

TRANSCRIPT OF AUDIO FILE:

**NATIONAL WOMEN'S LAW CENTER**

*LESSONS LEARNED: SUPPORTING FAMILY, FRIEND AND NEIGHBOR CARE  
& FAMILY CHILD CARE IN NEW YORK*

**OCTOBER 6, 2009**

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**BEGIN TRANSCRIPT:**

PHYLLIS (OPERATOR): Good afternoon, my name is Phyllis, and I will be your conference operator today. At this time, I would like to welcome everyone to the Lessons Learned Supporting Family Friend and Neighbor Care and Family Child Care in New York State.

KAREN SCHULMAN: Thank you for joining us today for the third in a series of conference calls on supporting family child care and family friend and neighbor care. Today we'll be discussing efforts by unions in New York on behalf of these providers and we are fortunate to have two wonderful presenters joining us. Tammie Miller is the elected Chapter Chair of the UST Home Child Care Providers Chapter. She represents nearly 28,000 home-based providers, including family child care providers and subsidized family, friend and neighbor providers throughout New York City. She is an early childhood educator and registered family child care provider of six years.

Denise Dowell is the Director of Early Learning and Care Programs for CSEA, AFSCME's largest affiliate. CSEA is representing family child care providers and subsidized family friend and neighbor providers outside of New York City. Prior to working with CSEA, Denise worked in the field of early childhood education for over 20 years as a center director and teacher, educator and advocate. In 1998, she co-founded the United Child Care Union. The child care provider unions in New York are very, very close in moving closer today, in finalizing their contracts with the state and Denise and Tammy may talk a little bit about those contracts, but outside those contracts, Denise and Tammy and their unions have already made important steps forward in supporting family child care and FSN providers.

So, I'm going to ask Denise and Tammy to each respond to a few questions about their unions activities, and then we plan to leave some time for questions from those...for those listening to this call. So, I want to start the first question I have is how do the unions try to address issues with reimbursement rates for subsidized child care providers? In particular, describe your work in New York City and in some counties where you have had notable successes. Tammy, do you want to go first?

TAMMIEMILLER: Well, I'd like to say that for the providers here in the city, we've had to lead, and we're very proud that we actually led an aggressive campaign to educate the child care providers on the state reimbursement rate. The survey process, why they should participate and even to educate them on how to apply for the reimbursement rate. When the reimbursement rate went into effect in October of '07, we actually worked with a few hundred, several hundred providers to actually help them fill out their forms, and they submitted the forms between November and February and never heard anything back from the city.

So, we had to up our advocacy role in that. And at that point, we began to do rallies throughout the city and city council hearings, and just impress upon ACS to meet with us as their union representatives just to get this situation resolved with the market rates here in the city. That was a very complicated process. I will say, for the record, that providers in the city are just now in July of '09, receiving the '07 reimbursement rates. So, our role has been quite intense in contacting our state and city, local council people to get their support and impressing upon ACS to pay those rates. So, that's exactly what was going on in some of us with the subsidy rates.

KAREN SCHULMAN: Great. Thank you, Denise?

DENISE DOWELL: We represent about 25,000 providers in 57 counties, and although the State Department of Office of Children and Family Services actually sets the rates, we often find that counties don't always pay at the 75th percentile. Two counties where we were successful in getting millions of dollars of child care funding reinstated were Schenectady and Erie, and in Erie County, we were successful in getting the County to pay at the 75th percentile, which they weren't doing, and that was back in 2006, before we were really... before we had won collective bargaining rights.

And very recently, we worked in Cortland County to get the county to pay differential rates for non-traditional hour care, which impacts all providers, licensed and informal providers, and also to get the county to continue to pay the enhanced rate for informal providers of 75, instead of 70 percent, and I know we're going to talk about that later in the call. And again, New York is somewhat different from many states, in that while OCFS establishes policies around rates. They allow for counties to pay when kids are absent. They allow them to pay for program closure days. They allow differential rates for non-traditional hour care, and also for accredited programs. Many counties do not pay those things.

And so we are embarking on a strategy to really work to establish a model template contract that we get every county to endorse. And then, just Tammie and I both were part of the negotiating team. In our agreement, we were able to hold the reimbursement rates at the 75th percentile. New York is, I think, one of only nine states that currently are paying at the 75th percentile and that was really critical as there was a lot of pressure to lower the percentile at which the state was reimbursing. And then also in our MOA, we have agreed that we will have a working committee and actually did some work even before we had our agreement finished with the state around the

market rate survey and again, we're also engaged in education and outreach with providers to ensure that they are comfortable and knowledgeable when the survey is done and that, you know, the results actually reflect the cost of care more accurately.

KAREN SCHULMAN: Great. Thank you. The second question I had was if you could describe how your state has used enhanced rates to encourage FSN providers to receive more training, as well as the recent setbacks and policies around enhanced rates. Denise, do you want to go first this time?

DENISE DOWELL: Sure, in 2006, New York State basically, they cut the standard reimbursement rate for informal providers from 70 percent to 65 percent, and implemented something called an enhanced rate, which basically provided that providers, informal providers who got ten hours of training per year could then qualify to get an enhanced rate so that they would be paid 75 percent of the ceiling rate of registered providers instead of 65 percent. So, this went into effect in 2006, and Tammie can talk a little bit more to the city but in upstate in the 57 counties, when we looked very recently a few months ago, there were only about 300 informal providers that had taken up the training to be qualified for the enhanced rate and a lot of this had to do with folks not knowing about it.

There not being a lot of education about it, difficulties in terms of affordability and access to training that, you know, would count for them to be qualified to get the enhanced rate, and then in May of this year, the state issued an emergency regulation that actually cut the enhanced rate from 75 percent to 70 percent. Now, there is a provision that each county can amend its county plan and continue to pay at 75 percent for the enhanced rate, and there are a handful of counties that have done that, however, we are...we are concerned about this. We did weigh in with the state, basically recommending that they not make this regulation permanent. In August, OCS has extended the emergency rate and I believe they have intentions to make it permanent, but I know the Empire Justice Center in New York has weighed in against making this reg permanent and we're looking to see what we can to stop that from happening.

KAREN SCHULMAN: Great. Tammie?

TAMMIE MILLER: Yeah, I'd just like to add to that. The problem here in the city is that while the provision was made for the providers to receive the enhanced rate, there was actually no mechanism by which the enhanced rate training was connected to actually receiving the rate of pay. So, in the city, part of the problem, as Denise spoke about, was the availability and accessibility of the training. In the city, other than the UFT and Child Care Resource and Referral, there was really no information that

was being put out to these providers to notify to notify them that there was such an enhanced rate and that ten hours of training would make them eligible for that. So, in the city we had two problems, one being availability and accessibility, two being most people didn't even know what it was.

And the biggest problem was, even to date, there was no mechanism and tool to connect the training that hundreds of providers have taken and then actually get the enhanced rate. So, in the city, providers are looking at this incentive, if you will, it's "When am I ever going to get paid for these 10 hours of training, that several hundred have taken with us over the summer?" In the city, we have the problem that, you know, it's just not even available, technically, because there's no tool that's been put in place that currently quantifies them once they show their certification of the 10 hours of training.

KAREN SCHULMAN: Thank you. The third question I had was what have the unions done to make the payment process for the Child Care Assistance Program work better for FFN providers and others. Tammy, you talked a little bit about this already earlier, but was there anything else you wanted to add?

TAMMIE MILLER: Sure. In the city, we've actually set up, and this is prior to us really securing the contract. What we were doing was setting up an informal grievance and protocol process with both DOH and ACS so that we can have monthly meetings and discuss with them and figure out ways to work within their system and their abilities to improve the payment process for child care providers. So, one... some of the things that we've done and I'll give you a couple examples. In the city, we had a tremendous problem with lost check procedures where providers would have to wait 120 days to have a replacement check.

What we did was we... working with ACS we were able to say that if a provider opened up direct deposit, they could then have a replacement check within 30 days. We have assisted it with the ACS payment unit, and their research department to make sure that the paperwork was properly being received in their department, so that we worked with them until the resolution occurred for our providers. We also worked to ensure that providers were possibly notified when parents were being recertified, as well as when there was a change in the parents' fee. So, some of the things that we've done with these particular agencies in particular, was kind of set up their informal grievance process that would assist in the payment problem pieces of this.

KAREN SCHULMAN: Great. Denise?

DENISE DOWELL: And again, we're dealing with 57 counties, and unfortunately, pretty much 57 different payment systems. And so we have been successful in working in several counties, particularly to reduce the number of days from the submission of correct paperwork to payment, but in our MOA, with the state, one of the things that we strongly support is OCFS spending \$4 million of the CCDBG money for technology upgrades that will be across the county and will include New York City, and will mean that every county will be utilizing the same attendance tracking programs, and there will be more consistency, and the state

will actually provide support. I mean, one of the things up until this initiative, counties were on their own to invest in technology and to get whatever support they needed to implement it, and that's been a real barrier for them to find that money in their budgets.

And we found that in Suffolk County, where they implemented Kinder Attend and Kinder Track, we've been able to partner very effectively. The kind of rolled it out first for centers, and we've partnered with them to roll it out for our licensed and registered providers in such a way that they've trained a number of our providers who then train other providers to really get folks up to speed. And we anticipate that we can use that as a model when this new technology rolls out, in terms of getting things set up effectively from the get-go and making this available for as many folks as possible.

KAREN SCHULMAN: Great. Sounds like you have a challenge there but are working to overcome it. My fourth question is, what have the unions done to address providers' concerns regarding home inspections? Denise, you want to start there?

DENISE DOWELL: Sure. First, I want to say that we provide a lot of education and technical support. Our first concern, right, is we want all providers to understand what they need to do to be in compliance with regulations and with policies, and so, you know, first and foremost, we educate our providers and refer them for technical support are provided. The other thing, we, as part of our negotiations, we established a regulation and policy review workgroup, and so our two unions met with OCFS, went over every single reg and policy to basically, you know, and basically, had a lot of agreement, in terms of what could be changed, and clarified.

We also, as part of our negotiations, developed an exit interview form which hadn't been used before, so it's a simple form that licensers use when they are doing an inspection. They fill out the form with the provider. It's all signed so that everyone is on the same page when the licenser leaves, and that's already being field tested in a few regions, and then also, we haven't finalized exactly what it's going to look like, but we're well along the way in terms of a dispute resolution process around inspections, and I forgot to mention, actually, this applies to both our unions. We also have a dispute resolution process around payments that will just provide, you know, sort of another place to go if the issue can't be resolved at the county level.

KAREN SCHULMAN: Great. Tammie?

TAMMIE MILLER: In addition to what Denise was just stating, that we're working now in our contract with the state, again, what we were doing here in the city was we just developed an ongoing relationship with DOH, and the Bureau of Child Care to just kind of communicate and identify problems within each borough that we saw occurring, and so we had this really wonderful relationship where we partner with DOH, and offer classes on regulations and orientations. We'll be having a meeting in the next few days with both the city and state DOH, regarding the immunization surveys and the importance of that for group providers. We worked with DOH quite aggressively last year in getting out information in varying languages regarding the N1H1 that we all were hit with. And one of the other things is that we have in the city

the use of the language line that's used for inspections to ensure proper translations between provider and inspectors during an inspection procedure. We worked with them to ensure that the inspectors were not coming up with arbitrary decisions, and we also partnered with DOH to make sure that there was a common fair practice among both the inspectors and on a responsibility of the providers.

So, in educating the providers what an inspection should look like, and what being in compliance meant for them, we were able to create a better inspection environment for both the inspectors and the providers. We also, and I believe Denise spoke somewhat about this, we have been discussing and we had a committee with the state where we did go over all the regulations, and we talked extensively about the red marks that used to be on the OCFS website regarding the providers, and that those remarks were removed. So, I guess, basically, what I'm saying is we have some really wonderful procedures and policies that, we were able to, in the city, to somewhat informally implement, that will be, I guess I would say a little bit more memorialized in our contract.

KAREN SCHULMAN: Great. Next, I was wondering if you could talk about how the unions have tried to make it easier for Family, Friend, and Neighbor providers to participate in the Child and Adult Care Food Program and overcome some of the barriers to participation. Tammy, do you want to start?

TAMMIE MILLER: Sure. Well, the thing that I would say we've been most successful on and I'm really glad is when we offer the training and our orientation for the family providers, we do a one-on-one education with them regarding the Child and Adult Care Food Program and what it means for them to participate. We do encourage them and show them the benefit of the program and how it could benefit children in their care, and one of the things I'm really proud of is Gladys Jones, one of our provider exec board members, actually realized a problem with the enrollment form where there was an incorrect number that was published on the enrollment form for the providers.

So, that incorrect number, I'm pretty certain, was part of the reasons why many providers thought it was too cumbersome to actually participate in the program. So, we did notify the state that the number that was published on the enrollment form was incorrect, and so I'm pretty certain they'll be doing what they can to get out the new number, but in the meantime, we've published the correct number on our website, in our newspaper, and again, at all of our orientation and trainings, we do give out the correct number for them to join and participate.

KAREN SCHULMAN: Great. Denise?

DENISE DOWELL: You know, basically, we make every opportunity to do outreach to Family, Friend and Neighbor providers across the state, educate them about the food program, if they don't already know about it. And you know, New York is one of very few states where participation has actually grown in the food program, and so, you know, overall, we have found that it's working pretty well here. So, we want to supplement, you know, what's going on. I think that we did, you know, we are aware of most of the problems and barriers that folks have with the food program, come from how it's designed at the federal level, and so working with the Early Care and

Learning Councils here in New York and other advocates to approach Senator Gillibrand and with national advocates, as well, to begin to look at changes that could be made when CACFP is reauthorized, and that's now, I understand, pushed back for a year.

So, it's a long-term strategy, but, you know, we need to look at the short-term and the long-term, and the other thing is, we're setting up a resource center that's a call center, toll free, that will be available to all of our members, and formal providers and regulated providers. And this is really, you know, one of the many things that they will have support and assistance with.

KAREN SCHULMAN: Great. And my final question before I give some others on the line a chance to ask some calls, have to do with an issue that's been getting a bit of attention lately. What have the unions done to address health care benefits for child care providers? Denise, do you want to go first?

DENISE DOWELL: Okay, well, this basically, in our memorandum of agreement with the state, we have negotiated some dollars that will enable family child care providers in both the city and in upstate counties to be eligible for Family Health Plus and this money will be targeted toward providers who would otherwise not have been income eligible, so had they gone to apply, they would have been told, you know, you don't meet the income guidelines. So, it will serve some of our members. It's not nearly enough to meet the needs of all the members, but it's, I think, an innovative step forward, on building on a program that was implemented here in New York a few years back.

And then, I guess, you know, our approach to this is leave no stone unturned, and we need to have multiple strategies, so we're pleased that this was something that we were able to address in a small way to begin with in our MOA. But we continue to look for where other sort of innovative approaches had already begun to do some work on health care co-ops before we began to hear about it at the federal level. And you know, so we're sort of looking for, again, any...basically, leaving no stone unturned to find any kind of strategy we can to make health insurance available and accessible to family child care providers. The one thing in our MOA, this is a...we have a small start toward, you know, expanding Family Health Plus. We do have a commitment from the state to evaluate the needs of our members and we will look forward to taking what we are putting in to action, and you know, expanding in future years of our contract.

KAREN SCHULMAN: Great. Tammie?

TAMMMIE MILLER: I think Denise said it all. It's just a wonderful starting point to be at. We certainly recognize the necessity and urgency of this. And so we're really just very happy that we were able to at least begin at this point to, you know, meet the needs of the family child care providers in the state of New York.

KAREN SCHULMAN: Great. Well, thank you. We're going to open up for questions now.

OPERATOR: Thank you. This next question comes from the line of Omavic McMurray.

OMAVIC McMURRAY: Hello, it's Oma.

DENISE DOWELL: Hi, Oma.

OMA McMURRAY: Hi, Denise. I'm curious. How are you going about evaluating the health care needs for your union's members?

DENISE DOWELL: We haven't exactly started that yet. The first phase of implementation, in terms of what's in our agreement with the state, is that we will be assessing to see, and Tammy, feel free to jump in if you want. We'll be assessing which of our members are already enrolled in Family Health Plus, so that's sort of phase one. And then we will be assessing those folks who don't have health insurance and looking at who might be eligible for Family Health Plus, because they can enroll... that enrollment has nothing to do with the dollars that are dedicated in our contract to enrolling folks who are over the income eligibility. And we'll be engaged in this phase through April because the dollars in our agreement for expanding access of Family Health Plus won't be available until after April of this year, which is the new New York State budget year.

OMA VIC MURRAY: Thank you.

DENISE DOWELL: Sure.

OPERATOR: You have a question on the line of Dominica Venitake.

DOMINICA VENITAKE: Hello, I wanted to ask a question regarding the ten hours of training in order to receive an enhanced rate. Are there any particular types of trainings that are required?



DENISE DOWELL: Actually, in New York State, it's been very vague. I think in 2006, when this was implemented, it really wasn't clear. Since then, Tammy and I have both participated in a license exempt work group that OCFS put together to really look at enrollment for informal providers and what's required, in the way of training, and I think that work group is looking at how to be more clear about what those ten hours should encompass and how to develop sort of a progression of training for folks who are in this for more than a year and will want to get the training each year. Tammie?

TAMMIE MILLER: Yes, you're absolutely right, Denise, it is extremely vague and I think that it allows us, and we have been discussing this with the state. It really gives us the opportunity to have the flexibility and freedom that we're going to need to make sure that we do offer a very broad spectrum of topics and, in terms of early childhood development and in health and safety issues and issues on the regulation, so I think it's a great opportunity that all of us are engaged in right now to really carefully outline what the training topics will be.

OPERATOR: Thank you. Your next question comes from the line of Connie Lint.

CONNIE LINT: Hello, I am thinking about the training as well, and I'm wondering as your work goes on, are you noticing increased collaboration between family, friend and neighbor providers and like, licensed or registered family child care providers, in terms of training and support services, either in both of them obtaining those services together and the agencies that are providing them, and/or anybody talking about working in that direction? And what benefits or barriers do you maybe see towards that?

TAMMIE MILLER: Denise, I guess I can start. We have noticed a direct link here in the city with those licensed providers who some who have certifications to do trainings for the health and safety that certainly would love an opportunity and show an interest in wanting to help in the training of the legally exempt providers. I can tell you that in the city as we roll out our training, that has been a component to the ten hours that we offer, where we have the certified trainers do a component in the lesson plan and I could tell you, they bring so much support and experience, since they are providers, that it's a wonderful opportunity that we see where many of the informal providers are stating a passion for wanting to become licensed now, because it is almost crossing over into a mentorship program in a certain regard because they because they have support and advice and encouragement from people who are actually in the field doing it. But again, we do see that there is also a wonderful component when you have educators that actually come in and combine those topics and worlds and experiences as well. So, I can say, yes, from what we see, there is an increased desire amongst the providers that want to be a part of just helping the informal providers in their training.

DENISE DOWELL: Yes, I think the model that I'm most familiar with here in New York, the work that CUNY has done, they've had great success with providing training to mixed groups of regulated and informal providers. I think it makes sense to collaborate, especially, we're working in

57 counties across the state and some of them are very, very rural, and so I think, yes, we're looking at those models and also, New York also has just implemented a voluntary trainer certification that we will be encouraging some of our regulated providers who have associates degrees and bachelors degrees to pursue, so that they can deliver training for providers both regulated and formal, in their areas.

CONNIE LINT: Thanks a lot.

OPERATOR: Your next question comes from the line of Katie Chase.

KATIE CHASE: Hi, I would like to know if you're working in conjunction with the National Association of Family Child Care and the Family Child Care Association of New York to show a unified voice when you do work with the various USDA programs and county programs?

DENISE DOWELL: In terms of CSEA, we spend working with regulated family child care providers since 2002, have always worked very closely with the sort of organic organizations that have existed in many counties, are always willing to work with the Family Child Care Association here in New York, and at my previous job at AFCME, actually, I did a lot of work with the National Association of Family Child Care, and you know, we very much believe that our work can best be done when we are partnering with professional associations in the field and advocates in the field, and moving forward with basically one agenda, and so we implement that as best we are able on the ground in every way we can.

TAMMIE MILLER: I can say the same, you know, we have done some work in the past with some of the organizations that you listed, and I think it certainly is going to take a collaborative effort for us to achieve our goals and partner and work with all of those that have the same goals in helping to train the informal providers as we roll this out. So, I'm looking forward to new collaborations as well as building on the existing ones.

OPERATOR: Thank you, your next question comes from the line of Gabriel Rodriguez.

GABRIEL RODRIGUEZ: Hi, I'm Gabriel Rodriguez from the Committee for Hispanic Children and Families, and I just wanted to ask that, seeing the growing immigrant, limited English-proficient population, I don't know, I came in late, a little bit late to the conversation, but I wanted to know, has there been a mention of these communities in this conversation, and if not, what initiatives have there been created towards these populations?

DENISE DOWELL: Well, actually getting OCFS to commit to provide information in multiple languages, particularly Spanish, has been something that was a key and central part of our negotiation process, and we were able to get that agreement with the caveat where resources allowed, and so I think we have a lot of work to do on that end, in terms of ensuring that the child care systems as they are set up are able to provide information and be responsive to not only the Hispanic community but other, non-English speaking communities.

TAMMIE MILLER: Yeah, I'd just like to add to that. We actually send a good portion of our providers to the Hispanic Committee resources. But also, I would like to also say that what every document, in recognizing the needs of our bilingual community, all of our documents are always translated in both English and Spanish at the very least, and at our borough meetings, that at any meetings we have, we have translators for our Spanish providers. Also, we've even gone so far, in a couple of occasions, to have...to assist with the translation, we've partnered with Don Lou and his staff to get translators for our Mandarin population of providers.

Because we recognize we really have to think globally, in terms of meeting the needs. We certainly have a tremendous Russian population that comes out to all of our trainings, and again, we translate whenever they're out for those meetings, particularly in the borough of Queens, all of our meetings are in English, Spanish, or Russian, translated, so we certainly recognize and appreciate the diversities that the providers brings us and the opportunities that we have to partner with others that are vested in the same manner.

OPERATOR: Thank you. Your next question comes from the line of Janet Wallerstein.

JOAN ROSHETTA: Hello, this is Joan Roshetta. I am a trainer for a local CCR & R, and I was wondering what are you doing to partner with the CCR & R's in regards to providing that training, since we are already working with family providers and legally exempt, as well?

DENISE DOWELL: We are actually in the process of figuring out that part one of the things that's included in our memorandum of agreement is some funding for each of our union's to establish professional development funds, and so we are not at all, I can speak for CSEA, interested in basically providing what's already out there, or duplicating services or unnecessarily delivering all the training ourselves. Our interest really is in expanding access and availability to professional development opportunities for all of our members and so, in the coming months as we move forward, now that we have finalized the MOA, we will be looking into and basically considering how we can best make that happen and you know, we're committed, again, to developing effective partnerships that make sense with all of the professional associations and agencies that are currently and have been for some time, delivering, you know, training and technical assistance to child care providers.

TAMMIE MILLER: And I share in the same thought. We are in discussions with Nancy Kolben, who's a very dear friend of ours here at the UFT, and you know, we recognize and appreciate all that Child Care, Inc, and all the other advocacies, the CCR & Rs have done, over the years to provide training, so it's exactly what Denise said. There's no purpose in recreating the wheel. The tool is out there already so I think we're all looking forward to basically just making those partnerships and collaborations to just continue and extend exactly what's already being done.

JOAN ROSHETTA: Thank you.

HELEN BLANK: It's Helen Blank. I have a question for Denise, and maybe Tammy, too. New York is always highlighted when there is a discussion. You talk some about CACFP, but it is always highlighted as a program that gets more Family, Friend and Neighbor Providers into CACFP, and having you know, pretty advanced nutrition policies. Is there anything else you can say about that, in terms of what makes it work? And our last call from Washington State, they actually had a provision in their contract to ensure that providers who needed CCDBG grant money, could participate in CACFP, you have to do this through the state, but they've had a difficult time getting providers to participate, and people always have referred to New York. If you can share?

DENISE DOWELL: I don't know that I could say for sure. One of the things in upstate, and I think there are some differences in upstate and downstate that have to do with who the food program sponsors are, in terms of the ease of access, but here in upstate New York, for the most part, the enrollment agencies, which are the agents, that's the agency that an informal provider has to go to to enroll to do informal care, for the most part are the child care councils, which are also, for the most part, the food program sponsors.

And so, I believe that there's pretty effective communication and it's almost like, y you know, one stop shopping, that makes, that makes enrollment fairly easy for a CCDBG providers. There also are some other policies that the food program here pushed, because they are very, very committed to, and have been for some time, to making sure that low income families have access to the food program, and one of them has to do with the policy they have around eligibility that if a provider enrolls, can participate in the food program when they enroll somebody who's eligible for child care subsidy, but then they can stay enrolled, even if that child moves out of enrollment. And I think that that's really an asset and means that folks can be involved in the program over a longer period of time, I think for up to a year.

My understanding is that if a child enrolls, but they are no longer using subsidized care, that provider can still stay enrolled in the program for up to a year. We've met with the folks at the food program and they have expressed every interest in working with us also, just to make sure, you know, every provider knows about it and has an opportunity to participate.

HELEN BLANK: I think that's an important provision.

DENISE DOWELL: Yes. Participation here I think, went up approximately 18 percent, and I had to believe that a fair amount of that has to be, you know, related to Family, Friend and Neighbor participation. We hear more concerns and complaints about the food program from regulated providers, but again, you know, most of that's related to the tiering and the paperwork, and all these barriers, and challenges to working with the program that really have to do with how it's structured at the federal level.

HELEN BLANK: Tammie, any thoughts on that?

TAMMIE MILLER: No, I just share in what Denise has said, and you know, I'm just looking forward to working with the enrollment agency here, to assist this in any way we can with that process of, you know, just enrolling more and more providers. You know, I just would like for us to see those numbers go up even higher, I guess.

KAREN SCHULMAN: Denise and Tammie, did you want to take a couple minutes to talk about your contracts and anything else you wanted to mention about them?

DENISE DOWELL: We could, I guess, Tammie and I can take a shot at just sort of taking a summary, and you can chime in if I miss anything?

TAMMIE MILLER: Sure will.

DENISE DOWELL: Okay, so, basically, this agreement will be a four-year agreement, although some of the economic items will be for two years and will be re-opened after two years, but essentially, we have a memorandum of agreement. We will be working with OCFS over the next month or so to finalize all of the contract language, most of which is pretty much done. There's a few things that we need to tweak, but first and foremost we were able to hold reimbursement rates at the 75th percentile, through October 2011, which is the next time that the state will adjust the rates, based on the two-year market rate survey.

And we secured, again, dollars to expand eligibility and participation in Family Health Plus. Each union will provide quality program improvement grants to regulated providers, registered family and licensed group providers over the first two years of the agreement. Each union, there are dollars to establish professional development funds, and then in terms of the non-economic pieces of the agreement, we have dispute resolution process we use around payments, and inspections, although as Tammy mentioned before, you know, our approach really is to work together with OCFS and the Child Care Councils who oversee registered family child care providers to really work with providers so they understand what compliance is and to just sort of be partners in ensuring that we have good quality programs out there.

We have agreements around setting up, you know, bulletin boards so that folks have information about our unions and information about who to call. One of the things Tammy mentioned, we basically worked with OCFS to revise the website and how information about providers is displayed on some of those corrections to the website, have already been made. There are more to come. We have ongoing work groups around regulation, reviewing regulations and policies, but also we have an insurance work group that has already met to look at the tremendous challenge of providers affording and accessing liability and homeowners' insurance. The State Insurance Department fits with OSFS and our unions on that work group. Tammie, anything major I'm leaving out?

TAMMIE MILLER: No, I think you covered everything.

KAREN SCHULMAN: Great, do we have any other calls, Operator?

OPERATOR: At this time, there are no further questions.

KAREN SCHULMAN: Then I'd just like each of you, Tammie and Denise, to maybe provide a few final comments in the things that you thought about, either to answer previous questions, any final or general comments or anything in particular you'd like to say about the role of the unions during this type of economic climate? So, Tammie, do you want to go first?

TAMMIE MILLER: Sure, I'd just like to say thank you very much for doing this call. We need to replicate this, this very wonderful, useful, and the more information we can get out, I think will be far more viable in our advocacy roles and I really look forward to all of the partnerships with the CCR & Rs, all of the unions, and I think our challenge, right now, is going to be moving in the vein of more collaborative work, because as the economics just loom, and as critical as things are getting, I think it is really going to require all of our work in a very co-mingled way, in order to just keep this really vital profession alive.

So, I'm really, again, very thankful to you for putting on this program, but also I'm just very excited that the advocacy groups, I think this is a challenge we have, and I'm very confident that working collaborative work with the unions and the CCR & Rs, and all of those that care about child care and early child education is going to do in a collaborative way.

KAREN SCHULMAN: Great. Those are very encouraging words to end with. Denise?

DENISE DOWELL: Well, I worked in early childhood education for a long time, and was an advocate, have been an advocate for a long time. I think the value-added of a union that has folks working in the field as members is that it brings some political strength to the advocacy agenda. And you know, the challenges are huge right now, and so the...on the national level, and on our state level, the politics are more favorable, but the economy is a huge challenge, and so I think, you know, the fact that we were, I'm sure, pretty sure that had we not been at the table negotiating, we would have seen a decline in rates at the 75th percentile, would have dropped, so you know, I think, I'm pleased that... that I think what we brought, we were able to hold that and that is something I'm not sure we could have done without our unions and just as advocates.

But the bigger problem is, here in New York State, the state puts next to no money, aside from the CCDBG match into the budget here. That's changed over many years, and so the big thing that we need to all work on together in this horrible economic climate is figuring out how to get New York

State to invest more in child care, and you know, additionally, we have to do the work at the federal level to secure more dollars from the federal government to states for child care, so that we can implement a quality rating and improvement system successfully, so that more kids have access to quality care and so the people working in the field are making family supporting wages and have the benefits that they need to support their own families.

So, the challenge is huge. I think, this is a good... it's a good step forward and our work, really, has just begun and we are going to continue to have to work with advocates across the state to secure dollars in the state budget this year. You know, every year for some time to come we're going to continue to need to work with our advocates at the federal level to secure more federal dollars, and you know, we need to continue to register people to vote, and to elect folks who get this agenda and are going to support it and are going to stand up for it. So... that's my thought.

KAREN SCHULMAN: Thank you so much, Tammie and Denise. Your energy and leadership, it's clear why you've already made so much progress there and we will definitely be keeping, staying tuned to watch your continued, continued movement forward. So, thank you so much for taking the time today. Thanks to everyone for listening and for your great questions. We will be sending a follow up e-mail to everyone who registered with information about... with a link to the transcript and the audio tape of this phone call, that will be available on our website as soon as it is up there. So, and, we'll be sending out information later on about the fourth in this series of phone calls. And again, thank you very much and have a great afternoon. Thanks!

TAMMIE MILLER: Thank you.

DENISE DOWELL: Thanks for having us.

KAREN SCHULMAN: Thank you.

**END TRANSCRIPT**