

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

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ROLL NUMBER

DESCRIPTION

3068

2001 HOUSE HUMAN SERVICES

HCR 3068

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3068

House Human Services Committee

☐ Conference Committee

Hearing Date February 21, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		2730 to 3560
Tape 2	X		3000 to 3930
Committee Clerk Signature <i>Corinne Easton</i>			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: Open hearing on HCR 3068.

Rep. Scott Kelsh: Presented bill. The resolution in front of you is self-explanatory. The whole problem that we identified was brought to life when a three year old boy was found abused by the provider. His father, the custodial parent, was under the impression that it was a licensed child care facility. We toyed with the idea of introducing this as a bill we thought deserved a little more careful study and gather input. I respectfully ask for a DO PASS.

Barb Tengesdal: NDAEYC, Child Care Provider Group. Because of the time frame we were unable to get NDAEYC here who is the primary sponsor of this resolution. We are in favor of this resolution for the fact that there are, as parents and consumers, some concerns about

self-certification of providers. There is relative care. Relative care is if you're taking care of your own children or someone that is related to you. We're not talking about that kind of care. Primarily a lot of our TANF parents participate in relative care. Then there is a section called self-certification or registered care that is if you take care of five children or less in your home you can be licensed if you chose to, but you can also go through standard compliance certification where they fill out a form, they ask them a few question, they send it in and they never have a regulatory visit. Then there is licensing of seven children or less, then groups of 18 children or less, and center which is over that many. What we're looking at is that initial group of five children or less which can still participate and get federal money from the federal food program. They can still get child care assistance dollars, but they don't have to have any type of monitoring. We would prefer this to be studied to look at a way of folding those group of providers into the system of licensing. We're not saying they have to meet the same regulations as licensed care. We would like that, but we know it probably won't be feasible. There are questions about it costing a lot more money. We have more money coming into our state, federal money coming in for child care and development fund - over \$4.2 million in the next two years above our current allotment. We do feel some of that money could come into play in meeting the needs of whatever extra licensing requirements or staffing it would take. What we would like to say "is there a minimum health and safety training they have to participate in". So incidents like Rep. Kelsh talked about at least there would be some form of training and education these people would be required to have annually that possibly eliminate some of the abuse and neglect. That is what this is - to study that. Possibly creating a system where self-certification moves in to licensing but they have a little bit less they would have to do than regular family care child care licensing and others.

Chairman Price: I'm thinking of the incidence where you have family friends that will take care of your children for the summer or whatever, but they are friends. How many times are we not going to get those types of arrangements if we don't do licensure?

Barb Tengesdal: There are certain regulations in which those types of things you don't have to be. If you're watching another family, say besides my own in the summer, we're not talking about that. We are talking about people who apply for licenses of self-compliance certification who are watching a variety of other children.

Chairman Price: But it would be required if you were going to access dollars under what you are suggesting.

Barb Tengesdal: To access child care assistance dollars? No, we're saying relative care can still continue as it is happening. Those kind of informal arrangements would fall into that.

Chairman Price: I'm just talking about a short term type of thing. I'm just concerned that we would restrict some arrangements, say with a life long friend. Is that something that would be fairly flexible in your view.

Barb Tengesdal: Absolutely, we're not trying to say that those type of arrangements that happen and need to be pulled and have some sort of government arrangement. We're talking about primarily people who know they are going into this, they are advertising themselves as registered providers. We're looking at what that is typically been seen as. We're not talking about an informal arrangement. That would be part of the study in our mind that we would say "what does qualify for this, what is the basic health and safety we're are trying to ensure". It gives parents an understanding, right now they don't understand what is registered.

Chairman Price: Close hearing on HCR 3068.

COMMITTEE WORK:

CHAIRMAN PRICE: Let's start with HCR 3068.

REP. WEISZ: We had a big debate on a bill that was going to eliminate self-certified and a couple of things came out at that time is that there isn't any higher incidents of problems being a self-certified in a license facility. From a rural perspective there is already an acute shortage of day care. That is the goal of this study is to look at eliminating self-certified. When we don't have a problem, I am really against going that route and that having even less day care available. The data they had back then was that there was no higher incident of any issuing dealing with abuse in the self-certified versus licensed facilities.

REP. CLEARY: I move a Do Passs.

REP. SANDVIG: Second.

CHAIRMAN PRICE: If the goal is the safety of the children, licensure doesn't guarantee it. Any other discussion?

REP. DOSCH: Did I understand that some of these self-licensure can get federal dollars for food and stuff like that? I would assume that if they are getting federal money they would be licensed and being checked.

CHAIRMAN PRICE: Licensure doesn't guarantee the type of care your child gets, it has more to do with the license safety codes. When they go in to inspect, they're looking at egress windows and fire alarms and that type of thing. The only goal for licensure is that they would like to do more education. That certainly can be done for self-certified too. There is no guarantee your child is going to be safe as far as abuse.

REP. METCALF: Does that mean there is no background check for licensure?

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CHAIRMAN PRICE: The care check is a voluntary registration where they have their background check. If you are on the care check list, then you have been checked.

REP. SANDVIG: I don't think it would hurt to study this. What happened in Fargo was awful. I had the bill a couple of years ago and the Child Resources and Referral wanted me to put in dealing with licensing of facilities to see if we could avoid these problems.

CHAIRMAN PRICE: All those in favor signify by saying Aye. Call the roll on a **DO PASS**.

8 YES 6 NO 0 ABSENT CARRIED BY REP. CLEARY

Date: 2-21-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HCR 3068

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS (Consent Calendar)

Motion Made By Rep. Cleary Seconded By Rep. Sandvig

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman		✓	Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemcier	✓	
Rep. Pat Galvin		✓	Rep. Sally Sandvig	✓	
Rep. Frank Klein		✓			
Rep. Chet Pollert		✓			
Rep. Todd Porter		✓			
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz		✓			

Total (Yes) 8 No 6

Absent _____

Floor Assignment Rep. Cleary

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
February 21, 2001 12:21 p.m.

Module No: HR-32-4199
Carrier: Cleary
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3068: Human Services Committee (Rep. Price, Chairman) recommends DO PASS and BE PLACED ON THE CONSENT CALENDAR (8 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING). HCR 3068 was placed on the Tenth order on the calendar.

2001 SENATE HUMAN SERVICES

HCR 3068

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HCR 3068

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 14, 2001

Tape Number	Side A	Side B	Meter #
1		X	11
Committee Clerk Signature <i>Paul K. Kilday</i>			

Minutes:

The hearing on HCR 3068 was opened.

ERLENE FRIESZ, Family Child Care, introduced the bill. (Written testimony)

BARB ARNOLD-TENGESDAL, ND Assoc., of Education of Young Children, supports resolution. (Written testimony) SENATOR MATHERN: Why are you proposing a study; why not a bill? MS. ARNOLD-TENGESDAL: We couldn't get it together and walked the fence. We thought it would be better to ease it in as a study. SENATOR KILZER: Are parents being deceived? MS. ARNOLD-TENGESDAL: We need user friendly language; registered license. Brochures are given to parents; word of mouth is our way of advertising.

KATHY HOGAN, Cass County Social Services, supports bill. The big issue will be the fiscal note. We do a child abuse neglect check, CPR, and first aid training is required for certified. Counties were intended to get 50% of licensure fee. Lack of funds gives us 30%. Licensing

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Senate Human Services Committee

Bill/Resolution Number HCR 3068

Hearing Date March 14, 2001

procedures fairly tight. Cass County runs 440 licensed homes. 165 self certified homes. A study resolution can put all this on the table to be discussed. Cass County has 10,000 children.

No other testimony. The hearing was closed on HCR 3068.

Discussion ensued. SENATOR MATHERN moved a DO PASS and placed on the Consent Calendar on HCR 3068. SENATOR FISCHER seconded the motion. Roll call vote carried 6-0-0. SENATOR MATHERN will carry the bill.

Date: 3/14/01

Senate HUMAN SERVICES Committee

Legislative Council Amendment Number _____

Motion Made By Sen Matheson Seconded By Sen Fischer

[illegible]

Total (Yes) 6 No 0

Absent 

Floor Assignment Senator Matheson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 16, 2001 2:56 p.m.

Module No: SR-46-5941
Carrier: T. Mathern
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HCR 3068: Human Services Committee (Sen. Lee, Chairman) recommends DO PASS and BE PLACED ON THE CONSENT CALENDAR (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HCR 3068 was placed on the Tenth order on the calendar.

2001 TESTIMONY

HCR 3068

FRIEZ LICENSED FAMILY CHILD CARE



808 N 3RD ST ◆ PO BOX 1101 ◆ HETTINGER, ND 58639-1101
Phone (701) 567-2822 or 567-3102

TESTIMONY SUPPORTING HCR3068

My name is Earleen Friez and I have been doing child care in my home for 26 years.

I support passage of HCR3068 which would direct the Legislative Council to study the feasibility and desirability of creating a tiered early childhood facility licensure system that requires licensure of facilities not required to be licensed under the current system.

In the mid 90's I was part of the Department of Human Services Child Care Licensing Task Force which met approximately 8 times. Members included representation from the following: Children and Family Services, County Directors, County Licensors, Regional Directors, Providers, Child Care Resource and Referral, Parents, and other Early Childhood Professionals. The Task Force discussion resulted in several very positive improvements to the licensing system. A frequent topic of discussion centered around Child Care Certification. It was acknowledged that certification does play a role in parents accessing child care assistance, however concerns about certification were the same as those contained within this resolution. A certified provider signs a form stating that they have met specific safety standards but licensors do not go into the home to assure that these minimum standards are met, no early childhood training is required of them, and there is limited parent knowledge concerning the difference between requirements of certified and licensed providers.

Licensed child care in North Dakota became effective Dec 1, 1981 thru legislative action. Prior to that time a provider could opt to be registered. The provision for registration was never taken off the books thus enabled North Dakota in the early 90's to access federal dollars for child care assistance earlier than most other states could. The term registration was changed to affidavit of standard compliance, which was so confusing so term since June 1, 1995 is "Affidavit of Standard Compliance and Child Care Provider Certification. However the term registration is still also used informally as is certified. This only leads to more confusion. In many professions registered or certified is superior to licensed. Case in point is in the nursing profession. Licensed practical nurse is a step below a registered nurse, and a certified nurse practitioner is a step above a registered nurse.

Now that I have you all confused, I hope you can better understand why it is so important that the Legislative Council be given permission to consider studying this issue of certification.

Any licensing changes would admittedly require some additional funding, however it is past time that the state begin to realize the importance the early years play in a child's future. I know how tight finances are for all levels of government, my husband is mayor of Hettinger which has given me a greater understanding of this fact, however the legislature must begin give serious consideration to not simply relying on federal dollars to support child care licensing needs. Passage of this study resolution, would be an important first step. I urge this committee, to vote for a do pass recommendation for this resolution. Thank you.

STATE OF MICHIGAN



JOHN ENGLER, Governor

DEPARTMENT OF COMMUNITY HEALTH

LEWIS CASS BUILDING

LANSING, MICHIGAN 48913

JAMES K. HAVEMAN, JR., Director

January 29, 2001

The Honorable Sally Sandvig
North Dakota State Legislature - District 21
201 North 11th Street, Apartment 202
Fargo, North Dakota 58102-4652

Dear Representative Sandvig:

It was nice to see you at the Women in Government event. It sounds like you have some interesting legislative options in your state.

To give you some background, when Governor Engler assumed leadership of the State of Michigan on January 1, 1991, there was a separate Department of Mental Health which handled mental health services and services for persons who were developmentally disabled. There was also a separate Department of Public Health, and both directors of these departments were cabinet members.

In addition, within the Department of Management and Budget, there was the Office of Services to the Aging, Crime Victims Services Commission, and Office of Drug Control Policy. The Medicaid program was located within the Michigan Department of Social Services which is now the Family Independence Agency.

In some way, each of these programs dealt with people with particular health needs. There were several problems with this as you can probably gather.

The agencies were not working closely together and departments had a way of practicing their work in "silos." When meetings did take place, it was never clear who was on first and who was in the lead. It was not clear who was responsible for the outcome and there were multiple people doing the same functions, whether it be budgeting, contracting, legislative liaison, and policy development.

The Governor gave me 60 days to come up with a better solution in 1995. We did and proposed the following three areas for his consideration:

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The first was to form a new department entitled, The Michigan Department of Community Health. The second was to move the Medicaid budget from the Family Independence Agency to the new Department of Community Health, which was a major decision. The third was to issue an Executive Order to make this happen. Executive Orders in Michigan have the power of law - they cannot recreate statute but they can move pieces of it around.

When we issued the Executive Orders in 1996, it was interesting that the Legislature, both Republicans and Democrats, very quickly agreed and realigned the legislative policies in the appropriations committees to meet the objectives of the new department. In fact, both sides of the aisle wondered why we had not done this a long time ago. They wanted to take some credit and supported any legislation that we needed, which we did not.

The Governor and I had several briefings with key legislative leaders to give them support of why this should happen. You might guess that the interest groups and all of these various departments and agencies were quite reluctant to give up their "turf" or their "deals" like they had in the past, and were somewhat anxious about dealing with part of a larger agency.

We worked very hard during the transition of bringing the various departments together. This is very hard work and takes key personnel and civil service people to make this happen. We eliminated layers in the bureaucracy and streamlined things considerably. Even though our budget is up considerably since 1991 as a whole, the services are going to where the need is, such as the people of this state. If you add up all of the state employees in 1991 in the various departments and agencies, there were about 13,000. Even after closing state institutions and streamlining the various departments and agencies, we now have about 6,000 employees. We shifted the money to where it belongs - at the community level.

Today people have fully accepted the consolidated department. We eliminated hundreds of various task forces and meetings. Meetings are much more efficient and it is clear who runs them and what the outcomes are. We can provide services holistically, we can move into "one-stop shopping," and you really cannot expect people to integrate their services at the local level unless you are committed to integrate them at the state level. We are now one voice in the Legislature. We have one legislative person and one budget person, and all of our contracts have been consolidated into one office as well as our actuarial divisions. I could list many other areas where consolidation and streamlining took place.

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Many states, when they brought agencies together, just left them as they were and put a "health czar" over all the department directors. I think that is a direction in which you do not want to go, and if you integrate programs, you should do it all the way, and you cannot exclude any group because of some political or interest group activity. Many states have done similar mergers like Michigan's but have left out Medicaid, which is a big mistake.

I hope this information has been helpful. It takes a lot of selling but also takes the boldness of the Legislature and the Governor to make this happen successfully. If you have any questions, feel free to contact me at (517) 335-0267, or you can email me at: haveman@state.mi.us.

My continued best wishes and have a nice day.

Cordially,



James K. Haveman, Jr.

JKH:kjd



North Dakota Association for the Education of Young Children

PO Box 5797 • Fargo, ND 58105-5797

March 14, 2001

To: Judy Lee, Chairperson, Senate Human Services Committee

From: Barb Arnold-Tengesdal
North Dakota Association for the Education of Young Children

Re: Testimony in support of HCR 3068

The North Dakota Association for the Education of Young Children (NDAEYC) has a paid statewide membership of 356 and a local chapter affiliate membership of approximately 200 additional people. The local chapters are in Grand Forks, Fargo, Jamestown, Bismarck, and Minot. The members represent a variety of jobs in the early childhood profession - family and group day care providers, day care center staff and directors, preschool staff, Head Start staff, Minot and Grand Forks Air Force Base Child Development Center staff, Child Care Resource & Referral agencies, lab schools from Higher Education institutions and many other professionals within the field.

Child Care regulations in North Dakota

The early childhood rules and regulation in North Dakota are good when compared to other states. We have appropriate adult to child ratio's, health and safety standards are enforced by county licensors, and training and education is expected of all people who work with children. These are important requirements if we truly care about the health and well being of children. North Dakota clearly worked hard at creating a good set of licensing standards. The rules and regulations are sensitive to a variety of caregiving situations and do not present a cookie cutter approach to child care. Parents have the options of choosing a licensed program that fits their needs in either a family, group, preschool, center and school-age setting, or a federally term choice called "relative care" in which family a member is legally allowed to provide care for children related to them.

HCR 3068 addresses the problems surrounding a third option- self-certified or registered care. This is a form of child care in North Dakota which is approved, but unregulated. This type of care can receive reimbursement for participating in the federal food program and receive child care assistance money, and care for up to 5 children without any form of regulation. No training requirements or on-site visit by anyone who can look around and say - this looks like a safe place for children.

Consumer assumptions

Each week in the classified section of a local newspaper you can see ad's advertising child care available by a "registered" provider. This is misleading to parents who assume that if they are registered by the State of North Dakota someone, somewhere must have checked up on this program and approved it for doing child care. Yes, North Dakota approved the caregiver with no other requirement than signing a paper and sending it in to your local social service office. Parents deserve to know that these type of care settings are safe and will protect their children from harm. This can only be done with some regulatory expectations.

Need for further study

This study resolution is proposing to identify a tiered system of child care licensing that can look at the need to move the self-certification classification into some minimal form of licensing. Possibly expectations would be some form of health and safety training and on-site technical assistance visit from a licensor or Child Care Resource & Referral consultant. If North Dakota is giving state and federal dollars to these programs in the form of assistance dollars and federal food program reimbursements, and yet doesn't have any minimal health and safety expectations of these caregivers, we do a disservice to the children of North Dakota families.