IDAHO CHILD CARE LICENSING

Idaho Department of Health & Welfare
Provider and Stakeholder Meetings - May 2019
Objectives

1. Share child care updates since our last statewide tour

2. Discuss the future of Child Care in Idaho

3. Gather your feedback, comments, and questions

4. Share our next steps
Introduction

Our purpose:

Promote and Protect the Health and Safety of Idaho’s youngest citizens
Since we last visited...

Changes for ICCP families:

- Updated notices
- Current Local Market Rates (updated in 2016 and 2019)
- New Family Friendly Policies:
  - 12 month certification periods
  - Qualifying Activity protection for 3 months (job loss rule)
  - Phase out payments for families who go over income
Since we last visited...

Changes for ICCP providers:

- Safe sleep practices
- Emergency preparation plans (YIKES)
- 12 hours of professional development
- Updated background check requirements (all providers)
- Development of RISE system for providers
Licensing Laws Required Updates

- Pediatric CPR / Pediatric First Aid
  - For every staff person

- Background checks and fingerprints
  - Comprehensive check every 5 years

- Consumer Education
  - IdahoChildCareCheck.org and aggregate counts
The City of Boise is making a difference

- License is required for *all* homes and facilities providing care for compensation
- Annual licenses are issued for facilities and personnel (workers, juvenile workers, and volunteers)
- Annual health and safety inspections are required
- Licensing includes Transportation Safety requirements
- Licensing includes Healthy Initiatives requirements
- Training required each year:
  - Level 1: 14 hrs
  - Level 2: 10 hrs
  - Level 3: 8 hrs
Inquiry

- What policies will you support in strengthening child care licensing laws for Idaho?
- Areas to increase standards:
  - Provider training hours
  - Emergency prep plan
  - Annual inspections
  - Safe sleep
  - Transportation
Small Group Discussions

▪ Please have someone take notes on the big post-its.
▪ How does this rule support children?
▪ What worries you about this rule?
▪ Other feedback?

▪ Standards to address:
  • Provider training hours
  • Emergency prep plan
  • Annual inspections
  • Safe sleep
  • Transportation
What’s next

- State Tour
- Minutes posted on ICCP webpage
- Follow up survey to providers
- Policy summary drafted
- Public Comment Period
- Legislative Session Begins

- May 2019
- June 2019
- June 2019
- July 2019
- TBD
- January 2020
Contacts

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Thank You!
Meeting Summary
Idaho State Daycare Licensing – Public Meetings

Region 4- Hayes Auditorium- 715 S. Capital Blvd. Boise, ID 83702
Wednesday, May 22, 2019 - 6:30 - 8:00pm (Local Time)

Attendance:

Ericka Rupp – Program Manager – Idaho Child Care Program – Dept. of Health and Welfare
Aubrie Hunt – Program Specialist – Idaho Child Care Program – Dept. of Health and Welfare
Marilyn Peoples – Program Specialist – Idaho Child Care Program – Dept. of Health and Welfare
Allison Demarest-Mays – Program Specialist – Idaho Child Care Program – Dept. of Health and Welfare
IdahoSTARS staff- Jane Zink, Raya Diaz, Cheryl Bowers, Alaena Hofkins, James Ferlisi, Malia Woessner, Debbie Clark

77 Local stakeholders on the sign-in sheets. Sign-in sheets are available if a list of attendees is needed.

Meeting Agenda:

Ericka Rupp and Aubrie Hunt spent the first 25 minutes sharing the attached presentation. Attendees were split into five small groups and asked to rotate between each topic presented. Small groups spent 10 minutes on each topic, with someone recording their comments and feedback on large posters. Each poster asked the following questions:

- How does this support children?
- What worries you about this change?
- Any feedback you have on this topic?

The meeting reconvened for the last 5 minutes to share the “next steps” slide, contact information and to thank everyone for their attendance and participation.

Participant Feedback by Topic

Emergency Preparedness-

- How does this support children?
  - If the whole state kept the same standards it would be more beneficial for children.
  - Because we practice YIKES children are more comfortable and know how to handle. Providers want to know that children can move quickly, practice is important.
  - When there is a plan in place, staff turnover is easier for kids.
  - We are prepared in case of emergency. Staff know where to go if something goes wrong.
  - Parents have peace of mind.
  - YIKES should be available in van/bus as well.
– Need evacuation crib to transport infants.

• What worries you about this change?
  – Material was not in multiple languages at roll out.
  – Putting plan into practice can be difficult w just ensuring enough training and time to practice.
  – Turnover and training new people can be a barrier.
  – Food supply expiration.
  – Fire inspector consistency.
  – Lockdowns need to be fun, so they don’t scare children.
  – Can we handle all emergencies? Lost child, etc.?
  – Lack of training for certain emergencies (person w gun, mad estranged parent, etc.)
  – Should in home and family child cares have to do YIKES?

• Any feedback you have on this topic?
  – YIKES could be done in partnership with school districts. Emergency plans could be beneficial to them and partnership would be helpful.
  – Our facility started doing lock down drills because we are close to a school.
  – Would be good if a staff person had taken a class about emergency preparedness.
  – Could YIKES be modeled in video form to show to staff and train new people.
  – Having supplies saved is not necessary in a city.
  – Emergency contacts were built through relationships with in community. Grocery store, school, etc.
  – Which documents are needed to go with the staff in an emergency? Contacts, etc.?
  – Training at center to practice plan should count as training hours.
  – Rural centers should have a community contact list to find emergency supplies.
  – Facilities should have a training about active shooters.

Transportation-

• How does this support children?
  – Adding this makes sense. Helps children learn about safety. Would open up an opportunity to educate and support providers.
  – Following transportation laws protects providers from liability.
  – Involves parents using consent forms. Parents feel more comfortable leaving children with providers.
  – Would be very traumatic if something happened to children while in care of facility.

• What worries you about this change?
  – Can be time consuming. Need additional training.
  – Possible over regulation re: costs, etc.
  – Idaho law not having cell phone requirements.
  – Providers should have to assist children off vehicle.
  – How is the successful implementation of this going to be supported?
  – Worried about new ruled being put out without support to providers.

• Any feedback you have on this topic?
  – Maybe we need transportation trainings/ a manual for providers.
  – Insurance requires regulations to transportation.
  – Buses may be required to be inspection by the dept of transportation annually.
– Inspections should check cars/vans.
– Basic transportation rule doesn’t address leaving children in cars.
– Good opportunity for parent education.
– Car seat safety classes. Regulations change all the time.
– Best practices checklist for transporting children.
– What about contracted programs that come to pick up children from child care (swimming lessons, gymnastics, etc.)?
– Info should be shared with families that providers are doing this.

Annual Health Inspections:

• How does this support children?
  – Why not have a health inspection every year?! Should have been annual from the beginning.
  – Health inspectors are supportive to us. Learn something new at every inspection.
  – Accountability for providers. Makes sure providers are doing things right.
  – Gives providers a good reputation.

• What worries you about this change?
  – Would we need to hire more inspectors? Higher licensing fee?
  – Inspectors are not consistent.
  – Make resources available for correcting failures.
  – Consistency and clarification.
  – Longer explanations for requirements.
  – Health Inspectors can be power hungry and punitive. Can be scary at first but it gets easier.
    Maybe a manual/class for new providers.

• Any feedback you have on this topic?
  – Providers need to be notified of changes/updates from Health District
  – HI should be when children are there.
  – Should be a class available about inspections.
  – ICCC should have more info.
  – Publish the CDHD website where the requirements are located.
  – Set a time limit for providers to keep inspectors waiting at the door
  – Providers should have a food handlers license.
  – HD could publish a topic specific to health inspections every few months (tips and tricks). Or a newsletter.
  – Parents are like inspectors too and notice when something is not right.

Safe Sleep:

• How does this support children?
  – It should be required.
  – Improved sleep habits and improved ability to self soothe.
  – Protects businesses with best practices.
  – Inspections help hold providers accountable.
  – Keeps children safe. Less chance of SIDS.
  – Educates parents and child care workers.
• **What worries you about this change?**
  – Hard to wake a sleeping baby.
  – Parents want swaddling. Parents don’t practice safe sleep and it’s difficult to transition.
  – Providers don’t want to tell parents how to parent. Need parent education.
  – Hard to give up swings.
  – Safe sleep is a big paradigm shift. IdahoSTARS STQ was helpful.
  – Staff stress.
  – Kids not used to it.
  – No support at home.

• **Any feedback you have on this topic?**
  – Parents should have to watch the same trainings that providers do.
  – We should have ambient room temp requirements.
  – Really important to teach/educate parents.
  – Hospitals should require it.
  – Families/infants hate it in the beginning.
  – Parent handouts/resources are helpful. Need infographic.
  – Sleep sacks are helpful.
  – Felt overwhelming.
  – Need staff training. Sleep education beyond age 1.
  – Less judgmental language/ shared language.
  – Cultural differences.

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**Professional Development (Training Requirements)**

• **How does this support children?**
  – Professional development hours do nothing but help providers. Educated staff provide better quality, more informed, less turnover, supported teachers.
  – Furthers education. Young staff don’t have necessary education, and this helps them. Knowledge rather than on the job training.
  – Raises the bar for Idaho.
  – Supports a professional workforce. Raises the bar for accountability.
  – Understands child development. Teacher can recognize delays.
  – Keeps current growth and fresh approach. Helps providers stay up to date.

• **What worries you about this change?**
  – Confusion about quiz submission and training logs. Teachers are struggling.
  – It’s difficult to get staff to complete education hours. Feels like babysitting workers.
  – The cost can be high. Turnover is hard financially. Employee retention for the $ paid.
  – Needs to be higher level classes for more educated people.
  – Short supply of workers.
  – How will home based workers fare?
  – Trainings need to be offered at alternative times. Weekends/night.
  – Professional development training hours should be left at 4 hours.
  – Not available in other languages. Spanish?

• **Any feedback you have on this topic?**
  – Providers should have to have as many hours as cities (we have to have 14 hours).
  – There’s always more to learn.
- **Bring back roundtable directors group/support group for training hours**
- **Don’t eliminate CPR/FA hours (6 hours)**
- **There’s always something to learn. Whole state on the same program.**
- **Topics of training should include: outdoor play, music, movement, arts, customer service, substitutes, staff retention, child development theory, etc.**