



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
- **Annual health and safety inspection**
- **Consumer Education**
 - IdahoChildCareCheck.org and aggregate counts

The City of Idaho Falls is making a difference

- All child care providers must obtain a city child care license
- Child care worker license required for any person working or volunteering at child care center or group facility
- Providers must pass annual health inspection
- Group child care is defined as 6-12 children



The City of Ammon is making a difference

- City issued child care license renewal required annually
- Child care worker license required for any person working or volunteering at child care center or group facility
- Providers must pass annual health inspection
- Group child care is defined as 6-12 children





Inquiry

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



What's next

- State Tour May 2019
- Minutes posted on ICCP webpage June 2019
- Follow up survey to providers June 2019
- Policy summary drafted July 2019
- Public Comment Period TBD
- Legislative Session Begins January 2020



Contacts

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Thank You!



Meeting Summary

Idaho State Daycare Licensing – Public Meetings

Region 7- I.F. Public Library- 457 W Broadway St, Idaho Falls, ID 83402

Wednesday, May 8, 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
Allison Demarest-Mays – Program Specialist – Idaho Child Care Program – Dept. of Health and Welfare
Marilyn Peoples – Program Specialist – Idaho Child Care Program – Dept. of Health and Welfare
IdahoSTARS staff- Malia Woessner, Susan Robertson, Michelle Fitch

42 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?**
 - *Consistency from provider to provider*
 - *Gives providers and parents peace of mind*
 - *Forces providers and parents to plan ahead. Drills help children know what to do if something happens.*
 - *When an emergency happens, families can reunite after without worry.*
 - *Everyone has clear direction for where to go and what to do. Helps keep kids calm.*
 - *Brings community together.*
- **What worries you about this change?**

- *Evacuation center should be centralized so that provider's don't have to figure out where to go. That way if there's an emergency provider's can share responsibility for taking care of children.*
 - *If an emergency happens, there should be help offered with transporting children.*
 - *Facilities should keep facilities locked from the inside.*
 - *Facilities should create processes that are individualized for their facility.*
 - *Transportation is difficult for big facilities.*
 - *Amount of water needed seems excessive. Storage of required supplies is difficult.*
 - *Some people do not see the need for a YIKES plan.*
 - *YIKES should be used as a tool and not for regulation. I can have my entire YIKES done except for one tiny piece and HI marks it wrong.*
 - *YIKES should count for training hours.*
- **Any feedback you have on this topic?**
 - *Our facility uses a pot and spoon instead of an alarm.*
 - *Cities should ask "How can we help you?" in case of an emergency. Emergency training should be available from police and fire department.*
 - *An emergency notification system would be helpful for parents and providers.*
 - *Providers should keep exit bags filled with supplies by all of the exit doors.*
 - *Is there access to funding for supplies?*
 - *More information is needed to complete YIKES plan. It would be helpful if there was a priority on YIKES elements so providers would know which elements are essential.*
 - *A checklist would be helpful.*
 - *Use cell phones.*
 - *Fire Department has been helpful to us with answers to challenges.*

Transportation-

- **How does this support children?**
 - *Car Seat training should be offered at facility for parents so that they can see what safe transportation is.*
- **What worries you about this change?**
 - *What would the method be for telling licensing about traffic infractions by providers.*
 - *Would having transportation requirements make providers nervous to transport children and possibly providing fewer options for families?*
 - *Could money be available for facilities to buy car seats for vehicles?*
 - *Drivers should be required to take a traffic safety training.*
- **Any feedback you have on this topic?**
 - *Health Inspector should inspect vehicles used for transporting children.*
 - *How would personal cars at child care business be handled?*
 - *There should be a texting system for traffic patterns.*

Annual Health Inspections-

- **How does this support children?**
 - *Inspections bring the focus of staff back to Health and Safety and if you go 2 years between inspections things slip. A lot can happen in 2 years.*
 - *Health Inspections point you in the right directions. Refreshes provider's memories.*
 - *Makes sure providers are up to date on YIKES, safety, immunization, and cleanliness.*
 - *Annual Health Inspections ensure that providers are watching the correct number of children.*

- **What worries you about this change?**
 - *Health Inspectors are not consistent from area to area. Should have statewide standards and consistency. Inspector is very inconsistent.*
 - *It's very hard to take time out of caring for children to spend time with the inspector.*
 - *Health Inspections are expensive for providers (\$325 for first, \$175 for second). Increasing HIs statewide increases costs for HD, does this burden trickle down to provider and will it cost providers every year?*
 - *Licensing, Centers, Health Department, Code Enforcement should be on the same page! This will make things more consistent.*
 - *If inspector is going to check inspections, they should let us know ahead of time. Or maybe just check a sample of immunizations. Why do Child Care providers have to have immunization records?*
 - *Do Health Districts have the statewide staff in order to accommodate the increase?*
 - *Parents need more education around immunization requirements. Should not be providers fault if a parent doesn't do what they are supposed to.*
 - *Will rule changes encourage more unlicensed providers?*
 - *Arbinger Institute pyramid. "Correction, Teach, Relationship, Personal way of being"*
 - *Want a more supportive atmosphere. Not feeling set up to fail. If inspectors built relationships, provided information, and supported us then this would not feel corrective, would instead feel like a teaching opportunity.*

- **Any feedback you have on this topic?**
 - *Fingerprinting should be combined with health inspection.*
 - *Parents can slack on immunizations if inspections are every 2 years.*
 - *Provider will move if Ammon and Idaho Falls are connected.*
 - *Provider should be able to get an immunization review prior to inspection.*
 - *Inspection should be once per year and unannounced.*
 - *Code enforcement should only come once per year.*
 - *Length of time of inspections is an issue. Can be up to 3-4 years. Inspections take too long.*
 - *New things show up on the form and provider is not informed ahead of time.*

Safe Sleep-

- **How does this support children?**
 - *Safe sleep is safer.*
 - *Was confusing in the beginning but not anymore.*

- **What worries you about this change?**
 - *It's harder for children to learn to sleep.*
 - *Babies have trouble sleeping in the same room with one another.*
 - *Babies need blankets.*
 - *We have received mixed messages from our nurse.*
 - *Parents don't like not being able to use blankets.*
 - *Changing policy costs money. More staff is needed. Maybe offer stipends for sleep sacks.*
 - *Hard when there's no support at home.*

- **Any feedback you have on this topic?**
 - *Parents need more education and awareness.*
 - *Government interference.*

- Hospitals do not practice safe sleep.
- ERMAC sucks.
- Offer bonuses for compliance.
- Offer training for parents about safe sleep.

Professional Development (Training Requirements)-

- **How does this support children?**
 - Helps providers understand child development better. Trainings help us deal with situations that we wouldn't normally know how to deal with.
 - Keeps teachers minds on improvement. Once they are trained, providers are better.
 - All children are equal and should be treated equally no matter which provider they're at.
 - Increasing hours of training sets the bar of quality for people caring for kids.
 - Number of hours should be consistent for all providers.
 - 12 hours is a reasonable amount.
 - If trainings are offered online, providers may not actually watch them.
 - If one staff member doesn't meet the training requirements, a facility's license could be taken away.
 - Current trainings seem repetitive.
 - Trainings allow us to network with other providers.
- **What worries you about this change?**
 - Not many options for classroom management trainings.
 - DAP should be offered.
 - 20 Hours for PDS is too much.
 - Staff training requirement should not be as high as owner/director.
 - Evaluations are useless.
 - If too many hours are required then it takes away from other areas of personal life.
 - Trainings should be specific to the needs of centers.
 - Should be flexible to allow repeat courses that would count for hours. Directors should be able to request that a staff member re-take a training and have it count for hours.
 - Trainings should be prorated.
- **Any feedback you have on this topic?**
 - Frequent training is needed to prevent forgetfulness
 - More trainings should be available online (RISE), not in a classroom. There should be monthly group trainings.
 - Some people learn better in a classroom setting.
 - Podcasts should count for training hours. Audio trainings should be offered.
 - Trainings should be translated.
 - Child Care should be provided at in person trainings.
 - College credits should be able to be used for training hours.
 - Trainings topic suggestions: temperament, employee personalities.
 - An all day training should be worth more than 5 hours.
 - Number of training hours required should be based on the number of hours that the employee works.