

TRANSCRIPT OF AUDIO FILE:

**NATIONAL WOMEN'S LAW CENTER**

*Lessons Learned: Supporting Family, Friend and Neighbor Care  
& Family Child Care in Oregon Through Unionization.*

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**BEGIN TRANSCRIPT:**

HELEN BLANK: Hi. This is Helen Blank at National Women's Law Center. We're glad that you can join us today. This is the first of a series of four calls that are focused on the lessons of unionization and sometimes other advocates in terms of working successfully to support FFN - family, friends and neighbor care and family child care providers. As many of you know, the union movement in child care is gaining momentum. And unions 13 states have authorized home based providers to organize and negotiate with the state.

Oregon is one of the first states that was involved in unionizing both FFN and family child care providers through a partnership with SEIU and AFSCME. And we're fortunate to have today to share their experiences and knowledge with us, Abby Solomon who is the Director of the Care Provider Division at SEIU Local 503. And Abby has worked at SEIU for 10 years and worked with child care, homecare, adult foster care and nursing home providers and has been involved with the union and the childcare movement from the beginning. She's also worked on political and other organizing campaigns.

Faye Zepeda has been with AFSCME for four years and in the child care field for 23 years. Many of us worked with Faye when she was a trainer during part of the 15 years she was a family child care provider. So she does understand child care from the inside out.

We're going to ask Faye and Abby several questions and then we will give you the opportunity to ask them questions yourself. Can you both starting with Abby, talk about the key child care assistance or subsidy policies that affect both FFN and family child care providers. And how SEIU and AFSCME are addressing them? Abby.

ABBY SOLOMON: Thanks. Well there are a number of key issues that are being discussed this legislative session around the subsidy program. The governor has proposed a number of significant policy changes to the subsidy programs that will drastically impact working parents, kids and child care providers. Of at most concern is changes to eligibility that would limit the employment related child care programs to parents who are transitioning off of TANF – Temporary Assistance for Needy Families which would reduce the number of families in the pool of potential clients by around 3,500 families. And those are the estimates that the Department of Human Services have put forward. So we're really concerned about the number of families that are going to be cut off the program, the impacts that that will have on their children and the care that they're receiving as well as on the providers who provide those services and depend on that for their income as well.

Another challenge that for parents who manage to stay part of the program who are still eligible is that they are facing increased co-pays, this may impact over 11,000 families. There's a proposal to increase the co-pays by an average of 6%. And this comes after a decision had already been implemented to eliminate the first – we have a buffer of \$25. That's our first month's co-pay when people come on the program. And that was already eliminated in the spring and will continue to be eliminated. It's really an ongoing problem for parents who are transitioning to work and haven't had a chance to receive their first paycheck which is one of the reasons why they put that buffer in place in the beginning.

We're really worried about the changes to the co-pays. We feel that it really pushes us backwards from the progress that we made in 2007 where we moved up from being sort of the bottom of the barrel in terms of high co-pays to somewhere in the middle of the pack. We're hoping to be continuing moving forward to make child care more affordable for parents.

Some other subsidy issues that have come up, in the spring the DHS eliminated employment related daycare for those who are self-employed. That impacts about 146 families. We're seeing reductions in the jobs program which is a program that child care providers also work in. The proposed cuts to that program are around \$20 million and we're still trying to assess the impact that that will have on child care providers providing care to jobs recipients as part of the subsidy program.

And then lastly, the state is recommending reducing the standard rates for family child care providers back down to the 65<sup>th</sup> percentile based on the 2006 market price study. Exempt providers receive only 88% of those rates. So that's a really huge hit to providers who are barely getting by especially for folks who are in

our exempt population who can only care for up to three children.

So we're looking at really significant threats to the programs. In terms of what SEIU is doing to address this we are engaging in a lot of grassroots activities. We have providers who have been down at the Capitol participating in Care Provider Lobby Days. We have had two very large successful lobby days. The first one focused on educating lawmakers about child care and the child care program, what we do and that the need that's out there for parents and how the proposed cuts would really hurt our program and our communities and our families. Our second lobby day was focused on solutions and trying to build a revenue package that would raise revenue as well as using economic stimulus money to invest in these programs.

We've been working on providers in the field to connect to something that we call a tell my story form which is a way for providers in their homes to still participate in advocacy to share their stories, we're collecting these to be delivered to our legislators on May 4<sup>th</sup>. And we're participating in efforts in our communities around the state through town hall meetings, community forums and other places that we can be visible around child care issues. We're utilizing phone calls. We're utilizing media and just really working to draw attention to the needs of child care providers and the parents and children that we serve in our communities.

HELEN BLANK: Thanks Abby. Faye, can you talk about that and some other things you might have done in terms of making the subsidy program work better for families?

FAYE ZEPEDA: Yes. I'll start a little bit with the past leading up to our first contract which we find in September of 2006. I think it's important that everyone understands that the entire bargaining unit of 5,000 licensed child care providers were included in a bargaining survey. We held meetings around the state and had multiple conversations with providers to learn what were the most important to them. The bargaining team was made up of 20 providers from around the state so we had good geographic representation.

During the negotiations for the first contract, our key concerns around the subsidy system were to increase the rates. As Abby said, we were the lowest paid in the state. And we did win the increase to the 75<sup>th</sup> percentile which matched for registered – we have registered family and certified family child care provider. Registered family went from \$431 a month to \$560 a month. And the certified family provider and this is for infant care went from \$464 to \$860 a month for their merit pays. Reducing the co-pays was important which that we did win also averaging about 20 percentage reduction. And then the eligibility level which we won that changed from 150% of the FPL to 185% of the Federal Poverty Level.

We also encouraged the state to increase the rates for child care centers too. You know kids are important no matter where they're at. So we didn't want to see anyone left out. And then as Abby said, SEIU was able to secure the percentage of what we had negotiated. So the centers increased to the 75<sup>th</sup> percentile of the 2006 market rate study like we

did and the SEIU numbers increased to 88% of the 75<sup>th</sup> percentile which gave them an increase from \$402 a month to \$493. And then the enhanced rate providers went up to \$532 a month. The plus to the increase is that a lot of programs and providers who were not accepting kids from – through subsidies began accepting children into their programs which was really great to see.

Providers were really concerned because they were paid late. They were able to negotiate so that payments were processed in three to four days instead of 10 or more days. Some other improvements to the jobs payment process were made. And we also negotiated to have the subsidy checks directly deposited into a provider's account.

And it's important to understand that after negotiating these increases for the rates, the co-pays and eligibility; we had the contract in hand. It made it easier for us to secure the amount of funding that we needed through the legislative process. And those unions worked together and lobbied the legislator to secure those funds for that first contract.

For us, our current agenda in moving forward is and this is long term, to maintain the rates at least at the 75<sup>th</sup> percentile of the most current market rate study; keep the co-pays down and maintain eligibility. Because of all of the budget problems right now, we may – we probably will end up taking a small cut. But hopefully we will be able to get back up to where we want to be. In the future, we'd like to see a pay differential for the training and professional development seminar licensed providers passed. So once the provider has taken training above the training requirements, they would be able to receive an enhanced rate for subsidy.

And then we also would like to see some other system improvements. The parent eligibility period being one so parents don't have to go through the process involved in aligning ages between subsidy program and licensing standards. And, to right now we're asking to review to see what it would cost to put into place an automated billing for subsidy funding.

HELEN BLANK: Thank you Faye. That's great. I'm going to move to Abby. Abby, can you describe the provisions in your contract concerning training. There's – we've seen a lot of progress around the additional training opportunities for Family, Friend and Neighbor Care. What happens to implement them and what have you learned about training issues and incentives for training from your experiences to date?

ABBY SOLOMON: Well this is a big topic and we've really been learning from our experiences over the past year and a half as we've moved forward. So I'll try to cover it and then I'm happy to answer questions after. Our – SEIU's first contract created a training fund that was specifically geared towards Family, Friend and Neighbor providers to care for subsidized children. There were two components to the training. One piece is creating access and incentives for people to attend

training that are already in place through the resource and referral system. And the second part was creating a new training that was an orientation for Family, Friend and Neighbor to the Department of Human Services, DHS, Program.

And so, the orientation is really kind of a gateway to other trainings for providers. It's a two hour orientation. And it reviews the DHS Program everything – all that that sort of start to finish from the listing process, how you get listed, filling out your paperwork correctly to fees and procedures, understanding vouchers, how they work, where you go if you have difficulty. You know Faye talked about some of the wins that all of us made around late pay, those types of issues are covered there.

In addition to just understanding better our providers' rights and responsibilities within the subsidy program, there's also a lot of information about resources that are available such as training to earn the enhancery, access to the USDA food program and the benefits of enrolling with the resource and referral system to get connected up with services and to find out what people's options are for career path if they're interested in moving beyond the exempt program.

So we're really excited about the orientation program. And in addition to creating it, there was a work group that was working independently from us that's a subcommittee of the Governor's Commission on Child Care. And, the committee – we're a part of that committee and as well as many other advocacy groups and coalition partners who are interested in getting materials into the hands of Family, Friend and Neighbor providers around agent in (inaudible at 0:15:20.5) of literacy, health and safety and a number of things that try to improve the quality of care in the Family, Friend and Neighbor setting.

And having created this orientation system with DHS and the R&R system, the work group decided that our orientations would be a great place to pilot the distribution of their toolkits. And so it was pretty exciting that once we created this orientation system that we actually had a toolkit that has board books and music and all sorts of information and resources for providers that they can get when they attend the orientation.

In addition to the orientation, the training fund provides incentives for providers to attend trainings. And the way that they – The way that the fund helps with that is that providers can get a \$12 an hour stipend to attend any training or orientation that's authorized to the resource and referral system. And the \$12 an hour and is intended to cover the costs of substitute care and transportation issues to really eliminate the barriers that we've heard from providers of why they didn't attend training.

So, they can use that to go to any training but we've really been working on these partnerships and then any other trainings at the starting point for people and to encourage them to take that pathway first. And then if they would like to take other trainings, to sort of move beyond that.

The orientation explains how the enhanced rate works which is essentially take three classes – CPR and First Aid for Infants and Toddlers, and food handlers, getting the food handlers current and recognizing child abuse and neglect. And if you're able to complete those three trainings then you can begin earning the enhanced rate which is a 7% differential above the standard rate paid to exempt providers.

We've worked in collaboration with the R&R system to figure out ways to bring the enhanced rate training to people in the easiest format possible. So we've created what some folks call a fast track or a super Saturday where providers can show up for one long day and take their classes back to back and get it all taken care of in one day. And that's been fairly successful.

We bargained the training fund in our first contract. And like Faye alluded to early in her piece, we needed to then go the legislative session and secure the funding for it. So the fund really didn't get up and running immediately. We didn't have the funding in place until January of '08. So, we've been up for just over a year. And we initially had more challenges than we anticipated in getting up and running for a variety of factors. Everything from setting up systems on how the vouchers were going to work and coordinating between the different resource and referral agencies all around the state, trying to figure out who's going to offer the curriculum, how often, how it's going to be delivered, how we're going to do the outreach to this population of providers and a whole variety of questions. So we did some pilot projects and over the first six months really worked out a lot of the glitches in the program. And since last summer, it's been running pretty smoothly.

I did bring some numbers to share. I thought folks might be interested in – these are the numbers that are, as of March 4<sup>th</sup> so really takes us up through February so about a year and one month into the program and includes some of our challenges in getting the startup. Since the program has started, we've had 787 providers attend orientation. There's been 121 orientations held. And then 1,100 providers have attended at least one or more of the additional trainings that are available.

Then of those who have attended training, there are 416 now qualified for the enhanced rate which means they're gone through all three trainings. And there's an addition 120 who qualify for three quarters. They're on their way there. And typically those are folks who are missing their food handlers' card which is done in a self study and just proven to be one of the challenges for folks completing that enhanced rate.

So we feel really good about these numbers so far and believe that they will continue to improve. That we've had a lot more success in the latter half of the year than we had in the first half of the year but of course, the funding only runs through this current summer. And depending on what happens with the state budget, we don't know whether there will be new funding to continue the programs. Where it's one of our top priorities is maintaining this program, we feel like it's been a really great way to bring folks in and to

give them more experience with the child care system who are not traditional child care providers.

HELEN BLANK: Thanks Abby. Faye, can you talk about AFSCME's role in representing providers in the licensing process and the issues it raised?

FAYE ZEPEDA: Yes. Part of what we won in our first contract was the first Family Child care Bill of Rights in the country. And, Right No. 17 gives providers the right to have a union representative during any licensing interactions as long as it does not delay the interactions. When I receive a call from a provider, I talk with them to determine if it's something we can assist them with. If they are out of compliance, I give them ideas of how to get into compliance and stay in compliance. And asking them if they need some technical assistance from the Child Care Division or I can set them up with another member provider to help mentor them so that they can sustain compliance.

And what I'm finding is many times the provider doesn't understand the rule or isn't interpreting it the same way as licensing officials. So part of what is happening with representation is helping to identify different rules, regulations and policies that need to be clarified for both providers and licensors so the rules can be applied consistently during monitoring.

An example is we have a rule around keeping attendance. We had a provider who had in and out sheets. They were up to date except for two children. And the parents were responsible to sign the kids in and out. The provider a few times during the day would check to make sure parents had written the kids in. And if they hadn't, she would update it. She was found out of compliance. The actual rule says the attendance record for each child including dates each child attended and arrival and departure time of each day. So it doesn't say specifically it must current at all times.

So since the provider wasn't aware of the policy, we went to the second level in our grievance process with licensing and she was made aware of the policy and that observed non-compliance was removed. And now she knows that okay, we need the in and outs kept up to date as soon as the kids come in or leave. So something we would like to work on with the state is when something like this is identified as being interpreted differently from different licensors and providers and you know to get clarification and make sure everyone understands what the rule and the policy really is.

There are other situations when a provider doesn't want to call a licensor for rule clarification because they don't want it to be taken as self reporting that they're out of compliance. And now with the union, I receive many of those phone calls. From my past experience, I can answer and clarify rules for some of the items. And when I can't then I contact an administrator or a legal and compliance specialist for clarification.

And I had a good example that just happened last week. Two providers called. There are thousands who have been laid off. They're very - taken responsibility for their own children. And they wanted to know, do I need to count the children in my ratio that are not in my care – can I fill these two slots? They need the extra income because the spouse isn't working. And I'm still waiting for clarification from Child Care Division on that one. But again, the providers in the past, they've had some bad experiences with questions because it was taken as a self report. So this way they can call and then I can help to educate them on what the policy is.

And then again, you know help to mentor providers and to work with the state for consistency and clarification on the rules. We will be working with the state to review and rewrite the rules soon probably after the legislative sessions. And we'll probably start working on that. And it is just important to make sure that the rules are clear. There isn't a gray area so that licensors and providers are on the same page.

HELEN BLANK: Thanks Faye. That's great. Can you both talk about the benefits of the Child and Adult Care Food Program for FFN and for family child care providers and issues you face in getting involved with getting providers involved in CACFP? As you know the program is up for reauthorization this year and I'm going to ask you to keep the last two questions short so we can get to questions. Abby, do you want to start?

ABBY SOLOMON: Yes.

HELEN BLANK: I know that in Oregon if you get CCDBG you are eligible to participate as a Family, Friend and Neighbor provider in CACFP, and that was included in your contract.

ABBY SOLOMON: Yes. Well we think that the CACFP is a great way for providers to have access to support them in providing nutritious meals to their kids. And not only do they get additional funding to do that but they also get the home visit which can really benefit them in terms of understanding nutrition education awareness and again just stay in conduit to other resources. One of the biggest things that we hear from providers is that they feel very isolated and don't always know about resources that are available.

I think the biggest challenge for our population of FFN folks who are on the subsidy programs, is just awareness. Most people do not know that this program exists. And, I think one of the real success stories has been through our orientation program. Our orientation program started last January. And as of this January 2009, there are 2,914 providers in Oregon who participate in CACFP. Of those, 917 are in the family child care system working with subsidy kids and out of those 900, 300 are Family, Friend and Neighbor so about a third of the unit of the group that is in family child care and cares for kids on subsidy is part of our Family, Friend and Neighbor Unit.

And what's interesting is of those 300, 219 of them signed up after January 2008. So, it really shows that the numbers have grown quite a bit since we started the orientation program. And we think that the program has created

partnerships in promoting orientations and resources for child care providers. And we're – we also believe that the orientations are directing more providers to the program and on the benefits that most of them did not know existed.

HELEN BLANK: Oh, that's great. Faye.

FAYE ZEPEDA: So with reauthorization, we had surveyed providers last year and we actually submitted a three page letter with the improvements we would like to see. I mean the benefit of the program, as Abby said, it's providers offer the money they need to serve the quality nutritious meals. I think we've lost a lot of licensed providers who maybe used to be on the program. And I think it's all been our biggest problems in things we would like to see changed. It seems like a lot of providers probably left after the tiering system began. And then the rates haven't kept up. So those are two of the big issues.

AFSCME International has also surveyed providers in twelve states and has been very active in working for the reauthorization to working with Congress to get the increases to make some positive changes. Some of the providers would like to see paperwork reduction. They felt they're spending way more of their days doing paperwork between licensing and the food programs and that they really think some time that this should be spent with children.

One of the other big issues that we identified is the monitors don't always have Criminal Background Checks and Child Protective Service Checks. And for a lot of our providers that was a big concern when we became aware of that. I can say more or I can stop there.

HELEN BLANK: Well, let's move to the last question and then maybe people can have a chance to ask you questions. Faye and Abby, both of you, what do you see is the issues in Oregon around child care from AFSCME and SEIU's vantage point? And what's next for your unions and the child care community? And Faye, you have answered some of this in terms of what you're looking for the next contract but Abby, do you want to start?

ABBY SOLOMON: Sure. I mean I think right now we're in the same position that many of the other advocacy groups are in that's incredibly devastating to the childcare programs. So first and foremost in our minds is figuring out how to fight back the cuts and then how to go forward from there in making improvements that we know child care providers and families deserve. So we're going to continue to work to stop cuts to the rates but increase them as well, make progress on co-pays and eligibility so that child care can be affordable and accessible for all families which is really part of our core mission.

In addition to that, we want to continue to increase visibilities and awareness, and education around our child care programs so that these fights are easier in the future as we educate our lawmakers, elected officials, about our programs. Our top priority is really figuring out a way to bring health insurance to this population and health care is continually an issue that we hear from providers on. And we're also looking at some of the things like Faye mentioned improvements to the child care system.

We're interested in seeking differentials for folks who do care in odd hours. We have a lot of providers who are doing care during late nights, weekends. So trying to figure out ways to create differentials or incentives for people to do that care that we know parents have a hard time finding as well as increasing and expanding our training funds to bring a larger variety of courses and get more providers invested into those training programs.

HELEN BLANK: Great. Faye.

FAYE ZEPEDA: A lot of what Abby just said, stopping the cuts and then once we are economically sound again here in Oregon, to make sure the rates stay at the – at least at the 76<sup>th</sup> percentile and the co-pays and eligibility limits are where they should be. Training is a huge concern for our providers as it was in our first contract. We need more intermediate and advanced level community based training and resources to assist providers to take that training and get to the training as Abby had talked about earlier.

We need to work more to educate legislators or members of Congress on what family child care really is. I think it's very easy to think of understand what it is. People don't understand family child care. And health insurance is one of the big issues we're working on and also liability insurance and other benefits for our members.

HELEN BLANK: Great. You both have done extraordinary work. I think it's affecting not only the providers that are members of your union but it's helped other providers in the state. Why don't we take some questions?

ROMA HARRISON: Hi. You know child care is not the most desirable way that we want to relate with each other. It's a substitute so that we can get out and have one of these jobs which is not a wonderful thing to do anyways. I'm wondering when organized concerns like this one will take on the issues that we are put into a kind of segregated relationship with each other where people of certain age go here and people of other age go there and that we fulfill the roles that capitalism requires and we're unable to create an integrated society where we live and work together instead of these – I mean they call education schools.

Schools are not education. I mean you can get some stuff out of them. But you know that most of what goes on as far as helping minds receive and learn and so forth goes on at home. And even when it's a bad situation at home, I mean that's the thing that schools are about now. Oh well, so many children have bad experiences at home. Well a lot of people don't get bad experiences at home. We don't have an integrated system where we, all of us, are educators, all of us are students. We don't live a full life that's meaningful.

HELEN BLANK: Well thank you for your thoughts. A lot of mothers that are working and the economy is pressing more mothers into work. And we appreciate your thoughts. We appreciate that work that AFSCME and SEIU and many others across the country who are not unions have done and other unions to support providers who are working hard to support families who are doing the best they can. Next question.

NANCY: We have a two part question. We'd like to know how do you actually begin your unionization? I mean you sound really well organized and maybe this goes back in chapters of previous calls. And also you're throwing around some acronyms and I don't know what they are; the ASFCME and the SEIU something or other.

FAYE ZEPEDA: Well AFSCME – is the American Federation of State, County and Municipal Employees. It's our union. And our local is Oregon Child Care Providers Together Local 132 who are under AFSCME.

ABBY SOLOMON: And SEIU is the Service Employees International Union. And it's our union. Child care providers are within that. So in terms of how we begin that – this is Abby from SEIU – we had a lot of child care providers who were interested in making improvements to the program.

And in Oregon, our union has a history of working with home based providers in the long term care setting. So folks who interacted with the state are paid to care for seniors and people with disabilities in their homes. And this, in some cases a very similar workforce in the sense of how they interact with the state. And we've been able to form a union with home care workers to bargain over not only what they get paid but also input into how the program operates and make improvements around training and other areas – healthcare – other areas that were important to them.

And so, probably in 2002 – 2003, we began to get contacted by family child care providers. Many of them whom had relatives or friends who were part of our union already through our other sectors and we began having conversations and learning more about the issues that folks were facing. And, really talking to folks and beginning to take it a little more seriously and went out met with providers in their homes around the state. And once there was a majority of providers interested in forming a union and doing – being able to have a more official voice, we've – together with AFSCME – petitioned the governor to change the law to allow us to form a union and negotiate on these very issues.

NANCY: Thank you.

FAYE ZEPEDA: And we organized similarly. We had focus groups. And we went out across the state talking to providers everywhere in Oregon wanting to know what they thought about organizing a union and what they would want their union to look like. And because it really hadn't been done, there were a lot of questions about well what can a union do? And it really, the question asked to providers was well what do you want your union to do and because the union is you, the members. And you know the health insurance, the specialty rates, all of – we had conversations about all of these different issues. And it was something that by bringing people together into a union could be addressed. And then we moved forward, as Abby said.

HELEN BLANK: The National Women's Law Center on our website has a report called Getting Organized: Unionizing Home Based Child Care Providers which describes the unionization movement. We've had several conference calls on this. And we should have an update ready in the next month or two on the first report.

MIRA: I have a question. I'm here in Pennsylvania. I have a terminal grandson and I'm here at home with him so I can't get paid for my services. I want to know why?

HELEN BLANK: Oh, you're living at home with your grandson.

MIRA: Yes.

HELEN BLANK: The Pennsylvania rule is that if you're living in the same house as the child, you can't get paid as a provider. You could get paid if you weren't living in the same home.

MIRA: Okay. So she has to have child care outside the home for him now? [0:41:13.2]

HELEN BLANK: I believe so. But you should check their rules.

HELEN BLANK: Thanks. Next question.

OPERATOR: Our next question comes from Bill Thomas of the Women's Community Revitalization Project.

BILL THOMAS: Hi. I'm wondering if anybody knows of existing non-profit organizations that operate family day care systems. There used to be a real bit of good non-profit day care system in Pennsylvania that was destroyed by one of our governors. And it could provide group health insurance. It could do fundraising because they were non-profit. So it could subsidize co-pays. It could provide say substitutes, screening, all that kind of stuff. And I'm just wondering if there's any movements in the rest of the country to bring that back or if anybody does that anymore.

HELEN BLANK: There are still family child care systems around the country. There are more in Massachusetts than in other states. And if you e-mail me, [hblank@nwlc.org](mailto:hblank@nwlc.org), I'll try to give you some more contacts. But there aren't as many as there used to be, you're right.

BILL THOMAS: Okay. Thank you so much.

FAYE ZEPEDA: And are you aware that SEIU and AFSCME have a joint child care union in Pennsylvania?

BILL THOMAS: Yes, I'm aware of that. But I don't totally see the benefits of that. I mean you've got, you've collected some money from the providers and – but you're not an employer.

BILL THOMAS: The benefits of – but you don't have any responsibilities really.

FAYE ZEPEDA: Well as a union, we formally and legally represent providers –

BILL THOMAS: Right. Right.

FAYE ZEPEDA: When they go to negotiate with the state over their wages, benefits and working conditions.

BILL THOMAS: Right.

FAYE ZEPEDA: And so even though they - you operate your own family day care, the rate in which the state pays you for it is negotiated through your union. And there's opportunities to increase benefits there and to access health insurance like they've done in states like Washington and in Illinois. And there are a lot of models for doing improvements in these types of settings. I haven't seen yet in child care but I know in home care services over the years that the union people have been able to negotiate things like paid time off and substitute care as well as training, health insurance and a number of other benefits.

BILL THOMAS: Has SEIU or AFSCME considered union operating units for family daycare homes? Turn yourself into an employer. [0:44:07.3]

FAYE ZEPEDA: That's not something that we considered here in Oregon.

BILL THOMAS: Yeah. Okay.

ABBY SOLOMON: Not us either.

BILL THOMAS: Cool.

BILL THOMAS: Well there used to be and there are still a few that are employers. I ran one for 20 years. And we were employers. And, because we were non-profit, we were able to access things like tax credits or get foundation grants. We could provide group health insurance,

get access training by and it seemed to work very well. Plus it provided accountability and quality control. And it took a lot of burden off the providers who didn't have to recruit parents, didn't have to collect fees, didn't have to worry about all of these attendance kinds of things that you were talking about. It would be nice if they were unionized. They never wanted to be. But that case seems to be a pretty good model for ensuring quality of family child care.

HELEN BLANK: Well this has been a model and unfortunately that we've actually seen a decline of them.

OPERATOR: Thank you. Our next question comes from Oma Vic McMurray of the Child care Providers Together. Please state your question.

OMA VIC MCMURRAY: Hello. This is Oma Vic. I actually had two different issues that I want to ask a question about. The first is in relationship to the food program and it comes in two parts. Our state in Wisconsin has been looking at fraudulent activities among the providers that are in listed in the Wisconsin Shares Program money. And, they've been talking about having the swipe card systems and whatnot that you're thinking would create a lot of havoc in terms of somebody – one person picks up the child from their program and somebody else drops them off. The swipe card gets forgotten.

But and so first of all, the first part of the question is if – I'm wondering if anyone knows whether or not you could mandate providers to be a part of the food program in order to participate in the regulatory system in order to be part and receive the federal funding?

HELEN BLANK: This is a tough one to do because we think the food program, as Faye and Abby said, has enormous benefits. But they – there is also complex. There's a lot of paperwork. We know children go in and out of family child care. Until there is no means test, there is –

there is a means test so family providers unless they were in a low income are or low income themselves have to get different rates for different children.

It's only a small number of children. Hopefully we'll see some of the paperwork reduced in the reauthorization and some improvement. But – and some improvements on sharing. It's a wonderful program and it's got some challenges in terms of participating. But, I think it would be a challenge to have it – to make it mandatory.

OMA VIC MCMURRAY: Thank you. And then the second question I want to focus on – most of these are conservative questions but anyway. In terms of a co-pay, their position to significantly increase the co-pays for the families. And we just – just putting this out there to share what people's thoughts are on this is that we're – the – there are families that are eligible for up to 185% of the federal poverty level to get into the program. And so some of them are actually – a family of four is inching towards almost \$40,000 a year in terms of their annual income.

And we were just thinking about what if the ones that were closer to that mark, if our state were to help us with the co-pays so that – just like they do for the Medicare – the BadgerCare here in Wisconsin. They correct the co-pays and then they deal with that part of it. And there's been a lot of problems for providers to collect their co-pays. And what are people's thoughts on having the state do that? We do understand that there's a huge amount of children who are at risk and it's important that they're in regulated care. And so we wouldn't want people to – you know people to slip into unregulated care as a result of this. So, just wondering your thoughts on that idea.

HELEN BLANK: Your question is what about the state collecting the co-pays so that providers don't have to?

OMA VIC MCMURRAY: Yes.

HELEN BLANK: I believe some states do that. Abby and Faye, do you have any opinion on that?

FAYE ZEPEDA: Oregon wasn't in a place where providers wanted to do that. Not that we may not bring it up again because it is a big problem when the parents don't have the co-pay.

ABBY SOLOMON: This is a complicated issue. If the people – the providers that we represent are the Family, Friend and Neighbor Program providers and many of them, many of the parents tell us that they do go to friends and family because the co-pays are so high that it's hard to find care in a different setting. And so, families tend to be more willing to forgive some of the co-pays which is a challenge because then that means that their income is even lower than what the very low rate that's already provided by the state. But it's a complicated issue and parents really struggle. And we feel like the solution is to figure out a way to lower those co-pays so that providers are able to be paid more and parents have more access.

HELEN BLANK: Right. It's a very tough issue. With the economy the way it is, more parents are going to probably have trouble with the co-pays. And providers do end up, when they collect them, and providers often have to cover the copays.

FAYE ZEPEDA: Right. And lot of them in child care were already trading off, aren't we?

ABBY SOLOMON: Oh. A lot of the licensed providers also forgive the co-pay and also the difference between their rate – private pay parents pay and what the subsidy rate is. So, it is complicated.

FAYE ZEPEDA: Yes.

OMA VIC MCMURRAY: Thank you. HELEN

BLANK: Thanks Vic.

OPERATOR: Our next question comes from Betty Bardige of the A. L. Mailman Family Foundation. Please state your question.

BETTY BARDIGE: Well this is somewhat of a follow-up to the last question actually. My question is about continuity of care and how long a voucher is good for? Because in Massachusetts we had done a study, we were finding that vouchers were good for about three months and that people were eating a lot of the costs of trying to bridge it to keep a kid in care. And then they would get another voucher. And we're just wondering whether any work has been done by either union on making vouchers good for longer and longer periods of time.

HELEN BLANK: Our child care vision agenda that we worked on we support a one year eligibility re-determination period which I thought they did in Massachusetts.

BETTY BARDIGE: Yeah.

HELEN BLANK: There are – a few states - very few where if a child is in Head Start and child care even if their income changes, they can stay there for a year. It is a hard issue of making parents go back and forth all the time. And we know that sometimes they lose child care just because they don't move quick enough. Abby and Faye, do you have comments? And Faye, I think you talked about extending that reauthorization period in the terms of your next contract.

FAYE ZEPEDA: Right. It's something that we would like to see. I don't know if we'll have it in our next contract or not. But it is a big issue. Every time a family goes to re-qualify, there are complications. Sometimes it's the parent hasn't did what they need to do. Sometimes it's the paperwork gets lost at the agency. And so, we would like to see a better process in place and a longer period so that that doesn't happen so many times during the year where the parents and the provider are both struggling, not knowing if the child will be eligible.

For the provider, it leaves them hanging not knowing if they're going to be paid or not. And sometimes they're – they continue to do the care even though they haven't been paid. And the parents can't afford to pay. So it's really complicated and needs to be looked at carefully.

HELEN BLANK: The research that Billy mentioned from Massachusetts has been helpful in making the case for changing the eligibility periods in other states. The Urban Institute has done good work concerning subsidy policies that can make it easier for parents and providers.

ABBY SOLOMON: I just want to add also you know where – on board with what Faye and AFSCME is looking at as well. And, one of the things that we believe and from talking to folks within the agency is that there are a number of other programs. I mean chances are the parents who are within the subsidy system are also utilizing other services like food stamps. And so, we've been working the agency to align the dates so that when they're being reevaluated for one, they're being reevaluated for the other at the same time instead of each quarter you're back staffing and trying to – you're just going through so much paperwork. So trying to streamline that and make it a little easier.

And we do believe that it will save the agency money in the long run to have fewer reevaluations just in terms of the amount of time and the paperwork that it takes for their own staff especially in light of the budget cuts to continually be reevaluating people for eligibilities. That it would save them money in the long run to have people – to allow people to have longer eligibility periods.

HELEN BLANK: We try to make that case too. We've got time for one more quick question.

OPERATOR: Okay. Our last question comes from Terri Hansen of Lane Community College Family Connections.

TERRI HANSEN: Hi. This question is for Faye for AFSCME because you were saying that you wanted to be the connection between the child care provider and the child care division. And I was just wondering why you don't work more closely with the resource referral agencies because they are also a connection between the provider and the child care division.

FAYE ZEPEDA: Well we do work with the resource referral agencies. And many times, resource and referral staff will actually connect a provider with me. I think we work on different things. And we're working with providers where they need someone to come out and be with them when Child Care Division is coming in to do monitoring. But we work with R&Rs. [0:56:33.2]

TERRI HANSEN: Good.

FAYE ZEPEDA: And we'd be glad to talk to you if you want to give me a call. I know we've had people from Lane County Connections refer providers to me.

TERRI HANSEN: Because we also go in and help build environments and be there to offer support as well. So, it would be good to build on that connection throughout the entire state.

FAYE ZEPEDA: Right. And your mentor has reached out. And your mentor and I have both been working with a provider down in your area.

TERRI HANSEN: Good. Good. I'm glad to hear that.

HELEN BLANK: Okay. Thank you everybody for listening. And Abby and Faye; thank you so much for sharing your work and your insights and for all the work that you do. We'll have another call end of June and we'll let you know the details very soon. And please let – we will also have on our website how you can contact Abby or Faye. And we'll be sending all the participants an e-mail with that information. So thank you.

ABBY SOLOMON: Thank you.

HELEN BLANK: To everybody.

**END TRANSCRIPT**