

BEFORE THE
HOUSE CHILDREN AND YOUTH COMMITTEE
OF THE COMMONWEALTH OF PENNSYLVANIA

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BEFORE: LOUISE WILLIAMS BISHOP, Chair
Rosita Youngblood, Vice Chair
Ken Smith, Secretary
Angel Cruz, Majority Member
Michael Gerber, Majority Member
Patrick Harkins, Majority Member
Barbara McIlvaine Smith, Majority Member
Phyllis Mundy, Majority Member
Frank Oliver, Majority Member
Eddie Day Pashinski, Majority Member
Steve Samuelson, Majority Member
Frank Shimkus, Majority Member
Matthew Smith, Majority Member
Rick Taylor, Majority Member
Curtis Thomas, Majority Member
Jewell Williams, Majority Member
Carole Rubley, Minority Chair
Julie Harhart, Minority Vice Chair
Karen Boback, Minority Secretary
Bryan Cutler, Minority Member
Susan Helm, Minority Member
David Hickernell, Minority Member
Beverly Mackereth, Minority Member
Duane Milne, Minority Member
Dan Moul, Minority Member
Thomas Murt, Minority Member
Brad Roae, Minority Member
RoseMarie Swanger, Minority Member
Katie True, Minority Member

HEARING: Wednesday, August 29, 2007
10:20 a.m.

LOCATION: Philadelphia City Hall
Broad Street, Room 400
Philadelphia, PA

WITNESSES: Christie Balka, Marie Gearhart, Terry
Casey, Sharon Easterling, Deb Mathias

Reporter: Carol Lynn Harriman

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01 P R O C E E D I N G S

02 -----

03 CHAIR BISHOP:

04 Thank you for being here today. And
05 today I'll ask everyone, if I can introduce the
06 Committee. Well, we'll go over to my left and we'll
07 start over there and have them introduce themselves.

08 REPRESENTATIVE SAMUELSON:

09 Steve Samuelson from Lehigh Valley.

10 REPRESENTATIVE CRUZ:

11 Angel Cruz from Philadelphia County.

12 CHAIR BISHOP:

13 I would ask that everybody pause for a
14 moment and give appropriate credit to Representative
15 Angel Cruz, who has requested that this hearing be
16 held here and he's worked very closely with the
17 Chairman and also the staff in preparation. It's also
18 encouraging to know that the importance of dependable
19 quality child care is really working with families.
20 It's not just children. In order to fix the problem
21 with the children, we have to fix the family. The
22 child is a part of the family. And so a major concern
23 today for Representative Cruz and us is to try to find
24 ways to meet the challenges that are out there before
25 us and try to find ways to solve some of the problems.

01 Having said that, I'd like to say that
02 I'm joined by my Minority Chairlady out of Harrisburg.
03 Chair Carole Rubley, it's a pleasure.

04 CHAIR RUBLEY:

05 Thank you, Representative Bishop. Good
06 morning, everyone. I'm pleased to be here. I
07 represent, of course you know, Chester and Montgomery
08 Counties. So I'm not too far from here. I think this
09 is a very, very important topic for us this morning,
10 quality of child care, especially in view of the new
11 money, money that's going to be --- or already is
12 available for our pre-school toddlers, and the more we
13 learn about the research and realize how important it
14 is that children at this age receive the best in the
15 way of learning and training. And we need to be
16 assured the new state monies are going to those
17 programs that really a lot of the results. So I'm
18 looking forward from our testifiers this morning.

19 CHAIR BISHOP:

20 And we will begin by having the first
21 testifier, Christie Balka, Child Care and Budget
22 Policy Philadelphia Citizens for Children and Youth.

23 MS. BALKA:

24 Thank you and good morning. I am, as the
25 Chair just said, the Director of Child Care and Budget

01 Policy for Philadelphia Citizens for Children and
02 Youth. For more than 25 years, PCCY has been a
03 leading voice for children in Southeastern
04 Pennsylvania. By advocating for public policies that
05 increase their access to health care, economic
06 security, quality early education, and basic
07 education, we're improving the lives and life chances
08 of children in Bucks, Chester, Delaware, Montgomery
09 and Philadelphia Counties.

10 I would like to thank the members of the
11 House Children and Youth Committee for your commitment
12 to improving child care in our state. As a result of
13 your efforts, in the last six years Pennsylvania has
14 moved from a position near the bottom of state
15 rankings to the middle in terms of overall quality and
16 accessibility of child care. With changes that were
17 recently approved in the fiscal year '07/'08 budget,
18 this progress will surely continue.

19 Focusing only on how Pennsylvania
20 compares with other states, however, obscures a number
21 of important realities for families with young
22 children. In this region of Southeast Pennsylvania,
23 there are more than a quarter of a million children
24 under the age of five, of whom 62 percent have both
25 parents in the workforce. 139,000 of those children

01 are enrolled in licensed child care. The rest, nearly
02 20,000 children from birth to age five are in
03 unlicensed care or without regular child care
04 arrangements.

05 Unlicensed care runs the gamut from the
06 woman up the street, who, in spite of having no formal
07 training, has provided a warm and stimulating
08 environment for every child on the block over the past
09 two decades, to the child care provider who cares for
10 six children by herself, has limited play spaces,
11 leaves her charges in front of the television set when
12 she needs a break and occasionally, when she feels
13 overwhelmed, she takes it out on the children.

14 Unlicensed care can also mean exposure to lead paint,
15 leaky pipes, dangling electrical wires and hazardous
16 play equipment.

17 And in this regard, I'd like to briefly
18 call your attention to several noteworthy municipal
19 projects in the City of Philadelphia that are designed
20 to improve child care quality, which are described at
21 the bottom of the page. I just want to say that they
22 have the potential to serve as models statewide.

23 Ensuring that every child care provider
24 meets Pennsylvania's licensing standards and all
25 applicable local standards is the very least we can do

01 for our children, but this does not unfortunately
02 guarantee quality by itself.

03 Why is it important to do more? As I'm
04 sure my colleagues will note, numerous longitudinal
05 studies, including those conducted by the High/Scope
06 Perry Preschool Project, the Carolina Abecedarian
07 Project and the Chicago Child-Parent Center
08 demonstrate that at-risk children who participate in
09 high quality early education have much better academic
10 and social outcomes than their peers who do not.
11 These outcomes include better high school achievement
12 and graduation rates, higher employment rates, higher
13 child bearing age, and lower arrest rates later in
14 life than their peers. The authors of one study
15 estimate that for every dollar invested in quality
16 early education, the public saves \$17.00 in future
17 costs, primarily in criminal justice and welfare
18 costs.

19 University of Pennsylvania Professor John
20 Fantuzzo has examined the outcomes of children who
21 participated in a variety of child care arrangements
22 before attending kindergarten in the School District
23 of Philadelphia. He found that high quality care has
24 a protective influence over children who start school
25 with multiple risk factors. The same is not true of

01 children who attended programs that were not
02 considered high quality.

03 With such compelling evidence, PCCY
04 believes the Commonwealth should do everything in its
05 power to provide high quality education to all
06 Pennsylvania children. I'd like to call your
07 attention to five initiatives that can help us reach
08 this goal. You voted for two of them as part of this
09 years budget.

10 The first is Keystone Stars, the
11 centerpiece for Pennsylvania's effort to improve child
12 care quality. Begun in 2002, Keystone Stars offers
13 intensive technical assistance and financial
14 incentives to providers as they advance through four
15 successive levels of quality. To move from one level
16 to the next, they must demonstrate improvements in
17 teacher credentials, facilities, administration and
18 performance. Forty-two (42) percent of providers
19 statewide have chosen to participate in Keystone Stars
20 since the program has begun. An independent
21 evaluation released last year shows that child care
22 programs today operate at a much higher level than
23 they did five years ago as a result of Keystone Stars.

24 Your continued support of this program is
25 critical to improving the quality of early education

01 and care. If the overall budget for Keystone Stars
02 doesn't keep pace with the growth in the number of
03 participating providers, it creates a disincentive to
04 participate, as providers are required to spend more
05 money than they are eligible to receive in financial
06 incentives in order to earn a new Star rating.

07 PCCY encourages you to increase the
08 budget for Keystone Stars. We also encourage to ---
09 urge you to encourage parents in your districts to
10 enroll their children in a Keystone Stars program and
11 urge providers in your districts to participate in
12 them. This is the best way to ensure --- to support
13 your continuing want in obtaining quality child care.

14 Another quality improvement that you
15 supported this year, as Representative Rubley
16 mentioned, is Pennsylvania Pre-K Counts. We have
17 taken a major step forward by establishing this
18 program for 11,000 eligible three and four year olds.
19 Children who participate will be taught by well
20 qualified teachers at high quality nursery schools,
21 child care programs, Head Start programs and schools.
22 They will follow a curriculum that is consistent with
23 Pennsylvania's Early Learning Standards and the focus
24 is on helping them make a smooth transition to
25 kindergarten.

01 This year's budget funds only about ten
02 percent of Pennsylvania's three and four year olds. I
03 congratulate you for supporting Pennsylvania Pre-K
04 Counts and urge you to increase the resources
05 available to this program so that all at-risk children
06 in the state can reap these benefits in future years.

07 Well, then we have system for three and
08 four year olds. We must not neglect infant-toddler
09 care. Higher child-staff ratios make it more costly
10 to care for our youngest children. There's ample
11 evidence to suggest that providers are closing their
12 infant and toddler classrooms because they can no
13 longer afford to care for this group. Fewer spaces
14 for infants and toddlers drive more families into the
15 unlicensed child care market, something that we all
16 want to avoid. Over the next year, child care
17 advocates will be formulating a series of
18 recommendations, including better financial support
19 for infant-toddler care for your consideration as part
20 of the 2009/2010 budget.

21 Right now we have a subsidy waiting list
22 of more than 9,000 children statewide. Approximately
23 3,300 of these children are in the five Southeastern
24 Pennsylvania counties. In some parts of the region,
25 it takes up to a year to receive a child care subsidy.

01 If we want to improve the academic and social outcomes
02 for children and help low income families become
03 self-sufficient, we'll do everything in our power to
04 eliminate the waiting list for child care subsidy.
05 PCCY urges you to fund an additional 8,000 subsidy
06 slots as part of next year's budget.

07 In closing, I want to address the issue
08 of compensation for child care providers. Why is this
09 a quality issue? Because having a child, one of the
10 child's main caregivers disappear from his or her life
11 is a traumatic experience. When it happens too often,
12 it interferes with the child's ability to perform
13 trusting relationships with adults. Turnover among
14 child care practitioners is abysmally high as a result
15 of low salaries and benefits just parenthetically in
16 2005. The average group supervisor in a child care
17 program in this part of the state earned less than
18 \$21,000 a year. We are losing the most experienced
19 teachers in the field, those in Pennsylvania has
20 already made the greatest investment.

21 Subsidy reimbursement rates throughout
22 child care --- and I applaud you for approving that
23 adjustment to this year's budget. In addition to
24 salaries, however, healthcare is a major issue for
25 child care practitioners. Fifty-seven (57) percent of

01 practitioners in Southeastern Pennsylvania don't have
02 employer sponsored health insurance for themselves.
03 Eighty-three (83) percent didn't have it for their
04 families in 2005.

05 Some of us just heard of a child care
06 provider who offers health insurance to her employees
07 with a \$1,000 deductible. That's what she needed to
08 do in order to be able to provide health insurance,
09 which obviously discourages teachers from going to a
10 doctor when they're sick.

11 The Governor's health insurance proposal,
12 Cover All Pennsylvanians, was designed for uninsured
13 individuals and employers with fewer than 50
14 employees, most of whom earn less than the state's
15 median income, \$39,000 last year. The program applies
16 to most child care practitioners. Legislation for
17 Cover All Pennsylvanians will be introduced into the
18 House this fall.

19 As you deliberate over it, we urge you to
20 consider the child or the children in this state and
21 in this region. Please cast your vote in support of
22 them and in support of the adults who care for them
23 every day. PCCY appreciates your support of Keystone
24 Stars and Pennsylvania Pre-K Counts this year. We
25 hope you will continue to support these important

01 programs while considering the need of families.

02 We also hope that you will resolve to
03 eliminate the subsidy waiting list and to insure child
04 care providers through Cover All Pennsylvanians.

05 Thank you for your time this morning.

06 CHAIR BISHOP:

07 Are there any questions? Representative
08 Samuelson?

09 REPRESENTATIVE SAMUELSON:

10 Yes. I think you mentioned that in some
11 parts of this region it takes a year to receive a
12 child care subsidy. Is that county by county and
13 would the additional 8,000 subsidy slots that you
14 advocate solve this problem statewide?

15 MS. BALKKA:

16 The additional 8,000 slots would solve
17 the problem statewide. We expect that, with the
18 introduction of Pennsylvania Pre-K Counts, some of the
19 9,000 subsidies --- you know, the list will decrease
20 somewhat because subsidized children will be enrolled
21 in Pennsylvania Pre-K Counts, not for full day
22 however, either for a half day or five hours a day.
23 So we're waiting to see what the impact of
24 Pennsylvania Pre-K Counts is on the subsidy waiting
25 list. The 8,000 will solve the problem. And in some

01 cases, that 3,300 --- in some places the subsidy
02 waiting list is county by county and some places
03 region by region.

04 For example, Northeast Philadelphia
05 currently has a subsidy waiting list of over 1,300,
06 while other parts of the city, South Philadelphia,
07 North Philadelphia, have very lower ones, 20 or 40. I
08 don't have the figures right in front of me, but in a
09 city like Philadelphia, the subsidy system is region
10 by region.

11 REPRESENTATIVE SAMUELSON:

12 You also mentioned funding for Pre-K
13 Counts. At one point the State Senate voted 49 to 1,
14 the House voted without Pre-K Counts. That was a long
15 six to eight week negotiation. Thankfully that was
16 included in the final budget agreement, so I do know
17 that there's some difficulty getting everyone to agree
18 that this important issue should be funded. And I
19 wonder how much are you seeking to increase that
20 \$7,500 in next year's budget?

21 MS. BALKKA:

22 Applicants at this point are hoping that
23 the allocation for Pennsylvania Pre-K Counts will be
24 doubled in next year's budget. We are also
25 anticipating a very rigorous assessment of the

01 children who participate in Pre-K Counts, that the
02 benefits of making this expenditure will become clear
03 over the next two to three years. So there's a plan
04 to assess children, it's a very rigorous assessment
05 plan. And we believe that Pre-K Counts is one of the
06 most important things that the state can do to improve
07 child care quality.

08 REPRESENTATIVE SAMUELSON:

09 Final question, you mentioned that the
10 11,000 children who will receive funding for Pre-K
11 Counts represents ten percent of the statewide
12 population in that group. How many of those overall
13 population are eligible?

14 MS. BALKKA:

15 You'll forgive me if I don't know the
16 answer to that, but I can get back to you with the
17 answer.

18 REPRESENTATIVE SAMUELSON:

19 Ten percent of the overall population?

20 MS. BALKKA:

21 Of the overall population. There are
22 11,000 three and four year olds statewide. I can get
23 back to you with the answer.

24 REPRESENTATIVE SAMUELSON:

25 Thank you.

01 CHAIR BISHOP:

02 Representative Cruz?

03 REPRESENTATIVE CRUZ:

04 Maybe you can help me out here. I want
05 to find out of all the facilities that receive state
06 funding, do the employees and the providers have to be
07 certified with the state or do you hire people to come
08 to work not being certified? I ask that it's
09 necessary to have this hearing room. Regarding that
10 issue, I want to find out, how do we correct that?

11 MS. BALKKA:

12 There is a requirement that child care
13 facilities be certified or licensed. Still many
14 child care providers are not licensed. So, frankly,
15 there are public and private programs that help child
16 care --- or help unlicensed child care providers
17 understand the benefits of becoming licensed. And,
18 you know, the larger groups have --- the more children
19 you're caring for and the further along in our Star
20 system they have more of a rigorous staff.

21 REPRESENTATIVE CRUZ:

22 Is it a state requirement that anyone who
23 receives state dollars must have all their employees
24 certified?

25 MS. BALKKA:

01 No, no. There is a --- as a result of
02 federal law, we have the Choice of Child Care Act that
03 allows state subsidy dollars to go to unlicensed child
04 care.

05 REPRESENTATIVE CRUZ:

06 So what would your preference be, to be
07 certified?

08 MS. BALKKA:

09 Yes.

10 REPRESENTATIVE CRUZ:

11 Do you want us to research and make sure
12 that it's a state law to be certified or ---?

13 MS. BALKKA:

14 Our preference would be for every
15 facility to be licensed.

16 REPRESENTATIVE CRUZ:

17 What is your ---?

18 MS. BALKKA:

19 Philadelphia has more rigorous licensing
20 requirements than the state. Our preference would be
21 to ensure that all providers in Philadelphia meet city
22 and state requirements. There is a program called
23 One-Stop Shop for child care providers that helps
24 unlicensed providers jump through a number of hoops
25 before they can become licensed, helps them jump

01 through --- you know, helps them with issues, helps
02 them meet Philadelphia Health Department requirements
03 and so on, which is made to do before they get
04 licensed.

05 Many people who start child care programs
06 do so out of passion for children and they're not
07 necessarily great business people. And the One-Stop
08 Shop, which began last year, and children under the
09 program supported a combination of public and public
10 and private dollars. Walks child care providers
11 through this process so that they meet licensing
12 requirements, but we're in the beginning of that
13 process.

14 REPRESENTATIVE CRUZ:

15 What is your position on regulating state
16 funded daycares, having cameras in the facilities?

17 MS. BALKKA:

18 I believe that cameras installed in the
19 facilities would --- people who are currently child
20 care providers, it would we make them feel like
21 they're not being trusted by the community, when it's
22 very important to work in a partnership between child
23 care providers, parents and the community. So I
24 believe it would send a message of weariness and
25 suspicion while at the same time causing the state

01 --- you have to understand how important that
02 partnership between child care providers and the
03 community.

04 REPRESENTATIVE CRUZ:

05 That's one of the reasons that people
06 call on me. In my decisions, I've been talking about
07 the same issue, they're trusting someone else with
08 their children.

09 MS. BALKA:

10 I think we have better ways to remedy the
11 situation, for example, really encouraging families to
12 enroll their children in Keystone Stars three and four
13 level facilities. Frankly, Keystone --- programs that
14 are participating in Keystone Stars are subject to
15 outside examination.

16 REPRESENTATIVE CRUZ:

17 Thank you. That's all I have.

18 CHAIR RUBLEY:

19 Thank you, Representative Bishop and
20 thank you, Christie, for your testimony today and the
21 good work that PCCY does. As you're talking about the
22 Keystone Stars Program, you indicated only two percent
23 of providers statewide are enrolled, which means
24 eight percent are not. So I hope we can do more in
25 terms of outreach, encourage a lot of these providers

01 to become involved. What's happening in that regard?
02 How is the state reaching out to the other providers?

03 MS. BALKKA:

04 Well, from discussing this with --- she
05 me told that, you know, we have a lot of providers
06 that were at a star one, star two level, which is not
07 advancing up through the system. They were told, you
08 know, move up or move out. They were told that over
09 the summer. If they did feel like it was fair, it was
10 fair to have, you know, all those providers on the
11 list if they weren't really passing through the
12 system. The main priority of the Southeastern
13 regional team right now is to bring more providers in
14 and have lots of plans on how they do that.

15 CHAIR RUBLEY:

16 And who is doing the evaluation of the
17 providers who are part of the Keystone Structure
18 Program?

19 MS. BALKKA:

20 We have many providers.

21 CHAIR RUBLEY:

22 And they are looking at the standards for
23 each level, you know, doing as much as they can to
24 make sure that the standards are being met?

25 MS. BALKKA:

01 They're using the commonly accepted
02 environmental rating systems, you know, looking at
03 student teacher interaction and what requirement is
04 like. So, you know, there are a number of criteria
05 that are going into these ratings.

06 CHAIR RUBLEY:

07 And my one impression, you talk about the
08 difficulty in getting quality teachers for quality
09 child care education and keeping them. How effective
10 has our own forgiveness program in Pennsylvania been
11 where we are providing reductions and help on their
12 tuition monies? Is it just they're only staying a few
13 years and then moving on?

14 MS. BALKKA:

15 If you wouldn't mind, I'd like to refer
16 that question to Terry Casey, who will be testifying.

17 CHAIR RUBLEY:

18 Okay. Okay. Thank you very much.

19 CHAIR BISHOP:

20 Thank you very much. Before we move on
21 to the next testifier, can you possibly give us the
22 difference between --- number wise approximately,
23 between daycare centers that meet state regulations
24 and are licensed and daycare centers that do not meet
25 state regulations and are unlicensed? When it comes

01 to incidents with children, how do they compare?

02 MS. BALKKA:

03 That's a tough one and I don't know the
04 answer, but I'll make every effort to get that answer.
05 Part of the difficulty here is, if a provider is not
06 licensed or regulated, the state doesn't know they're
07 out there, so those incidents are never reported. But
08 I will attempt to find that out.

09 CHAIR BISHOP:

10 Please. Thank you very much. Our next
11 testifier is going to be Marie Gearhart (phonetic),
12 who is going to give us --- not written, but she's
13 going to certainly give us information. Thank you.

14 MS. GEARHART:

15 Good morning. Well, it is my testimony
16 as a parent, I have a child who is two years old who
17 attends a Keystone Daycare Center. On numerous
18 occasions it has --- there has been days where my son
19 would come home from daycare with bruising and scars.
20 When I came home I contacted the daycare center, they
21 don't know what happened to my son. Okay. I trusted
22 the daycare center. The partnership was broken when
23 my son came home with, you know, the bruises and
24 scars. I feel as though it would benefit the daycare
25 centers to have security --- you know, place security

01 cameras inside of the classrooms.

02 When the student to teacher ratio is
03 about six or seven to one, the classrooms are small,
04 incidents should not be happening, especially among
05 toddlers. I had setup meetings with the director. I
06 had tried to contact regional directors who have made
07 themselves unavailable to myself. I feel as though
08 --- I feel unsure leaving my son in a daycare.

09 CHAIR BISHOP:

10 Any questions? Representative Cruz?

11 REPRESENTATIVE CRUZ:

12 The incident with your child has never
13 been reported in the facility?

14 MS. GEARHART:

15 My son had been there for about a year
16 and a few months. Thirty (30) incident reports have
17 been reported. Some have been unreported where
18 whether the teachers have come up to me, you know, I
19 did not know that was your son. You know, something
20 would happen when he was playing. Okay. If I want my
21 son to come home with bruises and scars, I would ---
22 it shouldn't be happening, you know, with daycare
23 centers. Something needs to be done. I feel as
24 though security cameras, surveillance cameras would
25 improve the care of my son. You know, that way if

01 something does happen, you know, we can look back at
02 the camera and say, well, this is what happened to
03 your son. For future references, we can do this and
04 that to improve the care so that next time it will not
05 happen.

06 REPRESENTATIVE CRUZ:

07 Well, the purpose of this hearing, we
08 wanted to hear how we can improve the quality of
09 daycare in Pennsylvania. And in my perspective, there
10 are a lot incidents that are not being reported, and
11 so I'm trying to find a way to make a regulation that
12 you have to report incidents. You want to make sure
13 that when you drop your child off you come back and
14 your child is unharmed. And I thank you for your
15 opportunity to come in front of me and testify.

16 MS. GEARHART:

17 Thank you.

18 CHAIR BISHOP:

19 Chair Rubley?

20 CHAIR RUBLEY:

21 Thank you again. And thank you for
22 sharing your thoughts with us this morning. Just one
23 quick question, did you ever report the incidents to
24 the state?

25 MS. GEARHART:

01 Yes, I have and they conducted an
02 investigation

03 CHAIR RUBLEY:

04 Thank you.

05 CHAIR BISHOP:

06 Thank you very much. And the next
07 testifier is Terry Casey who is the executive director
08 of the PA Child Care Association.

09 MS. CASEY:

10 Good morning. My name is Terry Case and
11 I am the President of the Pennsylvania Child Care
12 Association, PACCA. PACCA is a statewide non-profit
13 organization with a membership base that includes
14 organizations and individuals with a professional and
15 business interest in the child care field. Our
16 membership is very diverse and includes Community
17 Engagement Groups, Child Care Information Service
18 agencies, some Head Start Facilities, as well as the
19 vast majority of our membership, which are the
20 certified --- our licensed child care providers.
21 These providers care for the Commonwealth's children
22 in registered home based private, certified group and
23 center settings. Our members include those programs
24 that are structured as either for profit or
25 non-profit, as well as many faith based organizations.

01 Child care programs provide care to over 200,000
02 children in the Commonwealth from infants through
03 school age.

04 PACCA is the leading statewide advocate
05 for safe, affordable, quality child care for all who
06 need and desire it in Pennsylvania. The association
07 focuses its energies on the development of sound
08 public policy aimed at improving the provision of and
09 access to child care services in the Commonwealth.

10 Joining me this morning is Mary Graham, a
11 PACCA board member and chair of our Education and
12 Policy Committee. Mary administers Children's Village
13 Child Care Center, which is a high quality NAEYC
14 accredited and star four program, non-profit child
15 care program in Philadelphia's Chinatown. I brought
16 her today because I think she might be able to address
17 most of your questions that you have for programmatic
18 and day-to-day operations. She brings a provider
19 perspective.

20 We know that every morning over 200,000
21 young children awake, get up, wipe the sleepers from
22 their eyes and get ready to go to some form of out of
23 home care for the day. These same mornings, their
24 parents are dashing around the house getting
25 themselves and their children ready for the day.

01 Everyone wants that out of home care experience to be
02 safe, healthy and of good quality. Children need to
03 feel secure and parents need to go to work knowing
04 their little ones are, at a minimum, safe and well
05 cared for.

06 Parents have indicated that they work
07 better knowing their children are in safe, reliable
08 care environments. And research has indicated that
09 children thrive and develop in programs that are of
10 high quality. The brain research has demonstrated
11 that the first five years of a child's life are
12 critical to school readiness. Other research has
13 shown that values are instilled by age eight. With
14 over 65 percent parents working outside the home, it
15 becomes critical that we ensure safe and high quality
16 care for our youngest citizens.

17 That said, the business of caring for our
18 youngest and smallest citizens is anything but small.
19 Operating a child care program is a complex business.
20 One of the national organizations PACCA partners with
21 is the National Association of Child Care Resource and
22 Referral Agencies, NACCRA. NACCRA has conducted and
23 analyzed state procedures and policies, parent
24 expectations and the challenges for providers and
25 parents.

01 Clearly the quality of care is important
02 because the health and safety of children are at stake
03 and 90 percent of brain development occurs between
04 birth and age five, which makes this time a critical
05 period for child development. Yet, child care
06 standards and oversight vary greatly by state. Given
07 the importance of quality child care for children,
08 NACCRA reviewed state policies and regulations and
09 ranked the 50 states, the District of Columbia and the
10 U.S. Department of Defense based on the key benchmarks
11 to see how states measured up.

12 What were those results and how does
13 Pennsylvania measure up? The short answer is that the
14 Department of Defense child care system stands alone
15 as a model among all of them. The document NACCRA
16 published, which ranks states and the District, was
17 arrived at by analyzing each state's requirements
18 around oversight and inspections, which includes the
19 state's certification or licensing regulations plus
20 the state's monitoring/inspections component.

21 Also looking at health and safety
22 requirements, background checks, qualifications for
23 those working in the field. Parent involvement and at
24 will access to child care settings. Child development
25 activities and early learning standards.

01 In the interest of time, I won't go
02 through each and every one of these, but if you would
03 like to have more information, I'd be glad to continue
04 the dialogue and provide that to you.

05 Although Pennsylvania is not in the top
06 10, we are ranked 15, which is very good, due largely
07 to the new and strong early learning standards that we
08 have put in place. Our high early learning standards
09 help to offset our low oversight quotient. I would
10 remind this committee and others that at one time,
11 Pennsylvania led the pack in high certification
12 regulations and oversight. But over the years our
13 regulations and monitoring requirements have not kept
14 pace for a variety of reasons and Pennsylvania is now
15 toward the bottom of states on certification
16 regulations and monitoring.

17 That's the base of the foundation for the
18 care platform, those licensing or certification
19 regulations and monitoring requirements that go along
20 with them. The benchmark for oversight is quarterly
21 inspections. Three states and the Department of
22 Defense mandate quarterly inspections. Pennsylvania
23 has an annual inspection for centers and periodic
24 inspections for home based providers. By the way,
25 nine states do not require any inspection. In

01 Pennsylvania there is a commitment that all complaints
02 are to be followed up within a timely manner.

03 The qualification benchmark for
04 inspectors is that each have a bachelor degree or
05 higher in early childhood education or a related
06 field.

07 Another piece to the oversight component
08 is caseload for inspectors. It should be noted that
09 Pennsylvania certification inspectors have a caseload
10 that is well over the benchmark of 50 to 1. The last
11 time I checked Pennsylvania was at 90 or more for
12 inspecting. Progress is being made, however, in that
13 the Department of Public Welfare is in the process of
14 developing a computerized monitoring tool that will go
15 a long way in helping to streamline the inspection
16 process. This computerization could also help our
17 state post those inspection findings on the internet
18 for easy public access. Clearly Pennsylvania could do
19 better in the oversight area and perhaps Children and
20 Youth Committee can help in the coming months and
21 years as we look at those regulations that come before
22 you for consideration.

23 The Early Learning Standards that the
24 Office of Child Development and Early Learning, OCDEL,
25 have structured and put in place on a voluntary basis

01 help to address some of the other national benchmarks
02 such as staff qualifications. Nationally the
03 benchmark for directors is a bachelor degree or higher
04 in ECE or a related field. The benchmark as the base
05 for classroom staff is a minimum of child development
06 associates credential prior to working with children
07 or they should be enrolled in a CDA program to receive
08 that credential. Our state regulations do not require
09 this benchmark for staff and only require child care
10 staff to have a high school diploma or to at least be
11 18 years of age and have some experience with
12 children. They're also to earn six clock hours of
13 training for the program to remain in compliance.
14 However, we have to applaud because, as I mentioned
15 before, the Keystone Stars program, that really rests
16 in increasing the professional development of staff as
17 the STAR quality indicator increases.

18 Staff child interaction is critical.
19 Education and continuing professional development
20 helps improve interaction, child observation and
21 assessment and program planning. Even with increased
22 qualifications and professional development, many
23 child care program staff are challenged in caring for
24 young children with emotional, psychological and
25 disability challenges. We must remind ourselves that

01 young children with a diagnosis of autism or PDD is
02 increasing at an alarming rate. More supports are
03 needed to support child care programs and their staff
04 to better care for these children while their parents
05 are working.

06 The benchmark for child development
07 activities requires center programs to have activities
08 in all six developmental domains. Pennsylvania is one
09 of the 13 states that meets that benchmark.

10 Obviously, the business of child care has
11 heavy reliance on staffing, staff in the classrooms, a
12 staff in administration and in support roles such as
13 transportation, food service, et cetera. Raising the
14 quality bar is a good thing and is well worth the
15 investment, but it does not have --- but it does have
16 an economic impact.

17 Staffing costs are the single highest
18 budge component for child care businesses. It is not
19 unusual for 65, 70 percent of operational costs to be
20 in the personnel line item. And child care, as we
21 pointed out, is not a high paying job classification.

22 As we increase the education
23 requirements, so we need to increase the wage and
24 benefit components necessary to retain staff. This
25 increases operational costs. Businesses that face

01 increasing costs typically pass those costs on to the
02 consumer. The news media has run several segments
03 lately on increasing prices for milk, eggs and
04 utilities.

05 Child care providers are cognizant of the
06 income level of their customers, parents. We know
07 that parents with young children are typically not at
08 their peak earning potential. Child care is
09 expensive. Providers hesitate to increase tuition and
10 fees to parents who are already financially strapped.

11 Providers did increase their rates to
12 address the increase in minimum wage, which was
13 required by the Commonwealth. These increases to
14 parents have resulted in an increase in county
15 reimbursement rates for providers who care for
16 children from poor and low income families, which
17 receive a subsidy.

18 Even with this increase, Pennsylvania
19 providers are not at the federally recommended level
20 known as the 75th percentile. PACCA notes that
21 Pennsylvania is making progress and we appreciate
22 that, but we will have to stretch our financial
23 resources.

24 As I began preparing my testimony today,
25 I didn't know specifically concerns that families may

01 have. I can say that bringing their concerns forward
02 for discussion is very positive and very constructive.
03 PACCA listens to parents concerns because we know that
04 choosing care for a younger child is one of the most
05 important decisions a parent or family member can
06 make. The PACCA website has a parent portal with
07 resources and information. Our website and the
08 information for parents has been recognized as high
09 quality by Tufts University.

10 We use our website as one means to remind
11 families that there are resources available to help
12 guide them in their search for care. These resources
13 include the certification status of a provider, the
14 STAR level if they participate or if they are
15 accredited. These indicators that the child care
16 program strives towards a safe high quality program.

17 Parent involvement is absolutely
18 paramount, from the time a parent begins looking for
19 care right through enrollment and ongoing attendance
20 in the program. A licensing certification inspector
21 most likely comes only once a year. An accrediting
22 program assessor comes once every three years. A
23 STARS assessor may come once a year, but parents come
24 into a child care program multiple times every day to
25 take their child to the classroom and to pick them up

01 at the end of the day.

02 So parents should observe and assess are
03 children watched at all times, including when they are
04 sleeping? Are adults warm and welcoming? Do they pay
05 individual attention to each child? Are positive
06 guidance techniques used? Do adults avoid yelling,
07 spanking and other negative punishments? Are positive
08 guidance techniques used in settings such as keep the
09 paint on the paper or good sharing, Maria? Is there
10 always someone present who has current CPR and first
11 aid training? Have adults been trained on child abuse
12 prevention and reporting? Do the adults talk with the
13 children during the day? Do they ask guiding
14 questions when appropriate? Do adults read to the
15 children? Do they take the children outdoors and is
16 that area safe for play? Do they wash their hands
17 after diapering, eating, using the bathroom? Are
18 diaper area surfaces clean and disinfected after each
19 use? Is there a plan to follow if a child is injured,
20 sick or lost? Are parents asked to evaluate the
21 program? Will I be welcome any time my child is in
22 care? Will I be given a copy of the programs
23 policies?

24 A national poll was conducted last spring
25 of nearly 600 parents to begin to understand what they

01 consider when looking for care and what they expect
02 and want from child care and what barriers they face
03 in obtaining high quality care. The poll reveals that
04 more than any other aspect of child care, parents are
05 concerned about its quality. More than half of the
06 parents ranked quality as their greatest concern.
07 Cost ranked second.

08 Moreover, the majority of the parents
09 logically assume the standards are in place in child
10 care programs that ensure their children are safe.
11 Parents overwhelmingly think that caregivers are
12 trained in child development and safety and undergo a
13 background check, and that child care programs are
14 inspected frequently.

15 PACCA understands all parents and
16 families have a variety of needs and interests. One
17 size does not fit all. We also know that no matter
18 what the individual circumstances are, as a parent,
19 you want the best for your children. PACCA supports
20 parents seeking child care by helping to connect them
21 with providers or to agencies that help them pay for
22 care each year. For example, we are pleased and proud
23 to be partnering with a new program, Operation
24 Military Kids. This program is designed to find and
25 assist children of deployed parents.

01 case that I remember reading, the father strapped a
02 child in the carseat and drove --- was supposed to
03 drive to the daycare, child care, and instead drove to
04 the office and they found the child. Does your
05 organization have any thoughts to this issue, any
06 suggestions, changes to penalties or public policies
07 or design of automobiles? Has your organization given
08 any thoughts?

09 MS. CASEY:

10 We haven't taken a position on that.
11 Although that's something that we join our providers
12 and we're starting to put more of our current data as
13 well about the need to check and penalties. Some days
14 the parents are just so busy. As a parent with four
15 children, in my past, I remember vividly when I was
16 supposed to drop the child off at a child care
17 provider group center and I pulled in the parking lot
18 where I was going to go work and I turned around to
19 get my briefcase and said, whoops.

20 You know, I'm certainly --- I was
21 preoccupied. I didn't mean to, and I don't think any
22 of those parents did. Vendors are creating devices so
23 that when you leave the car, if you have not taken the
24 child out of the carseat, there's a beeper that goes
25 off. Something like that is very innovative because

01 it is a reflection on the incidents of our lives and
02 how I think individuals are preoccupied. We typically
03 work more than 40 hours a week and that gets to be a
04 primary focus when getting behind the wheel of a car.

05 REPRESENTATIVE SAMUELSON:

06 Are those devices readily available today
07 or ---?

08 MS. CASEY:

09 They're just beginning to come out in the
10 public now.

11 CHAIR BISHOP:

12 We have been joined by Representative
13 Rosita Youngblood. Welcome. She has a question.

14 VICE CHAIR YOUNGBLOOD:

15 I see in your testimony stated the
16 caseload of the inspectors of daycare are 90 to 1.
17 Could there have been a situation, because their
18 caseload is so heavy, that they're just marking off
19 quality, quality, quality and it's not a quality
20 daycare even though they have state certification?

21 MS. CASEY:

22 They generally inspect to make sure they
23 are in compliance with the regulations. These do not
24 assume that the regulation is high quality, that's why
25 we've gone to the Keystone Stars Program. That's a

01 quality enhancement or improvement program. The
02 licensing or certification regulations are what we
03 consider there for minimum for health and safety. And
04 we have --- when we have that many, they are pressed
05 to go into, we got this, we got this, we got this.

06 VICE CHAIR YOUNGBLOOD:

07 My next question, I see subsidies for
08 people with low income. What about a parent that is
09 not low income and they pay \$10.00, \$15.00 over and
10 therefore, they don't need a slot anymore, are they
11 more apt to choose a substandard daycare because they
12 are not within the threshold?

13 MS. CASEY:

14 I don't have any data on that. I do know
15 many parents who have been within the subsidy
16 guidelines and then fortunately gets a raise at work
17 that puts them over those guidelines. And they're not
18 able to take up the full cost of the care. I do know
19 that many of the parents will often at times use their
20 credit card and go in to debt in order to keep their
21 child in that program.

22 VICE CHAIR YOUNGBLOOD:

23 Well, would you suggest that the younger
24 parents who do not qualify --- and even before I was a
25 legislator, I never qualified for subsidy. And being

01 a single parent, I understand wholeheartedly the
02 burden that it puts on a parent or parents trying to
03 find quality daycare and especially if your salary is
04 at \$1,000 and you're paying \$250.00 a week for
05 daycare. At one point, I had two children in daycare
06 and my last child I said, oh, wow, the fees are still
07 for quality daycare. So that to me is stress on the
08 family when the parent is trying to work, maintain a
09 car, and trying to maintain a family and isn't
10 eligible for any help whatsoever.

11 And I think those guidelines --- I mean,
12 this is happening to a lot of families, where you have
13 working parents who do not qualify for anything. The
14 money that they're putting out in daycare they could
15 never afford, but they want to make sure that their
16 children receive the best care.

17 MS. CASEY:

18 We want to tell our children to save
19 money for college education for your children.
20 Actually the child care costs can be as high as
21 college tuition or higher. It's just something we
22 don't think about in this country. There are other
23 country's that have made a policy, in fact, Canada.
24 Montreal has it a policy that if you have your own
25 children in care you do not pay more than \$5.00 a

01 week. That finances them.

02 CHAIR BISHOP:

03 Representative Cruz?

04 REPRESENTATIVE CRUZ:

05 Can you give me your standing on daycares
06 at home? Having a small one at home, what's your
07 standing on that?

08 MS. CASEY:

09 PACCA's position as far as recognizing
10 the value of home based family providers is very good
11 and we would like those individual programs to also be
12 able to access other resources for them. I'm going to
13 reflect back on an earlier question, on unregulated
14 provider, because this too falls into that category.
15 And again, we have a requirement that anyone caring
16 for a child other than their own, one child, they must
17 be certified, registered or licensed. And I think
18 that would be a good policy.

19 REPRESENTATIVE CRUZ:

20 Can PACCA provide a list for me with a
21 lists of daycares that are certified that PACCA
22 supports in Pennsylvania? We're trying to do a study
23 just to make sure that all daycares are certified,
24 that all daycares are required --- we want absolutely
25 the best daycare we can have. That's why I'm asking

01 for this information. I'm trying to see how
02 PACCA ---.

03 MS. CASEY:

04 We do have a database with certified and
05 registered home based group centers and we get that
06 and their licensing records. So we do that.

07 REPRESENTATIVE CRUZ:

08 Thank you.

09 CHAIR BISHOP:

10 Thank you. You had mentioned that you
11 were not in the top 10, that you were ranked 15. What
12 causes you not to be in the top ten? How do daycares
13 get in the top ten? What are the qualifications for
14 the top ten?

15 MS. CASEY:

16 Please understand I'm not saying this is
17 ranking child care programs. This is ranking our
18 state, our state policies and laws. And how do we get
19 here? We improve the licensing requirements, the
20 regulations for child care providers. We improve the
21 monitoring and oversight capabilities. We lower our
22 caseloads for inspectors, hiring more state employees
23 or finding a way to get more inspectors later in the
24 field. We find other ways.

25 And again, I think it's good with them

01 doing voluntary Keystone Stars, which brings in
02 technical assistance. That's going to increase ---
03 that alone would increase our standards.

04 CHAIR BISHOP:

05 When incidents occur --- and we heard the
06 young lady speak about several incidents, when
07 incidents do occur, what is the proper procedure on
08 the first incident so that it does not happen again?

09 MS. CASEY:

10 I'm going to let Mary answer that.

11 MS. GRAHAM:

12 Thank you very much. In terms of an
13 incident, if a child is injured or comes in with an
14 injury --- it's not just if they're injured at the
15 center. When staff notices the injury, they need to
16 document it and that documentation will include time,
17 date, circumstances, where he was injured and it has
18 to include the parents. If it's an injury that
19 requires a visit to a doctor or a hospital, the agency
20 --- the child protective mandate is to report it
21 within 24 hours to the Department of Public Welfare
22 and they must do that in writing. Then the Department
23 has the authority to investigate that further. I
24 really do feel that the parent that testified earlier
25 an incident and children getting injured, and I

01 understand Representative Cruz's concern about her
02 suggestion that cameras help ---. And when I hear
03 about an incident, I want to know exactly what
04 happened. So when a two year old gets hurt, what was
05 the number of children present, which staff were
06 present, was the child staff ratio in compliance, were
07 there adequate supplies, what was happening during the
08 day, what was the schedule like? So there are a
09 multitude of things that you're looking at, not just
10 my child got hurt and I don't want it to happen again.

11 It's all about prevention, and prevention
12 takes place with training. And in terms of was there
13 a security camera, it should be the goal of the
14 Department or of the state as to where our children,
15 certainly, but that's not the goal of any
16 representatives here and that is not the goal of this
17 department. The goal is to educate children. You
18 cannot do that. In Philadelphia, you have a higher
19 level of endorsement. For preschooler, it's \$3.00 an
20 hour. That's what we're paying providers to take care
21 of children, \$3.00 an hour.

22 And I do have to applaud the Department
23 and the state for the increase of all almost ten
24 percent. It's a beginning step, but it's not
25 sufficient. Child providers that give high quality

01 programs, that run high quality programs do not rely
02 solely on subsidy nor do they rely solely on parent
03 fees. Terry referred to the study by the Department
04 of Defense. I remember hearing newly about it and
05 Clinton stating a number years ago, and the average
06 cost that the Department of Defense spent per child
07 was \$14,000 a year. It was many years ago.
08 Pennsylvania is nowhere near that. So again, it's a
09 long answer to your question. But as parents --- we
10 also talked about relationship. The less to be
11 learned, they're just one part of this.

12 I don't think you're all going in and
13 saying quality, quality. They key factor if you look
14 at every day you see your child is injured, if you do
15 not receive satisfaction from the center director,
16 call the regional office and call them every day.
17 They are mandated to follow up with the concern. When
18 the parent talked about the regional director, I
19 wasn't sure if she was speaking about the regional
20 director of the child care agency.

21 Because we have had the Department come
22 and a child had to receive stitches and they should
23 check to see what incident happened. So again, it was
24 the follow-up director. Cameras are going to give ---
25 and this is a personal feeling of somebody that is

01 ---. They're going to give everybody a false sense of
02 comfort. Who's watching the cameras? We want staff
03 who are qualified, who are supervised and supportive
04 in environments that are safe, supplies that are
05 sufficient. Pennsylvania standards or compliance are
06 minimum. In order to teach a classroom of 20
07 preschoolers, you need a minimum of an associates
08 degree and have to be 18 years old, who only have to
09 be 18 and no experience and just a GED, that is not
10 education.

11 MS. CASEY:

12 Again, I can identify with the parent
13 because I have a grandchild. And when there gets to
14 be too many incident reports, then it's time to talk
15 to the teacher and director to see what the problem is
16 and how we can structure the day so that we don't have
17 those. I happen to have grandchildren that live in
18 the area that has no star program available to them.
19 So that is probably going to the certification rule,
20 because that too is what the basis of all ---.

21 CHAIR BISHOP:

22 Representative Cruz?

23 REPRESENTATIVE CRUZ:

24 One of the purposes of the program is
25 that we have this program for the welfare of working

01 moms that are working in these daycares that are not
02 certified and incidents are occurring in these
03 daycares. Take for instance, sexual encounters with
04 the children and the provider, and the worker is
05 supposed to take --- are in the back having a
06 conversation with the children.

07 I have an instance, my assistant who is
08 here in the office who has a granddaughter in one of
09 those daycares had to call the regional director. She
10 worked for that agency before she came to work with
11 me, and nothing was resolved. And one of the things
12 that we're pushing for is for that, because they do
13 not guarantee --- the daycare that I'm talking about
14 is citywide in Philadelphia. So I think that it's all
15 up to belief nothing's perfect. I'm doing my job.
16 And I want the best quality care I can, so if it's
17 cameras, then so be it. One thing I'm hearing when I
18 get the feedback back and forth, so we can know
19 essentially how to legislate and how we can provide
20 the best quality care for our children and ---. So
21 that's one of the problems that we're facing and
22 that's why I ask you to be giving testimony about
23 certification.

24 MS. CASEY:

25 Representative, you just had a good

01 certified person. That's another way of thinking,
02 where individuals are not licensed or certified, the
03 program is. And when you say an individual is
04 certified that indicates that have obtained a higher
05 education, associate, bachelor, teacher certification.
06 So I think that that's another reason, most people
07 assume that anyone working in that center, group home,
08 or family daycare home has a degree in child
09 development or early care and education. And the fact
10 is, we don't require that.

11 REPRESENTATIVE CRUZ:

12 We should.

13 CHAIR BISHOP:

14 We should.

15 MS. CASEY:

16 You also spoke about welfare problems.

17 REPRESENTATIVE CRUZ:

18 Right. And I think that we need to give
19 the opportunity when it comes to child care and when
20 staff comes around for these hearings, the people are,
21 look, my kids, and they're not completing an intake
22 report. They are not being examined, but we want to
23 get all fact before.

24 MS. CASEY:

25 The program definitely should be

01 certified.

02 REPRESENTATIVE CRUZ:

03 I have a parent that wrote her testimony,
04 I'm writing to inform you that my grandson, Luis
05 Candelaria was attending a daycare. And while my
06 grandson was there, he was imprinted with a workers
07 fingernails at the time. I requested an incident
08 report and was never given one. When I tried to
09 discuss it with the daycare owner she stated that my
10 grandson needed one to one daycare.

11 That was the excuse I was only given.

12 And then she went on that the money they were being
13 paid for my grandson was not enough for him, \$180.50
14 plus a \$13.50 co-pay. The owner of the daycare
15 complained about when she fed him he would not be
16 given anything to eat or drink while in the daycare.
17 There were times when I picked up my grandson, he was
18 so thirsty that he would drink two bottles in the car
19 while driving him home.

20 In another incident my grandson was
21 bitten and she refused to give me an incident report.
22 She completely ignored the situation, stating that my
23 grandson provoked the other child. How can a two year
24 old provoke another child? Who were watching over
25 these children?

01 Another incident was when CCIS sent a
02 therapist to assist Luis' behavior due to all the
03 daycares' complaints and the worker called my daughter
04 and requested that she remove Luis as soon as possible
05 from the daycare, stating that the workers were mean
06 and not qualified to take care of the children there.

07 Another incident was a fire drill that
08 occurred. They held the children for two hours in the
09 hot sun. The children were crying and tired of being
10 held in the sun for so long. They received care
11 providers telling them they were all fed up with all
12 of them. The belief is that this daycare should be
13 investigated and especially the provider. It appears
14 that they just want the money and forget about the
15 children. Respectfully yours, Annette Morales.

16 So there's tons and tons of complaints
17 and we need to find out what the solution is. I thank
18 you for testifying and coming in today and helping us
19 with how we are going to handle the daycare program.
20 So I thank you for that.

21 CHAIR RUBLEY:

22 And thank you both for your comments and
23 testimony today. You stated there was an annual
24 inspection requirement for centers, but is this
25 strictly for licensed centers?

01 MS. CASEY:

02 Yes.

03 CHAIR RUBLEY:

04 So we heard earlier that there are a
05 number of centers not licensed, so they're not
06 inspected at all?

07 MS. CASEY:

08 Correct. And I'm not quite sure what the
09 parameters are around those programs.

10 CHAIR RUBLEY:

11 And I know Representative --- or in that
12 case, has been trying to get through the unannounced
13 inspections. I mean, at the minimum, that's critical,
14 because they --- if they know ahead when the inspector
15 ---. If it's a yearly inspection, of course they're
16 going to clean up their act that day. Another issue
17 that's been before us, our committee, is the universal
18 application of licensing and the regulations to all
19 daycare centers, including faith-based and there's
20 been many faith-based programs, because they feel it's
21 impinging on their rights to be treated different than
22 others, you know, talking about health and safety type
23 of regulations. You know, right now we're at a
24 stalemate. I'm wondering what's happening in other
25 states in that regard. Is everyone under the umbrella

01 for licensing?

02 MS. CASEY:

03 Yeah. I actually lived and worked in
04 Illinois and Nebraska and they do not have this
05 problem. They require that all programs be under the
06 same regulations and that's PACCA's decision, and we
07 continue to see multiple discussions on our time. And
08 PACCA's position is that time to care for with the
09 same regulations no matter what the legal structure of
10 the entities is.

11 And that's why I emphasized in the
12 beginning that our organization varies. By the way,
13 we're the only one in the United States that is the
14 Association of Child Care provides from non-profit,
15 for profit and faith-based. Most of the states will
16 have an association for the for profit and another one
17 for non-profit, but is all children Pennsylvania of
18 our concern.

19 CHAIR RUBLEY:

20 In terms of yearly inspection, the
21 regulation is pretty. I think again, minimum.
22 There's one statement about curriculum out of 250. Is
23 there a curriculum? It doesn't tell the organization
24 what kind of curriculum, you know, teach whatever,
25 it's just that it has to be appropriate. There are

01 regulations credentials and there are regulations
02 about physical punishment, but other than that, I
03 think when the inspector comes in, and they have all
04 of this, to our dismay, we can stand around and talk
05 about the government and programs, and they're more
06 concerned, as they should be, about numbers of
07 children, but the Department doesn't focus on that
08 curriculum?

09 CHAIR RUBLEY:

10 Okay. Well, thank you very much.

11 CHAIR BISHOP:

12 I certainly want to thank you for being
13 here today. I guess my last question, again, do you
14 know if there are incidents for those who do not
15 follow the state guidelines? And I'm trying to
16 compare, state guidelines, you know, the incidents, if
17 they're reported we hear about it. In the religious
18 institutions and in the private homes where there are
19 no regulations according to state, are we reporting or
20 do we hear or do we know if there are incidents where
21 children have been harmed, hurt or passed on?

22 MS. CASEY:

23 Yes. I know because of press reports in
24 the newspapers where a babysitter is discharged.
25 Again, it's a situation where there is no

01 certification or licensing requirement. But is there
02 good data on a statewide basis, no. I would have turn
03 to the Department of Public Welfare, Bureau of
04 Licensing and Certification to be able to address that
05 question.

06 CHAIR BISHOP:

07 Okay. Thank you so very much. Our next
08 guest this morning will be Sharon Easterling,
09 Executive Director of Delaware Valley Association for
10 the Education of Young Children. Welcome, Sharon.

11 MS. EASTERLING:

12 Thank you. Good morning.

13 CHAIR BISHOP:

14 Good morning.

15 MS. EASTERLING:

16 On behalf of the Board of Directors and
17 the 1,600 members of the Delaware Valley Association
18 for the Education of Young Children, I'm honored to be
19 here today to speak to you about the educational needs
20 of young children in our community. Today in America
21 more than two-thirds of preschoolers spend a
22 significant part of their day being cared for in
23 non-parental settings. For these children that child
24 care can either be custodial, which we would
25 appropriately call babysitting. Or it can be

01 developmentally appropriate educational support that
02 takes advantage of the tremendous learning window that
03 occurs in the early years of life.

04 As you have heard, more than 40 years of
05 research tells us that children fare better and we all
06 reap the benefits when early experiences support
07 growth and learning, but for too many children child
08 care settings are not taking full advantage of their
09 learning potential. Too many child care programs
10 struggle to offer children experiences that optimize
11 their development, helping them to be not only
12 academically ready when they enter formal schooling,
13 but socially and emotionally able to relate positively
14 to others.

15 Most child care providers want to provide
16 a high quality program, but find it very difficult to
17 hire and retain qualified staff for compensation
18 levels that are just barely above minimum wage. For
19 more than a decade, DVAEYC has sponsored the Worthy
20 Wage Campaign, an effort to organize workers and build
21 support for deeper public investments in the child
22 care workforce.

23 Several years ago we made a documentary
24 video about the movement and our work, and one of the
25 most poignant moments in that video was some footage

01 of a sign at McDonald's restaurant in a nearby
02 suburban community where they were advertising jobs
03 that were paying \$2.00 to \$3.00 more an hour than the
04 women who were making the video working in child care.

05 Despite the lack respect for the
06 profession and despite the low wages and the lack of
07 benefits such as paid time off, health insurance and
08 retirement plans, despite the long hours of demanding
09 work, standard child care providers work usually up to
10 12 hours a day, 12 months out of the year. Despite
11 all of this, DVAEYC has found both willingness and
12 ability in the child care community for programs to
13 move well beyond custodial care and to meet high
14 quality standards.

15 In 1995, when I began my work as the
16 first full-time director of DVAEYC, there were 13
17 programs, that includes centers and homes, 13 in the
18 entire 5 county region in Southeastern Pennsylvania,
19 that met the highest level of program quality,
20 national accreditation. Mary Graham, who you just
21 heard from, she was one of the 13. This number
22 represents less than one percent of the programs in
23 our region.

24 Today, there are over 150 accredited
25 programs, both centers and homes. While some programs

01 have been able to achieve those high standards with
02 their existing resources, programs in low income
03 communities serving children who have the most to gain
04 from high quality programming typically benefit from
05 outside assistance to reach those standards. In other
06 words, they really need support above and beyond the
07 program day to day providing services. In
08 Southeastern Pennsylvania, the philanthropic community
09 has led in the way and in the mid-'90s foundations
10 including the William Penn Foundation and the Pew
11 Charitable Trust invested significant grant dollars
12 into these quality improvement efforts. Partnering
13 with United Way of Southeastern Pennsylvania and other
14 corporations and foundations, these efforts have
15 offered on-site customized technical assistance,
16 college scholarship funds for teachers to go to school
17 and upgrade their potentials, and classroom grants to
18 purchase equipment and materials to support an
19 educational environment.

20 Since 1997, the private foundation
21 community has invested more than 30 million dollars in
22 Southeastern Pennsylvania to provide these services,
23 and that resulted in a ten fold increase in the number
24 of accredited programs.

25 These efforts such as Child Care Matters,

01 TEACH, and Early to Learn have demonstrated something
02 very important, that given the resources, child care
03 providers can and will meet the highest standards in
04 the field.

05 But perhaps even more significantly,
06 these initiatives were linked with public policy work
07 that has consistently been building public support for
08 investment in early education. Private efforts have
09 demonstrated that and how we could improve quality and
10 then the public funds were used to take those efforts
11 to scale. So these important initiatives laid the
12 foundation for Keystone STARS, and for Teach,
13 Education and Retention Awards and ultimately for
14 Pre-K Counts.

15 Fortunately for us, privately funded
16 investments have continued to grow. This year, United
17 Way of Southeastern Pennsylvania, along with many
18 local foundations and corporations, will invest more
19 than \$3 million here in Delaware Valley in quality
20 improvement work. Additionally, Keystone STARS will
21 invest a little more than a million dollars in
22 publicly funded quality improvement services, as well
23 as financial support for programs who have achieved
24 higher STAR levels.

25 And the best news of all is that our new

01 Pre-K program helps sustain these quality investments.
02 That's another way of saying that Pre-K funding
03 supports the cost of high quality teachers in every
04 classroom of three and four year olds, ensuring that
05 whether those children are in child care centers,
06 public school, pre-school setting or a private nursery
07 school, all Pre-K classrooms will ultimately have
08 certified teachers.

09 So here are the key points for you as
10 policymakers to take away from what's been going on
11 and from these documents. First of all, there is a
12 significant research gap which keeps many child care
13 programs from achieving the high levels of quality
14 they desire and that children need.

15 Through public and private investments,
16 we have been chipping away at this problem in the
17 Delaware Valley in recent years, so that 150
18 accredited programs, that translates into 7 percent.
19 So we're up from one percent now to seven percent of
20 the programs in our community, but 7 percent
21 accredited means that 93 percent are still not
22 reaching those highest benchmarks. We have a long to
23 go.

24 So Pennsylvania needs to continue to grow
25 its investment in early education funding. Increasing

01 our investment in Pre-K Counts and expanding
02 investments in programs for children birth through
03 three.

04 This is going to need your help. We need
05 the legislature to understand that the ambitious early
06 childhood budget that was passed this year --- and we
07 do thank you for that tremendous commitment, but that
08 is really a down payment on building a strong high
09 quality early childhood system.

10 I would ask each one of you to think for
11 a minute about young children that you know, they may
12 be your own children or grandchildren, maybe nieces,
13 nephews, children of friends, can you think about the
14 faces of those children and select just one or two who
15 deserve a quality early childhood setting and send the
16 others to spend their days in programs with little
17 stimulation, where it's just enough to keep them out
18 of harms way? I can't imagine any of us would accept
19 that for our own children or for those we love. I
20 hold the position that every child deserves the best
21 that we can offer.

22 Investing in high quality early childhood
23 programs will require a re-ordering of our priorities
24 in the Commonwealth. But whether you make an
25 investment in terms of financial return, unleashing

01 human potential, or improving the overall quality of
02 life in our community, there is simply no better way
03 for us to spend tax payer. Because it's not just the
04 right thing to do, but increasingly we are finding
05 it's also the smart thing to do. Thank you for your
06 time today.

07 CHAIR BISHOP:

08 Thank you. Any questions? Madam
09 Chairman Rubley?

10 CHAIR RUBLEY:

11 The question I asked earlier, if you can
12 help answer and that's whether our early childhood
13 education loan forgiveness in Pennsylvania is helping
14 to keep teachers who are qualified and will stay?

15 MS. EASTERLING:

16 Right. I'm glad you asked that question.
17 That's our first policy, victory, was securing the
18 program. Back when Representative Allyson Swartz was
19 in legislation, we worked with her to do that. And as
20 you know, the program significantly grew up to five
21 million dollars in loan forgiveness money. So for the
22 first couple of years we had people on a waiting list
23 year after year after year and not enough money.

24 Unfortunately, we got enough money and
25 then there were no applicants. So the program was not

01 working well and I believe that one of the two reasons
02 is because the wage gap between a child care setting
03 and where you would go if you're certified in early
04 childhood education, that is you could take that
05 degree and go teach in a public school as more and
06 more school districts are offering Pre-K.

07 It's very hard even with loan forgiveness
08 to say to a person take this job at \$22,000 a year or
09 this one at \$44,000 a year, oh, by the way, the full
10 benefits are retirement plan. I mean, you know, loan
11 forgiveness doesn't even being to compensate for the
12 differential and I think that's one of the fundamental
13 problems.

14 CHAIR RUBLEY:

15 All right. Thank you.

16 CHAIR BISHOP:

17 Thank you very much for joining us today.
18 Our next guest, testifier, here this morning, is Deb
19 Mathias, who is the with the Office of Child
20 Development and Early Learning Department of Public
21 Welfare and Department of Education.

22 MS. MATHIAS:

23 Good morning, Representative Bishop,
24 Representative Rubley, Committee members and staff.
25 It is an honor to be here today and thank you for the

01 opportunity to discuss with you the Keystone STARS
02 program and its positive impact on the quality early
03 learning experiences for young children and how the
04 program has improved the quality of after care
05 services. This work is important. Federal Reserve
06 Board Chairman Ben Bernanke recently told a group of
07 business leaders that although education and the
08 acquisition of skills is a lifelong process, starting
09 early in life is crucial. Recent research, some
10 sponsored by the Federal Reserve Bank of Minneapolis
11 in collaboration with the University of Minnesota, has
12 documented the high returns that early childhood
13 programs can pay in terms of subsequent educational
14 attainment and in lower rates of social problems, such
15 as teenage pregnancy and welfare dependency. The cost
16 of our program in fiscal year '06/'07 was about \$300.
17 a child in the Keystone STARS program. This is a
18 modest, cost effective investment in the
19 Commonwealth's children.

20 One of Governor Rendell's top priorities
21 is to provide children with opportunities for high
22 quality learning experiences that foster success in
23 school and in life. An important step in achieving
24 this goal was when the Department of Public Welfare
25 created the Office of Child Development in September

01 of 2004 and the subsequent step in December 2006 to
02 house the office in both the Departments of Welfare
03 and Education renaming it the Office of Child
04 Development and Early Learning.

05 The office supports an integrated
06 approach to pre-kindergarten, kindergarten, early
07 intervention, Head Start, early education and
08 certified after school programs and initiatives. This
09 office sponsors Keystone STARS, which is a quality
10 improvement system in which all early learning
11 programs and practitioners are encouraged and
12 supported to improve program quality and the learning
13 environment for young children. We focus on improving
14 early childhood programs and supporting the improved
15 education, professionalism and competence of the
16 practitioners who teach our very young children.

17 Keystone STARS and our approach to
18 integrated services have led us to develop what we
19 call, PA Early Learning Keys to Quality, a program
20 which provides a single point of contact for providers
21 around program quality improvement and professional
22 development opportunities. The Commonwealth is
23 divided into six regional resource centers also known
24 as Keys. There is also a centralized, statewide
25 Pennsylvania key. The Keys focus on the development

01 and the coordination of local and regional resources,
02 the promotion of quality programming, and positive
03 outcomes for children.

04 Keystone STARS is a voluntary, quality
05 improvement system, which is an important component of
06 our multi-faceted early learning system. The acronym
07 STARS actually stands for something. It stands for
08 standards, training/professional development,
09 assistance, resources and support. The program
10 provides resources to assist in improving quality,
11 recognizes quality early learning and school age
12 programs, establishes criteria for performance,
13 provides financial incentives for the programs so that
14 they can continue to improve and maintain quality
15 standards and uses a rating system called One to Four
16 Stars for programs that meet the standards.

17 The Keystone STARS standards are
18 research-based quality indicators. Child care
19 programs which are in full compliance with the
20 certification regulations may voluntarily participate
21 in Keystone STARS. The certification regulations
22 provide for health and safety standards and are the
23 foundation of the Keystone STARS quality program. The
24 Keystone STARS program includes early learning
25 programs such as certified child care and after school

01 programs, as well as many Head Start programs are
02 becoming engaged in Keystone STARS.

03 Keystone STARS links parents to a
04 framework for identifying quality early learning and
05 school age programs that will help their children
06 succeed in school and in life. The STAR levels allow
07 parents to easily identify a quality program,
08 specifically in the areas of staff qualifications and
09 professional development, the learning environment for
10 the children, parent and community partnerships, and
11 leadership and management practices. Continued strong
12 stakeholder participation from parents, providers,
13 practitioners, and community members remains a
14 critical component to the success of Keystone STARS.

15 Prior to the development of the
16 Pennsylvania's Early Learning Keys to Quality Program,
17 resources were administered by many agencies through
18 multiple programs, which fragmented the positive
19 impact in the early learning system. Providers,
20 practitioners, and parents had to contact more than
21 one agency to obtain the information and services they
22 need. This multi-step process was not family or
23 provider friendly. Keystone STARS began in 2002 and
24 the streamlining of the delivery of services was
25 accomplished through the development of the Regional

01 Keys. There are currently 14 states with approaches
02 similar to Keystone STARS and 25 more states are
03 exploring this successful method of improving early
04 learning settings.

05 Pennsylvania is quickly becoming a model
06 program for the nation, with 62 percent of
07 center-based programs participating as of July 31st,
08 2007. Pennsylvania has the largest voluntary
09 enrollment in the nation in this type of a program.
10 We know that other states are interested in
11 implementing a similar program due to the frequent
12 calls and requests we receive regarding the structure
13 and components of the Keystone STARS.

14 In order to obtain an objective review of
15 the Keystone STARS program the University of
16 Pittsburgh Office of Child Development and the
17 Pennsylvania State University Professional Resource
18 Center completed an evaluation of the program in 2006.
19 This study examined whether the Keystone STARS program
20 is improving quality in participating child care
21 programs. In addition, the study was to determine if
22 Keystone STARS is reversing the decline of quality in
23 child care in Pennsylvania that was evident in the
24 late 1990's. Results indicate that Keystone STARS
25 both improved overall quality in child care programs

01 and is, in fact, reversing the negative trend.
02 Keystone STARS is increasing access to quality early
03 learning experiences for young children in
04 Pennsylvania.

05 Findings suggest that quality
06 improvements may be attributed to Keystone STARS
07 emphasis specifically on staff education, staff
08 participation in ongoing professional development, and
09 the use of a curriculum.

10 Together we can create quality early
11 learning programs for our children. Again, thank you
12 for the opportunity to testify here today. I would be
13 pleased to answer any questions you have at this time.
14 And we should give you a folder that also has
15 additional resources and information.

16 CHAIR BISHOP:

17 Thank you. Madam Chairman?

18 CHAIR RUBLEY:

19 Thank you and thank you for coming and
20 telling us about this great program. I am really
21 pleased. And you indicated that 62 percent of
22 Pennsylvania's programs are participating. Earlier
23 this morning we heard 42 percent.

24 MS. MATHIAS:

25 I'm so glad you mentioned that. I want

01 to follow-up on that. Forty-two (42) percent of all
02 registered and licensed regulated programs are
03 participating, but a way higher percentage of
04 center-based programs are participating in Keystone
05 STARS. That means we're closer to the 25 percent of
06 family child care providers participating, so we still
07 have work to do with the family child care network and
08 getting them engaged and involved in a continuous
09 quality initiative.

10 CHAIR RUBLEY:

11 And how do you define center-based?

12 MS. MATHIAS:

13 Center-based is defined as a program that
14 has 13 or more children enrolled and then it becomes a
15 child care center. A group home is typically between
16 7 and 13 children --- 12, I'm sorry. And a family
17 child care home has less than 6 children.

18 CHAIR RUBLEY:

19 And what else are you doing to encourage
20 other providers to join this great program?

21 MS. MATHIAS:

22 Well, we have --- you'll see that there
23 are financial incentives in the packet that I provided
24 to you that encourages providers to increase their
25 STAR role. We'll also provide a lot of other

01 additional resources, like materials to screen
02 children at ages and stages, screening tools, training
03 labs, screening development of children.
04 Opportunities to participate in the new infant/toddler
05 project. There's a consultant for STARS providers
06 that help them work with children who are having
07 difficulty in group care studies.

08 So there's just a lot of initiatives
09 helping out that have help, support of each of our
10 regional Keys that are available to help with our
11 programs, assess playground safety or their health
12 practices in child care facility. So we're really
13 trying to come up with a menu of benefits that would
14 help improve programs and help providers with access
15 based on their specific needs.

16 And part of the whole thing is the
17 continuous quality improvement aspect where you look
18 at a variety of sources and think about what we need
19 to do to make this center better now. And then get
20 the resources in those areas and find weaknesses in
21 your program.

22 CHAIR RUBLEY:

23 Thank you very much.

24 MS. MATHIAS:

25 You're welcome.

01 CHAIR BISHOP:

02 Are there other questions? How can this
03 Committee help to spread what you're already doing?

04 MS. MATHIAS:

05 I think the continued support and trust
06 of your group is extremely important to the future of
07 the program. I think it encourages the parents to
08 look and think about what are indicators of quality
09 and how do I look for quality, how do I work through a
10 problem situation, how do I help the program gain
11 improvement? Finally, how can I find someplace if
12 this doesn't meet my needs or the needs of my child?

13 And so for us getting more quality early
14 learning providers with better education and training,
15 helping parents understand their role in quality
16 services and demanding quality services and really
17 calling directors and teachers together to talk about
18 how the program is going. All these areas can really
19 help and of course the continued support and finding
20 of Keystone STARS.

21 CHAIR BISHOP:

22 Congratulations.

23 MS. MATHIAS:

24 Thank you.

25 CHAIR BISHOP:

01 We would like to see daycares, all of
02 them move from just babysitting to education.

03 MS. MATHIAS:

04 I have spent many years as a child care
05 director of a large child care agency in Central
06 Pennsylvania, and I definitely agree with you that our
07 goal and objective is to improve the quality level
08 that all the children throughout the Commonwealth are
09 receiving. That's my mission, it really is.

10 CHAIR BISHOP:

11 Then why don't you help us? Because my
12 mission is to be able to bring the unlicensed daycare
13 centers into a licensed situation so they too can
14 provide --- I don't want to put them out of business.

15 MS. MATHIAS:

16 There are many faith-based providers that
17 do present themselves for certification, become
18 regulated and are engaged in Keystone STARS actually.
19 So it's not to say that they aren't participating,
20 because many are providing those certified, quality
21 early learning opportunities.

22 The point that I think you're talking
23 about is one that we would support, that, you know, we
24 would like to see everybody support that point of
25 view.

01 CHAIR BISHOP:

02 Thank you for working with us again.

03 MS. MATHIAS:

04 Now, I do have a couple of copies of
05 center based Keystone STARS if anybody is interested
06 in seeing what are the requirements.

07 CHAIR BISHOP:

08 Thank you. We would love to have them.
09 Thank you so very much for joining us. If there are
10 no more questions, that concludes the meeting for
11 today. We thank all of you for participating and
12 certainly you can go home knowing that you can help to
13 support our children and our families. Thank you.

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16 HEARING CONCLUDED AT 12:05 P.M.

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