participating in BrightStars.

**QUALITY4:** Invest resources to improve the quality of early care and education programs and sustain quality over time.

**QUALITY5:** Study the effectiveness of the BrightStars Quality Rating and Improvement System and make adjustments as needed.

### C. Developing and Sustaining an Effective Early Care and Education Workforce

**WORKFORCE1:** Develop workforce knowledge and competency frameworks and corresponding progressions of aligned credentials.

**WORKFORCE2:** Support early childhood educators in improving their knowledge, skills and abilities.

### D. Improving Early Learning and Development Outcomes for Children

**CHILD OUTCOMES1:** Develop and use high-quality early learning and development standards.

**CHILD OUTCOMES2:** Support effective uses of comprehensive child assessment systems.

### E. Ongoing Measurement of Outcomes and Progress

**MEASUREMENT1:** Develop and implement a common, statewide Kindergarten Entry Assessment aligned with State Standards.

**MEASUREMENT2:** Build an early learning data system.

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<sup>1</sup> Children with High Needs includes young children with disabilities and developmental delays; who have behavioral and mental health needs; young children who have been victims of an indicated case of child maltreatment (including children in foster care); young children who are from low-income families; who are English Language Learners (ELL) and/or have experienced homelessness.

## **A. Expanding Access to High-Quality Early Learning and Development Programs, particularly for Children with High Needs**

### **Goal**

Increase access to high-quality programs for Children with High Needs, including children who are low-income, English language learners, children who have disabilities or special needs, and children who are involved with the child-welfare system or have experienced homelessness.

### **Targets**

#### ***Child Care Assistance Program***

- By 2016, more children from low-income families will be participating in the Child Care Assistance Program, growing from 7,708 in December 2011 to 10,000 in December 2016. (30% increase in child enrollment).
- Increase the percentage of children receiving CCAP, age birth to K entry, that are in high-quality early learning programs.

#### ***Early Head Start/Head Start***

- By 2016, more eligible low income children will be enrolled in Early Head Start growing from 519 (6.5%) in 2011-2012 to 800 (10%) in 2015-2016. (54% increase in enrollment).
- By 2016, more eligible children from low income families will be enrolled in Head Start growing from 2,432 (43%) in 2011-2012 to 2,972 (53%) in 2015-2016. (22% increase in enrollment).

#### ***State Pre-K***

- By 2016-2017 school year, there will be at least 504 children enrolled in a state Pre-K program (28 classrooms), growing from 144 children in 2012-2013 (8 classrooms), a 250% increase.

#### ***Early Childhood Special Education***

- By 2016, 100% of children, age birth through 3, who have been victims of child maltreatment, will be referred to Early Intervention/First Connections by DCYF for assessment and access to appropriate intervention services, up from 65% in 2011.
- By 2016, 85% of preschool children with disabilities and developmental delays will be receiving their special education services within high quality inclusive early childhood settings, up from 52% in 2011.

#### ***Full-Day Kindergarten***

- By the 2016-2017 school year, 100% of Rhode Island kindergarteners enrolled in public school will be enrolled in full day kindergarten, growing from 64% in 2011-2012.

### **Overview**

State economic and budget conditions resulted in major reductions in State funding for the Child Care Assistance Program (through a decrease in eligibility levels and rates that have not been updated for several years) and for Head Start programs. More work needs to be done to continue to demonstrate that

investments in high quality early learning programs pay greatly increased dividends down the road by ensuring that young children have the early childhood foundation they need to succeed in school and in life. Rhode Island has implemented two critical system-building efforts that will lead to lasting change by emphasizing increased access to *high-quality* early learning programs, particularly for children with high needs:

- 1) BrightStars, Rhode Island's research-based Quality Rating and Improvement System; and,
- 2) The planning, design and launch of the State Pre-K Program and the work to include the state Pre-K Program as a categorically funded program in Rhode Island's newly adopted Education Funding Formula, which successfully passed the General Assembly in 2010. Funding for the State Pre-K program, as a categorical program in the school funding formula, started to flow in State FY 2013 and will ultimately expand over ten years to \$10 million per year.

These system elements have significantly strengthened Rhode Island's foundation upon which to build a coordinated, comprehensive State system, however much more work needs to be done to improve access to high-quality early learning programs. The objectives and strategies articulated on the following pages represent the Council's key actions for putting in place policies and funding that will enable more children, particularly children with high needs, to access high-quality, early learning and development programs and services and help to close achievement gaps in young children. These strategies are supported by all of the state partner agencies but due to the role they play with year by year budgets they cannot endorse specific recommendations that have budget implications.

The objectives and strategies outlined below articulate our key actions for achieving these goals.

## Objectives

### ACCESS Objective 1: Assess Needs and Gaps

**Strategy 1.1** Conduct annual statewide needs assessments on the quality and availability of early childhood education and development programs and services from birth to school entry.

**Strategy 1.2** Identify gaps in access, quality and affordability with special attention to Children with High Needs

### ACCESS Objective 2: Identify Opportunities For and Barriers to Access, including Financing

**Strategy 2.1** Use the Early Learning Council as a vehicle for seeking regular input on opportunities and barriers to collaboration.

**Strategy 2.2** Ensure regular two-way communication with existing advisory bodies which focus on the systems and programs which touch young children (e.g. between the Successful Start Steering Committee, the Permanent Legislative Commission on Child Care and the Early Learning Council).

## ACCESS Objective 2: Identify Opportunities For and Barriers to Access, including Financing (Cont'd)

**Strategy 2.3** Identify current financing structure and develop financing recommendations that will increase children's access to high quality learning programs.

## ACCESS Objective 3: Expand Access to Ensure that More Children (Particularly Children with High Needs) Participate in High Quality Early Learning.

### **Child Care Assistance Program- Strategies**

**Strategy 3.1** Develop and implement community outreach strategies to ensure more low-income, working families (including non-English speaking families) know about and participate in CCAP.

**Strategy 3.2** Develop educational materials and outreach strategies for families participating in CCAP to inform them about importance of quality and opportunities to enroll in high-quality early learning programs through CCAP.

**Strategy 3.3** Through passing the "exit bill," implement a cliff-effect prevention policy in CCAP so that currently enrolled families ( $\leq 180\%$  of the Federal Poverty Level) remain eligible for the program as their income increases, up to an exit income limit of 225% of Federal Poverty Level. There are 19 states that have differential entrance and exit income limits to help families avoid the "cliff effect" where they lose child care subsidy but are not earning enough money to pay for licensed child care.

**Strategy 3.4** Continue to pursue changing CCAP policy through legislation to restore eligibility for child care subsidies to 225% of the FPL.

**Strategy 3.5** Change CCAP policy to allow families to maintain eligibility for child care assistance for 12 weeks during periods of unemployment (beyond current 3 week period).

**Strategy 3.6** Change CCAP policy to take in to account a family's expenses associated with repayment of student loans when determining eligibility for child care subsidy.

**Strategy 3.7** Incentivize and support program quality improvement by implementing tiered reimbursement rates, above the current base rates, for programs serving children receiving child care subsidies so higher quality programs receive higher rates of reimbursement.

**Strategy 3.8** In order to help ensure that low-income children have access to high-quality programs, implement the Rhode Island Biennial Child Care Plan's goal of having all providers that receive Child Care Assistance Program payments participate in BrightStars, the state's Quality Rating and Improvement System.

### **ACCESS Objective 3: Expand Access to Ensure that More Children (Particularly Children with High Needs) Participate in High Quality Early Learning (Cont'd)**

**Strategy 3.9** Change CCAP policy so that 4-year old children who are enrolled in quality early learning programs (including center-based and family child care) can remain enrolled during their entire pre-K year at least half-time (20 hours per week) when a parent loses a job.

**Strategy 3.10** Coordinate RI Works with CCAP to ensure that all children ages 3-K entry who are receiving RI Works are enrolled in a quality early learning program (through CCAP, Head Start, State Pre-K, or Preschool Special Education – including both center-based and family child care programs) regardless of parent work status.

**Strategy 3.11** Change CCAP policy to remove specific approved hours from CCAP vouchers, while still maintaining maximum approved hours, so low-income, working families can have better access to high-quality early learning opportunities through CCAP. Families who are approved to drop off children at 11:00 a.m. are missing key early learning opportunities in the morning. Families approved for child care during 2nd or 3rd shift have very few options to access high-quality early learning through CCAP and likely need to sleep during the morning.

**Strategy 3.12** Review and strengthen the KIDS CONNECT program managed by the Executive Office of Health and Human Services to ensure families of children with disabilities and behavior challenges have access to high-quality child care and early learning programs (both center-based and family child care) in every community. Ensure the KIDS CONNECT program helps high-quality early learning providers in every community accept and meet the needs of children with disabilities and behavior challenges.

**Strategy 3.13** Review and strengthen DCYF policies and education/support for foster parents to ensure children receiving CCAP subsidies through DCYF involvement are enrolled in high-quality early learning programs (both center-based and family child care). Ensure foster parents and DCYF workers across the state are aware of opportunities and resources available to enroll children in high-quality child care and early learning programs.

**Strategy 3.14** Amend eligibility requirements for teen parents so that the grandparent's income is not considered for eligibility.

## ACCESS Objective 3: Expand Access to Ensure that More Children (Particularly Children with High Needs) Participate in High Quality Early Learning (Cont'd)

### ***Early Head Start/Head Start - Strategies***

**Strategy 3.14** Advocate for increased federal and state funding to expand access to Early Head Start and Head Start.

**Strategy 3.15** Expand collaboration between Head Start and community-based child care programs (center-based and family child care) to better meet the needs of low-income children enrolled in child care.

**Strategy 3.16** Review and strengthen DCYF policies and education/support for foster parents to ensure children involved with DCYF have opportunities to enroll in Head Start and Early Head Start.

### ***PreK - Strategies***

**Strategy 3.17** Continue the implementation of the education funding formula plan to expand the state Pre-K program to provide a high-quality early childhood education program through a diverse delivery system, including center-based and family child care programs, Head Start, and public schools, for 3- and 4- year old children in the critical preschool years.

**Strategy 3.18** Continue the policy of targeting communities with greatest numbers of students in free/reduced priced lunch to ensure children in low-income families and other children with high needs have priority access to state Pre-K .

### ***Early Childhood Special Education - Strategies***

**Strategy 3.19** Adopt recommendations from the Early Intervention – Child Welfare Committee convened by DCYF and the Early Intervention Interagency Coordinating Council to improve access to and quality of Early Intervention services available for children, age birth through 3, who have been victims of child maltreatment.

**Strategy 3.20** Expand opportunities for children with disabilities and developmental delays to enroll in community-based and public school early learning programs serving typically developing children.

**Strategy 3.21** Ensure adequate training and supports are available to all early learning programs (child care, Head Start, Pre-K, and public schools) so that children with disabilities and developmental delays can be successful in inclusive settings.

**ACCESS Objective 3: Expand Access to Ensure that More Children (Particularly Children with High Needs) Participate in High Quality Early Learning (Cont'd)**

***Full-Day Kindergarten***

**Strategy 3.22** Encourage school districts to expand access to full-day kindergarten by maintaining differential reimbursement within the funding formula (e.g. half-day funding for half-day programming).

**Strategy 3.23** Secure funding for the new Full-Day Kindergarten Start-Up Fund managed by RIDE (enabling legislation passed in 2012 legislative session).

**Strategy 3.24** Prioritize state Full-Day Kindergarten resources for districts serving high percentages of low-income children. It is particularly important to restore Full-Day Kindergarten in Woonsocket.

***Cross- Sector strategies to expand Access for Children with High Needs***

**Strategy 3.25** Expand transportation resources so more children with high needs can participate in high-quality early learning programs.

**Strategy 3.26** Expand training and resources available for community-based child care and early learning programs (including both center-based and family child care) so they can successfully serve children with disabilities and developmental delays.

**Strategy 3.27** Expand training and resources available for community-based child care and early learning programs (including both center-based and family child care) to serve non-English speaking children and provide research-based English language learning opportunities.

**Strategy 3.28** Expand resources for preschool-age children with mental health/behavioral needs, who are not eligible for special education, so they have access and can be effectively served in high-quality early learning programs.

**Strategy 3.29** Develop and use a Statewide Early Learning Data System to track specific populations of Children with High Needs participation in high-quality early learning programs.

**Strategy 3.30** Develop resources to improve early learning opportunities for young children who are not enrolled in formal programs (care from families, friends and neighbors).

## B. Improving Program Quality

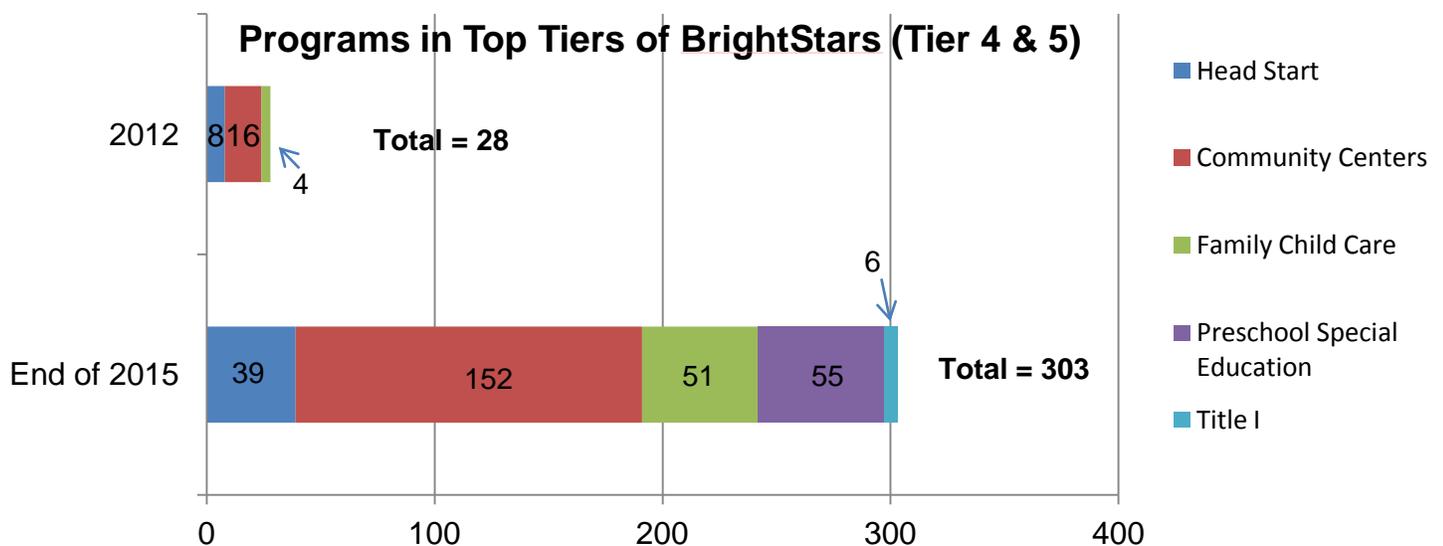
### Goal

Increase the quality of early learning programs, particularly those serving children with high needs.

### Targets

By December 2015, 303 early learning programs in Rhode Island (30% of programs) will achieve the Top Tiers of BrightStars as follows<sup>2</sup>:

- 100% of Preschool Special Education (51 out of 51)
- 100% of Title I (6 out of 6)
- 100% of center-based Head Start/Early Head Start (39 out of 39)
- 56% of centers that do not offer Head Start/Early Head Start (151 out of 272)
- 8% of family child care (51 out of 700)



### Overview

Rhode Island has established a research-based Tiered Quality Rating and Improvement System, called BrightStars, which serves as a roadmap for programs seeking to improve the quality of their program. In addition, there are three other key sets of state-level Program Standards that exist in Rhode Island including: 1) child care licensing standards for center-based and family child care homes; 2) the Rhode Island Department of Education's (RIDE) Basic Education Program Standards for programs in public schools; and, 3) Comprehensive Early Childhood Education Program Standards reflecting voluntary requirements for RIDE Comprehensive Early Childhood Education Program Approval. The Council's goals are to align all of these standards into a common Tiered Quality Rating and Improvement System (TQRIS), and to promote participation in the TQRIS through policy changes, resources, incentives and technical assistance with the goal

<sup>2</sup> This target is based on a percentage of the total licensed programs and schools which may change in any given year.

of achieving 100% participation in BrightStars by December 2013. The objectives and strategies outlined below represent our key actions for aligning these standards and creating a continuum of incentives and supports to help programs increase their quality designation within the TQRIS.

The objectives and strategies outlined below articulate our key actions for achieving these goals.

### **QUALITY Objective 1: Adopt a Common, Statewide Quality Rating and Improvement System.**

**Strategy 1.1** Use BrightStars as the State’s Unified QRIS with linkages to DCYF Licensing and RIDE Comprehensive Early Childhood Education Program Approval.

**Strategy 1.2** Ensure alignment of program quality standards and monitoring practices across all programs and settings.

- Use a collaborative process to revise and align BrightStars standards, DCYF licensing regulations and RIDE Comprehensive Early Childhood Education Program Approval standards.
- Improve community understanding of the alignment of standards for early learning programs.
- Ensure that BrightStars standards are clear and measurable and meaningfully differentiate quality.

**Strategy 1.3** Update DCYF licensing regulations.

**Strategy 1.4** Clarify/streamline cross agency roles and responsibilities regarding program quality.

### **QUALITY Objective 2: Promote 100% Participation in BrightStars.**

**Strategy 2.1** Design and implement changes needed to enroll all licensed DCYF and RIDE funded programs in BrightStars.

**Strategy 2.2** Require that all DCYF-licensed, DHS Child Care Assistance Program-funded and RIDE-funded programs enroll in BrightStars.

**Strategy 2.3** Build the capacity of BrightStars program-assessment and improvement systems to include more participating programs.

### **QUALITY Objective 3: Ensure Effective Rating and Monitoring of the Quality of Programs Participating in BrightStars.**

**Strategy 3.1** Build the staff capacity of BrightStars to provide ratings for all eligible programs as the State moves to 100-percent participation by early learning programs.

### **QUALITY Objective 3: Ensure Effective Rating and Monitoring of the Quality of Programs Participating in BrightStars (Cont'd).**

**Strategy 3.2** Review, strengthen, align, and improve efficiency of monitoring practices and systems within DCYF, BrightStars and RIDE.

**Strategy 3.3** Identify and train a pool of assessors to achieve reliability on standardized classroom quality assessments.

**Strategy 3.4** Build the capacity of DCYF licensing to inspect licensed family child-care homes at least once per year.

**Strategy 3.5** Build data and information-sharing systems to share licensing compliance information with parents/public via the Internet.

**Strategy 3.6** Share licensing compliance information with parents/public.

### **QUALITY Objective 4: Invest Resources to Improve the Quality of Early Care and Education Programs and Sustain Quality Over Time.**

**Strategy 4.1** Implement a tiered quality incentive payment system.

**Strategy 4.2** Offer Program Quality Improvement Contracts to help programs serving Children with High Needs meet quality benchmarks.

**Strategy 4.3** Research and implement policies and financial supports to incentivize program quality improvement and encourage retention of effective early childhood educators.

**Strategy 4.4** Expand and align technical assistance resources to help program serving Children with High Needs meet quality benchmarks.

### **QUALITY Objective 5: Study the Effectiveness of the BrightStars Quality Rating and Improvement System and Make Adjustments as Needed.**

**Strategy 5.1** Work with an independent evaluator to conduct a study of BrightStars to validate its effectiveness.

## C. Developing and Sustaining an Effective Early Care and Education Workforce

**Goal:** Increase the capacity of the State’s professional development and higher education system to provide a range of high-quality supports to improve the knowledge and competencies of the early childhood workforce. Ensure that individuals have the ability to progress to higher levels of credentials and increase their access to higher-education credits for applicable training and education.

### Targets

- By December 31, 2015, the number of Early Childhood Educators progressing to higher levels of credentials that are aligned with the Workforce Knowledge and Competency Framework in the State Career Progression will grow to at least 1,000 individuals at Level 1 (12 college credits in ECE), 700 individuals at Level 2 (AA degree in ECE), 500 individuals at Level 3 (BA degree in ECE) and 100 individuals at Level 4 (MA degree in ECE).
- By December 31, 2015, the number of Early Childhood Educators receiving credentials from postsecondary institutions and that are aligned with the Workforce Knowledge and Competency Framework will grow to at least 150 individuals per year (100 percent of postsecondary credentials at CCRI, URI, and RIC), and the number of Early Childhood Educators receiving professional development aligned with the Workforce Knowledge and Competency Framework will grow to at least 2,500 individuals per year.
- By December 31, 2015, 11 higher education institutions and professional development providers that are providing programs that are aligned with the Workforce Knowledge and Competency Framework.
- By December 31, 2015, 2,500 early childhood educators will be credentialed by higher education institutions or professional development providers that are providing programs that are aligned with the Workforce Knowledge and Competency Framework.

### Overview

The most important factor in high-quality early learning is having an effective educator in every setting every day. The objectives and strategies outlined below list a number of key strategies that will significantly increase the capacity of the State’s professional-development system to improve the knowledge and competencies of the early childhood workforce and ensure that individuals have the ability to move up their respective career progressions and increase their access to higher-education credits for applicable training and education.

The objectives and strategies outlined below articulate our key actions for achieving these goals.

## WORKFORCE Objective 1: Develop Workforce Knowledge and Competency Frameworks and Corresponding Progressions of Aligned Credentials

**Strategy 1.1** Complete the development and release of teacher and teacher assistant Workforce Knowledge and Competencies (WKC) and Career Progressions. Develop WKC's and Career Progressions for preschool special educators, family child care, early intervention providers, program administrators/directors, education coordinators, professional development providers and higher education.

**Strategy 1.2** Ensure alignment of higher education teacher-preparation programs and professional development training with the workforce knowledge and competencies.

## WORKFORCE Objective 2: Support Early Childhood Educators in Improving Their Knowledge, Skills and Abilities

**Strategy 2.1** Develop an adequately funded, evidence-based system of both credit bearing and non-credit bearing professional development.

**Strategy 2.2** Increase the availability and accessibility of a variety of high-quality professional development opportunities that are aligned with Rhode Island's new Workforce Knowledge and Competencies Frameworks.

- Ensure that professional development opportunities are proven, evidence-based and data informed, build core competencies, and incorporate adult learning principles.
- Ensure that only professional development that meets these requirements is accepted for meeting program standards requirements, such as licensing.
- Expand access for infant, toddler, and preschool educators and administrators, including family child care providers, to high quality professional development, particularly in the areas of curriculum development, child assessment and differentiated instruction.
- Ensure that trainings are accessible to working professionals.
- Ensure that trainings are accessible for Spanish speaking providers.
- Identify, recruit and train bilingual professional development providers to meet the professional development needs of the current workforce
- Identify, recruit and train professional development providers with expertise working with English Language Learners (ELL) children
- Review and identify best practices from other states to ensure early childhood educators are trained to support the development of young children's language and literacy skills, with particular attention to ELL.

**Strategy 2.3** Develop clear, articulated Career Progressions for early learning:

- Develop one clear resource (website/calendar) for access to information – Professional Development information, registration, Workforce Knowledge and Competencies, Career Progressions, career advising, etc.
- Incorporate strategies to support the transfer of skills and knowledge gained through Professional Development to actual practice in programs (e.g. require teams of teachers to attend training together with program administrators, provide on-site technical assistance as follow-up to classroom based Professional Development).

## WORKFORCE Objective 2: Support Early Childhood Educators in Improving Their Knowledge, Skills and Abilities (cont'd)

- Explore alternative pathways for earning college credit / teacher certification.

**Strategy 2.4** Explore the development of a Birth through 2nd grade state certification for teachers that is aligned with the Workforce Knowledge and Competencies.

**Strategy 2.5** Adequately finance the Professional Development system:

- Expand resources available to provide a variety of high-quality professional development opportunities for early childhood educators across the workforce spectrum, including family child care providers, infant/toddler caregivers, preschool teachers, teaching assistants, , education coordinators, program administrators, and special educators.
- Work cross-sector (child care, Head Start, state Pre-K, Early Intervention, and Preschool Special Education) to provide high-quality, shared professional development opportunities and to combine funding streams to more effectively match professional development needs.
- Identify resources to support staff participation in comprehensive professional development (e.g. scholarships, funds for substitutes to cover staff release time, stipends for staff to attend training on weekends or at night).
- Expand higher education resources for early care and education, including expanding the T.E.A.C.H. Early Childhood program and other effective pathways to increased educational attainment for the full range of the early learning workforce in Rhode Island.

**Strategy 2.6** Map the capacity of the institutes of higher education in the development of early educators and assess effectiveness in meeting the needs of the workforce:

- Continue to support articulation agreements, policies and procedures among higher education institutions that are formal, transparent, active and easily accessible to students.
- Work with organizations who offer Professional Development to connect community-based Professional Development to higher education.

**Strategy 2.7** Collect, use and publicly report aggregated data on early childhood educator development, advancement and retention to inform the Professional Development system:

- Use national research to identify effective Professional Development models in areas of high need identified through data system, registry and workforce study.
- Support the development of a state-wide comprehensive Early Learning Data System.
- Develop a Trainer and Workforce Registry.
- Develop systems to evaluate and assess learning outcomes for participants.

## D. Improving Early Learning and Development Outcomes for Children

### Goals:

Improve outcomes for all children, but especially for children with high-needs, by developing and ensuring the effective use of early learning standards for children at birth through age five.

Ensure that delays and disabilities which impact children's learning and development are identified as early as possible so that children's needs can be addressed.

### Targets

- By 2013, the Rhode Island Early Learning Standards will be revised and updated and will include learning guidelines for Infants and Toddlers. By 2016, the standards will be implemented and used statewide in all early learning programs.
- By 2016, by 36 months of age, 50% of children will have a complete set of developmental screenings in KIDSNET.
- By 2016, 80% of 4 year olds will have received at least one Child Outreach screening.
- By 2015, the state Kindergarten Entry Assessment will be piloted in at least 4 urban core districts. By 2020, the state kindergarten entry assessment will be implemented in all districts statewide.
- By December 31, 2016, Rhode Island will have a system in place across State Departments to use the Early Learning Data System and Kindergarten Entry Assessment data to address the readiness gaps for children with High Needs, including young children with disabilities and developmental delays; who have behavioral and mental health needs; young children who have been victims of an indicated case of child maltreatment(including children in foster care); young children who are from low-income families; who are English Language Learners (ELL) and/or have experienced homelessness.

### Overview

The overarching goal of the Rhode Island Early Learning Council is to improve outcomes for children in order improving school readiness and success in school. This requires attention to several elements including, common standards for what children should know and be able to do as they develop along the birth-to-kindergarten age span, comprehensive assessment and developmental screening. Rhode Island has a strong foundation in place for all of these elements and plans to use that foundation to:

- 1) Build a comprehensive set of birth to five early learning standards.
- 2) Provide professional development to support the use of the Early Learning Standards by early childhood educators.
- 3) Expand availability of parent-training opportunities designed to support children's learning and development across all domains of child development.
- 4) Expand the use of a research-based comprehensive formative assessment system, e.g. Teaching Strategies GOLD, so that classroom teachers can tailor instruction to the needs and strengths of individual children and groups of children.
- 5) Expand the capacity of primary health care providers, especially those serving large numbers of high-needs children, to conduct reliable developmental screenings. This effort will ensure that even children

who are not currently enrolled in programs will be recognized if they have a disability or developmental delay that needs attention.

The objectives and strategies outlined below articulate our key actions for achieving these goals.

### **CHILD OUTCOMES Objective 1: Develop and Use High-Quality Early Learning and Development Standards (ELDS)**

**Strategy 1.1** Develop birth-to-age five early learning and development standards for infants, toddlers and preschoolers.

**Strategy 1.2** Incorporate knowledge and use of new early learning and development standards into existing program standards and workforce knowledge and competency frameworks.

**Strategy 1.3** Develop and implement a process for reviewing and approving curriculum resources aligned with the ELS.

**Strategy 1.4** Develop and implement new professional development and technical assistance opportunities to support the use of the ELDS. Align existing professional development opportunities.

**Strategy 1.5** Review K-3 curriculum, teaching strategies and assessment practices in RI and best practices in other states and recommend strategies to build children’s language and literacy skills.

### **CHILD OUTCOMES Objective 2: Support Effective Uses of Comprehensive Assessment Systems**

**Strategy 2.1** Provide professional development opportunities to develop reliability in child assessment and to support the use of assessment data to inform practice.

**Strategy 2.2** Use policies and incentives to expand the use of research-based formative assessment systems, e.g. Teaching Strategies GOLD.

**Strategy 2.3** Invest in technological supports to facilitate seamless entry of child assessment data by teachers.

**Strategy 2.4** Modify KIDSNET to track developmental screening data and use data to develop strategies to increase the numbers of children birth to 5 years old who receive regular developmental screening, including training and supporting pediatric primary care offices to use developmental screening tools and ensuring efficient communication and referral pathways.

**Strategy 2.5** Train regional English Language Learner (ELL) teams to provide culturally and linguistically appropriate Child Outreach screening to young English learners.

**Strategy 2.6** Create a public-awareness campaign regarding the importance of regular developmental screening for children between birth and age 5.

## E. Ongoing Measurement of Outcomes and Progress

**Goal:** Ensure that the state has data on programs, children, the workforce, and the overall system needed to inform policy decisions. Design and develop effective data systems and to improve outcomes across all domains of child development.

### Targets:

- By December 31, 2015, Rhode Island will have a cross-departmental, shared Early Learning Data System that includes all of the essential elements<sup>3</sup> and is fully integrated with the State Longitudinal Data System and KIDSNET (the universal health-and-development database). This data system will enable the State to track child outcomes by population and program.
- By December 31, 2015, Rhode Island will support the use of a statewide formative child-assessment system to track children’s development and learning from birth to kindergarten entry.
- By December 31, 2015, Rhode Island will have a system in place across State Departments to use the Early Learning Data System and Kindergarten Entry Assessment to ensure that specific populations of Children with High Needs have opportunities to participate in high-quality early learning programs and to address the readiness gap, including young children who are English learners, young Latino children, young children involved with the child-welfare system, and young children who have experienced homelessness.

### Overview

Rhode Island is working to build a comprehensive longitudinal data system that will provide child, program, and educator data so that stakeholders across systems and sectors (birth through Grade 3) can promote continuous improvement. This includes providing aggregated data to inform policy makers and guide resource allocation to support increased school readiness of children. A longitudinal data system that starts at birth and continues into elementary school and beyond can help identify areas most in need of intervention, and inform decisions on how to improve program quality, build a skilled workforce, increase access to programs and services, and improve child outcomes. It should also be used to track the results of these investments, monitor trends over time, sustain and grow current investments in effective programs.

In addition, Rhode Island is committed to developing a common, statewide Kindergarten Entry Assessment, as part of a comprehensive system of assessment for children age birth through eight, that is aligned with the

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<sup>3</sup> The Rhode Island Early Learning Data System will include all of the Essential Data Elements: a unique child identifier (expansion of RIDE student ID system); a unique early childhood educator identifier (expansion of RIDE teacher ID system); a unique program-site identifier (expansion of RIDE school ID system); child and family demographic information (captured from KIDSNET birth certificate data and other sources); early childhood educator demographic information by program site (entered during licensing process for community-based programs) with verified data on professional development, educational attainment, and teacher certification (still to be determined how this data will be collected and verified); program-level data on structure (entered during licensing process for community-based programs) and quality (captured during BrightStars QRIS and RIDE Preschool classroom approval processes); and Child-level data on program participation and attendance data (entered directly by programs).

state's Early Learning and Development Standards and covers multiple domains of readiness, including social-emotional development, to inform instruction in the early elementary grades.

The objectives and strategies outlined below articulate our key actions for achieving these goals.

### **MEASUREMENT Objective 1: Develop and implement a common, statewide Kindergarten Entry Assessment aligned with State Standards.**

**Strategy 1.1** Review kindergarten assessment systems in other states and develop a kindergarten assessment system that addresses all domains of child development.

**Strategy 1.2** Ensure that the assessment can be used for the purpose of guiding instruction and to describe the entry status of children at the population level (state and community).

**Strategy 1.3** Utilize Early Learning Council recommendations for the development and implementation of a statewide Kindergarten Entry Assessment.

### **MEASUREMENT Objective 2: Build an Early Learning Data System.**

**Strategy 2.1** Plan and build an data infrastructure to track data on young children's development and learning from birth to kindergarten entry, including development and implementation of a statewide common formative child assessment system during the early childhood years and at entry to kindergarten.

**Strategy 2.2** Create a governance structure and data-oversight process that ensures shared planning, access and use of the Early Learning Data System across State Departments, by early learning intermediary organizations and by early learning programs.

**Strategy 2.3** Expand RIDE's Longitudinal Data System and build a strong link to the RI HEALTH KIDSNET database to track information on children, programs and the workforce.

**Strategy 2.4** Expand KIDSNET to track information on children's developmental screening and follow-up action.

**Strategy 2.5** Establish a central storage place for program quality data (including BrightStars star level, licensing status, accreditation status, RIDE preschool classroom approval status). Strengthen resources to encourage program participation and support quality improvement.

**Strategy 2.7** Establish a central storage place for data on Rhode Island's early learning workforce (including demographic, education, compensation/benefit, and turnover/retention data). Build on data collected and systems in place at DCYF, BrightStars, RIDE, and R2LP (TEACH). Consider using licensing data as the foundation for requiring programs applying for and renewing a DCYF license to enter/update workforce data in a registry where they can also track annual professional development hours.

## DEFINITIONS

**Basic Education Program Standards** – A set of regulations promulgated by the Board of Regents that articulates the standards for the Rhode Island public education system and the maintenance of local appropriations to support its implementation.

**BrightStars** – Rhode Island’s Quality Rating and Improvement System for child care and early learning programs. BrightStars assesses programs in six quality domains: Child’s Daily Experience, Teaching and Learning, Staff-Child Ratio and Group Size, Family Communication and Involvement, Staff Qualifications, and Program Management.

**Rhode Island’s Child Care Assistance Program** - A state program that helps eligible working families pay for child care. For parents that participate in the Rhode Island Works Program, there is no income limit for child care because if a family is eligible for RI Works, they already meet the income requirements for the Child Care Assistance Program (CCAP). For families not participating in the RI Works Program, eligibility for child care assistance is based on working at least 20 hours per week at or above Rhode Island's minimum wage. Child Care Assistance is only available to families with earnings up to 180% of the federal poverty level and only available to cover hours of employment. Families may be required to pay a co-payment based on their family size, income level, and number of children.

**Children with High Needs** - Young children with disabilities and developmental delays; who have behavioral and mental health needs; young children who have been victims of an indicated case of child maltreatment(including children in foster care); young children who are from low-income families; who are children of adolescent parents; who are English Language Learners (ELL) and/or have experienced homelessness.

**Comprehensive Assessment System** - A coordinated and comprehensive system of multiple assessments, each of which is valid and reliable for its specified purpose and for the population with which it will be used, that organizes information about the process and context of young children’s learning and development in order to help Early Childhood Educators make informed instructional and programmatic decisions and that conforms to the recommendations of the National Research Council reports on early childhood. A Comprehensive Assessment System includes, at a minimum:

- (a) Screening Measures;
- (b) Formative Assessments;
- (c) Measures of Environmental Quality; and
- (d) Measures of the Quality of Adult-Child Interactions.

**Comprehensive Early Childhood Education Program Standards** - Comprehensive program quality standards that reflect the substantive advances in the field defining what constitutes high-quality education for children ages 3 to 6 developed and used by the RI Department of Education to approve Comprehensive Early Childhood Education programs. The standards cover physical facilities, health and safety, class size and adult-child ratio, staff qualifications and ongoing professional development, program administration, curriculum, child assessment, differentiated teaching and learning, and family engagement. The standards are voluntary, and all types of early learning and development program may seek approval under these standards - provided they are in compliance with either DCYF child-care licensing or the Basic Education Program standards.

**Developmental Screening Measures** - Age and developmentally appropriate, valid, and reliable instruments that are used to identify children who may need follow-up assessment to identify if further supports are

needed to address developmental, learning, or health needs in, at a minimum, the areas of physical health, behavioral health, oral health, child development, vision, and hearing.

**Early Childhood Educator** - Any professional working in an Early Learning and Development Program, including but not limited to center-based and family child care providers; infant and toddler specialists; early intervention specialists and early childhood special educators; home visitors; related services providers; administrators such as directors, supervisors, and other early learning and development leaders; Head Start teachers; Early Head Start teachers; preschool and other teachers; teacher assistants; family service staff; and health coordinators.

**Early Learning Program** - Any State-licensed or State-regulated program or provider, regardless of setting or funding source, that provides early care and education for children from birth to kindergarten entry, including, but not limited to, any program operated by a child care center or in a family child care home; (b) preschool program funded by the Federal Government or State or local educational agencies (including any IDEA-funded program); (c) Early Head Start and Head Start program; and (d) a non-relative child care provider who is not otherwise regulated by the State and who regularly cares for two or more unrelated children for a fee in a provider setting; and other programs that may deliver early learning and development services in a child's home, such as the Maternal, Infant and Early Childhood Home Visiting; Early Head Start; and part C of IDEA .

**Early Learning and Development Standards** - A set of expectations, guidelines, or developmental milestones that:

- Describe what all children from birth to kindergarten entry should know and be able to do and their disposition toward learning;
- Are appropriate for each age group (*e.g.*, infants, toddlers, and preschoolers); for English learners; and for children with disabilities or developmental delays;
- Cover all Essential Domains of School Readiness; and
- Are universally designed and developmentally, culturally, and linguistically appropriate.

**Early Intervention** – A comprehensive educational program for young children birth to age 3 who are at risk or who have been identified as having a disability or a developmental delay.

**Evidence-Based Professional Development** - Professional development that is based on theory and research about effective practices which support teachers to learn and master new and evidence-based practices.

**Early Head Start and Head Start** - A federally-funded program targeting low-income children ages birth-5 and providing a variety of services, including preschool education, family support, and nutrition and medical services.

**KIDSNET** - A confidential, computerized child health information system managed by the Rhode Island Department of Health that serves families, pediatric providers, and public health programs with the goal of facilitating the collection and appropriate sharing of health data with healthcare providers, parents, maternal and child health programs, and other child service providers for the provision of timely and appropriate preventive health services and follow up.

**Kindergarten Entry Assessment** - An assessment that:

- Is administered to children during the first few months of their admission into kindergarten;
- Covers all Essential Domains of School Readiness;

- Conforms with the recommendations of the National Research Council reports on early childhood; and
- Is valid and reliable for its intended purposes and for the target populations and aligned to the Early Learning and Development Standards. Results of the assessment should be used to inform efforts to close the school readiness gap at kindergarten entry and to inform instruction in the early elementary school grades. This assessment should not be used to prevent children’s entry into kindergarten.

**Program Quality Improvement Contracts** - A program intended to help early learning programs, who are seeking to make improvements in their program, to move up one or more levels within BrightStars. Programs participating in BrightStars would be eligible for a program-improvement contract for one to two years at each level to support improvements necessary to achieve quality benchmarks at the next level. Budgets for contracts would be aligned with the Program Quality Improvement Plan.

**State-funded Pre-K** - A state Pre-K program administered by the Rhode Island Department of Education and designed to meet nationally recognized high quality standards. State Pre-K in Rhode Island is designed as a free, voluntary program for four-year-olds delivered in a mixed delivery system that includes community-based child care, Head Start and public schools. During the 2009-2010 and 2010-2011 school years, the state Pre-K Demonstration Program has provided high-quality preschool for 126 four-year-olds in seven classrooms. In 2012-2013, 144 children in eight classrooms will receive high-quality preschool. State Pre-K is included in the state education funding formula and will gradually expand capacity over the next ten years.

**Statewide Longitudinal Data System** - The State’s longitudinal education data system that collects and maintains detailed, high-quality, student- and staff-level data that are linked across entities and that over time will provide a complete academic and performance history for each student.

**T.E.A.C.H. Early Childhood RI** – An national early childhood workforce development model that is being implemented in Rhode Island. T.E.A.C.H. is designed to improve the educational qualifications of the workforce and to help address staff compensation and turnover issues. The T.E.A.C.H. model is operating in 22 states and provides scholarships to early childhood educators to complete coursework in higher education, to pursue college degrees, and to receive increased compensation.

**Teaching Strategies GOLD** - An authentic observation-based assessment system for children from birth through kindergarten. The system may be implemented with any developmentally appropriate curriculum. It blends ongoing observational assessment for all areas of development and learning with performance tasks for selected predictors of school success in the areas of literacy and numeracy. Teaching Strategies GOLD can be used to assess all children, including English-language learners, children with disabilities, and children who demonstrate competencies beyond typical developmental expectations.

**Tiered Quality Rating and Improvement System (TQRIS)** - A system through which the State uses a set of progressively higher Program Standards to evaluate the quality of an Early Learning and Development Program and to support program improvement. A Tiered Quality Rating and Improvement System consists of four components: (a) tiered Program Standards with multiple rating categories that clearly and meaningfully differentiate program quality levels; (b) monitoring to evaluate program quality based on the Program Standards; (c) supports to help programs meet progressively higher standards (e.g., through training, technical assistance, financial support); and (d) program quality ratings that are publically available; and includes a process for validating the system.

**Tiered Quality Incentive Payment System** – A system of incentives intended to provide some financial supports for programs to improve and maintain quality. Through Race to the Top- Early Learning Challenge.

**Workforce Core Knowledge and Competencies (WCKC)** - The essential skills and knowledge that educators who work with young children in an early learning program need to know, understand, and be able to do to promote young children's healthy development and learning.

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### **AGENDA SUMMARY**

The Early Learning Council agenda addressed the following topics:

- Milestones and Celebrations
- RTT-ELC No-Cost Extension overview and update on sustainability planning
- Public comment
- Children's Cabinet update and connection with the Early Learning Council
- Rhode Island Early Learning Council Strategic Plan update
- Discussion: Initial feedback on potential new/emerging objectives and goals
- Family Child Care Contract overview
- Updates
- Public comment

### **KEY POINTS**

Key discussion points from the meeting are summarized below:

#### **MILESTONES AND CELEBRATIONS**

Elizabeth Burke Bryant acknowledged the following milestones and celebrations (See Slide):

- The Early Childhood Associates' degree program at CCRI has received NAEYC Accreditation.
- The momentum for Full Day Kindergarten continues to grow with the recent additions of North Kingstown, Tiverton and Johnston offering universal Full Day Kindergarten. Only Coventry, Warwick, Cranston and East Greenwich remain. The Governor included a mandate in her budget that all districts must offer universal Full Day Kindergarten by the 2016-17 school year.
- The Workforce Registry work is underway and the 1<sup>st</sup> phase will be rolling out soon.
- Aimee Mitchell and Karen Beese spoke about the recent visit by Rachel Schumacher, the federal Director of the Office of Child Care, to the Rhode Island Early Head Start-Childcare Partnership leadership and stakeholder meeting.
  - The federal government has heard great things about what Rhode Island is doing and its enrollment achievement of 62%. Rhode Island is seen as a "vanguard" and "small but mighty."

#### **RTT-ELC NO-COST EXTENSION OVERVIEW AND UPDATE ON SUSTAINABILITY PLANNING**

Melissa Emidy presented an overview on the No-Cost Extension and an update on sustainability planning. (See Slides.) The following comments and questions were made:

##### **No-Cost Extension**

- The grant management application includes support for federal reporting and ongoing technical assistance.
- The comprehensive assessment application includes the KEP and developmental screening goals.

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- Program quality improvement application includes resources and supports for the workforce that help improve program quality.
- Each activity has a different timeframe under the extension. The timeline distributed at the meeting will soon be available in Spanish and then it will be more widely distributed.

## **Sustainability Planning**

- The document layout was reframed to be more representative of the way we talk about the work, i.e., children, program, and workforce.
- The agency directors will determine the next steps for the sustainability plan.
- Elizabeth noted the priorities and how the planning moves forward will require the full participation and advocacy of the Early Learning Council and its community partners.
- The RTT-ELC grant has encouraged departments to work together instead of working in silos. We want that cross system work to continue.
- Q: Are we going to spend all \$50 million?  
A: Yes, we are on track to spending it all as the budget is defined in the No-Cost Extension process.
- Q: How long are the Quality Awards and the Rising Star program lasting?  
A: They are ending in December of this year. The Program Quality Improvement grants offered through the Center for Early Learning Professionals will open its last wave in January. The Facilities Grants are continuing and there are new technical grant opportunities for assessment and through the ECEDS team. FFA mini grants will continue as well. Technical assistance will be ongoing and workforce supports for GED/ESOL will go through December. The TEACH program, professional development through the Center for Early Learning Professionals, FFA and RIELDS trainings will all continue through September 2016.
- Q: Who should apply for the Program Quality Improvement grants?  
A: Anyone who hasn't applied before should apply. This will be the last opportunity. There is a finite amount available, no less than \$300,000.
- Q: Will there be incentives and financial supports in place after these end or will there be a gap between the RTT-ELC supports and what the state offers to support higher quality levels?  
A: There are a number of other strategies like tiered reimbursement that the state can offer, but whether there is a timing gap will depend on political will.

## **PUBLIC COMMENT**

Comments and questions from the public included the following:

- Q: Is it federally mandated that all funds received through RTT-ELC awards and grants be spent before December 31, 2016?

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A: Yes, we told the federal government that the money would be spent by then. To clarify, most projects end in September 2016 and we have from October-December to liquidate.

- Q: Is there a sense that centers understand that the RTT-ELC resources are time limited? Some programs can't see the big picture because they are so overwhelmed with all the quality improvements that they need.

A: There has been a lot of messaging about these resources being time limited. We are communicating via newsletters, Facebook, social media and on our website. It takes sophisticated fiscal management to think about funds that will go away so the Center for Early Learning Professionals is working with directors on budgeting around that.

## **CHILDREN'S CABINET UPDATE AND CONNECTION WITH THE EARLY LEARNING COUNCIL**

Heather Hudson, the Governor's Policy Advisor, updated the Council on the Children's Cabinet and its connection with the Council. Key comments and questions included:

- Governor Raimondo reconvened the Children's Cabinet, which has not met since 2007. There have been 3 meetings since it was reconvened in July 2015.
- The goals of the Children's Cabinet are to ensure the health, education and well-being of the state's children; improve the state's delivery of services; and increase the data-sharing capacities across state agencies. The Children's Cabinet is led by the Governor and the Cabinet directors from the following agencies: Secretary of Executive Office of Health and Human Services, Commissioner of Education, Director of Human Services, Director of Labor and Training, Director of Children Youth and Families, Director of Health, The Child Advocate, Director of Administration, and Commissioner of Postsecondary Education.
- The Cabinet began meeting monthly in July 2015 and is charged with 1) Creating a strategic action plan with a five-year outlook to improve the outcomes for children and families, 2) Establishing clear policies, goals, outcomes, and performance metrics for each Cabinet agency to achieve to measure progress on children's focused initiatives, and 3) Creating a unified children's budget that reflects the strategic plan.
- The Cabinet's strategic plan will focus on 1) Improving the health, education, and well-being outcomes for children and families in Rhode Island, 2) Increasing the efficiency and coordination of service delivery, and 3) Improving data-driven, evidence-based decision making using strengthened data sharing capacities among agencies and research partners, while adequately protecting the privacy rights of children. The Children's Cabinet will provide leadership for the state that addresses the overall health, education and well-being of children.

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- The Early Learning Council will provide data and recommendations to the cabinet as requested by the Cabinet or the Governor's Office for the purposes of informing the State-wide strategic plan and performance.
- The Strategic Plan for the Children's Cabinet is due December 1<sup>st</sup>. It is a comprehensive look at what Rhode Island is doing to care for our children and to make sure they are leading a successful life in the state. The Strategic Plan will be presented at the Children's Cabinet meeting on November 30. The Children's Cabinet meetings are open to the public.
- The Early Learning Council will play an advisory role to the Children's Cabinet by informing the agency directors of where Rhode Island is in terms of child outcomes and access to high quality early care and education. The Children's Cabinet will offer high level leadership to help connect early care and education with other statewide systems such as higher education. The Children's Cabinet and the Early Learning Council will be complementary, with the Early Learning Council's deeper dive into the work feeding into the high level work of the Children's Cabinet.
- The Children's Cabinet is working on identifying and addressing potential gaps in the system, from birth until they enter the workforce, where children do not get the necessary services they need.
- The Children's Cabinet will assess the way Rhode Island spends money on children across agencies and resources in order to see how spending can be more effective.
- Q: Are all the Children's Cabinet materials posted on a website?  
A: The public meeting notes are posted on DCYF's website. A new person has been hired to staff the Children's Cabinet so there will be more communication about products and information over the next few weeks.
- Q: When is the next meeting of the Children's Cabinet?  
A: The next meet is Monday, October 26<sup>th</sup>.
- Q: Is there a representative from the Early Learning Council on the Children's Cabinet?  
A: The Cabinet is made up of agency directors (many of whom are on the Early Learning Council). In addition, Kids Count will supply data to the Children's Cabinet. The Early Learning Council, as an advisory body on early care, development, and education, is a key resource to the Children's Cabinet. We will figure out how to establish regular communication between the Early Learning Council and the Cabinet. There is no desire to duplicate efforts.
- Comment: The Vanderbilt Study of the Tennessee Pre-K program came out recently and questioned the sustainability of gains made by children after the Pre-K program. Rhode Island KIDS COUNT will email the Council and share some of the national comments responding to this study. There are concerns that have been raised about the consistency of quality across the Tennessee Pre-K program. The results indicate the program made real improvements in children's skills and knowledge as measured at the end of their Pre-K program, but these

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improvements didn't last as children got older. Concerns have been raised in the past regarding similar findings related to Head Start. In both instances concerns were raised about "fade out" that are not seen for any other grade level.

### **RHODE ISLAND EARLY LEARNING COUNCIL STRATEGIC PLAN UPDATE**

Leanne Barrett presented the Early Learning Council's Strategic Plan Update. (See Slides.) Comments included:

- The National Governor's Association ("NGA") selected Rhode Island as one of 5 states to work on conducting a comprehensive planning process for early care and education and identifying priorities.
- Home visiting will be added to this updated Strategic Plan as part of the state's early learning system. The updated Strategic Plan will include additional targets for K-3 and will improve the alignment from birth through age 8 (Grade 3).
- The updated Strategic Plan will coordinate with other planning activities in the state such as RIDE's new Strategic Plan and the Children's Cabinet's Strategic Plan.
- The NGA Public-Private Leadership Team includes representatives from 5 departments, Heather Hudson from the Governor's office and 4 community members.
- The updated Strategic Plan is an advisory report, with recommendations of goals and recommendations on strategies to achieve those goals.
- The Leadership Team identified a potential new goal and objectives to improve the well-being of families with young children birth to 8. These ideas were identified in recognition that we can't help children without a focused approach to helping improve the well-being of families. Our recommendation is to send these family goals/objectives to the Children's Cabinet since they have more people at the table across different agencies (e.g. improving economic security of families requires DLT and other agency collaboration) and strategies for families may not be exclusive to those with young children.

### **DISCUSSION: INITIAL FEEDBACK ON POTENTIAL NEW/EMERGING OBJECTIVES AND GOALS**

Leanne Barrett led the discussion on the potential new/emerging objectives and goals. Key comments and questions included:

- Consider adding an objective to increase the number of children that receive a childcare subsidy that are enrolled in 3, 4, and 5 star programs.
- Include a goal of increasing the number of children in all high needs groups (e.g., children with developmental delays or disabilities, children who have been maltreated) that are participating in high quality 3, 4, and 5 star programs.
- Increasing wages and improving resources available to quality programs are connected strategies to support program quality.

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- Tiered reimbursement is a critical strategy. It is disappointing that we have had this strategy in the current strategic plan for the past four years and we still don't have tiered reimbursement. The RTT-ELC Quality Awards are ending in December 2015. High-quality providers need additional resources to continue offering enhanced wages or bonuses to our qualified staff. It is increasingly more difficult to attract and retain staff with the required education qualifications.
- As the Early Learning Council works with the Children's Cabinet, it might be helpful to identify interdependencies within each of the proposed goals for the draft Strategic Plan framework. For example, there might be fiscal dependencies or coordinated efforts among agencies that are needed for the success of this plan.
- The updated Strategic Plan should include an increased focus on Head Start programs.
- The workforce issue is critical.
- For the Improve Well-being of Families with Young Children b to 8 goal, consider helping families with parents that have intellectual and developmental difficulties, i.e., high needs parents.
- The Early Learning Council should add more members from the 5-8 sector.
- Instead of using the phrase "K-3," we should refer to that age group as 5-8 so it encompasses all experiences including those outside of school (e.g. after school and summer learning).
- Q: What is the end goal of more access to higher education coursework in Spanish? Is it degree attainment or just delivery in Spanish?  
A: Professional development opportunities in Spanish have been greatly expanded under the RTT-ELC grant. However, the lack of relevant ECE college coursework has been identified as a barrier for moving up in BrightStars. New college coursework in Spanish would probably start at the basic college credit level (12 credits) and at the Associate's Degree level. Comment: The workforce cannot improve if there isn't coursework available in Spanish because they need to receive content in their native language so they can better process it. Comment: New ECE college coursework in Spanish will not only help family child care providers, but will also help many teacher assistants at centers whose first or primary language is Spanish.

## **FAMILY CHILD CARE CONTRACT OVERVIEW**

Director Melba DePeña explained that DHS is working to ensure that the work of the RTT-ELC grant is sustained and that the state continues to look comprehensively at early care for our children. Jennifer Wood, Deputy Secretary at EOHHS, presented the overview of the Family Child Care Contract. (See handout). Comments and questions included:

- The Collective Bargaining Agreement process that concluded over the summer between Rhode Island and SEIU District 1199NE covering CCAP Family Child Care Providers was the first in what will be a recurring agreement evolving over time. This 1<sup>st</sup> agreement laid down the fundamental elements that will be amended and revised over time as the needs of the providers and the state

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change. It was not just DHS doing this in isolation. Labor Relations and EOHHS were also part of the process.

### **Relationship of the Parties**

- This collective bargaining process was different than the usual collective bargain process because it did not involve the typical employee/employer relationship between the parties. The state is the funder, regulator and program operator and the providers are independent contractors that came together to bargain collectively around the conditions and terms of their employment and compensation for their businesses. Because of this difference, it was determined that, as part of the dispute resolution, grievances and appeals process, some issues will be appealed to DCYF in the licensing field and some issues will be appealed to DHS.
- There will be a labor management/communication committee that will meet frequently to discuss and resolve issues going forward.
- The parties determined which bureaucratic processes in government the providers will interact with and how the funds will flow.
- The parties decided how they will continue to work together to sort out issues as they arise.

### **Professional Development and Education**

- Access to programs is a huge focus both for Rhode Island and for family child care providers. Providers are very motivated to participate in BrightStars and want to move along the professional development and career pathways so coursework needs to be accessible to members of the collective bargaining unit. The state wants to ensure meaningful access to professional development opportunities and credentialing opportunities so the entire system will continue to move along the quality continuum as defined by BrightStars.
- Issues to consider are the times when coursework is offered, the days when coursework is offered, and having coursework available to providers who do not have coverage for their programs when they are not there.
- A \$250K Training and Support Fund was created. This fund will be mutually administered by the state and family child care providers. It will support supplemental professional development and training opportunities to target the unique needs of family child care providers and the expressed gaps in the current professional development offerings for family child care providers.
- Together, the state and family child care providers will look at the current array of professional development offerings and will mutually identify the gaps that can be filled in substantive knowledge around child development and child development programming and also the gaps in offerings about running small businesses and business economics.
- There will be 2 way communication about training opportunities and policy and regulatory changes.

### **Compensation**

- How can we compensate participants in the early learning workforce in an adequate and fair way to their level of professional development and capabilities particularly when there are other industries running alongside them that will move the credentialed workforce into other sectors? This is part of the broader conversation for the entire early childcare education workforce.
- During this 2 year agreement:

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- Year 1-There has been a 3% adjustment to the base rate as a recognition that the workforce is dramatically undercompensated and that they need to catch up.
- Year 2- Additional compensation will be linked to expertise. This aligns to the BrightStars philosophy of quality improvement
  - At Step 1, all Family Child Care providers will receive a 1% increase.
  - At Step 2, FCC providers who have a high school diploma, GED or 10 or more years of related experience AND who enroll in an adult education program to pursue a GED or high school diploma will receive an additional 1% increase for a total of a 2% increase.
  - At Step 3, providers who have obtained a CDA credential or who have completed at least 3 college credits will receive a total of a 3% increase.
  - At Step 4, providers who have completed the Rhode Island Early Childhood Education and Training Program or who have an Associate's Degree or greater will receive a total of a 4% increase.
  - This tiered strategy is focused only on provider expertise and credentialing and is not focused on the other areas within the BrightStars standards. The tiered reimbursement discussion the state is having around all providers would be in addition to the step increases offered in this collective bargaining agreement.

## **Administrative Efficiency and Accountability**

- Health care and high quality food programs are an area for future development.
- A Technology Fund was created because both the state and providers can benefit if they can interact electronically for payment and program information.

## **Comments and Questions**

- FCC Providers will get a \$50 registration fee for each new child registration in recognition of the administrative costs associated with new registrations. DHS could discuss offering this to center based programs too.
- Q: What vehicle do center based programs have for bargaining position?  
A: This was a group of providers that approached the General Assembly and had legislation passed that gave them the ability to bargain collectively. Therefore, as recognized by statute, the state has a different relationship with this group of providers than it has with other providers, where it serves as a regulator and payer under the CCAP program. All other regulatory channels remain open for other providers.
- The \$250K support fund, which is a mutually determined gap filler for professional development, is separate from the \$250K tiered quality incentive pool.
- Q: How does this collective bargaining agreement affect center based programs?  
A: This agreement only deals with a very small part of the entire childcare array in Rhode Island. It is not a zero sum game. It is imperative for the early learning community to continue advocating

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for additional resources so that they can provide access to high quality affordable childcare in all settings.

- Q: Do all family child care providers have access to this collective bargaining agreement or only those who join the union?  
A: The agreement applies to all in the group regardless of membership in the bargaining unit as dues paying members. All in the category benefit from the advocacy of the few.
- Q: Are family child care providers taking coursework through TEACH included in Step 4 if they gain credits?  
A: It doesn't matter how providers attain those credits. As long as they have 12 college credits in ECE or an Associate's Degree or higher they will qualify under Step 4. If they completed a CDA or at least 3 college credits they would qualify under Step 3.

## **UPDATES**

### Workforce Registry

Sara Mickelson explained that the Registry is almost complete. A pilot will launch in October with a few programs. An RFP was released for an organization to provide training in computer skills and in using the registry and data systems. By the spring 2016 we should have new data on the workforce.

### Rising Stars

Deb Anthes reminded everyone that this program is currently receiving applications. Any program that has increased its star rating or converted to the new standards from June to December is eligible for an award. The award is given only once BrightStars officially gives a star rating to a program. Fifty programs have received awards.

### Rhode Island's 2016-2018 Child Care and Development (CCDF) State Plan

Karen Beese announced the Listening Sessions that will be held on October 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> to receive public and stakeholder input regarding the development of the CCDF Plan. This is just the first wave of public input. There will also be surveys distributed and the Subcommittees will be involved prior to and after the draft. There will be public hearings in January and February and the draft will be submitted on March 1<sup>st</sup>.

## **PUBLIC COMMENT**

There were no additional comments from the public.