

LEAD & CARE

Association of Family Child Care Professionals



Partnering with Providers, Supporting Family Child Care Businesses

PO Box 1136

Prior Lake, MN 55372

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March 12, 2024

RE: SF4618 Department of Human Services Office of Inspector General executive bill on children's licensing issues

Madam Chair and Committee Members:

My name is Cyndi Cunningham. I have been a Licensed Family Child Care Provider in St. Paul for 26 years and am the current Public Policy Chairperson for Lead & Care (rebranded Minnesota Child Care Provider Information Network, MCCPIN), a 501c3 sitewide association for Licensed Child Care Providers.

Thank you for having an evening hearing so I can be here!

I am testifying on behalf of licensed family child care providers regarding a few points in the bill and the licensing of Certified Centers and changes in 245H in this bill.

Licensed Family Child Care is repeatedly said to be important to the system and yet with half of our industry eliminated people wonder why they have closed. Retirement isn't it. Leaving a job poorly supported by DHS, a complicated licensing system and living in fear is why. Having regulations which are high and yet inconsistently implemented, wondering when the next 'trouble we're in' is why FCCs leave.

Line 3.26 relates to the use of electronic checklists by agency staff. **It needs to be added that they are not only required to use the checklist but have it on-site at the program.** When a licensor does not have this tool with them, they cannot clearly identify violations, relate the to the statute and then clearly communicate to the program what violations maybe issued. The legal option for a program to utilize a 'dispute process' is compromised as the licensor will go back to the office, verify on the checklist, and then issue correction orders. Once issued, the program can not dispute.

We understand the place of Certified Centers to ensure the ability to accept CCAP payments, however, I'm confused by the legislatures over all action with Certified Centers, in particular the oversight for preschool (all ages under kindergarten) care.

Legislators are consistently messaging the need for quality and safe care for our littlest. SF4618 for modifications to certified centers does not meet these standards.

There is a dynamic difference between licensed programs and certified centers. Certified programs cannot be quality rated, the training expectations and the ratios are much less than licensed programs.

SF4618 Licensing changes

3.12.2024 Senate Hearing

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Certified Centers cannot participate in Parent Aware to meet quality standards and the best care for these youngest. The legislature has been focused on quality care so that all licensed programs are going to be required to be rated in 2025. Certified Centers cannot meet these standards.

Certified Centers require only 6 hours of training, none of which is required to have DHS oversight for content nor trainer competency. Abusive Head Trauma and SUIDS do not need to be the rigorous training FCCs are required to take but can simply be a reading of legislation. Keeping children safe first has been the cry, yet Certified Centers do not need to meet the same standard.

These six hours of training with minimal content cannot be compared to 16 minimum hours for Family Child Care which must meet all training content and trainer standards set forth by DHS through MNCPD and Develop. DHS has recently changed FCC training requirement for CPR/First aid against the input of the FCC Training Advisory Committee and meetings with Lead & Care which will require FCCs to meet these training deadlines by an expiration date. Certified Centers and Licensed Centers both need to retake during the calendar year. We have been unable to get legislators help change the training requirement back to our current standards during this session as some legislators have stated 'DHS wants this' and therefore won't support us.

Ratios in Certified Centers are higher and staff ages are lower than licensed programs, this combined with the lower training requirements. A 16-year-old with minimal training can care independently for 4 infants. When I discussed this with DHS, they told me that Certified Centers can't care for infants. Well, either they can as it is in statute, or they can't, and it should be removed, not reworded.

Family Child Care programs have asked for our ratios to be modified so that we can strengthen our businesses at the C3 level of 14 children with 2 adults and have been repeatedly turned down and criticized for thinking ratios can be higher. But here we have a 16-year-old caring for 4 infants.

There are those who will say that no program would have a 16-year-old with 4 infants, however legislation is the guideline. It is what should be followed. If DHS says it won't happen, then the wording in this bill should be changed to **remove infant care**.

Violations by Certified Centers are again, dynamically different than a licensed program. A certified Center which does not process background checks appropriately receives a correction order. An FCC is fined and not uncommonly shut down. Isn't the severity of the violation the same or are background studies somehow less important in a certified center?

Certified Centers are confusing to the public as the use of 'licensed certified' is assumed to be of high standard like a licensed center. The public does not have time to scrutiny legislation.

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Certified Centers can draw away from quality licensed program to what purpose? Licensed programs then do not have enrollment to support a business, close and then communities do not have care. Hence part of the crisis that is going on.

There is financial support for Certified Centers which equals licensed care, supporting the perception that legislators value licensed and certified programs are equal. Certified Centers can draw from the same pool of money for Great Start Compensation as licensed programs. A 16-year-old staff's hours are equated to a licensed provider's hours caring for children. As more programs dip into the pool of money, the financial support for high quality programs goes down as the pie is divided more. (To clarify, when a staff person's hours are used to calculate the dollars the program receives, the program is not required to compensate that same staff person but goes to the program to distribute.)

If the legislature truly believes in the need for quality care, then there should be an adjustment away from youngest children in Certified Centers. This is a point in time at which legislators can show their consistent message of caring for our youngest consistent expectations in care.

Thank you for your time working to support children, families and those providing for their care. It is a complicated system.

Sincerely,

Cyndi Cunningham

Lead & Care Public Policy Chairperson