

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

Tuesday, August 28, 2012

9:00 - 11:30 a.m.

United Way of Rhode Island, large conference room

## **DRAFT – Meeting Summary**

The subcommittee reviewed current data on trends and emerging issues and discussed strategies for increasing access to high quality early learning programs including child care, Head Start/Early Head Start, PreK, preschool special education and full day kindergarten. Key points included:

### **Child Care**

Leanne reviewed current data on child care and a set of proposed strategies and targets (see slides).

Key points in the discussion included:

- Last year there was an exit strategy bill that raised the income level at which a family would no longer be eligible for the child care assistance program so that families could stay on child care assistance and there would be more continuity of care for children. This bill did not pass but there were hearings in both the House and the Senate and the bill was given attention. No one is really opposed to this bill – it is just really hard to estimate the cost of it. National experts recommend this kind of strategy – 19 states already have this program in place. It is a good strategy for increasing access.
- We should really make sure that children who are in their PreK year can complete the year for at least a half day even if their families lose eligibility for child care assistance.
- People should have a longer period after they lose their job before they lose eligibility for child care assistance. DHS proposed a rule change last year that proposed to increase it to 6 weeks but it did not go through and currently families can only remain eligible for a 3 week job search.
- It is very hard to calculate how many of families who meet the income eligibility levels are actually getting child care because there are other eligibility rules. Rhode Island KIDS COUNT thinks that there are lot of eligible families who are not using CCAP. There seem to be two primary reasons for this: 1) some people do not take advantage of it and 2) scheduling issues. Many people are working third shift for example and there are few child care options.
- There have been significant cut backs in child care assistance funding which is limiting access. How do we balance the emphasis on quality with the need to work on access overall?
- One way to approach increasing access would be to try to increase enrollment for the poorest kids since we know that quality early learning is especially important for low-income children. For example, we could advocate for de-linking child care assistance for RI Works participants from an employment plan even if they are a child only case. (Note: RI Works participants who are work eligible must have an employment plan and if they don't comply with the plan they don't get child

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care assistance. However, 30% of RI Works children live in families where parents are receiving SSI and have no work requirement. These children are very vulnerable) Another strategy would be to ensure adequate Head Start slots for the poorest children and the third approach would be to increase outreach to find and enroll the poorest kids in Head Start and other high quality early learning programs.

- For kids that live in families receiving RI Works that have a work requirement, the time limits become a challenge. By the time the children get to preschool the family has exhausted the time limit. The RI Works rolls are helpful for recruiting for Early Head Start but not for Head Start.
- We need to look at other strategies for de-linking the parents work schedule from the hours that children are able to participate in an early care and education program. Right now, if a parent is working from 10:30-6:30 p.m., the child can only go to an early care and education program during the same hours. This causes them to miss key parts of the program and disrupts their learning. In addition, some parents work the third shift and child care assistance can only be used for overnight care. As a result these children are not participating in a quality program during the day when their parents are likely to be sleeping. There are examples from other states of how to do this.
- Include a strategy for Child Care Assistance and Head Start about children in DCYF care. For situations where the state is paying for child care the payment should be linked to quality.

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

Leanne reviewed current data on Head Start and Early Head Start and a set of proposed strategies and targets (see slides).

Key points in the discussion included:

- There are more Head Start slots in some areas of the state than others. This is because expansion funds were distributed through a statewide competitive process and some grantees were very aggressive about attracting funding for new slots while others felt they that their programs were at capacity. This influenced the geographic distribution of slots.
- Early Head Start is very expensive. Programs are allowed to convert their Head Start slots to Early Head Start slots. However, three Head Start slots are needed to fund 1 Early Head Start slot.

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- The Head Start model costs the same for home visiting and center –based. The home visiting program is a little more extensive because families coming to Early Head Start need a lot of services.
- The Department of Health is piloting two home-visiting programs. Perhaps we should explore MIECHV funding as a strategy for expanding home visiting services? It would also be helpful to map the distribution of the poorest kids statewide and how many are being served by home visiting, Early Head Start and Head Start.
- We should have a target around funding for home visiting.
- Kids in foster care should be prioritized for enrollment in Head Start as long as slots are available. We should have some sort of strategy to strengthen access for DCYF kids to Head Start.

## **PreK**

Leanne reviewed current data on PreK and a set of proposed strategies and targets (see slides).

Key points in the discussion included:

- We should add a strategy about the role of the PreK program in providing services to children with disabilities.

## **Special Education and Early Intervention**

Leanne reviewed current data on Special Education and a set of proposed strategies and targets (see slides).

Key points in the discussion included:

- We need to add a target about the percent of children who have a documented case of maltreatment who receive an eligibility assessment for EI.
- Last year at this time we were hearing that there was a lack of speech and language services available. This appears to be a workforce issue as many Early Intervention providers were having

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a difficult time attracting and retaining speech and language pathologists. As a result, children were getting services from someone other than a speech pathologist (note: you can't have a waiting list in Early Intervention). So it is hard to determine whether this is an access or a workforce issue.

- We know that children with a special need are best served in an inclusive setting, we should add a target about inclusion.

### **Full Day K**

Leanne reviewed current data on PreK and a set of proposed strategies and targets (see slides).

No additional feedback on the strategies and targets was given.

### **Children with High Needs**

Leanne reviewed current data on Children with High Needs and a set of proposed strategies and targets (see slides).

Key points in the discussion included:

- How do we address children with serious emotional and behavioral issues? Many of these children are not eligible for preschool special education programs in the school system and end up in early care and education programs.
- KIDSCONNECT is not always the solution. KIDSCONNECT has a 1:4 staff to child ratio but for some of these children, even a 1:1 ratio is not successful.
- We need to look at our mental health model for children. Because of how insurance works, the system as it currently stands does not work well for children.
- We should collect data on children with behavioral needs and make sure we build our data systems so that we can collect data on them in the future.
- Early care and education programs cannot afford to have a certified special education teacher as a resource in all of the classrooms.

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- We need to make sure we have the appropriate continuum of supports for programs to help them better serve children with high needs and we should train staff to make sure they understand the resources available. There should be a competency about this in the workforce knowledge and development competencies and a standard in BrightStars.
- Explore ways to strengthen KIDS CONNECT and to pursue other strategies to increase access to high quality child care for children with disabilities.
- We need to look at transportation as a barrier to access to high quality programs.

## **Next Steps**

Based on this discussion a draft set of strategies will be distributed to the group via email by the week of September 15<sup>th</sup>. Edits will be made and a final draft will be proposed to the Council for endorsement at the September Early Learning Council meeting.