

“There is a firmly established link between the quality of child care and the well-being of children. And we have found that the ‘active ingredient’ in quality is the salaries of caregivers, because low salaries lead to turnover—which is really a euphemism for what children experience as loss and grief.”

—Deborah Phillips

Health Benefits in Family Child Care: Rhode Island providers “DARE” to lead

Wages for Time Spent in Child Care Training: New Federal Rulings

Recent rulings in several states by the Wage and Hour Division (W&HD) of the U.S. Department of Labor have advised child care programs that under the federal Fair Labor Standards Act, they must pay employees for all hours worked, whether on the program's premises or not—including all time spent in training that is mandated by the employer.

In the case of state-mandated training, however, it remains hard to answer whether it's the state or the employer that is required to pay. Rulings in Minnesota, Texas and Florida have contradicted each other on this point, so it's best to contact the district or field office of W&HD in your area.

Teachers and providers who feel they may be owed pay for training should contact the W&HD and potentially could receive back pay for up to three years. Wage and hours laws do not apply to administrators and supervisors who participate in training.

The lack of health insurance is a major concern for teachers and providers nationwide—especially because of their heavy exposure to illness on the job. But after a four-year campaign by family child care providers working with DARE (Direct Action for Rights and Equality), a Providence-based grassroots organization, Governor Lincoln Almond has proposed to add health benefits for providers to Rhode Island's welfare reform plan.

While lead organizer Shannah Kurland of DARE cautions that the proposal is “not 100 percent assured yet” and needs final approval from the State Assembly, the major obstacles have been overcome by securing endorsements from the Governor and the state Department of Human Services.

DARE mounted a massive postcard campaign to legislators and held a number of public meetings, and about 50 churches, unions and other community groups have signed a pledge supporting the providers' cause.

“It's been a long hard struggle, but we have at least one foot in the door, if not two,” says Diane Knott of Providence, a provider for 13 years who has been postponing her own medical treatment for lack of insurance. “But it's a terrible shame we had to lose one of our members first,” she added, referring to the recent death of Yolanda Gonzalez, a provider who Knott and others believe might still be alive if she had had medical coverage.

In recent hearings before the House Finance Committee, provider Mary Holmes testified that her treatments for a brain tumor have cost \$43,000 thus far—a bill she is unable to pay. “The only choice is to go on welfare,” she told the committee, “but I want to work. I'm excellent at what I do and I don't want to give it up.”

Under the new proposal, providers who care for children as part of the state's welfare-related Pathways or Low Income child care programs, and who are not covered by other health insurance, will be classified as state employees and become eligible for Right Care, the state employee health plan.

Right Care offers individual or family coverage from a choice of five insurance companies including dental care and prescriptions, and no co-payments are required. DARE estimates that about 150 providers will be eligible—and currently, says Kurland, they receive such low pay from the state (with no benefits) that most of them live well below the poverty line.

DARE estimates a maximum total cost to the state of \$644,000, but in reality much less, because not every provider will need coverage—and because the plan represents significant savings to the state in Medicaid, welfare and hospital costs, as well as an investment in more stable, higher-quality child care for low-income families. For more information, contact DARE at (401) 351-6960.

White House Meeting *(continued from page 5)*

Women's Office. Forty-two percent of all Presidential appointees are women, and all have been asked to go home and organize events to gather information and testimony from “ordinary women” in their communities. NCECW will use its contacts throughout the country to help put these events together and ensure that they continue to include the voices of women who care for young children.

As we left the White House, each of us took away a great feeling of accomplishment. And as we headed home from Washington, we took with us a stronger impetus than ever to keep organizing other teachers and providers to find their voices, too. “If I can testify at the White House,” said Kristin Pickering, “I know I can go back and organize in my own community.” We learned first-hand that we *can* speak for ourselves, and that we can be heard.