



PROGRAM COMMITTEE MEETING MINUTES
June 16, 2010 at 8:30 a.m.
15506 County Line Road, Suite 102
Spring Hill, FL 34610

Committee Members Present: Dave Meglay, Chair; Jayne Goldstein, Sonya Jackson

Committee Members Attending Via Phone: None

Committee Members Excused: Beth Rawls, Mary Beth Wehnes

Staff Present: Kim Borrego, Jim Farrelly, Ramute “Jak” Jakubauskas, Betsy Kier

I. Welcome and Call to Order - Mr. Dave Meglay, Chair

Mr. Meglay called the Program Committee to order at 8:32 a.m.

Mr. Meglay requested a motion to approve the draft minutes from the May 19, 2010 meeting. Ms. Goldstein so moved and Ms. Jackson seconded the motion. All were in favor with no abstentions and the motion carried.

II. Discussion, Centers Below and Above Monitoring Standards – Ms. Betsy Kier

Ms. Kier reviewed the following centers that are currently on a Corrective Action Plan:

HP: The Coalition does not yet have a final answer from AWI; Ms. Kier has been in contact with Ms. Watson of AWI in regards to the Coalition’s monitoring tools.

Mr. Meglay stated it is the Coalition’s prerogative to exceed the minimum standards. Ms. Kier stated that the Coalition may have higher standards; however we cannot tie those directly to funding. She reported that Ms. Watson has explained that if portions of the tool exceed 411, a valid argument of why would be necessary. Ms. Kier explained the Coalition could remove portions of the tool and include them as part of Technical Assistance or Best Practice. The area of the tool that the Coalition exceeds in is staff development because we want to see a CDA credential or higher in every classroom. Ms. Kier has requested a complete list of all areas that concern AWI from Ms. Watson. Ms. Kier hopes to have this information by the July Program Committee meeting.

Ms. Kier stated that HP can reapply for School Readiness funding in October, 2010.

FP: Had their follow up assessment and scored well.

HD: Had their follow up and scored well.

LPC: Continuing to work with the 2-year old class.

ECP: Their church board did not meet. A telephone poll of board members was done and they agreed to implement the corrections. A ten (10) day extension was given to purchase the necessary equipment. A follow up has been done and the written report is being prepared by staff.

KS: A decision was made to terminate their contract last month, but an error was made due to incorrect information provided by staff. Instead of reporting the overall program score, only the classroom score was provided. As a result of this, staff has implemented an additional step; if a center scores below the minimum, then that file will be reviewed thoroughly by management prior to being presented to Committee. The center has a CAP in place and Technical Assistance is being provided. Follow up will be done in thirty (30) days.

LL: Follow up was done and requirements met.

KUC: Due for a follow up assessment.

TD: Exceeded the minimum requirements.

SP: Exceeded the minimum requirements.

LL: Was due for their thirty (30) day follow-up and requested an extension due to illness. Assessment will be done after June 21, 2010.

AKA: Follow-up will be done within thirty (30) days.

SLD: Received written notice of volunteer closing - last day was June 9, 2010.

AC: Volunteer closing as owner is moving out of state.

FP: Exceeded the minimum requirements.

SS: Reassessment due on toddler class.

YE: Toddler program did not meet minimum requirements; however they do not offer a summer program for preschool children. Ms. Kier suggested an assessment of entire program later in the summer. Ms. Goldstein recommended that, in all fairness, this should be their second follow up not a new assessment.

KG: Under CAP – Issues continue with hand washing.

JA: Under CAP – Not approved as written.

AL: Due for follow up. The center has new owners and they have kept the same staff.

CL: Scored an overall 80%, but three (3) classes missed the minimum. The CAP has been approved and another assessment will be done in thirty (30) days.

Ms. Kier reported that five (5) centers reached 100% on their assessments.

III. Discussion, Revised Monitoring Tools

Ms. Kier reported that two (2) review sessions were held with seven (7) providers attending (representing both centers and family homes) for two (2) hours over two (2) evenings. She stated that every section of every tool was reviewed and no major changes were recommended. However, some areas were identified as not being consistent across the board.

Infant and toddler tools did not include utilizing a Coalition approved curriculum. Wording was added to both tools and wording is now standard in all the tools.

The providers requested the Coalition add, to each tool, an item regarding providing classroom materials for a culturally diverse environment. Also added was that age appropriate artwork should be placed at a child's eye level in the classroom. Ms. Kier reported that Ms. Borrego reviewed the tools against the 411 to ensure standards.

Another addition was made to the infant, toddler and 2-year old tool that diaper changing areas will be cleaned and sanitized after each changing. This is also a DCF licensing requirement. A reference to "time-out" in the 2-year old tool was removed.

In the Family Child Care Home School Tool, more specific wording was added for the labeling of shelves and/or containers that are required to be labeled with words and pictures.

Ms. Kier stated that "unit blocks" are very specific and "standard" size was added to the preschool tool.

The provider committee also discussed changing the way the tool is scored. Ms. Kier stated that every piece of these assessments is equally important. A recommendation was made to change to 0-3-6 throughout the tool. Changing the scoring will not affect high scoring centers, but may offer more flexibility for low scoring centers.

The Program Committee agreed to change the 0-3-6 scoring, but this will also require full Board approval. Ms. Kier will make the changes and present them at the next Program Committee meeting in July for final review.

Mr. Farrelly reported this was the second year of utilizing provider input. All providers were invited to participate, but only seven (7) participated.

Ms. Kier inquired if minimum requirements should be raised from 80% to 85%. She will prepare information on percentages scored by providers for review at the next meeting.

A discussion followed on utilizing emergent or Best Practices on certain aspects of the tools and, if not covered under the 411, they could be utilized and bonus points could be offered that may tie into the Quality Incentive program.

IV. Next Meeting Date – July 13, 2010 at 8:30 a.m.

The Committee agreed to change the next meeting date from Wednesday, July 14, 2010 to Tuesday, July 13, 2010 at 8:30 a.m.

V. Public Input

Ms. Kier announced that the Program Committee will transition over to Ms. Borrego in August, 2010.

VI. Adjournment

The Program Committee meeting was adjourned at 9:20 a.m. with no further discussion.

Respectfully submitted by,

Ramute “Jak” Jakubauskas,
Administrative Assistant