Arizona Department of Education
Health & Nutrition Services
Family Child Care Homes Advisory Council
Tuesday – February 22, 2011
9:00 AM to 12:00 PM
FEBRUARY MINUTES

Kenny Barnes – Family Child Care Homes (FCCH) Advisory Council Committee Chair, called the meeting to order at approximately 9:00 a.m.

Advisory Council Attendees:

Kenny	Barnes	Arizona Department of Education
Deanna	Barrowdale	Mid-State Child Care and Nutrition
Teresa	McCormack	Arizona Department of Education
Lori	Mendoza	Association for Supportive Child Care
Phyllis	Montgomery	Child and Adult Community Resources
Cathleen	Moore	Food For Children

Other Attendees:

Darci	Curtis	ABC, Inc.
Michael	Flores	ADE
Anita	Griffin	ABC, Inc.
Zhenzhen	Li	ADE
Sandee	Montez	Nutrition For Children
Melissa	Munoz	ADE
Tracey	Nissan	ADE
Katie	O'Neill	BJ Enterprises
Mandy	Quintanar	ADE
Cathy	Reagan	Arizona Association of Family Day Care Provider
Michelle	Roberts	ADE
Bea	Sandoval	Comite De Bienestar (BCCCRC)
Barb	Simington	ADE
Joe	Steech	ADE

Welcome and Introductions:

- Committee Chair welcomed Advisory Council and participating sponsoring organizations: Folks let's go ahead and start our quarterly meeting. I want to say welcome and hope that everybody had a good weekend. Let's go ahead and jump right into the agenda – we've got quite a few things to cover.

Water Safety Certificates/Cards:

- The issue with Water Safety certificates and certification cards - - we are not going to require that when you submit your Provider applications. That is not going to be part of your packet but we do expect to see them and look at them in your office when we go through Provider files or in the event that we go out to a Provider home visit. When we see a pool out there and the Provider says

"yes, we do let the kids swim" – they should have something on hand, again whether it's a certificate or a card that fits in their wallet that they can show us on-site letting us know that they have been trained in water safety. Any questions on that?

- Cathleen: You said Kenny, if they do let the children swim - - most of our people would not, would they still require the 'water safety'?
- Kenny: Okay, I know that on the AA Standards when you guys send them in, they check whether or not the kids have permission from the parents and things like that, so again if something like that is checked then we would expect to see something but in the event that they are saying the kids don't and they don't let the kids swim or anything like that then we aren't going to worry about it.
- Cathleen: Are you saying it's not required?
- Phyllis: If they don't let them swim.
- Kenny: Well, it's not really a change because like I said if the Provider is saying that they aren't letting the kids swim, then we aren't asking for that information.
- Cathleen: Okay, then if they don't let the children swim and everything is shutoff and locked up then they don't need water safety?
- Kenny: No, we are not going to ask for it – No.
- Cathleen: Oh, okay.
- Kenny: Any other questions on that? Okay.

Insurance Cards:

- Moving on to insurance cards - - I know that at the last meeting we had said that we are going to ask and we are going to require insurance cards be submitted with Provider applications. Our position now is that we are not going to ask for the registration cards, okay. In the event that we go out and do a Provider home visit and let's just say the Provider isn't home and she said I just took the kids – had to drop some kids off at school or we are on a field trip and we got to see them when they got back - - then we will ask to see insurance cards at that time. But again, it's not a requirement when you guys submit the Provider applications.
  - Deanna: Would that be only in the case of an AA or an Alternately Approved Home?
  - Kenny: Well I think that the only time we actually ask for that information when they are an AA home and again you guys check that on the AA Standards whether or not they will be transporting kids or things like that.
  - Deanna: Will we be required to have it in our office?
  - Kenny: I think it would be a good practice - - I don't think that we really reached any kind of agreement. Again, if you know that a parent routinely transports kids then I would think that it's good practice to have a copy of the Driver's License or copy of the registration or insurance card or something like that just to show proof that not only that they can drive but they are insured as well.
  - Comments/ Question? None.

Active Providers/Back-up Providers:

- We have a couple of instances recently where we have received Provider applications where there is already an Active Provider in the system and that same person is listed as a Back-up Provider for another Active Provider. An Active Provider cannot be a Back-up Provider for them so I can't be a Primary Provider and say I want to be a Back-up Provider to Deanna for a number of reasons. DES

has a policy in place where if a Primary DES Provider is going to be listed as a Back-up Provider for another DES Provider then that Provider has to give a statement saying that: "They are not going to be a Back-up Provider if they have a full-house". So again, I cannot be a back-up for Deanna as long as I have a full-house full of kids as far as my ratio, all right - - as far as DHS.

- Phyllis: Can you repeat that little piece - - I want to see if I understand it exactly. If she is DES and DHS and she is at her limit of kids.
- Kenny: Well let's just stick with DES we are talking about DES right now.
- Phyllis: Okay, she's at her limit with her kids then she can't use another Provider as a back-up - - is that what you're saying?
- Kenny: No. I'm a Primary Provider and you have me listed as your Back-up on your application - - I can't act as your Back-up as long as I have my full complement of kids that I watch in my home. So I would have to write a statement saying that, "I can't be Phyllis' Back-up as long as I have my limit or full ratio in my home".
- Kenny: In regards to DHS - - DHS does not have Back-up Providers they have Staff. Those "Staff" are trained and individuals from DHS actually ensure that those individuals are trained to be "Staff" for those group homes. So DHS doesn't have any kind of a policy saying that. They don't allow anybody else coming in to serve as a Back-up for a DHS home.
- Deanna: Will the Provider application work as Back-up if we only write down their Staff.
- Kenny: You write down their "Staff" but it's not a Back-up per se.
- Deanna: But right now the application says "Back-up Providers" but it's not.
- Kenny: Yes, for DHS homes if it says Back-up - - you aren't writing down a Back-up per se you are writing down their Staff.
- Cathleen: I think the application says "Substitute Provider" and I think - - What is a Back-up Provider? Because I think of it as somebody that comes into your home while maybe you go to the Doctor's office but some of the Providers use the term to mean, "Okay, I'm not going to do daycare today but my neighbor down the street has some openings and so the kids will go down there" – they use it that way.
- Kenny: Okay, my definition of a Back-up Provider has always been and you guys correct me if I'm wrong. My definition of a Back-up Provider has always been again, the Primary Provider is sick, she is on vacation, she has a doctor appointment and so that Back-up is there to provide the care in the absence of the primary.
- Cathleen: In her home?
- Kenny: Yes, in her home.
- Cathleen: Okay, that was my question - - it is someone that is actually coming into your home.
- Kenny: Well, yeah – yes, I guess so because if not then we start getting into enrollment forms and if the child is going into somebody else's home they would have to be enrolled with that other Provider now. So that has always been my definition of a Provider.
- Kenny: That is my definition of a Back-up Provider - - I know lately we've had some applications come in where an Active Primary Provider has been listed as the Back-up for another Primary and you just cannot do that. Like I said DES, they kind of have a policy in place that somewhat addresses that but again as far as DHS again, they don't have Back-ups per se – they have Staff.

- Deanna: Are you talking about the common rule where a Primary Provider cannot have outside employment and use a Back-up.
- Kenny: Exactly, exactly.
- Phyllis: Okay, in my situation in which we are dealing with now and my Back-up Providers is the daughter that lives in the house with the mother - - the mother is going back and forth on the kidney machine and so the last two visits we went on the daughter was doing all the visits and the mother would be just sitting there incompetent to do anything because she is on dialysis and just getting started. So what we did - - we told the daughter that since they live in the house together - - look since you are doing the business and I know your mother is here why don't we get you certified to do the business because the mother was physically unable but she lived in the house with the mother and so the mother said fine. Now we were told by one of our caseworkers, Jennifer and to be precise is that you can't always have your Back-up doing your visits and so after she went there and she did two visits we suggested that she get certified because the mother was sick all the time. So is that acceptable - - they live in the same house?
- Kenny: Are you talking about the one you and I were just talking about?
- Phyllis: Yes, the mother is there but it's just that her daughter is the one coming to the table doing all the paperwork right now. So I don't understand what the problem is when they live in the same house and I was told by the caseworker when they came out that if your Back-up is doing your visits then your Back-up needs to get certified not the mother - - the mother is sick most of the time last couple of visits and we'd seen that. Even though she was there she was not able to do the paperwork or serve the food - - the daughter was doing it and the daughter is her in-home Back-up. So there is nothing in the policy to tell me different so we assumed we were doing the right thing by doing a new Health Inspection even though her Health Inspection was not expired - - so what is so wrong with that when they live in the same house?
- Kenny: Well, the situation that you are talking about – we've already got that taken care of.
- Phyllis: Well what you are telling me is that - - I mean this is an issue that may happen with others too and just like you said with this other issue. So you know, if you are going to tell us - - I know what you are asking for, you're asking if she has a piece of mail or bill or whatever and she has that and her mother gives her permission. I want to make sure that I'm doing the right thing so if this happens in the future that we know exactly what it is we are doing because as it is now, I thought I was doing what my caseworker told me to do - - that if the Back-up person is there the majority of the visits that they are the ones who need to be certified and not the person and then that wouldn't be a Back-up when the daughter is doing all the work.
- Kenny: Well the situation you are talking about is totally different from what I was just talking about previously because you are talking about the individual who actually lives in a household and what I was talking about - - these people don't live in the household these people are all Home Providers with their own separate homes.
- Phyllis: I know Kenny but this was an issue and I just want to make sure that it's handled and there are rules or whatever that I can follow - - I was assuming that I was doing the right thing.

- Kenny: Okay, well we got your situation taken care of and you know that a lot of times you folks say "Is it in writing" - - everything can't be in writing - - some things are situational that have to be addressed at that time.
- Phyllis: If it can't be in writing then you come back with a policy or a rule that I can't find anywhere - - now I don't want you to take this as being facetious - - what I'm trying to do is learn the policy so that when I have a client then they know what to do. You don't know how I feel as a person to go in there and say this women has to pay for a new Health and a new Fire inspection - - that was almost $200 right there. She shouldn't have to pay for this.
- Kenny: Okay.
- Darci: I had a similar situation and we encountered the same thing that Phyllis did and I don't know if that was the wrong thing to do. We had someone that was her caregiver and that every time we showed up it was her mother that was there and her mother was the Back-up and she was fingerprinted. When we did visits and every time that we called on the phone and we talked to them they told us the daughter had gotten a job and was out so she used her Back-up. So we made her mom get a new Health inspection and Fire inspection which they had just gotten 3-months before and we transferred all her paperwork to her mom and I don't know if it was the wrong thing to do so now I'm questioning why isn't it the right thing if there are two people in the home if there is a Back-up and there is a Primary and how many - - does it matter if we do visits with the Back-up Provider or does it matter… or should it be the person that owns the home that is the Primary Provider?
- Kenny: It doesn't have to be the same person that owns the home. In Phyllis' situation again, like she is saying the individual who was the Primary caregiver she took a turn where she wasn't going to be able to provide care - - her daughter lives in the household and there is another lady that lives in the household as well so, in Phyllis' situation right here the daughter is going to be the Back-up Provider and the other lady who lives in the household is going to be the Primary Provider.
- Phyllis: No, that's wrong. The lady sent me the paperwork and I sent it to you - - Glenda Williams lives in the home and Diane doesn't, that is the other daughter that doesn't live in the home but she is going to be the Back-up now. There are only two people that live in the home are the mother and the daughter - - I sent you that email and Diane is her other daughter but she doesn't live in the home she lives outside the home. Diane is going to be the Back-up for Glenda since the mother is incompetent.
- Kenny: Got it. Diane is going to be the Back-up for Glenda.
- Phyllis: Yes and the mother is out of the picture. Okay, so she doesn't live in the home. The only two that live in the home is the mother and Glenda but Diane is her daughter too but she doesn't live in the house.
- Kenny: Okay I'm lost now because I'm trying to see the relation between that and what I was talking about earlier.
- Phyllis: Well you were talking about Back-ups and so that's why we are saying because I know that this is happening in other situations and I just want to make sure that I'm doing it right.
- Kenny: But again the situation that you are talking about is the same that she got but it's not the same situation that I was talking about earlier because the situation that you are talking about is that this lady that lives in the home she wasn't already a Provider - - she is taking over as a Back-up for her mother and she lives in the home. The situation that I was

talking about was me being a Primary Provider at 123 Elm Street and me asking you to be my Back-up but you are already a Primary Active Provider at 321 Elm Street so I'm providing care over here and you are providing care over there. The situation I was talking about is totally different than the situation that you are talking about and I understand what you are talking about because we already got that taken care of.

- Phyllis: I understand what you are saying but since you brought it back up that is the question that I wanted to ask.
- Cathy: So we are trying to define what a Back-up Provider is.
- Kenny: We'll put it like this - - a Back-up Provider cannot also be an Active Provider as well. I guess that is the easiest way to put it.
- Cathy: If I'm an Active Provider and I do childcare Friday/ Saturday/ Sunday because that's when I do childcare and then I am Phyllis' Back-up Provider Monday thru Thursday, I can't do that?
- Kenny: No.
- Cathy: If I don't do childcare during the week but why?
- Kenny: As an Active Provider that is your business and you can't go into somebody else's business while you still provide childcare and that's another way of putting it.
- Cathy: I don't understand where that comes from - - where did you get that information.
- Kenny: Now again, whether it makes sense or not I mean that is just what the rule is and that is a DHS rule right there.
- Cathy: That is a DHS rule?
- Kenny: Yes - - I can't show it to you now but I can provide it later.
- Cathy: I understand that DHS doesn't have Back-ups that they have 'Staff'. I'm not a DHS home, I'm not a DES - - I'm an AA home and I have my Fingerprints and I'm CPR certified and I only do childcare on weekends in my home.
- Kenny: So you are an AA Home.
- Cathy: I only do childcare on weekends in my home because that is what I choose to do but I can do Phyllis' Back-up during the week because I don't to childcare during the week in my home.
- Katie: Many AA homes only on weekends.
- Kenny: If you are an AA Provider then I will have to check with Melissa but we probably go by the same standards that DES does when they say that you have to give us something saying that you are not going to be a Provider during the week.
- Katie: I suggest that you write a definition of a Back-up Provider.
- Cathy: On my application it should say that I only do childcare Friday thru Sunday in my primary home so if I have that then as an Active Provider I can still be Phyllis' Back-up Provider Monday thru Thursday.
- Kenny: Okay, and again like I said if you are an AA then we will probably adopt the same rule that DES would.
- Cathy: AA homes are going to follow DES policy.
- Kenny: Before we put that in stone I need to follow-up and make sure so that I'm not putting my foot in my mouth.
- Cathy: It's confusing the way you are saying it - - it's not making any sense to me. If I don't have any kids during that time what difference does it make if I'm doing child care?

- Cathy: Right if I'm going to your home I have permission from all of those parents to take those kids to your home and do Back-up anyway - - and then more than likely I'd be over ratio so why would you do that. You're only going to do it if you don't have kids that day or you only do childcare certain days and then you can Back-up for somebody on the other days. Does that make sense?
- Kenny: Yea, I understand.
- Katie: To get back to your definition - - a definition of Back-up should be written somewhere in your manual. There are two things - - if you're sick then the parent can bring the kids to the other house. The situation that we have right now is that we have a mother/ daughter group and the mother has the DHS license and the daughter has an AA home and the mother has workers okay not Back-ups and some of them are Back-ups because they don't work all the time - - if one of them is sick then another employee comes in. I don't see what the problem is if Natalie needs to go to the doctor why her mother since she has a CPR, Fingerprint Card why she can't go over there and Mandy says because she not an employee - - well she's not employed she's just going over to watch her grandkids while her daughter goes to the doctor. I mean that's the situation and there is no over ratio issue at all and I really don't see that this is prohibited from DHS.
- Deanna: I would recommend that you contact DHS to make sure that she's in compliance.
- Katie: There are several DHS people that have several homes and they go back and forth between the homes. I don't think there is any rule against that and why would she send someone else when the grandparents watch the kids for an hour while Natalie goes to the doctor. Because the mother has all the requirements for a Back-up Provider which are all you have in your manual. I would suggest that you really write the definition of the Back-up Provider is.
- Kenny: Yes, and that's not a problem - - that's not a problem at all. I would agree with Mandy if you are saying that there are a number of DHS homes of Providers that do that. I would recommend that you check with DHS to make sure that those Providers are in compliance before you just go ahead and say its okay.
- Darci: so let's use that same situation - - if a daughter calls to the office and says she has a doctor's appointment and says that she is closing her business for an hour or something like that and the mom came over to watch the kids so there was no claiming of meals or anything like that - - would that be acceptable?
- Kenny: I don't think so - - because like I said there's not an over ratio issue for one thing and second of all there isn't anything being claimed and you say she is just shutting down shop for an hour or two and somebody comes in to watch those kids while she's gone and again, nobody is making any kind of claims or anything like that.
- Sandi: Now that the Primary caregiver is now switching to the daughter - - wouldn't the daughter be the one that has to fill out an application agreement and be certified since she already has her CPR and fingerprints and all that anyway and they wouldn't need a new fire and health inspection it's the same home and it's just a different caregiver instead of the primary care. So the person that was doing it needs to be dropped and the person that is now doing it in the same home needs to be the one that needs to be the one that needs to be approved, get a new application agreement and all that and no fire and health is needed.
- Kenny: I don't know because that's something that you discussed with Jen and I wasn't aware of that.

- Darci: Health and Fire inspections need to be in your name.
- Phyllis: I've had a family member that's been at a house to sign on health or fire when the other person has been out and they requested it be in the Providers name and so that's why I did that and to make sure that everything was in her name and done right and started over. Now you said if she was there most of the time then she needs to be there - - I have a checklist that tells me what I need to get so the health and fire are both on the checklist.
- Kenny: And that makes sense to me if Glenda is going to be the Primary Provider, I would assume that health inspection and fire inspection need to be in her name and that would be my assumption.
- Phyllis: So more or less what we are seeing is that – we don't allow our regular Providers to be Back-ups for other Providers but you can do that as long they are an AA home at that same limit and now they have four over there at that same limit and they would be over ratio if they took them in their home.
- Kenny: So again,
- Lori: there are so many Providers right now that are under capacity just because of the economy and certainly that might change but right now we have so many because they are struggling.
- Kenny: But again, I would definitely check with DHS and see if that can be done and when you do if you don't mind letting me know if it's 'Yea or Nay' I would appreciate it.
- Cathy: One more thing, so a DES Provider can only use a DES Back-up Provider they cannot use an AA Provider as a Back-up because they have to be served by DES correct?
- Kenny: Again, that would make sense to me.
- Cathy: So we're just talking DES not being able to make statements and then AA homes don't fall under DHS - - so AA homes as long as they are not doing childcare on the days that they do Back-up.
- Kenny: I would say yes because a lot of our AA Standards kind of follow DES so if that's the case then we will mirror that as well.
- Cathy: And I can live in the house and not be the Provider but still be the Back-up as long as I have a Fingerprint and Driver's ID on file.
- Kenny: I don't think that's unreasonable.
- Cathy: Well we're just letting you know and we need a clear definition of Back-up.
- Kenny: And again, I know I have my own definition – we will provide a definition of Back-up Provider so that we are all on the same page.

FDCH Renewal Training:

- In preparation for FDCH renewal training please email your Specialist or Mandy or me the items that you want covered.
  - Phoenix is scheduled for Monday, July 18th
  - Tucson is scheduled for Thursday, July 21st

24-Hour Care:

- We have a lot of 24-hours, 7-days a week basis and it doesn't seem realistic. I get it in like area you know like Bullhead City where you have casinos and lots of different shift care happening - - but be very, very careful because you have to make sure that if the child is in the home for more than 24-hours then it's no longer a daycare child so it will increase your monitoring of Providers claims to make sure that they are in compliance because it may change ratios.

- Cathy: 24-hour care doesn't mean that the child is in that care 24-hours - - it means that I'm open for business 24 hours.
- Mandy: But what happens if the child shouldn't be dropped off at 2:a.m.
- Cathy: Well if I'm open 24 hours then it's okay.
- Mandy: Not that we're going to be there at 2:a.m. to review.
- Cathy: We can do 24-hour care but you can't serve a meal between midnight and 6:a.m. anyway and because no one is going to go visit them then but you know I can be open 24-hours a day that doesn't mean that the child stays there 24-hours they probably only stay there for six or seven hours. So you are comparing apples and oranges there and its two different things but I see what you're saying.
- Mandy: An increase is coming thru that's all I'm saying.
- Cathy: We're going now thru Providers that were doing 6-7 and now we are seeing less but it's because of the economy.
- Various comments made here - -
- Mandy: My point isn't that it's happening my point is that it makes extra work for you guys to really monitor and make that there isn't a child there for 24-hours which could change ratios and all that other stuff. That's all of my comment.
- Kenny: Any other questions or comments on 24-hour care? Okay.

Shift Care:

- Shift care is very similar.
  - Phyllis: I know that mine with 24-hour care they have three kids come now and three come later so that's okay.
  - Kenny: As long as they are not there at the same time and that's a combination of both it's a Provider that does 24-hour care and they have kids that are coming in at different shifts.
  - Cathy: And that true, you've got the A.M. set of kids coming in that leave at lunch time and then you have the after school kids coming in later.
  - Phyllis: And we verify that by the sign-in and out sheets.

Suggested Meal Pattern Changes:

- Last week we all sat in on a webinar that discussed changes to the meal pattern and I think they said the last meal pattern change hadn't happened for almost 20 years I believe. So it's been awhile and it's going to happen no later than June 2010. Some of the things that were discussed were changes in the age groups - - like for infants 0 – 5 months and 6 – 11 months instead of having the three separate groups here; and 1 – 4 years; 5 – 13 years; and 14 – 18 years; and 19 and up. The suggested changes they talked about were adding a meat component to breakfast.
  - Katie: 3 days per week.
  - Kenny: Correct, at breakfast 3 times per week. There were other things talked about and we printed out the slides. I'll go over those and some of the things they discussed I'll include them in the minutes and everything. Again, as of right now none of this is in concrete these are suggested changes but again, the meal pattern will be changed no later than June 2012.
  - Cathleen: Kenny, does that mean it could be changed earlier.
  - Kenny: Yes.
  - Other comments and discussion not heard.

- Mandy: It would behoove you to use your annual training to probably start talking to them about identifying things like whole grains and stuff like that now instead of later.
- Cathleen: I read the suggested meal changes and my question is - - what would we disallow if they didn't get those three meat alternatives in the breakfast and how would we collect it and then there's the short week what would we do with that?
- Phyllis: What do we need to do?
- Other comments and discussion not heard.
- Cathy: Can you forward those slides to all of us.
- Kenny: That wouldn't be a problem.
- Cathy: The other webinar was for everybody. The one that was for everybody is where they have the IOM report and this is with USDA. So it would be cool if we could have the slides.

Advisory Council Chair requested Public Participation Request forms.

Please note the importance of providing the Public Participation Request form – These forms are also reviewed by Melissa and Mary and given attention because they are distinguished from the ordinary requests and/or questions.

Public Participation:

- Sandy Montez from Nutrition for Children – Request to Address Advisory Council on the following:
  - Provider statement regarding pool – and Provider saying children do not swim in the pool during childcare.
  - Sandy's request unclear without Public Participation form - - reference made about Mary Jo from Scottsdale (?)
- Katie O'Neill from BJ's – Request to Address Advisory Council on the following:
  - Need specific list for Tempe High School - - covers a large area.
  - As Sponsors are losing Providers - - What can ADE do to promote CACFP?
  - CACFP seems to be going against their 'mission statement'.

Please note that these additional comments were given by membership in participation and support of Individual Speakers.

Public Participation:

- A pool with 24 inches or more of water whether it's in ground or above ground requires that you have a statement from the parent.
- Need clarification.
- Look at inspections or standards - - policy from providers that pool will not be used.
- New AA homes - - make sure that you tell inspector. Be clear to inspector during the inspection visit. ADE will believe that the pool will be used unless it's noted otherwise on the inspection.
- Would we be approved to use the Tempe area for Kyrene?

Closing Remarks:

- No closing remarks from Advisory Council - - Meeting concluded at approximately 10:00 a.m.

Next Advisory Council Meeting:

May 24, 2011 (Tuesday)
Time: 9:00A – 12:00P
ADE Central – Conference Room 105