

Jefferson Healthcare: Childcare Task Force Assessment and Recommendations

Recommendation and Report to Administration

Jefferson Healthcare Childcare Task Force

11/21/2019



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Childcare Task Force Charter

The Childcare Task Force (TF) was directed to assess the Jefferson Healthcare (JH) need for employee childcare and its impact on recruitment and retention of the work force and the availability of quality childcare in Jefferson County. The TF was asked to identify models that support childcare solutions in order to optimize lifetime health and learning for employee families and the community. Feasibility and recommendations for short term (0-12 months), near term (12-36 months), and long term (3-10 year) will be offered to administration.

Note: the time periods were later redefined to short term (0-24 months), mid or near term (3-4 years) and long term (5-10) years to better align with JH's Master Site Plan.

Task Force Composition

The TF convened with 23 members including 4 leads. Fourteen members were employees who had children requiring daycare. Two community members participated and offered expertise to the TF. One has substantial knowledge of daycare legal/regulatory requirements and one is the director of a large daycare center in another county.

The TF hosted an advisory group that consisted of representatives from 3 in-home licensed daycares with Early Achievers certification, 1 in-home preschool, 1 licensed daycare center, 3 schools which included preschool (2 private, 1 public which also initiated after school care sponsored by YMCA), 1 involved parent and community member (Macaroni Kid publisher) and 1 local community employer/parent.

Molly Parker, MD, MPH, Medical Director of JH Population Health and Caitlin Harrison, JH CHRO (both parents) served as chairpersons. Bertha Cooper, Process Consultant, served as facilitator and support to the chair and process. Alyssa Rodrigues (Administrative Assistant) served as administrative support (parent). Harrison also served as the liaison to JH Senior Leadership Group (SLG) (Addendum A - Task Force Member List)

Summary of Findings

TF findings identified options to address the issue of inadequate community daycare services.

Shortage: The TF confirmed a serious shortage of all-age childcare capacity in Jefferson County, qualifying Jefferson County as a “daycare desert.” Capacity for infant childcare is especially scarce. The shortage adversely impacts recruitment and retention of JH employees at all levels. TF parents reported considerable stress around the uncertainty of quality daycare and “having to settle,” miss work, or change working hours in order to accommodate care for their children.

Declining supply: In addition to inadequate current childcare supply, data revealed that childcare capacity is declining in Jefferson County. Childcare providers and the attending expert cited an unsustainable business model compromised by increased regulatory costs and a population of young families unable to absorb any increase in costs.

JH Regulatory Constraints: Constraints placed on JH due to its status as a critical access hospital (cost reimbursement) and public district hospital (gifting of public funds) as well as healthcare legal and business environments challenge its ability to own and operate daycare services or provide financial

assistance that does not pertain to all employees. Unless significant regulatory changes take place, the most effective solution must be found through collaboration with a separately owned and operated qualified daycare entity (new or existing). (Addendum B - Current community organizations working with children).

Summary of Task Force Recommendations

The TF recommends that JH commit now and over the next 10 years to augmenting its healthy workforce strategy by improving access to safe, quality childcare for its employees by pursuing the following areas of focus:

1. Hire and/or assigns a Childcare Program Specialist to identify and coordinate the research, development, and implementation of short and long-term childcare solutions.
2. Increase childcare capacity in the short-term by collaborating with existing childcare providers.
3. Foster development of a new full scope childcare center near the hospital by partnering with a childcare operator and working with the JH master site plan.
4. Explore family-friendly business certifications for the purpose of understanding how other organizations identify cost effective, meaningful programs to support employee families.
5. Engage civic leaders and other employers to join efforts to address larger childcare solutions for the community.

Hire/assigns Childcare Program Specialist

First, the TF recommends JH hire and/or assigns a Childcare Program Specialist to drive the research and development of options for childcare capacity expansion. The work will focus on both the long-term and short-term goals outlined in this proposal, driving the day-to-day work of developing partners, strategizing for future plans, and ensuring feasibility, sustainability, and quality.

No small rural hospital in Washington State (or anywhere in the country) could be found that operates a childcare center or was successfully addressing childcare shortages in their community. The role of the Childcare Program Specialist, for that reason, will be research and program development followed by implementation. Collaborations and partnerships will need to be established to increase capacity for childcare in the short and long term for Jefferson Healthcare employees, all of which takes dedicated time, expertise, and commitment. An investment in a specialist to do this work is essential to make change in the current environment. (Addenda X timeline chart, Addenda X draft role description).

Short-term solutions: Years 0 to 2

Second, to address the immediate need for childcare, especially for the infant population, the TF recommends increasing capacity by working with existing childcare providers as soon as possible.

Potential options to ameliorate the need follow (Solutions outlined further in Appendix XX):

- Create a resource center for existing childcare operations (e.g. a flier, binder, Dependent Care FSA eligibility, website)
- Collaborate with existing childcare providers to increase capacity. Ideas developed:
 - Pre-paid slots
 - Guaranteed slots

- Support for space renovation
- Explore drop-in and after-hours options
- Offer financial assistance to lower income families
 - Outside funding sources would be necessary due to public hospital constraints
- Explore funding sources to augment existing programs and develop new programs
 - Grants
 - Fundraising

To start this process, a letter and survey were sent to existing childcare and preschool providers asking if they would like their organization's details to be included in a flier or binder (Appendix B - Regional organizations working in the field of childcare and preschool). A survey was also sent to a home care provider who expressed interest in an intergenerational daycare center in the long-term. Included in the mailing was a survey designed to gauge interest of recipients in partnering to improve childcare capacity. The goal is to enquire about the feasibility and interest of short-term and mid-term collaborative solutions outlined by the TF. Collecting and collating that information is in progress.

In the short- and mid-term due to the severity of daycare shortages, the only viable options identified by the task force involved expansion of existing daycare capacity in the community. TF parents showed a strong preference for JH working with providers to hold/guarantee daycare slots for JH employees. Members acknowledged that to reserve space without expanding capacity would deprive parents not associated with JH, having a potential negative impact on the community as a whole, the antithesis of the TF goals. The Childcare Program Specialist would be directed to be cognizant of and mitigate conflicting interests as solutions are assessed with the goal of improving childcare capacity for employees but not at the expense of community members.

Other short-term and mid-term goals include laying the groundwork for the identified long-term solution. Tasks for the Childcare Program Specialist during this time include gathering further data through a detailed needs assessment for employees and the county, developing relationships with local partners with mutual interests, evaluating recruitment of outside agencies or franchises for potential partnerships, creating proformas for solutions to determine feasibility and sustainability, developing funding plans, and convening civic stakeholders to encourage community solutions.

Mid-term solutions: Years 3-4

Mid-term solutions and work will continue efforts from the first year of the program. Short-term arrangements that successfully increase capacity may be evaluated and potentially spread further in the mid-term as formal solutions. Pilot programs such as a parent-run childcare co-op or options for holiday/weekend/and summer care could also be evaluated as potential next steps.

Work identifying and solidifying partnerships to realize the long-term goal of a new childcare center would continue during this phase. If a partner is identified in this time period and a new childcare center could be opened off-site during this time period, planning would include moving into the master site plan once new closer space becomes available.

The mid-term phase activities will benefit from clear data from the initial needs assessment, budding partnerships, and experience learned from trials in the first year. With this experience and data, the

Childcare Program Specialist will be well positioned to begin advocacy on the state and federal level for policy changes and funding options to address rural childcare deserts.

Long term solution 5-10 years: New Independently Operated Childcare Center

Based on the finding of a severe overall shortage of childcare in Jefferson County, the TF recommends creation of a new childcare center for employees.

Specifically, the TF proposes a deliberate and paced effort that will result in an independently operated daycare center that provides full time childcare for ages 1 month to pre-kindergarten, located near JH as part of the implementation of the master site plan. Sick child, drop-in, afterschool, and holiday childcare for school-aged children may also be included in this full spectrum childcare if feasible and sustainable. The TF recognizes the need for such a facility in the short term but appreciates the importance of taking the time to develop a sustainable daycare model requiring long-term planning, data gathering and identification of partners. By collaborating with an independent owner and operator of a new childcare facility, many of the challenges JH faces as a critical access hospital and public hospital district can be avoided. Similarly, the business challenges of operating a childcare center may be ameliorated for the operator by partnering with a large employer with significant employee needs for childcare. Should such a partnership develop prior to the master site plan realization, temporary facilities could be identified to allow operationalizing the facility as soon as possible.

Explore family-friendly certifications that apply to Jefferson Healthcare

Encourage Jefferson Healthcare to explore family-friendly business certifications for the purpose of understanding how other organizations identify cost effective, meaningful programs to support all employees. This recommendation was inserted at the request of Jefferson Healthcare CEO and received TF support when presented and discussed at a final TF Meeting.

Engage the community

Finally, the more the TF learned, the more it became clear that seriously limited access to daycare is an issue for employers throughout Jefferson County, as well as urban and rural communities across the country. Evidence points to decreased productivity and health of the workforce and families as a result. Safe, quality childcare sets the stage for healthy growth for children and their families, influencing long-term economic and health outcomes for the child enrolled (See Addendum D “Rationale”). The TF recommends that JH use its influence as the largest employer in the county to engage civic leaders and other employers to collaborate in addressing the inadequate childcare for the whole community. As the only healthcare system in the county, JH has the opportunity to play an important role as an advocate for the health of all of Jefferson County, including its youngest inhabitants. (Appendix D “Rationale”)

ADDENDUM A

Task Force Members

1. Alyssa Rodrigues, Administrative Support, Parent
2. Bertha Cooper, Project Consultant/facilitator
3. Caitlin Harrison, CHRO, Co-chair, Parent
4. Molly Parker, Population Health and Sheridan Clinic, Co-chair, Parent
5. Adam York, Population Health, Parent
6. Alyssa Corra, Surgery, Parent
7. Ann Chihan, Early Achievers Consultation Manager, Childcare Action Council
8. Anne Burton, Finance
9. Christina Heistand, Director of Peninsula College Early Childhood Development
10. Chrystal Schwartz, Sheridan Clinic Primary Care, Parent
11. Dunia Faulx, Population Health
12. Jamie Thompson, Watership Clinic, Parent
13. Jon Bennett, HR, Parent
14. Judy Gayne, Hospitalist, Parent
15. Kris Becker, JH Foundation
16. Kristen Brewster, Orthopedics, Parent
17. Mallory Brown, Pharmacy, Parent
18. Mary Breckel, Physical Therapy, Parent
19. Sergei Pavlov, Anesthesia, Parent
20. Shayna Lemke, Hospitalist, Parent
21. Stacey White, Quality/Medical Staff, Parent
22. Tammy Ersland, Women's Health, Grandmother
23. Tina Holeman, Dietary, Former Daycare Provider

ADDENDUM B

Advisory Group Members

September 10, 2019 meeting attendees

1. Bonnie White, Asst Head of Swan School
2. Candace Mangold, Publisher of local “Macaroni Kid”
3. Janet Nolan, Licensed Child Daycare Provider
4. Julia Fulton, Director Cedarbrook Early Childhood Learning Center
5. Kris Becker, JH Foundation
6. Kris Logue, Castlehill Preschool
7. Koshalla Goodrich, Kindergarten teacher Sunfield and Waldorf School
8. Len Borchers, CEO YMCA
9. Lisa Condran, Principle Salish Coast
10. Lori Fields, Licensed Child Daycare Provider
11. Tina Bainbridge, Licensed Child Daycare Task Provider
12. Ruffina Garay, Chief Strategy Officer for Fort Worden/parent to Swan School child

Responded but unable to attend:

Firefly Academy
Pt Cooperative Playschool

Left message/emailed but no response:

Little Wings
Chimacum Creek Preschool
Chimacum Head Start
Dragonfly
Julie Dietzman Wooden
Little Ducklings Nursery
Mallori Cossell
Quilcene Preschool
Singing Tree Preschool
Olycap/Headstart – added late

Number out of order:

Oasis Daycare
Stratton’s Daycare

No longer in business:

Magical Days

ADDENDUM C

Task Force Process

The TF held 5 meetings from September 5, 2019, to November 7, 2019. The participants were volunteers selected after an e-mail request was sent to all JH employees. They represented a variety of departments, employment types, and family types. They are listed in Addendum A. An ad hoc advisory group convened on September 10, 2019. All known Jefferson County licensed childcare providers, pre-schools, and organizations who work with young children were invited. Addendum B lists all who were contacted, responded and attended the advisory group.

The TF studied gaps in childcare available to employees from multiple angles. Survey data of employees from 2016 and 2019 were reviewed. Task force parents described their experience and knowledge of current childcare availability. The advisory group of childcare and early education providers described their experiences, challenges and capacity in providing child daycare and preschools. Community persons anecdotally confirmed the difficulty experienced by local employers. Ann Chihan, Early Achievers Consultation Manager, Child Care Action Council reviewed published state and local data related to need and declining daycare capacity with the task force. Christine Heistand, Director of Peninsula College Early Childhood Development, a large regional childcare program, described the benefits and challenges of managing a quality childcare program.

Details of findings are in Addendum D under “The Childcare Landscape of Jefferson County.”

ADDENDUM D

Rationale

The Value of High Quality Childcare:

Early childhood development and education programs have been shown to decrease education gaps in higher risk, lower socioeconomic children.¹ Studies demonstrate better educational performance and job attainment for those in a quality early education program. IQ levels are higher, the earning potential is higher by 1.3-3.5%, and participants have decreased contact with the criminal justice system.²

Health outcomes are also improved for those who participate in quality daycare. At age 21, quality daycare graduates have decreased risk-taking behaviors (binge alcohol intake, smoking, use of drugs), fewer premature deaths, and self-report better health. At age 30, they have lower rates of heart disease and fewer risk factors for heart disease including decreased obesity, lower blood pressure, lower blood sugar levels, and lower cholesterol. Quality early childhood development and education programs can decrease or delay the onset of chronic disease in adulthood as well as reduce risky behaviors that can lead to poor health.³ For every \$1 spent on quality early childhood education, models estimate a return on investment that ranges from \$2.49 to 10.83.⁴

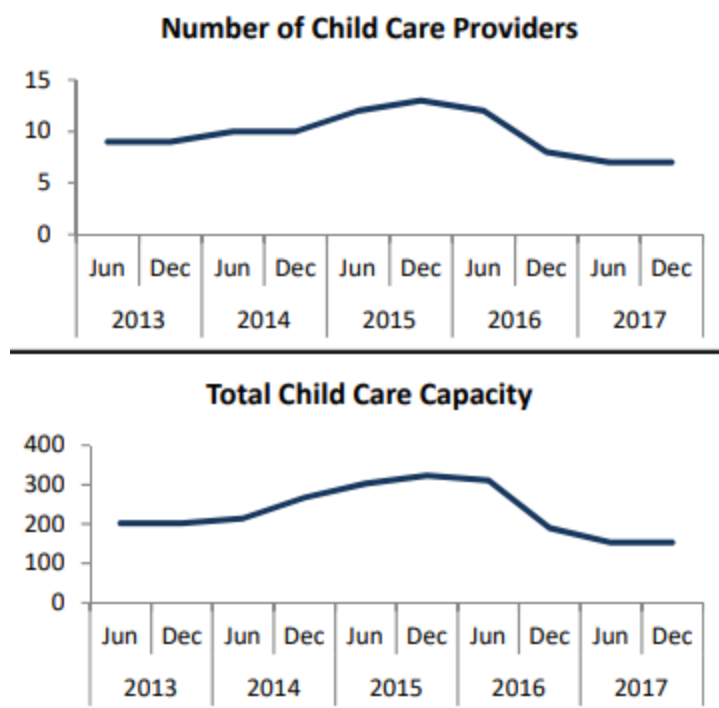
Role of a Rural Health System:

Rural health systems, including hospitals, are not typically involved in providing daycare or early childhood education; however, they often have a vested interest in ensuring that access to high quality early childhood education is available to their employees and patients. As an anchor institution in a rural community, hospitals are often one of the largest employers and act as an economic engine. Critical to providing these services is the ability to recruit and retain qualified work force, which can be a challenge. Young families often seek employment in larger areas where childcare and more support for families are available. Incentivizing young community members to stay in the community supports the work force as well as the population at large, creating a community of diverse generations.

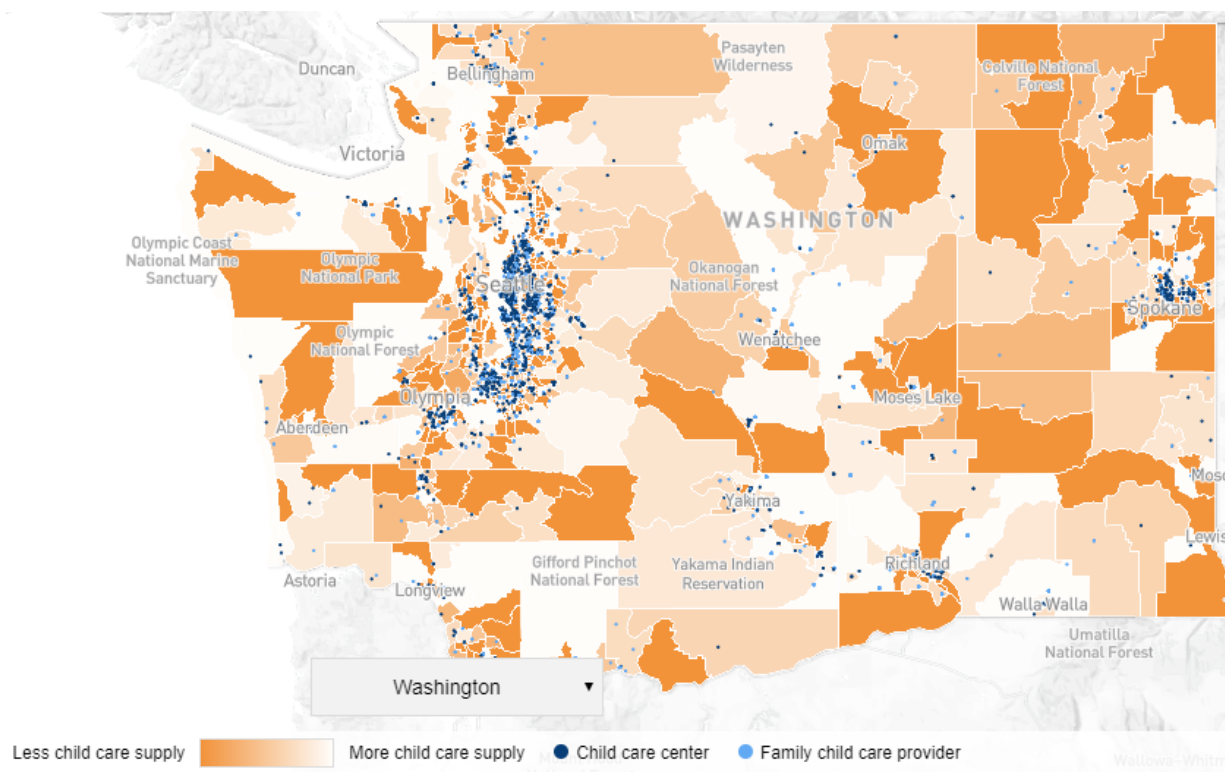
In addition, as payment models change from fee-for-service to value-based care that is focused on keeping a population well, medical systems are incentivized to support community efforts to maintain a healthy population. Focusing on early childhood education with its benefits for education, health, and financial stability of a community makes sense for rural hospitals.

The Childcare Landscape in Jefferson County

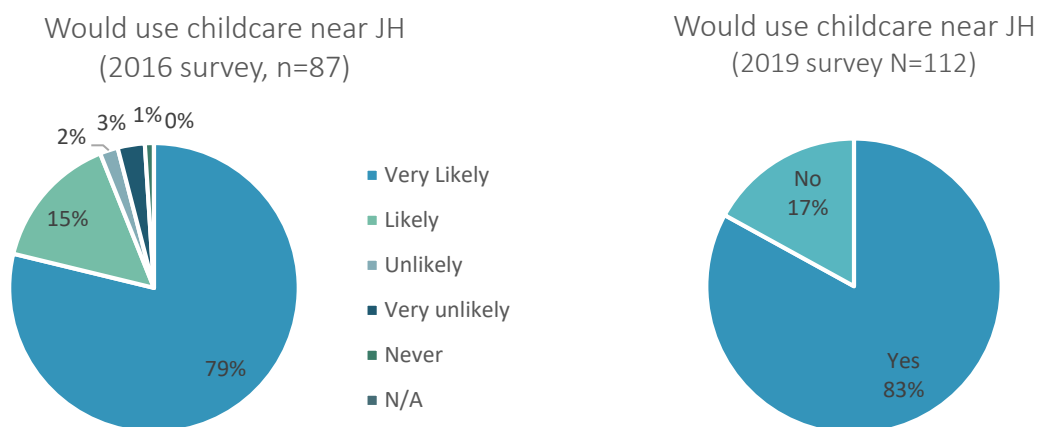
Jefferson County has approximately 30,000 residents, one-third of whom live in Port Townsend. Four school districts cover the entirety of East Jefferson County, and are located from Port Townsend to Brinnon. Sixty to eighty-one percent of the 983 children under age six live in families where all parents work. Child-Care-Aware estimates that since 2013, the number of licensed childcare providers dropped from 9 to 7 with a decrease from 202 childcare slots to 153.⁵



Through key informant interviews, expert presentations at the Task Force meetings, and discussion with employee parents, a severe shortage of childcare in Jefferson County was identified with Jefferson County meeting the Childcare Aware definition of a Childcare Desert⁶. A critical need for infant care was identified because only 4 licensed daycare slots for infants were found.⁵



Qualitative discussions during the task force reiterated the difficult situation for working families in Jefferson County. In order to work, parents describe “settling” for lower quality care than they desired due to lack of options. They report “cobbling together” care with part-time preschools, neighbors, and relatives. Informal relationships for care are common and often lacked the licensing oversight parents preferred. Nannies are an option for some but cost is prohibitive for many. In addition, nannies are often available only on a temporary basis as they tend to be between careers or schooling. Employees cite the challenge of finding afterschool, holiday, and summer care for school-aged children. Depending on job type and hours worked, employees listed emergency daycare, sick care, and drop-in options as needs they could not find solutions for as well.

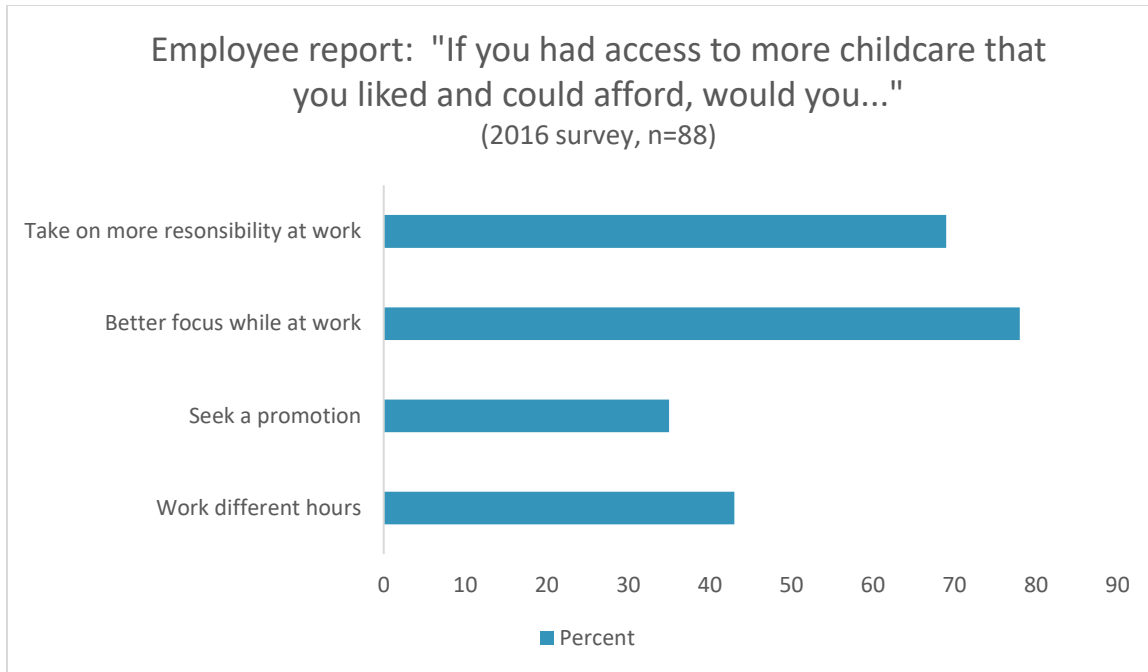


Both the 2016 and 2019 JH employee surveys demonstrated strong interest for a childcare center associated with Jefferson Healthcare. 83%-93% of respondents with children under 13 reported they would use such a childcare center. Priorities for JH employed parents were affordable, licensed, and convenient care. Scheduled daycare was requested by 61% while drop-in was preferred by 32%. Weekdays were preferred by about 55-70% and weekends by 8-13%.

Washington State and Jefferson Healthcare Employee Impact

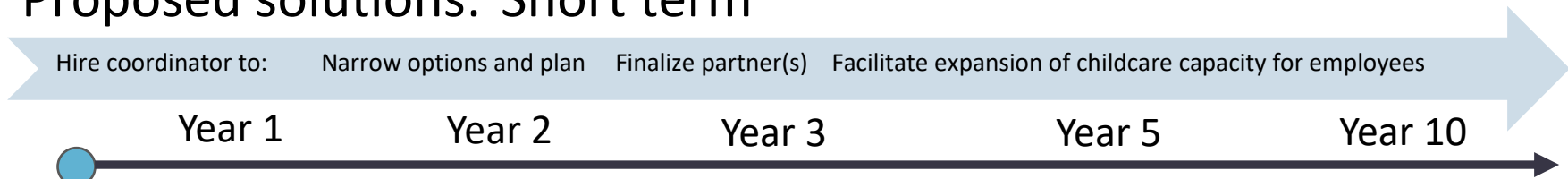
A 2019 Washington State employee survey indicated that 49% of Washington parents found it difficult or very difficult to find, afford, and keep childcare. 27% of parents quit their job or schooling due to childcare issues. Another 27% went from full to part-time work or training. The estimated direct cost of turnover and missed work due to childcare in Washington State is \$2.08 billion.⁷

Surveys of Jefferson Healthcare employees demonstrate similar results. The 2016 JH childcare survey indicated that 81% JH parent respondents had a difficult or very difficult time finding childcare. Fifty-seven percent of JH parents reported they missed work or arrived late due to childcare issues. Seventy-one percent reported missing work due to a child's illness. Seventy-eight percent of parents said they would be able to focus better if they felt more secure with their childcare. Sixty-nine reported they would take on more responsibility. The 2019 JH employee survey showed that 52% (156 of the 307 respondents in 2019) knew people who had left Jefferson or who had chosen not to work there due to childcare concerns.



ADDENDUM E
Proposed Timeline

Proposed solutions: Short term



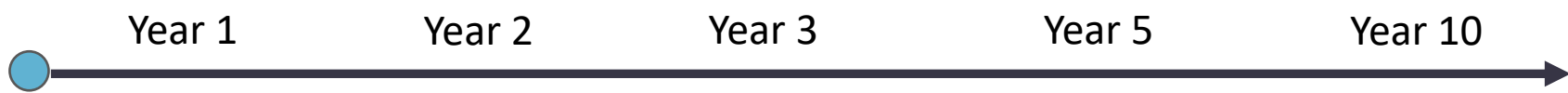
Actions

Hire coordinator	
Rack card – binder - parent connector	Housed in HR
Income based subsidy for employees	Support struggling employees
Pilot: Guarantee slots in existing daycares	Stabilize businesses
Pilot: Support expansion of daycare capacity	Subsidize staff, space expansion, guarantee payment, explore drop-in and after hours options
Pilot: Support retention of daycare staff	Healthcare discount
Fundraise: Foundation, grants, partnerships	To support above expansion
Convene local stakeholders	Explore community solutions

Planning

Detailed needs assessment	For employees and county
Explore and identify potential partners	Detail incentives and interest
Explore other models	Parent co-op, homecare agency, franchise
Develop proformas for potential solutions	
Develop funding plan	

Proposed solutions: Mid-term



Actions: determined by year 1-2 planning

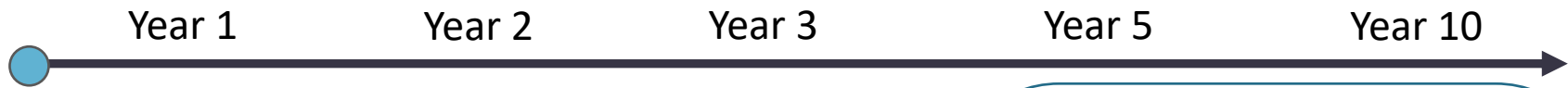
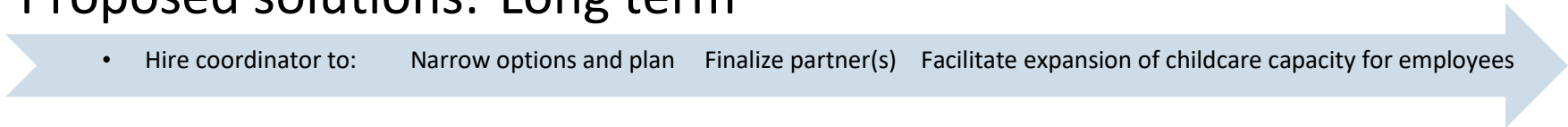
Assist partner to open new childcare center	Temporary site
Continue any successful pilots	Based on evaluation of:
	*partner needs
	*pilot success in increasing capacity
Based on needs and feasibility evaluation, select to support other options	*Homecare agency model
	*Parent co-op model
	*Multipronged approach i.e. support multiple businesses for small # of children

Development

Identify and obtain funding	Ongoing support for development of new childcare center
Advocacy	Support policy for rural daycare deserts
Encourage hubs for youth activities	After school options (YMCA, 4-H)



Proposed solutions: Long term



Independent licensed childcare provider supported to move into dedicated nearby space with emphasis on JH employees

Extended hours	With drop-in capacity
Quality	Licensed with Early Achiever level 4 or higher
Safe	
Affordable	*Takes DSHS payments *Sliding scale
All ages	Infant to 12 years (if still needed based on after school options)
Teaching site for Early Childhood Educator students	Partnership with community college
Advisory board	Allow input from JH employee and admin stakeholders

Intergenerational partnership

Promote development of adult day health	For patients and employee family members
Partner with childcare center	Intergenerational curriculum
Evaluate for success based on senior health measures	Parent co-op, homecare agency, franchise



ADDENDUM F

Solutions Detailed

Solution: Hire and or assign Childcare Program Specialist

In order to ameliorate effects of the low childcare capacity in Jefferson County for Jefferson Healthcare employees, dedicated time and expertise is required to research, develop, and implement the proposed solutions.

Immediate efforts would include creating and maintaining a binder or flier of local childcare resources and potentially creating an internal website where families can share resources or care as well (see childcare resource guide section). Once stable and more self-sustaining, this resource may be housed in the HR department.

Next steps include addressing short-term options for improving childcare capacity. Tasks include developing partnerships with interested local childcare providers to explore short-term capacity increases and options for supporting these efforts, creating proformas to analyze the costs and benefits of potential solutions, and expanding on the baseline needs assessments already completed to clarify market need. Identifying funding sources to support programing would be essential.

Spreading successful pilot programs, planning for and developing an independent childcare program with a partner, and conducting advocacy work at the state and federal levels would be mid- and long-term goals. The specialist may opt to develop and employee advisory committee to assist with directing childcare solutions over time.

Solution: Childcare resource guide

The TF identified a need for a central repository of information on regional childcare options. Members propose a flier, a binder, and/or an on-line internal resource where parents could connect to share childcare needs and solutions. Suggestions included ways for families to collaborate for emergency care needs, drop-off needs, develop their own nanny-share, ride share between camps, preschools, or other creative solutions. This may be a means for employees to gather to develop a co-op as recommended by some TF members.

A letter has been sent to local childcare providers and pre-schools asking if they would like to be included in such a resource. The document could be developed and updated by the Childcare Program Specialist and then managed in the HR department once established.

The TF recognizes that care must be taken to avoid any indication that Jefferson Healthcare endorses any or all of the providers on the list; usually managed by developing a systematic objective listing that contains a disclaimer. Legal review would be required.

Solution: Explore short-term increase current childcare capacity

Short-term increases in childcare capacity rely on current childcare providers, their staffing, space options, and their interest. Surveys have been sent to these providers to gauge interest in exploring options for JH to support expansion.

Solution: Hold or guarantee slots at existing childcare programs

The lack of full-time childcare coupled with the understanding that, often, childcare providers operate on a thin financial margin led to the proposal that Jefferson Healthcare partner with interested childcare providers to reserve or guarantee several slots for their employees. The goal would be to stabilize the childcare providers' income while waiting to fill a position, then filling it with a JH employee's child. This may allow childcare providers to add capacity if they had guaranteed children to fill their programs.

Four in-home licensed childcare programs and one licensed childcare center operate in Jefferson County. Space is a constraint limiting expansion at the childcare center. Staffing is a constraint for the in-home childcare programs, limiting expansion as well. It is unclear if childcare providers would be interested or able to pursue these options. To determine feasibility and interest for the childcare providers, a survey has been sent to each to determine if any would be interested in discussing options for further partnership.

The anticipated cost of guaranteed slots would be estimated at the state Region 6 rate ranging from \$625 to \$928 per month per child depending on location, state quality ranking, and age of child. Payment may be based on days rather than months until opening filled. If JH was able to secure 6 positions in the county, the anticipated vacancy rate may be one month per slot, max \$5,568 (if all slots were infants, the most expensive and most needed positions). The need to hold slots is anticipated to be minimal but could be further estimated through key informant interviews with childcare providers.

Base 2019 DSHS rate for:	Infant (Birth-11 mo)	Enhanced Toddler (12-17 mo)	Toddlers (18-29 mo)	Preschool (30 mo - 6 years)
Licensed Childcare Center	927.80	816.40	816.40	711.20
Licensed Home	746.43	746.43	687.50	635

Solution: Income based childcare financial support

To address the high cost of childcare, the task force proposed exploring a means for Jefferson Healthcare to subsidize lower income employees to assist with the cost. The USDA considers childcare affordable if a family is spending no more than 7% of their income on childcare.⁸

With the median cost of childcare in Jefferson County for a toddler being \$680 in 2018,⁵ an employee would need to earn \$9,714 per month (or \$116,571 per year) to spend only 7% of their income on a single toddler. State subsidies for childcare start for families under 200% of the FPL. If assuming an employee has a family of four, there are 273 employees who earn under 200% of the FPL (\$51,500 annual income for a family of 4) and who would be eligible for state subsidy. This leaves families of four who earn between \$51,500 and \$116,571 in the range of paying an unaffordable amount for childcare. This also assumes subsidized childcare is available.

Bridging this gap with a subsidy is a challenge for a critical access hospital / public hospital district. Constraints include multiple regulations as well as a funding source. However, should funding become available from an outside source such as The Jefferson Healthcare Foundation or other 501(c)3, this could become an option.

The TF recommends this possibility remain on the list of options to explore for feasibility but as a lower priority due to concerns about feasibility and sustainability.

Solution: New Childcare Center

The task force's long-term recommendation is for JH to support development of a new licensed childcare center over the next 5 years. The county need for fulltime affordable childcare far outpaces the supply. Short-term solutions are anticipated to minimally improve the capacity available. In order to meet the ongoing employee childcare need to attract and retain young families to Jefferson Healthcare and the community, the TF determines that a high quality childcare center is required.

The task force recognizes the constraints under which a critical access hospital and public hospital district operates, making it challenging for the hospital to own and operate its own daycare. Collaborating with a partner who operates the childcare would be optimal. The partnership could take many forms, depending on needs of the owner-operator and obligations of the critical access and public hospital restrictions.

The TF outlined the requirements for an employee childcare. Quality and safety evidenced by licensing is most important. Affordability defined by taking DSHS clients and having a sliding scale would allow access to all employees financially. Serving ages birth to pre-K and having a pre-school component were highly valued by the TF. Full time with extended day-time hours is essential to meet the needs of the hospital staff. The TF recommended a location within walking or short driving distance of the hospital.

Desired but not required assets of the new childcare center include drop in and sick child care area, care for school aged children after school and on holidays, a parent advisory board, partnering with a community college to be a training location for early childhood education students, and having the option of collaborating with adult day health programs to provide an intergenerational component.

The Childcare Program Specialist is identified as the individual whose role it will be to identify a partner(s), develop the supportive relationship, and drive the project forward.

Solution: Fundraise to support capacity expansion

All childcare solutions listed will require financial support. The Childcare Program Specialist will be tasked with investigating options for funding both for short-term options as well as the long-term goal of opening a new childcare center. Options may include: working with the JH Foundation, writing grants, and seeking partners with resources.


ADDENDUM G

Childcare Program Specialist Job Description

Performs duties including, but not limited to:

- Create and then maintain binder and rack card of local daycare resources
- Create central location for parents to collaborate with each other on creative solutions to childcare needs.
- Detail costs for task force solution proposals by creating proformas
- Complete a more detailed employee childcare needs assessment to best estimate volume
- Identify and collaborate with potential partners to determine mutual solutions and long-term options
- Using daycare provider survey results, work with interested organizations to evaluate and develop increased capacity solutions in the short term and eventual development of permanent increased capacity in mid and long term.
- Advocate at federal, state, and local level for policy accommodations that support available quality childcare
- Identify funds for support (fundraise, grants, partnerships)
- Create and work with employee advisory committee

Education and/or Experience

- Bachelor's degree
 - Experience in early childhood education
 - Program and community development experience preferred
 - Proficiency in Microsoft Office suite
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ADDENDUM H

References

1. Donoghue, E. Quality Early Education and Child Care From Birth to Kindergarten, *Pediatrics*, vol 140, Issue 2, American Academy of Pediatrics Policy Statement, Aug 2017.
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3. “Early Childhood Development and Education,” Healthy People 2020, HealthyPeople.gov 2018.
4. “Early Childhood Education. Helping children develop to their full potential and live healthier lives.” Center for Disease Control Office of the Associate Director of Policy. <https://www.cdc.gov/policy/hst/hi5/earlychildhoodeducation/index.html>, August 2016
5. Child-Care Aware of Washington, Jefferson County data, January 2018.
6. “America’s Child Care Deserts in 2018,” Malik et al. <https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/> December 6, 2018.
7. “The Mounting Costs of Child Care. Impacts of child care affordability and access to Washington’s employers and economy.” Washington Department of Commerce. https://www.uschamberfoundation.org/sites/default/files/AWB_MountingCostsReport_September2019.pdf September 2019.
8. U.S. Department of Health and Human Services Administration for Children and Families, “Child Care and Development Fund (CCDF) Program,” *Federal Register* 81 (190) (2016): 67438–67595, available at <https://www.govinfo.gov/content/pkg/FR-2016-09-30/pdf/2016-22986.pdf>