

# Child Care Stakeholder Public Hearing Comments

May 1<sup>st</sup>, 2019

**Comments from Sara Mires, McCarthy CDC Inc.**

Funding from the state or grant opportunities would be helpful. There are currently no grants for us to apply for or use especially because we are a religious organization. Support from our state level would be helpful. The only time I usually hear from these is for our inspection or when there is a report or something under investigation. If we can gain support before the issue is beyond our capacity to fix it would be great.

**Comments from Kathryn Taber, Community Partnership-Rolla**

Funding for Startup or meeting licensing standards. Funding for Accreditation Improved technology for required online training DSS to DHSS. A system to insure quality care for children under 3.

**Comments from Gail Seals, Playhouse Preschool CTR, LLC**

1. Funding for safety 2. Available training for rural areas. 3. Upgrading the quality of care by not overlooking rural areas located in the bootheel of Missouri.

**Comments from Kyle Matchell, Mid-America Regional Council**

Support funding accreditation facilitation project; Increased subsidy funding tied to increased quality. Reengage CBEC and streamlining state agency work in EC Increase wages and professional development supports for EC workforce.

**Comments from Linda Beecham, Family Child Care Provider**

We already have in place the "Emergency Preparedness Program:. Expanding upon that would be a plus. Unification we the organization involved and more time spent working with the children is need. Also, a way in which to increase salaries of workers

As a family child care provider we receive training from Educare, MDSS, MHSS and Child care Aware. We lose quality from the just in the repetitious trainings from each entity. My suggestion is to unify our efforts would be a tremendous help. I am an accredited Family Child Care Provider have been in the filed for over 20 years. We have the wheels in place. Let utilize what we have together. That would make a world of difference.

### **Comments from Jillian Meriweather, Hickman Mills C-1**

Ensuring that the conversation continues to include multiple stakeholders at the level of families, service providers and community influences. I would like to reiterate that PD without coaching and support will continue to leave gaps. As the population that we serve evolve, it is imperative that our learning and training evolves as well. From trauma informed care to training on equity diversity and inclusivity. We need to continue providing staff with opportunities to deepen their understanding and meet the needs of the students and families that we serve. Finally, engaging providers in conversations about policy shifts before they occur will go along way towards understanding barriers, feasibility, and expected v. actual impact.

### **Comments from Christy Weisel, UCP Child Development Center**

It is all about reducing stress/providing education and feeling supported. For centers - 1: provider grants for improvement and paying for required in-service hours - if centers have to pay because it is required- state should pay to require it. 2: Help with accreditation fees and people to support a center if accredited 3: Pay for mentors to come into help staff with suggestions and "problem" children. 4) Up subsidy amounts to help low income kids receive quality education 5) Pay for foster children to attend quality centers with no copay. For staff - reduce stress/educate/ feel supported 1) Mentors in classroom so ideas can flow to help them feel supported and heard with new fresh ideas 2: Supplement pay to match public services - like WIN project did but only if it supports Staff who don't bounce 3: Support TEACH for free education for staff 4) Support time off by support a sub pool or supporting a business willing to support/create a sub pool.

## **Comments from Stacy Wright, Missouri Head Start Collaboration Office**

Abuse sometimes occurs when the caregiver is under high stress. Too much stress can not only affect the teachers health, but also the quality of the care the adult is able to give. A teacher feeling too much stress may not be able to offer a nurturing environment. We can support by helping and offering resources such as: Training to improve skills and hazard recognition, stress management, writing policy in place for the situation in which a caregiver/teacher recognizes that s/he or a colleague is stressed and needs help immediately (the plan should allow for caregivers who feel they may lose control to have a short, but relatively immediate break away from the children at times of high stress); regular breaks; appropriate child/staff ratios; education and training are highest predictors of quality care.

One of the best indicators of quality child care is consistent staff with low turnover rates. A variety of strategies can reduce high turnover rates Provide professional development opportunities for birth -5 and k-3 teachers. This provides a continuum of understanding and integrated rather than separates, early child care and K-3 systems Support TEACH and incentive progress for workforce Substitute pools Having supports to manage problem behaviors in the classroom

## Comments from Missouri Head Start Association (MHSA)

### Summarization of Comments from MHSA on how to streamline Child Care safety and quality in MO:

Thank you for the opportunity to provide information in this way.

- We believe there is a need to streamline the issues with the current back-log of the fingerprinting and background check system that some programs have expressed negative issues with. We appreciate any effort to ensure that each community receives the same information and access to the appropriate resources to utilize this important system. Providing services and resources for programs to receive a report-back for any checks made after the first finger-print is appreciated as well to ensure the continued safety of children, families and staff.
- We agree, with comments made by others at the child care stakeholders forum that there is a need in utilizing already existing resources, some offered through state initiatives, to support a child's social and emotional skills through both classroom teaching and staff to encourage families in the engagement of teaching these skills. Every effort to assist families in engaging in efforts at home that support what is taught in the center or classroom setting is appreciated.
- We encourage that information be provided to child care providers and their staff on the impact of stress and trauma on a developing brain and how to support staff, children and families that have experienced trauma. Perhaps the creation or expansion of existing resources that examine and support efforts to train, mentor and coach staff to support these efforts during the critical and most formative years of life.
- We share in the hope of others that have expressed their desire for high-quality child care to be identified as an essential need towards building and sustaining a quality workforce initiative in Missouri. Local programs have expressed that they have been working to focus on developing a workforce through offering apprenticeships that result in the earning of a Child Development Associate degree, as well as providing training for those working on a CDA. Further utilization of the T.E.A.C.H. Scholarship is very beneficial for those who qualify and the scholarship can cover most CDA credentialing costs. Any effort to further support this scholarship or efforts for higher learning is appreciated.

## Comments from Amy Gaffney – MU Adventure Club

- Supports for child care staff (support) groups and sharing; appreciation that demonstrates this is a professional, not prof babysitting; encourage change of scene over the day, like lifeguards who watch from a fresh angle; 2+ teachers in each setting; regular breaks; discourage end-of-day decrease in staff and blended age groups which leads to frustration; fund the new requirements, so programs can pay staff, not feeds, and attract quality.
- Backgrounds – legislate for agencies to use Rap Back, which notifies employer when an arrest occurs after fingerprinted; a national database for searches would make easier to complete a thorough search (crimes happen outside of the state of residence).
- Make it easier to presort abuse/neglect. The process just to report takes so long, I can see how some would give up.
- Training before working in a program is preferred, but not always practical. Abusive staff have probably had the training; that doesn't mean they have the disposition to work with children. Unfortunately, we may not realize a person is not fit to serve children until something happens. I don't have a great for that, but training didn't stop the women from abusing in St. Louis. It's a help, not the whole solution
- The Health and Safety training needs a revamp. The browser is about to be unsupported. It takes extra finessing and multiple attempts. Log in should happen first so work is not lost when people are kicked off.
- Listen to front line staff before rolling out new regulations. When mandated trainings for programs receiving subsidies rolled out, we scrambled to put a plan in action for 180 staff. I spent hours and hours creating a training that covered the modules. ON site leaders training staff after I had training tem (the leaders). We made sure it was approved for clock hrs by licensing and Social Services for the mandated modules. We decided to make it online to make it easier for staff to complete. We spent thousands and created voice overs, and 5 minutes before it was done, Social Services said we had to use their new online training. If people had been asked about the practical issue of implementation, Social Service would not have to backpedal and make that change partway through.

## Comment Form – Child Care Stakeholders Meeting

May 1, 2019

Comments from Lisa Eberle-Mayse, Director of Inclusion Services at United 4 Children

**It is the adults in children's lives that have the most profound impact on whether those children grow and learn to their highest potential. Caregivers and teachers who are knowledgeable, committed and supported provide the foundation for safe and high quality care, and yet these individuals are consistently under-valued, under-paid and not given the opportunity or means to develop professionally.**

**Significantly increasing our investment in Missouri's child care work force is THE critical element in improving safety and quality.**

### **Specific suggestions:**

Develop and implement a comprehensive, state-wide system of training and on-going on-site support around children's social and emotional health.

The field of early care and education has seen a marked increase in the difficulties children face developing social skills and emotional competence. If these skills are not developed early, children struggle not just in school, but later in life. Yet teachers rarely receive the professional and personal support they need to address the challenging behaviors and emotional needs of children. The resulting stress is a major reason why child care workers leave the profession.

A significant body of research exists that shows us how to support children's social and emotional needs, especially as it relates to critical brain development in the first five years of life. The State of Missouri does have some training and systems in place to support professional development in this area, but it needs to increase the breadth and depth of the training it offers. More importantly, because training alone is not enough to bring about meaningful changes in classroom practice, we need to provide a system of on-site mentoring and coaching to support teachers as they address this critical aspect of children's development.

### Increase wages.

Low wages for child care workers result in a shrinking pool of qualified workers, and high turnover among the workforce that remains. Families cannot be expected to take on more of this financial burden, but the State could assist with a program similar to Louisiana's Pathways program, which provides a system of refundable tax credits linked to child care workers receiving professional development and taking steps up a career lattice.

Missouri had a similar cash-based incentive program some years ago called Workforce Incentives Now (WIN). The WIN program also rewarded workers who maintained employment at the same center. Such an incentive program would also require that the State make training and educational advancement attainable and affordable, perhaps by increasing investment in the Missouri TEACH program.

Implement a State-Wide Public Information Campaign to educate and inform families and the general public about what quality early care and education actually looks like, and why it matters to the State of Missouri's future.

Reduce Case Loads of DHSS Child Care Facility Specialists so that programs could be visited more often, and specialists and child care providers would have the opportunity to develop more collaborative relationships to address issues of safety and quality.

**Overwhelmingly, research into brain development in a child's first years tells us how critical it is for children to have strong, nurturing connections with the adults in their lives. If we "miss" this critical opportunity by failing to support the adults providing those connections, it just gets harder and harder to get it back.**

## Comments from Melissa “Missy” Riley – Springfield Public Schools

Child care providers need to be incentivized to accept child care subsidies. Many providers are no longer accepting subsidy due to increased expense related to additional training requirements and fingerprint background checks. This is especially impacting children in foster care. Child care providers who choose to accept children in foster care are also choosing to accept a financial loss to their business due to the fact that the state does not pay the provider's full rate/cost of care and child care providers are not allowed to charge foster families the difference as they do for other non-foster families receiving subsidy. These issues are limiting the availability of child care (especially high-quality child care) for our state's most vulnerable children.

The training requirements for subsidized centers are excessive. For example, requiring every caregiver to have First Aide/CPR before s/he is allowed to count into ratio is excessive. This means child care providers are fronting significant time and money into training prior to the first day a caregiver can work. In Springfield, First Aide/CPR can cost \$75 and take 5 hours of staff time. Turn-over within the first 90 days in child care is significant. It is more reasonable to give the new hire 9- days to become First Aide/CPR certified as long as another caregiver who is certified is present with the new employee.

Requiring providers to complete background screenings in every state where a new hire has lived during the past five years is an unreasonable burden in cost and time. It is also creating the great temptation for individuals and child care providers to falsify information on the Employer Criminal Background Check Notification Form. It will be extremely easy for child care providers to write "no" when asked if the individual has lived in any other states during the past five years, even if they have lived in other states to avoid the cost and time involved in trying to get background screenings from other states.

Requiring criminal background checks prior to employment isn't feasible because of cost to the employee prior to their first paycheck and the amount of time it currently takes to get these checks back. Asking the provider to cover the cost isn't a viable solution, either, because of the number of no-shows prior to the first day of work.

Requiring providers to pay the cost of background checks places an undue burden on some of Missouri's lowest wage earners who are already subsidizing the cost of child care in our state by working for extremely low wages. This also makes recruiting and hiring employees for the field more difficult than it already is. The stat must provide funding to offset the cost of background checks for child care providers.

There is an epidemic of our state's most at-risk children being expelled from child care. Regulation change is needed, specifically regulation 19 CSR 30-62. 182 (1) (C) 11 needs to be revised so that child care providers are not forced to expel young children

in order to remain compliant with licensing regulations. This rule needs to be revised so that child care providers have the opportunity, if desired, to work with children with challenging behavior issues early. Early Childhood Mental Health Consultation is also needed in our state to reduce early childhood suspensions and expulsions. This is the only strategy that research has proven to have an impact on expulsion and suspension rates.

## Comments from Linda Midyett – Educare Program Director

I attended the meeting yesterday and thank you for our time and the opportunity to comment about early childhood in Missouri. I am the Educare program director at the Youth alliance community Partnership. I have been in this position for 20 years and along with my staff, we have had the privilege to come along side child care providers/teachers in 11 counties in NW MO. Unfortunately, I feel early childhood is underfunded and not recognized as a profession that impacts young lives during a critical part of their development. We serve grandparents caring for grandchildren, license home providers, faith based facilities and child care centers. The common message we hear is the lack of financial support to comply with ALL of the demands from the state. In the past, our partnership received additional funds to assist with licensure and accreditation and then this was taken away statewide. With this funding we are able to assist people through the overwhelming process to become a licensed care provider and provide technical assistance to achieve accreditation. This included scholarships and training to attain the level of education required and additional resources need to reach this level of quality. Funding is critical to support and provide ongoing quality care. Another area of concern is with the state subsidy system. Parents and child care professionals both struggle with the current system. We hear about the low levels of reimbursement the provider receives and the struggle to keep tuition fees reasonable and still pay all the expenses of the business. We also hear about parents who refuse to raise because it will put them over the income guidelines for subsidy assistance. Without this financial support they will not make enough to pay for their current child care all out of pocket. I attended with a faith based child care director in our area. The four hour drive provided a chance to discuss safety and quality. The comments shared at the microphone were an echo of our conversation.



Comments from Robin Phillips, CEO – Child Care Aware® of Missouri

Below is a summary of my comments presented at the hearing.

**Question 1: How can we enhance safety in child care?**

- Improved regulations through licensing to include consistent inspections from health/sanitation, fire, and licensing for all facility types/business types caring for children for revenue.
- Public policy changes making the safety of children in care outside their own home a public priority (e.g. Nathan’s Law has been presented in the legislature for 10 years and it just now seems as if our legislature understands the importance of counting children in unlicensed child care businesses).

**Question 2: How can we enhance quality in child care?**

- There must be systems change to address quality.
- The definition of quality must address conclusively:
  - a. Quality of classroom care and education and classroom materials;
  - b. Quality of the overall program;
  - c. Quality of the child care business (in order for quality to be maintained in the classrooms or program, the business itself must understand operations, budgeting, HR, etc. to remain fiscally viable);
  - d. Quality of staff (training and education);
  - e. Quality of family engagement (interactions among caregivers and the families so everyone is working together to benefit the child and child’s development).
- Quality initiatives must be funded and sustained, not just mandated, and should include both private and public funding, currently they are dependent on CCDF dollars and/or federal grants.

**Question 3: How can we encourage and strengthen professional development opportunities for the child care workforce?**

- Child care must be recognized as an industry and a profession, not an occupation or a last resort where people can “just get a job”; no one is drawn to child care as a profession because of low wages, high turnover, lack of strong leadership/workplace culture, lack of benefits, lack of opportunities to grow, etc. Child care cannot be a profession until the state supports it as one.
- Those working with our children during the most critical time of brain development must understand interactions, developmental milestones, trauma, special needs, family engagement...it should no longer be (in MO) 18 years of age, breathing, and free of tuberculosis.



- Child care is typically the most influential experience for a child outside of family. The child care workforce is developing and impacting our future workforce. A child's success later in life (high school graduation, ability to enlist in the military, criminal background, teen pregnancies, higher wages earned) is directly related to the exposure a child receives in the first 2,000 days of his or her life.
- Professional development opportunities must also include follow-up to training and knowledge implementation. A child care educator can get all of the training and education there is but if they don't know how to apply and expand on what they've learned, there is no real change in practice and benefit to the children.

**Question 4: What are two or three actions you believe the state should set as priorities for improving safety and quality?**

- Redesign or redirect efforts/strategic planning of the Coordinating Board for Early Childhood and fund it. This must include systems change initiatives with some staff capacity rather than serve as an advisory committee to specific funding streams.
- Recognize child care as part of the education system and include it in the funding formula so Missouri is positioned to be a leader in providing an array of quality early childhood experiences (child care centers, family child care, Head Start, public pre-k). The child care system overall is an underfunded system that has been dependent on specific funding streams for too long. We must find a way to diversify and expand funding.
- Recognizing that working families need affordable access to quality child care (national research presented by Child Care Aware® of America suggests the cost of child care to a family should be no more than 7% of a family's income), therefore making investment of public dollars a priority as well as advocating for private investment. Our economy is dependent upon child care so that families can work. If child care were to "go on strike", most working families could not report to work creating a significant impact on the state's revenue.
- Create a Workforce Tax Credit as suggested by the Committee for Economic Development – see more information here <https://www.thencit.org/resources/strengthening-the-workforce-that-builds-brains-the-early-education-workforce-tax-credit>.



**Additional comments:**

There must be an entity that is funded and charged to be a gate keeper, innovations thinkers, systems changer, and weaver of efforts and initiatives that is keeping all early learning options (child care, Head Start, public pre-k, other intermediaries, and direct service entities) and the safety, quality, and accessibility of those options front and center. Missouri cannot be a leader in workforce development or economic impact if we aren't consistently addressing all the areas that impact children in the first 2,000 days.

There is a child care supply shortage in our state, especially in rural areas. We can get everything right but if there isn't enough care available for the number of working families who have children ages 0-5, we have missed the mark.

Workforce compensation and the culture of business in child care are also huge influences on the profession.

As a state, we must step back and look at early childhood education and recognize that child care is a part of that system. There is a lot of wonderful momentum happening for the first time in our state and there is new funding coming in from an array of sources. However, if all of those efforts are not aligned, not communicated, not systematically thought through (rather more based on just the timeline of the funding per se), we will continue to have these same conversations two, four and 10 years from now.

## Comments from Dr. Pradnya Patet

Child Care is often separated from “educational programs” in the minds of adults in our society. Yet, Child Care centers have tremendous potential in helping young children become productive citizens of the world. Somehow child care is interpreted as babysitting regulated by licensing. Given what we know now about brain development and the windows of opportunity that children 0-3 have, it is important that we change the face of child care. Here are some elements that could be evaluated:

- (1) Vocabulary used to describe child care can gradually enhance the way in which the entire industry is perceived. Recognizing child care workers, as “edu’carers” raises the bar. The expectations are much more than changing a diaper and feeding children. The phrase “Early Care and Education” needs to be used throughout the state documents, emphasizing that the education piece is an equally important element of child care services. AS this language and vocabulary begins to be used more frequently and more intentionally, simultaneous changes need to happen in the area of professional development for “edu-carers”.
- (2) Professional development for edu-carers needs to include a more focused approach. Partnerships with organizations such child care information and exchange can enhance the quality through out-of-the –box trainings that cover more current topics and research. The state can update its trainings to go beyond the basics.
- (3) Missouri Accreditation needs to raise the bar. Qualifications for staff (lead and assistant teachers) need to be revised. Approaching NAEYC and finding ways to partner to build more rigor into the accreditation process would be worthwhile. Funding to move towards accreditation or any other incentives need to be provide for centers to accept this challenge.
- (4) Child Care subsidy polies and procedures needs to be enhanced for quicker and more helpful response. It currently takes a long time for families to hear back and know what they qualify for. When a DVN number changes, it should be automatically updated through the state system. Currently, families have to call in and make the change. The process of signing new contracts for a name change or change in ownership can be significantly streamlined for more efficiency.
- (5) I am not sure if there is a state professional organization for child care providers that offers a forum for quality discussion. Child Care issues are often different from preschool and other early childhood centers and this may be a helpful avenue for continuous discussion of quality and safety issues. Affiliations with a national organization such as NAEYC could also provide child care professionals with a sturdy base and enhance the professional image of the field.
- (6) With higher expectations, of course, comes the issue of wages. How much are we willing to standardize pay for edu-carers who spend long hours with children and latterly

“hold the future in their hands”? There is a high turnover in child care centers because of the pay- it is very important to build a stable workforce in this field. The turnover disrupts the continuity of care for children. All attachment research points to the importance of stability and continuity of care in children’s development.

(7) As technology advances and more electronic forms of documentation, child check in/outs come into play and the State makes changes. It is helpful to look at existing programs that may be functioning in the same way. If systems can talk to each other child care centers will not be doubling up their work, e.g. using procare or other popular child care software to generate reports required by the state rather than have to document the same thing for the state but on a different form.

(8) Electronically fillable forms and other required documents will work well in today’s world.

(9) We have to realize that a large part of the child care workforce today is comprised of millennials. Working with millennials is learning about a different mindset and ways of functioning. We need to pay more attention to how to retain that workforce in a meaningful way for the benefit of our children.

(10) More opportunities for family child care and center based centers to communicate and work together... a move towards universal public preschool with incentives for partnerships between child care centers for children 0-3 and public preschools will create an overall system of quality and safety early care and education for child in Missouri.

Thank you for seeking out the voices of child care professionals.

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## **I. How can we enhance safety in child care?**

- 1) Mandated new electronic system required by Department of Social Services (DSS) requires van drivers to clock children in while picking up/dropping off kids. This is a HUGE safety concern for myself and my drivers. The driver should NOT be distracted by a tablet. The driver is hyper focused on safety. It takes one second for an accident to happen or one child to hurt another child. The driver needs to be in tune with the kids being transported NOT a sign in on a tablet. Currently, transported children are clocked in upon returning from van run. Because the tablets will not have wifi or a hot spot, the tablet will not link up until the vehicle returns to the center so it seems like an unnecessary safety disruption when centers offer transportation. The community members will also observe center drivers using a tablet and mistaken them for phones which will also create negative feedback for all centers.
  
- 2) Give support for unique or emergency situations. Centers have limited resources about who to call other than their assigned Department of Health and Senior Services (DHSS) licensing inspector. SMCCC had a situation arise after the enrollment of a child approximately two years ago. After enrollment, the single dad gives me legal papers that he has primary custody. The dad goes on to explain that the mom had pulled a gun on him and the child. He provided us a picture of the mom so we could be on high alert but that did not comfort myself or my staff. I had a security system on the building which requires a four digit log in. Due to safety concerns with this new situation, I felt the need to increase security. SMCCC had to invest \$1,600 to add two intercoms and one camera to my front entrance. Even after installing the security upgrade, I felt vulnerable. I needed DHSS to know of this concern in case an emergency arose. I contacted two DHSS members and discussed my concerns. I really didn't know where to go with this situation and my DHSS inspector, at the time, didn't either. It would be helpful to have a basic list of supports available outside of police and fire.
  
- 3) Show-Me Child Care Center (SMCCC) (and many other centers) accept transportation from the Southwest Early Childhood program in Jefferson City. This program meets the needs of children identified with special needs like Autism. At this time SMCCC serves two children with Autism. One of these children attend the Southwest program. She is transported daily to SMCCC. I am told by First Student that their bus CANNOT come into my driveway because the child's Individualized Educational Plan (IEP) states the need for transportation, NOT the need for door to door service. Because the bus driver nor bus aid will step off the bus, the staff at SMCCC walk to the bus twice a day. Loading and unloading is not the concern. The safety concern is that the little girl with Autism is less than 50% verbal, has motor ties and likes to run from adults. When we get her off the bus, we hold her hand strongly in fear she will break our hand and run into traffic. SMCCC is on E. McCarty Street and is a

very busy street with a restaurant across the street. There is no reason for all special needs kids not to receive door to door service to centers. Accidents happen with no warning and when prevention measures can be put into place, it makes sense to do so. First Student also informed me that the child's safety is MY concern. not theirs, once child steps off the bus. Although this is true, I feel that this is a good example of "it takes a village" to keep all kids safe.

- 4) DHSS considers sunscreen as medication.... Even when provided by the parent. Because of this, center staff must sign a "Medical Authorization Form" each time sunscreen is applied. This is also distracting from the supervision of children and is unnecessary. To help reduce the concern with sun exposure, DHSS needs to offer a grant to help shade more of the licensed programs' play areas.
  
- 5) A daily safety issue at SMCCC is the distribution of medication. SMCCC limits giving children medicine to lunch time. If children need medication outside of lunchtime, the parent must come and dispense. Medication is kept in our kitchen in a lock box along with the required "medical authorization form". My cook is VERY busy at this time and the only individual authorized to dispense medicine. Giving the actual medicine to the child is not the concern, the concern with the medication is the signing and tracking the paper copy of the "medical authorization form." It would be VERY helpful if DHSS would allow some sort of digital log in of medication... via an app or some other digital means. The forms are repeatedly getting wet from either hands or sinks and it is just messy. Something as simple as a digital log in would help keep medication dispensing at its optimal safety.
  
- 6) To increase safety in child care, we NEED approved restraint training. Restraint training is not available to child care providers unless we travel to St. Louis or Kansas City which is burdensome. We experience aggression and rage within children who display harmful behaviors to themselves and others. Child care providers need help to provide safety.
  
- 7) Offer building safety assessment. SMCCC would voluntarily have safety trained individuals walk through the facility to identify any safety concerns.

## **II. How can we enhance Quality in Child Care?**

- 1) DSS assistance families roam from center to center leaving a balance at the previous center. DSS say they will not transfer assistance from one center to another if an outstanding balance is owed. This is not true. DSS ONLY makes family responsible for the DSS "sliding scale" not the actual amount due to a center. For example, some families have a sliding scale of \$2.00. This means DSS will pay the center approximately \$15 per day. When the center rate is \$28/daily, the co-pay to attend is \$13 per day or \$13 x 5 days = \$65 per week.

Pretend the DSS family gets behind 3 weeks and leaves the center (usually with no notice). DSS will ONLY require the family to pay the center the \$2 sliding fee for the three weeks which equals  $\$2 \times 15 \text{ days} = \$30$ . The ACTUAL amount due is the  $\$13 \times 15 \text{ days} = \$195$ . This affects center quality because these reoccurring losses have to be absorbed. The number one way they are absorbed is through lack of staff raises because when classes are not full, raises cannot happen. Classes cannot stay full when families leave with no notice AND when DSS transfers assistance from center to center when they know a balance is due at previous center. Centers have signed documentation that the DSS families agree to the rate and the co-pay. There should be NO issue with holding transfer of assistance. Currently, 32% of the children at SMCCC receive DSS financial assistance.

- 2) When DHSS comes in for inspection, and an inspection has not been completed, the center is written up for a "violation". The violation appears on our center report until the needed inspection is completed. This is so unfair to centers. Requesting inspections is the responsibility of DHSS. Centers cannot require nor request inspections. The center is NOT in violation simply because the inspection isn't completed. There needs to be a means for DHSS to get inspections completed before their visits OR find a different way to note that an inspection is not completed. It is NOT a violation. According to Encarta Dictionary, Violation is defined as "a crime or infringement of a law or rules, especially one less serious than a misdemeanor or a foul in sports." Violation does NOT mean "lack of an inspection." This leads to my next concern with quality.
- 3) When a center is found in violation of any rule, it is posted online and available for review by the general public. Centers can write comments; HOWEVER, DHSS limits the number of characters we can type AND does not allow photos. Here is a great example. A few years ago, SMCCC was in violation for "chipping paint.". That is all the violation said. I wanted to let anybody reading my report know this was a one inch chip, above my sink, in the kitchen, no access to children. I wanted to post a picture of this violation. I was unable to do so and the character limit is small. To improve quality among DHSS and centers, also, to improve quality between centers and the community, it seems necessary to educate and offer both sides of a situation. It feels like the current situation is one sided and focused on DHSS and it's needs with disregard for the needs of centers.

### **III. How can we encourage, strengthen professional development opportunities for the child care workforce?**

Professional Development is one way SMCCC utilizes to provide unity and give common language to all staff. This has been a valuable tool for the past 24 years of business; however, with the DHSS proposed amendments, professional development will change.

- 1) To encourage and strengthen professional development opportunities, centers need to be allowed to get trainings outside of the moworkshop calendar. For those not familiar with the moworkshop calendar, it is a calendar regulated by DHSS and operated by Child Care Aware. This calendar had caused lots of lost opportunities for child care trainings. If the community training is NOT on the moworkshop

calendar, staff do NOT receive in-service training hours. Example, SMCCC use to get CPR training at the local hospitals. The Red Cross trainers at the hospital are NOT on the moworkshop calendar; therefore, my staff can no longer get CPR training from the local hospitals. SMCCC has to pay someone to come in and train at my center or sign up at a different location which staff must drive (sometimes far). Other opportunities lost include classes provided by the University Extensions, any university class at Lincoln or Mizzou, specialized training offered by other programs because they are not on the moworkshop calendar. I have two trainings on the moworkshop calendar. It took me four hours to prepare and enter the data. Many individuals do not have four hours to enter a class. The trainings should be selected by the center directors without bias as to if they appear on the moworkshop calendar or not.

- 2) To solve this, moworkshop calendar needs to provide centers means to submit in-service trainings. Currently, centers cannot submit “certificates of completion” for classes like CPR outside of their moworkshop calendar. It is very imbalanced to limit training to ONLY individuals who have four hours to submit trainings. Lots of professional development opportunities are lost. Staff need specific training for the special needs population in their classes.
- 3) Currently SMCCC has two, two hour in-service trainings. One is specific to license rules and the other is emergency training. With the proposed amendments, I will no longer be able to offer these two, two hour trainings because DHSS will require this training to be completed within seven days of employment. I do not have an additional 4 hours to train a new employee whom I do not know if he/she will stay employed. The national average for a child care employee is four months. I feel VERY strongly that professional development will decrease if centers are required to do individual training vs. group staff training. Again, the group training offers the opportunity to make something fun, build relationships and build staff morale.
- 4) To encourage and strengthen professional development, it would be helpful if DHSS or DSS offered a community room for center directors to use for trainings. After working 8 hours in a center, staff needs a mental and physical break from the environment. Many evening trainings happen at the centers. When SMCCC has CPR training come in, staff have to use small tables and small chairs because we do not have enough large ones. It would be helpful to have a room to reserve to host our trainings.
- 5) To strengthen professional development, we need to have more opportunities outside of the moworkshop calendar. For example, there is no training on foster care children’s needs on the calendar; however, there are staff trainings available outside of the moworkshop calendar. Another example is *restraint training*. There are no training opportunities available on the moworkshop calendar. I am currently seeking restraint training outside of the calendar.

- 6) DHSS requires all staff be trained on the licensing rules for child care homes/centers. Centers agree that this training is necessary; however, to make the training easier, I have requested a copy of the “Licensing rules for group child care homes and child care centers” from DHSS. I have been requesting these books the past two years and received zero. I am told they are no longer in print and that I can print them myself. This book is 45 double sided pages. I do not have the means or the financial resources to print 12 copies of this book for staff training. Since it is required for training, DHSS should provide us with the books to train. It is great that the book is online; however, internet is not always available and SMCCC does not have 12 computers to use during staff trainings. Please, start printing this book again since it is the “required” reference for trainings.

On 4-25-2019 again I requested 12 copies of the Licensing Rules book and during my DHSS visit I was given 6 copies. I was told that this is the last books DHSS has in print and that I will need to print my own. I use to give a copy to all new employees as part of their hiring process. I can no longer do that since DHSS does not provide them.

#### **IV. What are two or three actions you believe the state should set as priorities for improving safety and quality?**

- 1) Most important to centers as a priority for improving quality and safety is to allow in-service trainings outside of the moworkshop calendar. Allow centers to submit completed classes so staff can receive in service training credit for classes that meet specific needs of the children being served (example, foster kids, speech impaired, pervasive developmental disorder, hearing impaired, Tourette`s Syndrome, etc... None of these currently appear on the approved training list).

- 2) Offer Grants to private centers. Many opportunities for financial support are limited to non-profit or head start/public schools. Many families do not qualify to participate in head start yet they receive a large amount of the available funding.

Grants specific to helping pay for in-service trainings, safety on playgrounds (like sun awnings and woodchips/ground cover), Grants specific to age populations not community status would be more effective to offer equal benefits to all community families.

- 3) Provide funds to cover the DSS and DHSS required in-service trainings. With the high staff turnover in the industry this is a huge financial part of business. The fingerprinting requirement is an asset to provide safer care for children in Missouri, however, after August 2019; centers will be required to pay for the fingerprinting. SMCCC was told that “the potential employee can pay for the fingerprinting not the center.” This is 100% not realistic. How can someone looking for a job afford fingerprinting? Funding for required trainings is a must to improve safety and quality of car.

## **V. Additional comments related to safety and quality.**

Regardless of facility location, there needs to be consistent expectations and guidelines for all children within a population served. For example, the children in Missouri served by the Southwest Early Childhood program does NOT have the same state fire, city fire, sanitation, and licensure inspections that facilities serving more than four children have. This is not consistent to provide safety to all children of the same population.

Southwest Early Childhood serves children under age five just like centers yet the expectations are different. This puts a huge financial burden on private centers and exempts public schools. This is not evenhanded.

## **Additional Comments: Information taken from the Department of Health and Senior Services, Administration for Children and Families**

### Final Rule:

- Pg. 11 “Requires resources about developmental screenings be provided during the CCDF intake process and to providers through training and education.”
  - No training is currently provided for developmental screenings.
- Pg. 11 “Lead agencies should ensure that all providers are knowledgeable on how to access resources to support developmental and behavioral screening, and make appropriate referrals, as needed, to ensure that children receive services and supports as early as possible.”
  - Centers self-teach which community resources are available. DHSS nor DSS offers help with individual children’s needs.
- Pg. 19 “The use of the quality funds must align with an assessment of the Lead Agency’s need to carry out such services. Lead Agencies have the flexibility to design an assessment of quality activities that best meets their needs, including how often they do the assessment. We recommend, but do not require, it be done at least every three years to support the CCDF State Plan.”
  - Quality activities need to be defined by the Lead Agency/centers. There has been no involvement of centers to determine what best meets our needs. Giving a list of specific classes to take each year limits centers, not enhances their individual needs.
- Pg. 20 “Lead Agencies must spend quality funds on at least 1 of 10 specified quality activities:”
  - Currently, DSS and DHSS require 7 of 10!
  - All quality activities are currently funded by individual center.
- Pg. 21 “Quality Progress Report” “Description of quality activities funded with CCDF.”
  - IF funds are allocated to support these “quality activities” then why don’t centers receive direct funding to help with this huge expense?
- Pg. 24 “Pre-Service/Orientation” “Must be completed within 3 months for CCDF caregivers, teachers, directors...”
  - The Proposed amendments that came out for comment last month gives centers 7 days for a “center orientation.” 3 months seems reasonable to know if a new employee will stay and allow the extra time expected from center director for additional training.
- Pg. 25 “Training must also improve workforce diversity and retention, including financial incentives and compensation improvements.”
  - How does this need the training and professional needs of the child care workers when there is no direct financial support? Direct support will enhance the work force. DHSS and DSS are trying to do a top down theory where really it needs to invest at the bottom because the benefits will trickle up.

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## **How can we enhance safety in child care?**

- As child care providers, we value safety tremendously. However, if additional safety standards are put into place, we must get additional funding to implement them!
- The new fingerprint background check requirement in Missouri is a great step towards improving safety; however, programs need funding for the cost of this. Most individuals applying for work at a child care program cannot afford this initial cost out of their pocket. Additionally, since it is a work-related expense, it should be covered as work-related expenses in other industries are.
- Funding for programs to pay staff a stipend to attend trainings outside of work hours or substitute pay for staff to attend trainings during work hours is needed for programs to afford safety trainings.
- Grant funding that programs can apply for to improve the physical environment, such as playgrounds, shade structures, bathrooms, etc. is needed.
- We need funding for parent trainings on safety and proper restraint of a child, particularly for families of children with behavior disabilities.
- Child elopement needs to be a required component of program emergency procedures.
- Foster children should not be allowed in care until they have their shot record, just as required of all other children.
- Directors are required to supervise new staff until they complete required trainings and proposed orientation. Programs need additional funding to support the cost of this additional supervision.
- We already address safety in many ways:
  - State regulations already clearly spell what needs to be done to meet health and safety standards.
  - Required training for all programs accepting child care fee assistance addresses safety.
  - Required professional development including Abuse and Neglect training already addresses safety.
  - Insurance agencies that cover child care programs do an inspection of the physical property and make suggestions on safety improvements such as pinch guards on doors.

## How can we enhance Quality in Child Care?

- Missouri does not need a tiered quality rating system. Lead agencies have already implemented the majority of items on the “Allowable Quality Activities” list including:
  - Training & PD (OPEN & CCAMO)
  - Early learning & development guidelines (standards)
  - Child care resource & referral services (CCAMO)
  - Licensing and health & safety requirements (Missouri Licensing & Health/Safety Regulations)
  - Accreditation (Mo Accreditation, NAEYC Accreditation, etc.)
  - Program standards (accreditation, licensing regulations, etc.)
- There are additional quality indicator methods already in place in Missouri as follows:
  - There is a state website that shows results from inspections and violations of programs. CCAMO already directs parents to this website.
  - DFS and CCAMO, PAT, Educare, and Parentlink already inform parents of quality indicators to look for when searching for child care.
  - DFS offices, health care offices, schools, etc. have brochures to educate parents on what quality child care looks like.
- The CCDF Final Rule on Consumer Education and Quality Provisions states: “Maintain a consumer education website with provider-specific information, including *if available*, quality information through a Quality Rating Improvement System *or other transparent system of quality indicators.*” This does not require a tiered quality rating system.
- The extra costs associated with a tiered quality rating system that programs would face will make it even harder for privately owned child care programs to exist and for families to afford. This will especially hit low-income families the hardest. More programs will be forced to close their doors. This leave parents with fewer child care choices and affects the workforce. When parents cannot find or afford child care, they cannot work! Alternately, some parents leave their children in unlicensed programs operating illegally.
- Quality of child care is subjective. While we recognize that there are some standards that all programs should meet, other quality indicators may vary depending on the setting and personal preference (ranging from grandparent care to Montessori to public school to religious program to private centers, etc.). The necessary standards of quality are already incorporated into the Missouri regulations and standards. All parents are looking for different styles – quality for one is not quality for all. Therefore, we do not need a tiered quality rating system to help parents make informed decisions.
- The cost the state will incur to develop and implement a tiered quality system would be better spent at the practitioner level. Child care programs desperately need funding directed to them to enhance the quality of their programs. The problem is not about lack of a quality rating system but about a lack of funding to providers to actually improve quality.
- Implementation of a tiered rating system will create segregation between low income and high-income families. Parents will obviously choose the highest rated programs, thus allowing those

programs to raise their fees based on supply and demand. These programs would also be given additional state funding due to their accreditations. Eventually, only the wealthier families will be able to afford the highest rated programs. Low-income families would not be able to afford the copays at these top programs. Therefore, the tiered quality rating system would minimize diversity and increase segregation.

## **How can we encourage, strengthen professional development opportunities for the child care workforce?**

- Programs need funding to support the already required professional development before more PD is required. While some trainings are offered at no cost, the provider still incurs the cost of the staff member's time to do the trainings. Funding is needed for stipends if trainings are done outside of the work day and/or for substitutes if trainings are done during the work day.
- Providers should be allowed to get trainings outside of the Missouri Workshop Calendar and submit their certificates. Each program has its unique issues and clientele so choosing training to meet their needs is more beneficial.
- The DHSS licensing staff needs proper training prior to doing an inspection. There is a lot of staff turnover in this office, creating a lack of knowledge and consistency. This leads to inaccurate information that parents access online. According to the CCDF Final Rule Health and Safety Provisions – Monitoring section, "States must ensure licensing inspectors are qualified." Many inspectors have never worked directly in the child care field and cannot relate to the day to day operations they are monitoring.
- State regulations already clearly spell out things that should be done for teacher training, parent relations, etc.
- The state should provide free training for staff on Developmental Screenings to better identify any delays or disabilities. The CCDF Final Rule "recommends all children receive a developmental screening within 45 days of enrollment, similar to Head Start."
- The state should provide funding to programs that would go directly to the caregivers as incentives for reaching training milestones. Incentive programs are currently funded by the programs themselves or not done at all, decreasing motivation for staff members to go above and beyond in professional development.
- DESE staff members, or someone funded by the state, should come onsite to child care facilities and teach staff the domains of the early childhood standards, based on the developmental ages they care for.
- Parents as Teachers staff could provide training on how to screen children for developmental delays and/or share their screening tools for programs to use with non-PAT families and share their results with child care programs from PAT families (with parent permission).
- Communication from Foster Care programs, First Steps providers, and Early Childhood Special Education providers to child care programs who care for the children in these services outside of service hours would enhance the knowledge and professional level of child care staff.

- Inclusion of child care best practices and standards in high school courses that incorporate child development/human sciences would peak interest and increase knowledge.
- We need funding for Early Childhood higher education programs. This funding has been cut; two and four year degree programs have been eliminated. Without as many post-secondary programs, the quality of child care is decreasing because we do not have qualified staff to hire. The CCDF Final Rule states: “Career pathways and financing” are components of the state framework.” We need funding and support to encourage people to choose a career in early childhood.
- Community colleges such as Missouri State Tech could implement a two-year degree program in early childhood. Government money spent on this addition would improve quality – just as it improves the quality of technical fields such as mechanic services, HVAC services, etc.) It would also increase our number of people choosing early childhood as their career.

## What are two or three actions you believe the state should set as priority for improving safety and quality?

- **The state should change the following current funding:**
  - Subsidy payments should be reallocated to reflect the actual cost of child care. According to the CCDF Final Rule, “Requiring states to take the cost of providing quality child care into account when setting provider subsidy payment rates, and to use valid methodologies to update rates at least every three years.” If updated yearly, this amount would be more fair and accurate. Because the state does not reimburse programs enough, the copays are not affordable to families. Additionally, the Rule states, “Allowing the public to participate in the state’s decision-making process around the setting of reimbursement rates.” Program input would allow the state to see the challenges child care providers are facing with low reimbursement rates, including families hopping from program to program to avoid paying unaffordable copays. The state should mandate that families be paid up on their copays before authorizing payment to a new provider. The migration from program to program also leads to instability to families and the breaking of adult-child attachments, which is a focus of the CCDF money. The current copay amounts are unaffordable to families and will increase when minimum wage goes up.
  - The Disproportionate Share Money should be available to all programs who qualify by providing care to a high percentage of low-income families. This money has not been available for years. The state should assure the funds are there so that low-income families can access quality care. If not, it is oppositional to the purpose of the CCDF funds.

- The state mandates that child care programs may not charge a copay or field trip/extra-curricular fees for Foster children. Without these fees, child care providers are being hit with a huge loss. The state should pick up this expense rather than the child care provider. It is not the responsibility of the local providers to fund the Foster program.
- The proper reimbursement for the 2 and 5 years old needs to be corrected. Statewide programs charge more for two since they require a 1 to eight ratio. Even though a child turns five doesn't mean he/she is in kindergarten. Ratio remain a 1-10, therefore full preschool rate is charged. This would help family's co-pays out significantly.

This funding allows child care providers to increase the quality of their programs.

- **The state should add additional grant funding for child care programs.**
  - Additional direct funding to child care providers for professional development, safety improvements, and increased pay to staff would improve quality and safety. This would also increase staff retention in the child care field. Many who are employed in child care think of it as a job rather than a career. This is primarily due to the lack of pay and early childhood not being considered a profession.
- **The state can get additional funding by changing how the money is spent.**
  - Quit spending state funds on a quality assurance program, unnecessary changes to regulations, writing of standards, and possible development of a tiered rating system. The amount of money wasted at the state level could have such a positive impact on quality and safety at the local level. The state should not fund components or subcontractors not required by federal law. These include CCAMO, OPEN, T.E.A.C.H. and more. This money could be better used by local child care programs.

## **Additional Comments:**

We must increase the awareness of the importance of early childhood development in our society. We need to advocate to legislators for increased funding in the early childhood arena. This is the time period that most brain development occurs and yet it lags in funding compared to kindergarten through twelfth grade and higher education funding. The funding that is directed to early childhood needs to be reallocated. Programs such as Head Start only serve less

than 31% of children ages three to five while their funding level is 10.1 billion dollars for fiscal year 2019. Early Childhood Head Start only serves less than 7% of birth to three year olds. Some of this funding should be redirected to all child care programs who serve Head Start eligible children.

We must increase funding to the local providers in order to increase quality of child care. With increased quality of child care in communities, we can “Enhance the quality of child care and better support the workforce.” Research also shows a positive correlation between quality child care and entering kindergarten ready to learn, high school graduation rates, and production in the workforce. A negative correlation is indicated between quality child care and incarceration rates, unemployment rates, and high school dropout rates.

**When money is used for state funded approaches instead of being directed to child care programs, little positive impact takes place. When money is directed to child care programs, children benefit.**

**Ultimately, to improve the quality of child care as a state, we must start with improving the quality and safety at the provider level! As individual programs improve, the quality at the state level improves! It starts at the ground level and moves up rather than top level down.**