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## Testimony Regarding the Child Care and Development Fund Plan for Rhode Island (FFY 2022 – FFY2024)

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Thank you for the opportunity to review and provide comments on the draft Child Care and Development Fund Plan for Rhode Island for FFY 2022 - 2024.

Rhode Island's Child Care Assistance Program (CCAP) is a critical support for low-wage working families and an important component of both our state's early learning system and out-of-school time (after school and summer) learning system.

We applaud the Rhode Island Department of Human Services for **making significant progress over the last three years to improve access to high-quality child care**, including:

- 1) Complying with federal CCDBG 2014 requirements by updating CCAP regulations so all families receive **12-month certification without interim re-determination** and **families have 90 days for job search**.
- 2) Proposing and supporting advocacy efforts to **narrow state statutory requirements for child support enforcement** to apply only to children in the household who are applying for or receiving CCAP.
- 3) Proposing and supporting advocacy efforts to **adopt, implement, and expand tiered quality rates for the Child Care Assistance Program**, aligned with BrightStars quality ratings, **so rates meet or exceed the federal equal access standard at all quality levels and for all age groups**. Although the equal access standard has not been met for most age groups and settings, the state has made some significant progress. It is important that the Child Care Office continue to advocate for resources to meet or exceed federal equal access standards and to provide sufficient resources to promote and support quality improvement.
- 4) Supporting advocacy efforts to **change state statutory requirements so that DHS CCAP payments can exceed private-pay fees providers** charge middle income families. This change has helped providers improve quality and accept higher CCAP payments without being forced to raise tuition for middle income families.

**5) Requiring all child care programs to shut down during the early days of the pandemic for the health and safety of children, families, and child care educators.**

This was a very welcome reversal from initial plans to open extra child care programs in school buildings. In the early days of the pandemic, very little was known about the communicability of the virus among children and staff, but we did know that child care staff have very low wages, lack access to comprehensive health insurance, and have a very limited number of sick days compared to public school teachers. This decision enabled thousands of children, families, and child care educators (many low-wage women of color) to be safe at home with the support of Unemployment Insurance and/or Temporary Caregivers Insurance.

6) Through Executive Order, **implementing CCAP rate enhancements to programs that reopened and operated during the COVID-19 pandemic (to address the extremely low rates that existed before the pandemic) and under administrative authority, covering parent copayments and paying providers based on CCAP enrollment rather than attendance.** These strategies were absolutely necessary to have a relatively stable child care system operating during the pandemic when parents and programs were subjected to periodic quarantine periods and many programs saw dramatically reduced enrollment.

7) Establishing and administering a \$5 million Child Care Recovery Fund to support lost revenue associated with the mandated closure period and for investment in small capital improvement projects for child care providers to meet the COVID-19 regulations and guidelines. Using 75% of RI's \$23.9M through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) to provide short-term stabilization grants to child care providers operating during the pandemic. We also applaud effort to establish COVID-19 testing infrastructure and COVID-19 vaccination priorities for child care educators statewide

**8) Supporting efforts to cap family copayments in statute at no more than 7% of family income** and pursuing regulatory changes to implement this change.

9) Proposing and supporting statutory changes and then working to create **a consolidated child care office which includes child care subsidy, child care licensing, and child care quality improvement functions** to improve coordination across the child care system.

10) **Maintaining a strong BrightStars Quality Rating and Improvement System** for all child care and early learning programs (including public schools with preschool classrooms) and promoting quality improvement of CCAP providers.

11) Maintaining and strengthening the state's commitment to the **T.E.A.C.H. Early Childhood workforce development program** that works with child care employers to provide early childhood educators with access to college coursework and degrees connected to compensation rewards. We are particularly thrilled that progress has been

made to implement a Spanish-language CDA and a 16-college credit Spanish language certificate at Rhode Island College.

12) Supporting the **Early Head Start – Child Care Partnership** by extending CCAP eligibility for participants as a strategy to improve the quality of child care for infants and toddlers from very low-income families.

**Below are our comments to improve the state CCDF plan 2022-2024**

### **Section 1: Leadership**

- The text in the plan needs to be revised to reflect that the Early Learning Council was not consulted in plan development nor was the Permanent Legislative Commission on Child Care. The Early Learning Council is scheduled to hear a 15-minute update on the plan on June 30, 2021, but this is not adequate time for discussion or consultation with Council members and the plan is due to be submitted on July 1. The Permanent Legislative Commission on Child Care has not received an update or been consulted. The Commission was given notification about a public hearing and a set of slides upon request.
- We are not aware of any attempts to engage English-speaking child care providers or Spanish-speaking child care providers (most family child care providers in RI speak Spanish) in the development of the CCDF plan. Providing an interpreter at the hearing is not sufficient when no outreach or information has been shared with the Spanish-speaking community.
- Please consider including the recommendations that the Early Learning Council has developed and finalized, including recommendations to a) [improve alignment and coordination across the early care and education system](#), b) [better meet the social-emotional needs of young children in early childhood programs](#), and c) [improve the compensation and retention of infant and toddler educators](#). Please change the wording for the role of the Early Learning Council as follows “The Early Learning Council’s role is to develop recommendations for the Governor, the Children’s Cabinet, and state agencies to improve access to early learning opportunities for children birth to age 8” – rather than the current language “to provide coordination and support for CCDF activities and supports.”
- The Permanent Legislative Commission on Child Care’s role is critical to the success of the state’s Child Care Assistance Program as rates and eligibility for the program are set in statute. The Rhode Island General Assembly sets the budget for the Child Care Assistance Program and provides oversight for federal COVID-19 funding.
- Consultation with the community, consideration of recommendations made by community-based organizations, and transparency about decision making (including

use of federal funds under PDG B-8 and COVID-19 relief funding) is an area in need of improvement.

## Section 2: Family Outreach and Consumer Education

- The new consumer website at [www.earlylearningprograms.dhs.ri.gov](http://www.earlylearningprograms.dhs.ri.gov) is inferior to the previous program search website developed at [www.exceed.ri.gov](http://www.exceed.ri.gov) under the Race to the Top – Early Learning Challenge and to the previous search function that originally existed at [www.brightstars.org](http://www.brightstars.org). We recommend reviewing decisions and considering:
  - Using the BrightStars domain name as the home for consumer search of early learning programs statewide to build on the brand name and use of BrightStars framework to guide parent decision making.
  - Restoring data to enable the public to search for RI Pre-K, Head Start and Early Head Start, and public school programs in the same database.
  - Restoring the superior graphic interface of [exceed.ri.gov](http://exceed.ri.gov).
- We remain hopeful that the state will finally post licensing inspection reports and substantiated parent complaints for all child care providers in the fall of 2021 as stated in this plan (and previously stated in other plans) and as required under the CCDBG Act of 2014. This is a very critical gap in our system that has not been addressed despite 10+ years of advocacy and one attempt by the previous licensing authority. At a minimum, the state should immediately add information to the consumer website about the date of the most recent inspection and information to request a copy of the inspection report. Licensing inspection information is necessary for families selecting child care and for child care staff to consider when taking a job.
- Please provide additional information about plans to provide all families with the required consumer statement. The link in the draft plan does not work. It is not clear families are getting the required information about the provider they have chosen or their options to report complaints. Inspection reports are still not available. We suggest the state consider individualized mailings to all CCAP families with required consumer information as suggested by the federal Child Care Office.
- We disagree with the statement in the plan that developmental screening in child care programs is duplicative. The plan correctly states that there are other options for families and children to receive screening (through pediatric primary care and through school districts), but data indicate that many children in Rhode Island are not receiving appropriate developmental screenings through these offerings. When child care programs have adequate resources and staff are adequately trained and supported, they can play an important role in identifying children who have developmental delays or disabilities.

### Section 3: Stable Child Care Financial Assistance to Families

- Information about current family copayment policies should be corrected. The chart on page 64 seems to have errors. There are copayment levels of 2%, 5%, 8%, 10%, and 14%. Also there is an error on page 65 – the copayment fee is per family and not per child. The provider who serves the youngest child in the family is responsible for collecting the copayment.
- Please change the statement on page 68-69 that says child care “is affordable” when copayment levels Rhode Island charges families exceed the federal standard for affordability. Include plans to cap family copayments at no more than 7% of family income.
- Please include information about advocacy and legislative efforts to cap family copayments at 7% of family income (the federal affordability standard) in statute. Add information about the state’s plans to reduce family copayments through regulation so none exceed the federal affordability level.
- As recommended in 2018, we urge the state to make children who are experiencing homelessness categorically eligible for the Child Care Assistance Program (not requiring supervisor override) and to maintain eligibility for CCAP for 12 months after housing is secured. The first priority should be to help homeless families and children enroll in Early Head Start or Head Start since they provide comprehensive wrap-around services for families and are among the highest quality programs in the state. Additional resources from CCAP will help Early Head Start and Head Start programs meet children’s and families’ needs for extended hours and days of care.
- As recommended in 2018, we would like to work with DHS to remove the statutory requirement that families receiving CCAP cooperate with child support enforcement. This is not required under federal law and is a barrier for families seeking and retaining CCAP assistance. No other early childhood or school-age program requires cooperation with child support enforcement – not public schools, nor Early Intervention, nor Early Head Start/Head Start, nor RI Pre-K, nor 21<sup>st</sup> Century Community Learning Centers.
- When tiered quality rates meet federal equal access standards and family copayments meet federal affordability standards, work with advocates to change family eligibility in statute to expand **access to the Child Care Assistance Program to serve families with incomes at or below 300% FPL**. Families with income at or below this level cannot afford access to quality child care without a subsidy.

### Section 4: Ensure Equal Access to Child Care for Low-Income Families

- Please clearly state in the plan that the CCAP reimbursement rates the state has in statute prior to the pandemic did not meet the equal access standard and Rhode Island was determined to be out of compliance with the CCDBG equal access standard in 2019.
- Please clearly state the advocacy and legislative efforts to increase the CCAP rates in statute so that they meet or exceed the equal access standard for all age groups, quality levels, and settings. Note that DHS does not have the authority to increase rates (except under Executive Order for emergencies), but must work through the legislative process.
- Please revise language on page 105 that states the tiered rates were adopted in 2018 in response to the 2018 Market Rate Survey. This change happened before the 2018 Market Rate Survey was conducted after many years of advocacy to increase the rates in statute. The increases were funded with the 2018 federal increase in CCDBG funding. It was not in response to the 2018 Market Rate Survey which was conducted after the law passed. And in 2019 Rhode Island was determined to be out of compliance with equal access rates even with the new tiered rates because the increases were not sufficient to meet the equal access standard.
- Please add some more detail to the section that describes barriers that prevent families from accessing high-quality care. We have seen significant quality improvement among child care centers, but we have a long way to go and family child care programs have not made any progress in 10 years. We believe significant resources are needed to:
  - Improve compensation levels to attract, develop and retain effective child care educators in centers and family child care homes at all levels of education (not just CDA).
  - Improve the higher education offerings to offer an Associate Degree in child development for Spanish speakers, to offer more “dual enrollment” opportunities for all child care educators to earn college credit for required professional development activities offered by the Center for Early Learning Professionals, and to ensure all college credits are stackable toward AA and BA degrees.
  - Ensure the CDA credential (including the CDA credential in Spanish) earns college credits at CCRI that apply to a degree program and do not expire.
  - Launch a staffed family child care network with intensive onsite coaching and support provided to support quality improvement.
  - Expand the availability of on-site coaching to support quality improvement in infant and toddler classrooms in centers. Use the same on-site coaching strategies that have been successful with the RI Pre-K model.

- Provide more resources and support to programs to implement evidence-based curricula and adopt high-quality child assessment practices (including developmental screening).

## **Section 5: Standards and Monitoring**

- We were excited to see that the Child Care Licensing Unit has been expanded and has developed a plan to improve monitoring and compliance. We strongly support plans to implement risk based monitoring.
- We recommend the plan be expanded to include two visits per year to family child care providers as happened in the recent past. Increased licensing visits would help to normalize observation and coaching visits to homes and help to motivate providers to seek out support for quality improvement.
- We urge the state to re-visit the decisions made to launch a new Consumer Website and to expeditiously post inspection reports

## **Section 6: Recruit and Retain a Qualified and Effective Child Care Workforce**

- Please include a reference and link to the [Early Learning Council's recommendations to improve the compensation and retention of infant/toddler educators](#).
- Please reference advocacy to pass the Early Educator Investment Act requiring the state to develop target compensation levels for early educators and develop plans to close compensation gaps statewide.
- Please flesh out a plan to increase compensation for early educators in child care programs at all education levels. Additional strategies are needed in addition to the new apprenticeship program which only has 9 participants pursuing a CDA and increases compensation to the level required under new state minimum wage laws.
- Fund a pilot wage supplement model for child care educators with COVID-19 recovery funds for child care. It is important that this pilot be available statewide for center-based and family child care homes and that large wage supplements be provided for educators who have AA and BA degrees and have demonstrated effective practices.
- Include more detail about the plans to ensure an early educator workforce registry be implemented statewide within the next three years. This is another major gap in our system despite years of advocacy and substantial resources and time devoted to the goal of having a workforce registry. An early educator registry should be part of

the child care licensing data and monitoring systems and is essential to accurately track child care educator turnover, retention, and professional development.

## **Section 7: Support Continuous Quality Improvement**

- Ramp up support for quality improvement and set a statewide goal to help most child care providers meet 3 star or higher quality standards.
  - Provide adequate resources and oversight to implement a staffed family child care network with onsite coaching and contracted slots with adequate resources to increase access to high-quality care.
  - Provide intensive support and onsite coaching to child care programs that serve infants and toddlers such as is planned through the Pathways to Partnerships model.
  - Implement a wage enhancement strategy to retain great educators in child care programs that are working their way up the quality ladder.
  - Implement a wage enhancement strategy to attract and retain effective educators in infant and toddler classrooms where resources are not adequate to pay competitive wages.
- **Continue to coordinate access to higher education programs through the T.E.A.C.H. Early Childhood model** to improve efficiency, effectiveness, flexibility, and continuity. The T.E.A.C.H. model acts as an intermediary with higher education programs to advocate for the needs of the workforce and the needs of child care employers (e.g., Spanish language classes, classes at night/weekend, online classes).

### **Additional changes requested:**

- On Page 22, Rhode Island KIDS COUNT is not a representative of a child care provider group. We advocate for policies and resources to improve outcomes for children and families.
- On Page 19, the MHRH agency was renamed about 10 years ago to BHDDH. BHDDH is responsible for adult mental health. Children's mental health is the responsibility of the Department of Children, Youth and Families but the Department of Health and the Executive Office of Health and Human Services are very involved. We recommend engaging with the Children's Behavioral Health System of Care planning process currently underway as well as adult mental health systems. Adult and children's mental health systems are essential for the delivery of high-quality child care.