

2013 SENATE HUMAN SERVICES

SB 2244

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

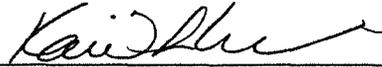
SB 2244

1/23/13

Recording Job Number: 17862

Conference Committee

Committee Clerk Signature:



Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for early childhood services inclusion support services and grants.

Minutes:

You may make reference to "attached testimony."

Committee discussion on SB 2244:

The committee references an email discussing the amount of money from last session. Chairman Lee asks the law intern to message Maggie Anderson in the Department of Human Services to help provide more information to the committee.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee Red River Room, State Capitol

SB 2244

1/28/13

Recording Job Number: 17800

Conference Committee

Committee Clerk Signature:



Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for early childhood services inclusion support services and grants.

Minutes:

You may make reference to "attached testimony."

Chairman Lee opens hearing on SB 2244.

Senator Joan Heckaman introduces bill to the committee. See attached testimony #1.

Senator Dever asks how this compares with the bill from last session. Senator Heckaman thinks it is doing the same thing and defers the question to others testifying to better explain. She also explains to the committee that there is a bill up in the House today that she will be speaking on that has funding for just general child care.

Senator Heckaman concluded by distributing and highlighting parts of testimony from **Representative Joshua Boschee**, co-sponsor of bill. See attached testimony #2.

(0:06:00) Linda Reinicke, Program Director for Child Care Resource & Referral, a program of Lutheran Social Services in western ND, shares data Child Care Resources & Referral (CCR&R) has collected over the last 18 months relative to this project and discuss CCR&R's role in SB 2244. See attached testimony #3.

(0:10:50 - 0:12:58) Chairman Lee references the pie chart from her testimony and asks for information about programs provided by the schools that plug into any special needs that children might have starting at the 3rd birthday. Ms. Reinicke responds from the standpoint of child care.

Cathy Haarstad, parent of child with special needs and the Director at the Pathfinder Parent Center, testifies in support of the bill. See attached testimony #4.

(0:17:25) Beth Nodland representing **Roxane Romanick** presents testimony from Designer Genes of North Dakota in support of the bill. See attached testimony #5.

Chairman Lee clarifies that this bill will offer training for the providers so they are more comfortable with handling/caring for these special needs children. Ms. Noland feels that this is probably the majority but explains that she has had some failure experiences.

Senator Anderson asks about a risk of being required to take all these children whether you thought you'd be able to take them or not. Ms. Noland is under the impression that the ADA requires people to take children without discriminating against them for having a disability. They are hoping for this program so that they are more willing to take these children as opposed to feeling forced to.

(0:21:50) Beth Nodland's then presents her own testimony in support of the bill. See attached testimony #6.

(0:24:24) Teresa Larsen, Director of the Protection & Advocacy Project (P&A), testifies in support of the bill. See attached testimony #7.

(0:27:36) Linda Lempke, Director of the Childcare Resource and Referral Program for Eastern North Dakota, did not prepare written testimony but briefly presents some information to the committee.

(0:29:03) Penny Smith distributes testimony on behalf of **Janet Bassingthwait**, VP of Public Policy for the North Dakota Association for the Education of Young Children. See attached testimony #8.

No further testimony.

Chairman Lee closes the hearing.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2244

2/6/13

Recording Job Number: 18452

Conference Committee

Committee Clerk Signature:



Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for early childhood services inclusion support services and grants.

Minutes:

You may make reference to "attached testimony."

Continued discussion on SB 2244:

Jennifer Barry, Early Childhood Services Administrator for DHS, presents a summary of all the resources and supports available for child care providers (see attachment #9), explains how they embarked on this last session, and answered committee questions about the budget.

Discussion is closed.

2013 SENATE STANDING COMMITTEE MINUTES

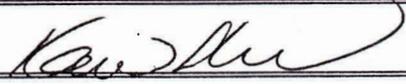
Senate Human Services Committee Red River Room, State Capitol

SB 2244

2/11/13

Recording Job Number: 18684

Conference Committee

Committee Clerk Signature: 

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for early childhood services inclusion support services and grants.

Minutes:

You may make reference to "attached testimony."

Vice Chairman Larsen opens committee discussion on SB 2244:

The committee references Judy Vinger's information that was provided to the committee referring to the possible amendment of striking the word "centers" in the description of child care (see attachment #10). They also refer back Jennifer Barry's handout (attachment #9) and Linda Reinicke's testimony (attachment #3) as they proceed to discuss the appropriations.

(0:08:30 - 0:16:40) Linda Reinicke, Program Director for Child Care Resources & Referral, steps up to clarify the accommodations/funding.

The committee continues to discuss the appropriation and the chances of the amount going through the legislature.

(0:22:00) At the request of Chairman Lee, Linda Reinicke clarifies the "centers" and references page 2 of her testimony.

(0:23:30) More funding discussion: Senator Axness expresses his thoughts on how it's important to move this forward, whether it's the full appropriation or not. Chairman Lee suggests \$100,000 appropriated to each category which leads to the committee wondering if there is a greater need in one place over the other. Ms. Reinicke is asked back up to the podium and states that she sees the need for the consultants and further explains her reasoning.

(0:30:00) Senator Anderson motions the amendment that reduces "the sum of \$400,000" (Section 2, page 1, line 12) to "the sum of \$200,000." Section 1 would be left as is.

Senator Larsen seconds.

Discussion: This is in addition to the Governor's budget and ultimately there will be a conversation about how all of these various bills dealing with child care blend together.

Roll Call Vote: 4-1, motion to amend passes.

Senator Anderson moves Do Pass as Amended and Rerefer to Appropriations.

Senator Larsen seconds.

Discussion: Senator Axness wants the committee to be clear that, even though he was a co-sponsor and originally supported the higher amount, he will be supporting this bill. Senator Dever pulls up the Department of Commerce's budget and reads it to the committee so they have a sense of what it says regarding the \$5 million.

Roll Call Vote: 5-0, motion passes.

Senator Dever is the carrier.

13.0510.01001
Title.02000

Adopted by the Human Services Committee

February 11, 2013

Handwritten initials and date:
JW
2-11-13

PROPOSED AMENDMENTS TO SENATE BILL NO. 2244

Page 1, line 12, replace "\$400,000" with "\$200,000"

Renumber accordingly

Date: 2/11/13
 Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2244

Senate Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0510.01001

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Sen. Anderson Seconded By Sen. Larsen

Senators	Yes	No	Senator	Yes	No
Chairman Judy Lee	✓		Senator Tyler Axness		✓
Vice Chairman Oley Larsen	✓				
Senator Dick Dever	✓				
Senator Howard Anderson, Jr.	✓				

Total (Yes) 4 No 1

Absent 0

Floor Assignment _____

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

REPORT OF STANDING COMMITTEE

SB 2244: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2244 was placed on the Sixth order on the calendar.

Page 1, line 12, replace "\$400,000" with "\$200,000"

Renumber accordingly

2013 SENATE APPROPRIATIONS

SB 2244

2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee Harvest Room, State Capitol

SB 2244
February 18, 2013
Job # 19088

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the department of human services for early childhood services inclusion support services and grants.

Minutes:

Testimony attached # 1-3.

Legislative Council - Brady Larson

OMB - Lori Laschkewitsch

Chairman Holmberg opened the hearing on SB 2244. All committee members were present.

Senators Heckaman - District 23

Bill Sponsor

Testimony attached # 1

Senator Lee is bringing an amendment that she will support.

Senator Carlisle - States Human Services budget is on other side and asks if there is like funding for this issue.

Senator Heckaman - Replies \$50,000 that's supposed to be in Gov. Budget. The initial proposal of \$500,000.

Senator Judy Lee, District 13

Testified in favor of SB 2244

She and Senator Wardner thought a legislative study would be good. The amendment would call for accessibility for child care. I do have a summary of early childhood resources and funding. She'll ask the department to supply the summary of early childhood resources and funding that are in the various bills to the committee.

Senator Gary Lee - Asks if the grants are already being offered or is this new.

Senator J.Lee - Replies, we have been doing and providing assistance for equipment. Etc. The gambit of special needs children may run from peanut allergies or are gluten intolerant, diabetes or some needing intensive care. Many of them are willing; they just don't know how to do it. We need adaptive changes.

Senate Appropriations Committee
SB 2244
February 18, 2013
Page 2

Linda Reinicke - Program Director for Child Care Resource & Referral

Testified in favor of SB 2244

Testimony attached # 2

Chairman Holmberg closed the hearing on SB 2244.

Senator Mathern - Says the study resolution request is a standard resolution to learn more about the access to day care. He says we could adopt that.

Testimony later submitted:

Summary of Early Childhood Resources and Funding - attachment # 3.

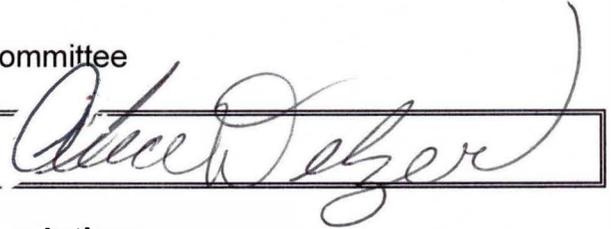
2013 SENATE STANDING COMMITTEE MINUTES

Senate Appropriations Committee
Harvest Room, State Capitol

SB 2244
02-21-2013
Job # 19364

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A BILL regarding early childhood services & Grants (Do Pass as Amended)

Minutes:

See attached testimony

Chairman Holmberg called the committee to order on Thursday, February 21, 2013. All committee members were present except Senator Mathern.

Becky J. Keller- Legislative Council

Sheila Peterson - OMB

Chairman Holmberg - Remarks this is the first engrossment and says they also had a legislative management study suggested by Senator Gary Lee. Testimony attached #1 Proposed Amendment # 13.0510. 20001.

Senator Warner moved the amendment 20001 to SB2244.

Senator Robinson seconded

Voice vote - motion carried

Senator Warner moved a do pass as amended.

Senator Robinson seconded

Discussion

Senator Krebsbach questions the amount the Governor had in the budget for child care and what it was designated for. Senator Robinson says the question here is an issue that is far from resolved this legislative session. He feels it is high priority but doesn't have an answer to what will be done in this area. Senator Grindberg remarks that we had this last session and a study was put in and it wasn't dealt with and here we are today; he feels he is having to vote for things not knowing how it fits in a strategy. He goes on to say

that other states have had comprehensive strategy discussions and planning to meet the need and we are still all over the place. Senator Bowman says it is one thing to fund the facilities but totally different to fund the costs of the facility after it's been built. He suggests a sliding fee scale for child care. Senator Holmberg says this bill is dealing with children with developmental disabilities or other disabilities so it is tougher to find a day care center. Beck Keller says they did do a summary of some of the funding in Human Service for child care, included was grant payments, licensing review, assistance for needy families, head start collaboration, contracts for training. Senator Holmberg said it sounds like a lot of pieces. Senator Robinson says this bill focuses on special needs children with disabilities. He doesn't think they are duplicating. He says he will support this bill and will monitor it in the next 8 weeks. Senator Holmberg asks him if he thinks the concept has a better chance of surviving to the end of the session if it's within a major budget or a stand-alone bill. Senator Robinson said he is unsure but prefers it to be in a major budget.

Vote

Do Pass as Amended on 2244. A Roll Call vote was taken. Yea: 10 Nay: 2

Absent: 1

Motion carried

Back to human services. Senator Dever will carry the bill.

Hearing closed on 2244.

February 21, 2013

2/21/13
10

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2244

Page 1, line 2, after "grants" insert "; and to provide for a legislative management study"

Page 1, after line 17, insert:

"SECTION 3. LEGISLATIVE MANAGEMENT STUDY - CHILD CARE SERVICES. During the 2013-14 interim, the legislative management shall consider studying the availability of and access to child care services in the state and the state's role in ensuring available and accessible child care services in the state. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly

Date: 2-21-13

Roll Call Vote # 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2244

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number 13.0510.02001 *See Amendment*

Action Taken _____

Motion Made By Warner Seconded By Robinson

Senators	Yes	No	Senator	Yes	No
Chairman Ray Holmberg			Senator Tim Mathern		
Co-Vice Chairman Bill Bowman			Senator David O'Connell		
Co-Vice Chair Tony Grindberg			Senator Larry Robinson		
Senator Ralph Kilzer			Senator John Warner		
Senator Karen Krebsbach					
Senator Robert Erbele					
Senator Terry Wanzek					
Senator Ron Carlisle					
Senator Gary Lee					

Total (Yes) _____ No _____

Absent _____

Floor Assignment Human Services

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

Voice vote passed

Date: 2-21-13

Roll Call Vote # 2

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2244

Senate Appropriations Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as Amended

Motion Made By Warner Seconded By Robinson

Senators	Yes	No	Senator	Yes	No
Chairman Ray Holmberg		✓	Senator Tim Mathern	A	
Co-Vice Chairman Bill Bowman	✓		Senator David O'Connell	✓	
Co-Vice Chair Tony Grindberg	✓		Senator Larry Robinson	✓	
Senator Ralph Kilzer	✓		Senator John Warner	✓	
Senator Karen Krebsbach	✓				
Senator Robert Erbele	✓				
Senator Terry Wanzek	✓				
Senator Ron Carlisle	✓				
Senator Gary Lee	✓	✓			

Total (Yes) 10 No 2

Absent 1

Floor Assignment Human Services Dever

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

REPORT OF STANDING COMMITTEE

SB 2244, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (10 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2244 was placed on the Sixth order on the calendar.

Page 1, line 2, after "grants" insert "; and to provide for a legislative management study"

Page 1, after line 17, insert:

"SECTION 3. LEGISLATIVE MANAGEMENT STUDY - CHILD CARE SERVICES. During the 2013-14 interim, the legislative management shall consider studying the availability of and access to child care services in the state and the state's role in ensuring available and accessible child care services in the state. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly

2013 HOUSE HUMAN SERVICES

SB 2244

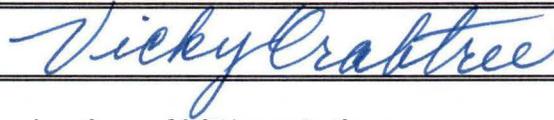
2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2244
March 20, 2013
JOB #20244

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the DHS for early childhood services inclusion support services and grants.

Minutes:

See Testimonies #1-4

Chairman Weisz opened the hearing on SB 2244.

Sen. Joan Heckaman: From District 23 in New Rockford introduced and sponsored the bill. (See Testimony #1)

1:17

Rep. Mooney: Is this through schools or local county social services?

Sen. Heckaman: There are others hear who can answer that question.

2:05

Kylie Oversen: From District 42 and co-sponsor of the bill stated her support for the bill. I know the vast needs of equipment and staff and hope you will consider passing this bill.

2:47

Jennifer Barry: Administrator of Early Childhood Services for DHS provided information. I can answer the question Rep. Mooney had. In the last session \$50,000 was appropriated for technical assistance. In addition the department was directed to work with the Dept. of Commerce to utilize up to one-half of the carryover dollars from the Childcare Grants and Loans Program for the grants part of this project. The \$50,000 was contracted to ND Center for Persons of Disabilities. We wrote in that contract that there would be partnership between the ND Center and our Childcare Resource and Referral agencies where we have an existing technical assistance network.

3:58

Chairman Weisz: How much of the Commerce Dept. grant did you utilize?

Barry: I think \$46,000 that went out in grants.

Chairman Weisz: Some of those monies in that grant could have already been used for upgrading for handicapped accessible, etc. correct?

Barry: Correct.

Chairman Weisz: If this passes who would you contract with?

Barry: We have a process of procurement and part of the process is looking at the options and determining if there is a clear option that a grant would go out to.

Chairman Weisz: From your perspective, who would be the childhood specialist?

Barry: We would have a couple of options. Either to continue to work with ND Center for Persons with Disabilities or work with Childcare Resource and Referral.

5:57

Linda Reinicke: Director for Child Care Resource and Referral program testified in support of the bill. (See Testimony #2)

11:50

Rep. Mooney: With the \$300,000 and the two FTEs, do you expect a certain amount of expansion for the program?

Reinicke: Yes. We initially promoted to all childcare providers and calls came in with the providers we currently work with. We would again market the availability of this service. We know the best way to work with providers is onsite and provide them with technical assistance specific to their setting, the program and the child.

Rep. Porter: We passed HB 1422 which talks about \$2.1 million for the childcare stabilization initiative and the FTEs that are in that money and then back to this one and the additional FTEs. We need to tie the package together at to what is happening here.

Reinicke: The way this consultation would tie in if an RFP went out and if Childcare Resource and Referral (CRR) were awarded the \$300,000; the inclusion specialist would become part of the technical assistance team at CRR.

Rep. Porter: We would be paying up to 4 FTEs for people doing two separate things. And still have no coordination if they went to separate agencies or groups?

Reinicke: That would be correct.

Rep. Porter: How much money is in the Commerce Dept. budget for childcare assistance and grants and programs?

Reinicke: The governor has \$5 million set aside for facility grants to communities. There is money for low interest loans, but not for technical assistance.

18:12

Roxane Romanick: Representing Designer Genes of ND testified in support of the bill.
(See Testimony #3)

26:17

Beth Nodland: A parent testifying in support of the bill. (See Testimony #4)

33:40

Rep. Fehr: This grant has to do with equipment, renovation, facilities and staff. Are you saying the staff is the part that would be the extra staff time?

Nodland: That is my understanding too.

NO OPPOSITION

Chairman Weisz closed the hearing on SB 2244.

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2244
March 27, 2013
Job #20551

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the DHS for early childhood services inclusion support services and grants.

Minutes:

Chairman Weisz: Let's look at 2244. "There is appropriated out any money, the general fund, \$400,000 or so much of the sum that maybe necessary for the purpose of providing grants to licensed early childhood services providers that provide care for children with disabilities or developmental delays", etc. "The grants may be used for equipment, renovation of facilities used to provide the services, and staff." They would adopt that amendment. My thought was we already had that promised department funding for child care facilities that we should expand that. It really changes the \$200,000 that is in 2244 and bumped it back to \$400,000. Probably in the end it will end up there anyway. I thought this was the way to get increased funding for the area because I didn't think it would just happen if I walked into Appropriations and asked for an additional \$200,000 or \$400,00. They were not indicating what the end what the end dollar amount was going to be in the Commerce Dept. budget.

Rep. Fehr: That would replace the intent in Section 1 and 2 in the current bill. Is that correct?

Chairman Weisz: They would argue that it doesn't address Section 1 the way they would (stops sentence). Because Section 1 is for specialists to offer the technical assistance to these facilities; Section 2 with additional money actually pays for increased staff time within the facility itself. I didn't talk to them about that because I think the Governor has \$50,000 currently in the budget for technical assistance. This would add \$300,000 over and above in Section 1. My thought was getting the money in Section 2.

Rep. Porter: As far as the Section 1, the early childhood specialists, the \$300,000 to provide the contracting for; inside of HB 1422 we had \$2.1 million for all day care. As that comes back if there needs to be something carved out of that \$2.1 million that specifically states the technical assistance for the early childhood specialists or if the language is good enough. The language says, "Initiative most provide assistance to stabilized child care recruit and retain qualified workforce and advanced quality child care practices through the

implementation and administrations." Technically inside of the \$1.6 million that is in there for that, that is already starting to wrap some of that into the big picture. I think this amendment is very appropriate that went into the Commerce Dept.

Chairman Weisz: I disagree with you and I can guarantee that HB 1422 will be in conference committee. You raise a good point.

Rep. Porter: The other thing is that I do think the study is important. I motion we amend 2244 and Remove Section 1 and Section 2.

Rep. Looyen: Second.

Rep. Oversen: I agree the study needs to move forward, but I also Section should be staying in here because it is not the same language as in HB 1422 and that bill hasn't gone through yet. We can't guarantee that it will. I am comfortable in removing Section 2 because that will be in the Commerce budget, but not with Section 1.

VOICE VOTE: MOTION CARRIED

Rep. Porter: I move a Do Pass as Amended.

Rep. Laning: Second.

ROLL CALL VOTE: 12 y 1 n 0 absent

Bill Carrier: Rep. Laning

March 27, 2013

VK
3/27/13

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2244

Page 1, line 1, remove "an appropriation to the department of human services for early"

Page 1, line 2, remove "childhood services inclusion support services and grants; and to provide"

Page 1, line 3, after "study" insert "relating to child care services"

Page 1, remove lines 5 through 18

Renumber accordingly

Date: 3-27-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2244

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Porter Seconded By Rep. Looyesen

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. MOONEY		
VICE-CHAIRMAN HOFSTAD			REP. MUSCHA		
REP. ANDERSON			REP. OVERSEN		
REP. DAMSCHEN					
REP. FEHR					
REP. KIEFERT					
REP. LANING					
REP. LOOYSEN					
REP. PORTER					
REP. SILBERNAGEL					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

*Remove
Sections 1 and 2
voice
vote*

*MOTION
CARRIED*

Date: 3-27-13
 Roll Call Vote #: 2

2013 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2244

House Human Services Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Porter Seconded By Rep. Laning

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓	✓	REP. MOONEY	✓	✓
VICE-CHAIRMAN HOFSTAD	✓	✓	REP. MUSCHA	✓	✓
REP. ANDERSON	✓	✓	REP. OVERSEN		✓
REP. DAMSCHEN	✓	✓			
REP. FEHR	✓	✓			
REP. KIEFERT	✓	✓			
REP. LANING	✓	✓			
REP. LOOYSEN	✓	✓			
REP. PORTER	✓	✓			
REP. SILBERNAGEL	✓	✓			

Total (Yes) 12 No 1

Absent 0

Floor Assignment Rep. Laning

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

REPORT OF STANDING COMMITTEE

SB 2244, as reengrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (12 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed SB 2244 was placed on the Sixth order on the calendar.

Page 1, line 1, remove "an appropriation to the department of human services for early"

Page 1, line 2, remove "childhood services inclusion support services and grants; and to provide"

Page 1, line 3, after "study" insert "relating to child care services"

Page 1, remove lines 5 through 18

Renumber accordingly

2013 CONFERENCE COMMITTEE

SB 2244

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2244
4/10/13
21077

Conference Committee

Committee Clerk Signature

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for early childhood services inclusion support services and grants.

Minutes:

Senator Larsen, Senator. Dever, Senator Axness is present

Representative. Hofstad, Representative Laning, Representative Muscha is present.

Senator Larsen opens the conference committee on SB 2244

Senator Larsen discusses the changes to SB 2244

Representative Lang shares with committee why the changes to SB 2244.

Representative Hofstad shares with committee shares with the committee were the funding went.

Senator Dever discusses putting the funding back into the bill.

Senator Dever discusses the vote on the House Floor.

Senator Larsen asks for the definition of the early childhood services within the bill

There is discussion about the appropriation in SB 2244

Representative Hofstad recommends to the committee to adjourn and see where the money is.

Senator Dever asks the Representatives present if they support the funding?

Representative Laning supports section 2 of the original bill but is unsure of section one.

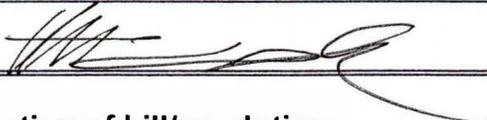
Senator Larsen closes the conference committee.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2244
4/18/13
21274

Conference Committee

Committee Clerk Signature 

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for early childhood services inclusion support services and grants.

Minutes:

Attachment

Sen. Larsen, Sen. Dever, Sen. Axness are present.
Rep. Hofstad, Rep. Laning, Rep. Muscha are present.

Sen. Larsen opens the conference committee for SB 2244

There is a discussion the funding in SB 2244. **See attachment #1.**

Rep. Hofstad discusses special needs within SB 2018.

There is a discussion on which bills have or are studies.

Rep. Hofstad asks for clarification on the difference in technical assistance and staff.

Jennifer Barry early childhood administrator with DHS clarifies staff and technical assistance. There is a discussion on staff and technical assistance. There is a discussion SB 1422 and an inclusion specialist. **Rep. Hofstad** asks about funding of \$166,000 for early childhood contracts providing training technical assistance professional development for child care providers.

There is a discussion about the study.

Sen. Dever shares his concerns about not having an inclusion specialist in SB 2244.

There is a discussion on SB 2018.

There is a discussion on inclusion specialist.

There is a discussion SB 1012

Senate Human Services Committee
SB 2244
4/18/13
Page 2

Sen. Dever motions for the Senate accede to House Amendments.

Sen. Axness seconds

6 yes

0 no

0 absent

Motion carries

Senate Carrier Axness

House Carrier Hofstad

Date 4-18-13

Roll Call Vote # 1

**2013 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES**

BILL/RESOLUTION NO. 2244 as (re) engrossed

Senate Human Services Committee

Action Taken SENATE accede to House Amendments

SENATE accede to House Amendments and further amend

HOUSE recede from House amendments

HOUSE recede from House amendments and amend as follows

Unable to agree, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Jim Dever Seconded by: Jim Axness

Senators	4/10	4/18	Yes	No	Representatives	4/10	4/18	Yes	No
Sen. Larsen	✓	✓	✓		Rep. Hofstad	✓	✓	✓	
Sen. Dever	✓	✓	✓		Rep. Laning	✓	✓	✓	
Sen. Axness	✓	✓	✓		Rep. Muscha	✓	✓	✓	
Total Senate Vote			3		Total Rep. Vote			3	

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier Jim Axness House Carrier Rep Hofstad

LC Number _____ of amendment

LC Number _____ of engrossment

REPORT OF CONFERENCE COMMITTEE

SB 2244, as reengrossed: Your conference committee (Sens. Larsen, Dever, Axness and Reps. Hofstad, Laning, Muscha) recommends that the **SENATE ACCEDE** to the House amendments as printed on SJ page 942 and place SB 2244 on the Seventh order.

Reengrossed SB 2244 was placed on the Seventh order of business on the calendar.

2013 TESTIMONY

SB 2244

SB 2244
Senator Joan Heckaman
January 28, 2013

Madam Chairman and members of the Senate Human Services Committee:

I am Senator Joan Heckaman. I live in New Rockford and represent the District 23.

I am here this morning to introduce you to SB 2244 which would provide an appropriation for the Department of Human Services for child care services for special needs children.

I'm sure you all are aware of the dire need for good quality child care across the state. This is also the case for the same quality and availability for child care for special needs children.

Last session \$50,000 was appropriated to begin some basic services. You will hear from the testimony of others as to the success of these services. You will also hear of the incredible need for more services.

Parents should not have to struggle in this economically prosperous state to find someone to care for their children so they can be part of our expanding work force. I have heard many, many times the HOPE we have in college graduates-HOPE that they will stay in North Dakota and contribute to our society. That won't be possible if good quality, affordable child care is not available. Even more difficult is the opportunity to find someone to care for special needs children if such a need arises. Whether it is a medical need, a behavioral need, or a nutritional need, parents need reassurance that there will be a care giver prepared to accept their child into the child care setting.

Senate Bill 2244 provides that assurance for many parents across the state. You might want to call this the "Teddy Bear Bill". It will give parents the comfort they need while at their job. Comfort that their child is in the hands of those care givers with access to technical assistance, as well as funding for equipment and renovations.

I had the pleasure of working with many special needs children in an educational setting. Each child is unique in their abilities. This bill will assist child care providers not only assistance to develop those abilities, but also to provide answers to the many questions they may have as they care for our children and grandchildren with special needs.

Thank you for giving your attention to this "Teddy Bear Bill". I would stand for any questions.

SB 2244 Testimony
Representative Joshua A. Boschee, District 44
Senate Education Committee

Chairman Flakoll and Committee Members,

I am writing to ask your support of SB 2244, which would provide additional resources for early childcare providers to meet the increasing and unique needs of children with disabilities.

My brother Boyd was born with physical and developmental disabilities. From birth, he has been delayed in all aspects of his development. Boyd learned to feed himself with utensils by the age of 6, he did not walk without the use of a walker until the age of 14 and even began to learn and utilize simple sign language at 19 to communicate with others. All of these developments were the result of the direct support of Boyd's teachers when he entered the public school system and reinforcement while at home by my parents.

My young parents worked 40+ hour work weeks in order to provide for our family. Because of Boyd's unique needs as a child, my parent's only option for childcare was to pay an individual to come to our home, even though their preference would have been for us to go to a childcare provider that had other children to interact with. Had my parents had resources similar to what SB 2244 provides, Boyd would have been able to be in a child care center that would have had resources to meet the development needs of my brother and other children like him. SB 2244 provides funding for childcare providers to have access to specialists that would be able to come to their facilities to work with children with physical and development needs. Additionally, the providers would have access to funds to assist with updating of facilities and equipment to assist in the development of children with disabilities. The most important aspect of providing these resources to childcare providers is that children with disabilities will have greater access to their facilities and in turn be able to socialize with other children their age. This is integral in children's, of all abilities, socialization with others and ability to grow personally, emotionally and cognitively.

As I shared before, Boyd was able and continues to enhance his ability to interact with the world around him, providing for a better quality of life for him, my family and our community. This is all thanks to the specialized services he received when he entered the public school system and had access to personnel and equipment designed to assist him in his development. Me and my family are confident that had Boyd had access to these types of resources earlier in his life, he would have been able to feed himself, walk and communicate earlier than he did. This important legislation provides resources for childcare providers to benefit North Dakota families and communities.

Based on my family's experience and the experiences of many other families we have interacted with, I encourage a DO PASS recommendation on SB 2244.

SB 2244
Senate Human Services Committee
Monday, January 28, 2013

Chairman Lee and Members of the Committee:

I am Linda Reinicke, Program Director for Child Care Resource & Referral, a program of Lutheran Social Services in western ND. I would like to share data Child Care Resource & Referral (CCR&R) has collected over the last 18 months relative to this project and discuss CCR&R's role in SB 2244.

Need

- Approximately 6,000 children with special needs attend child care. In ND, 1,400 licensed child care programs care for 33,000 children of which approximately 20% have some kind of special needs
- Children spend a significant time in child care (up to 45 hours a week). An infant welcomed into child care today will spend 12,000 hours in child care, more time than she will spend in elementary school and high school
- Providers often lack the skills or confidence to approach parents regarding a concern the provider may have about their child
- Providers lack access to technical assistance and adaptive equipment that enables to better integrate children with special needs into their care setting

Background

The 2011 Legislature appropriated \$50,000 for make available special needs consultation services for child care programs. The Department of Human Services contracted with Minot State University to provide technical assistance 1) to child care providers and 2) to CCR&R's early childhood consultants enabling them to better serve providers requesting assistance. CCR&R and Minot State collected data on the number of child care providers that contacted CCR&R and/or Minot State and the types of special needs that were addressed.

The data indicates (for 18 months)

- 133 providers from 23 counties received consultation
- A majority of child care providers did not have access to care plans for the children with special needs
 - 22 children came into care with care plans completed
 - 54 care plans were completed with the assistance of the CCR&R
 - 62 care plans yet to be completed
- The providers cared for a broad range of diagnosis

Senate Bill 2244 expands funding

1. (\$300,000) to hire special needs consultants (2 FTEs) to be located in the Bismarck and Fargo Child Care Resource & Referral (CCR&R) offices. Special needs consultants will provide on-site training and consultation to providers caring for children with special needs. Services will be directed at the provider (not the child) and available to providers requesting assistance when caring for children with special needs (identified or unidentified).

Consultants can also help providers prepare to have sensitive conversations with parents regarding concerns the provider may have about their child. Consultants can identify community resources available to the family.

2. (\$400,000) for grants to help providers better accommodate children with special needs (e.g. portable wheel chair ramps).

I appreciate the opportunity to present this information. I will stand for any questions.

Linda Reinicke
CCR&R Program Director
Lutheran Social Services of ND
lreinicke@lssnd.org
530-2501 (office) 226-2510 (cell)

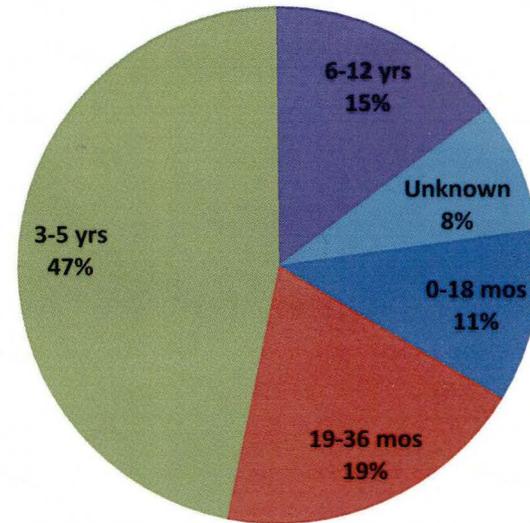
Inclusive Child Care Data Summary

7/1/2011 to 12/31/2012

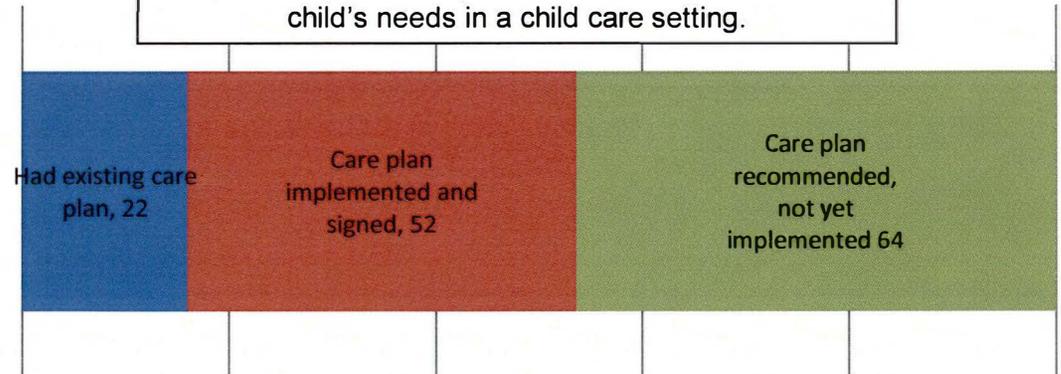
The Inclusive Child Care Project assisted 133 providers who, collectively, cared for 148 children with special needs. Ninety percent (90%) of the providers participate in CCR&R's Growing Child Care Initiative.

County	Center	Family	Group	Grand Total
Adams		1	1	2
Burleigh	13	6		19
Cass	25	5	14	44
Cavalier	1	1		2
Divide			3	3
Eddy			1	1
Grand Forks	8	5	4	17
Griggs			5	5
LaMoure			2	2
Mercer		1		1
Morton			1	1
Nelson		1		1
Pierce	3			3
Ramsey	3	1	1	5
Ransom			2	2
Richland	2	3		5
Rolette	1			1
Sargent		4		4
Stark		1		1
Stutsman	1	2	1	4
Walsh	3			3
Ward	20		2	22
(blank)	2			2
Grand Total	80	31	37	148

Ages of children with special needs served by providers who called for technical assistance

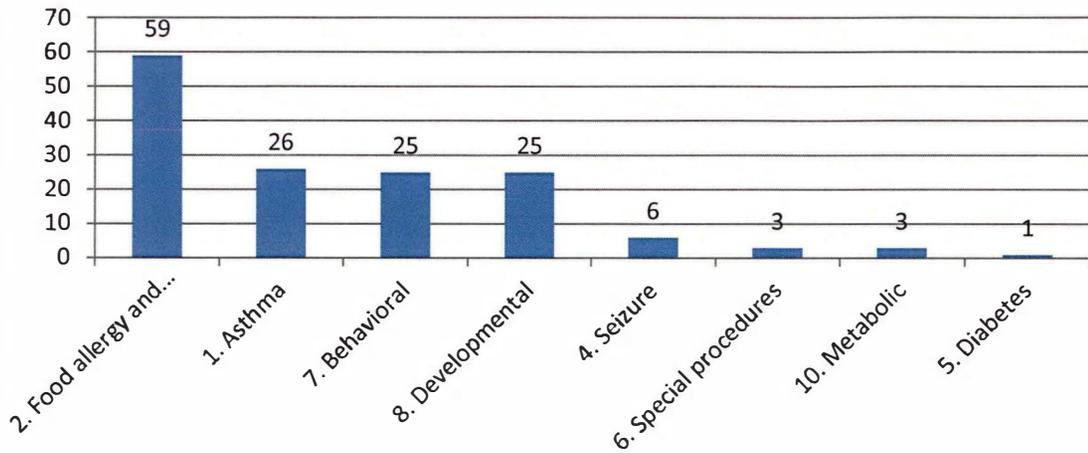


Children with special needs require care plans specifically written by medical staff to address the child's needs in a child care setting.

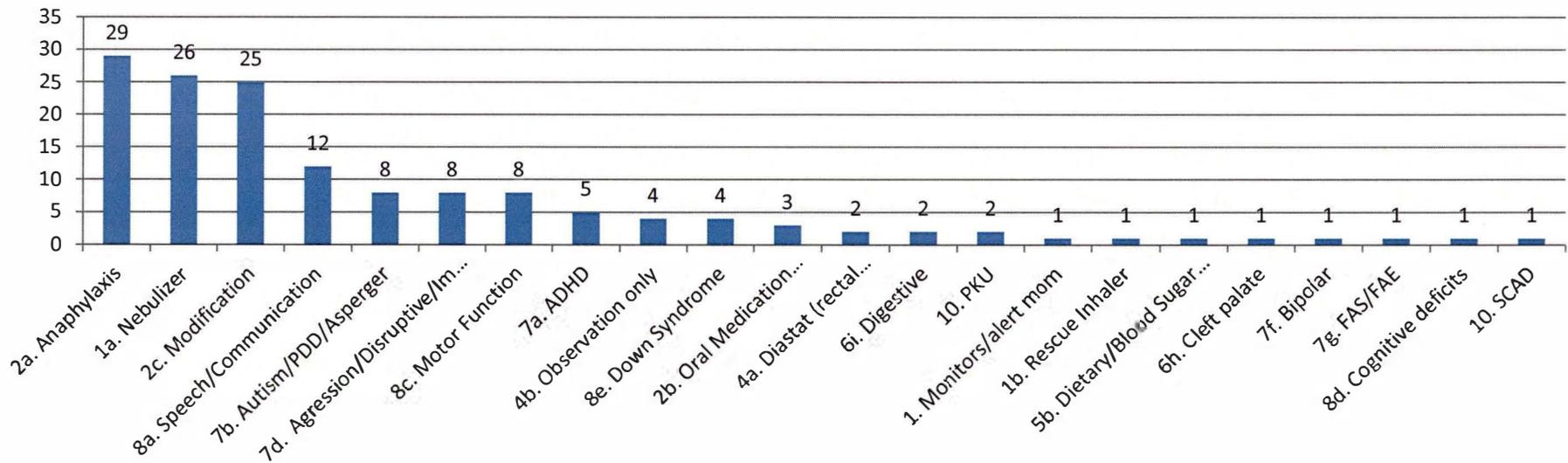


#3

Categories of Special Needs Documented



Detailed Types of Special Needs Documented



1. Asthma
 - 1a. Nebulizer
 - 1b. Rescue Inhaler
 - 1c. Oral Medication Administered
2. Food Allergies
 - 2a. Anaphylaxis
 - 2b. Oral Medication Administered
 - 2c. Dietary Intolerances with modifications
3. Other Allergy and Anaphylaxis
 - 3a. Insect
 - 3b. Latex
 - 3c. Medication Administered
 - 3d. Exercise induced anaphylaxis/urticaria
4. Seizures
 - 4a. Diastat (rectal medication) Administered
 - 4b. Observation only
5. Diabetes
 - 5a. Insulin/Glucagon Administered
 - 5b. Dietary/Blood Sugar monitoring
6. Special Procedures/Adaptations
 - 6a. Apnea Monitor
 - 6b. Tube Feeding
 - 6c. Suctioning
 - 6d. Catheterization
 - 6e. Positional Plagiocephaly with helmet/head band
 - 6f. Clubfoot bracing/taping/stretching
 - 6g. Other positional devices/wheelchair or casts
7. Behavioral
 - 7a. ADHD
 - 7b. Autism/PDD/Asperger
 - 7c. Sensory Integration
 - 7d. Agression/Disruptive/Impulsive control
 - 7e. Withdrawal/Depression
 - 7f. Bipolar
8. Developmental
 - 8a. Speech/Communication
 - 8b. Vision
 - 8c. Motor Function
 - 8d. Cognitive deficits
 - 8e. Down Syndrome
 - 8f. Elimination Disorders (fecal & urine Incontinence)
9. Skin-Integumentary System
 - 9a. Eczema
 - 9b. Post - surgical or Burn wound care
 - 9c. Diaper Rash Medication Administered
 - 9d. Other topical medications(Ex. Steroid cream) Administered
10. Other

Testimony on SB 2244
Inclusive Childcare
Submitted by: Cathy Haarstad
Pathfinder Parent Center
1600 2nd Avenue SW Ste 30
Minot, ND 58701

I am testifying in support of SB 2244. Finding childcare providers willing to care for children with special needs is an ongoing need in our state. For most parents who have a child with a disability, any childcare is inclusive if they can find it. Families who have children with special needs encounter numerous barriers to placing their children. These include the ratio of children to provider, the availability of affordable provider insurance, and the provider's familiarity in how to work effectively with children who have behavioral challenges or extra-ordinary needs.

I have attached two reports to this testimony. One is from Kathy Lee, who is under contract with the Department of Human Services to provide technical assistance to providers in ND. This report details some of the services provided to ND providers in the past year and summarizes the need and status of the consultants finding in providing technical assistance. The other is from Child Care Plus and contains data on a survey done in Montana among childcare providers. This research speaks to the range and diversity of need among childcare providers.

Thank you for considering this bill which is very important to ND families whose children have special needs.

TECHNICAL ASSISTANCE TO CHILDCARE PROVIDERS

SUMMARY OF ACTIVITIES THROUGH DECEMBER, 2012

Submitted by, Kathy Lee, Inclusion Specialist

In November, 2011, the North Center for Persons with Disabilities at Minot State was awarded a grant of \$50,000 to provide technical assistance to childcare providers serving children with special needs. This funding will continue through June 30, 2013. The grant has six identified goals. Each of these goals has been addressed throughout the year and activities are summarized below.

Goal 1: Provide technical assistance to providers receiving inclusion grants from the Department of Commerce and assist providers in developing care plans for children with special needs.

The Department of Commerce awarded two rounds of grants, one in December, 2011 and a second in September, 2012. A total of 12 providers received grants. To date 10 providers have received on-site visits and two providers have had phone contacts. All providers receiving grants were already caring for one or more children with special needs and were connected to local supports. Requests were for renovation of infrastructure, equipment purchases and staff increases. Technical assistance involved connecting providers with resources to ensure that purchases and modifications were appropriate.

As part of the 2010 rule making process, DHS required that providers caring for children with special needs have a written care plan for each child. All technical assistance provided by the grant included discussion about care plans. If the provider did not have a plan, a copy of the care plan used by the Child Care Resource and Referral Health Care Team was provided. While there is no required form, this document provides an excellent example of the type of information that is needed. Childcare licensers are required to review care plans when licensing or re-licensing providers.

Goal 2: Collaborate with local agencies to develop networks of support

The inclusion specialist has had multiple conference calls and meetings with staff at Childcare Resource and Referral. These meetings have resulted in the development of a tracking form that allows information on referrals to be shared between the inclusion specialist and CCR&R staff. This facilitates local follow-up after TA has been provided through the project. Part of each TA visit involves a discussion about support services child is receiving. If the provider does not appear to have the appropriate information, he/she is encouraged to talk with the parent and make sure the information is included in the required care plan. If the child is not receiving services that would appear beneficial, the inclusion specialist provides information to the provider or visits with the parents and consults with the referral agency when appropriate. Thus far, the project has referred to regional Infant Development Programs, the North Dakota School for the Deaf Parent Infant Program and the Right Track Program. Information about local therapy providers has also been shared.

The inclusion specialist worked collaboratively with CCR&R staff to develop a brochure detailing the project. The input of the ND Family Network Inclusive Childcare work group was also solicited during the development of the brochure. It was then disseminated to licensers. This was followed by dissemination to childcare associations across the state. Family Voices of North Dakota was contacted and agreed to include information about the grant in their newsletter. In December, 2012 the brochure was redistributed along with a reminder of resources available through the grant.

Goal 3: Make no-cost telephone and email consultations available to childcare providers.

The North Dakota Center for Persons with Disabilities has a system (ASK NDCPD) in place that provides a 1-800 number and a platform for email consultation. This system was utilized for the purposes of this grant. Information on this system as well as methods to access on-site consultation was distributed through presentations to regional licenser meetings, and visits to Childcare Resource and Referral staff at both eastern and western offices. The development and distribution of a project brochure has been previously detailed. Nineteen technical assistance requests have been received since December, 2012. The majority of TA requests have referenced assistance dealing with aggressive behaviors and behaviors associated with children on the spectrum. Dealing with children with autism and children on the spectrum is clearly a growing issue for providers. The consultant was able to connect one family with a provider willing to take a child with autism after that child was dismissed from another provider. A private resource, a local Sertoma Service Club, was accessed to build a ramp for a provider so she could serve children with physical disabilities. Provider insurance is a concern for childcares willing to serve children with special needs. Three providers expressed higher insurance rates as a barrier to their enrollment of children with disabilities, especially children with high risk behaviors and children with high risk health issues. This appears to be a systemic issue that may require review by DHS.

Goal 4: Connect students from North Dakota's higher education system and volunteers from community agencies with providers.

In March, 2012 letters were sent to RSVP programs across the state describing the grant and asking if there was interest in participation of volunteers on an as needed basis. Three programs responded positively to this request. The inclusion specialist for the project began working with faculty in the Early Childhood Special Education Program at Minot State this summer to investigate the possibility of placing graduate students in childcare settings as part of their field experience. A pilot project was developed and in January, 2013 four students will do a field experiences in childcare settings as part of their coursework. They will work within the routines of the day and assist providers in making modifications in these routines to allow maximum participation of children with special needs. They will collect data and if the pilot proves successful attempts will be made to disseminate it.

Goal 5: NDCPD will collaborate with other agencies including Child Care Resource and Referral, to provide inclusion training

Numerous teleconference calls have occurred between CCR&R staff and the inclusion specialists. Topics have included development of a special needs tracking form, expansion of the disabilities area on the CCR&R website, and follow up after technical assistance has been completed.

NDCPD staff working on the Supporting Autism Project in ND provided CCR&R with a requested list of reliable websites on the topic of Autism. The inclusion specialist completed the required training to become a certified trainer for Growing Futures. In June, training on Communicating Concerns to Parents was completed. In September, CCR&R organized childcare center directors for training on Administrative Issues in Caring for Children with Special Needs. November training for the NW NAEYC chapter titled Modifying Childcare Routines was cancelled due to weather and rescheduled for April. A letter to childcare associations was recently sent out offering training on disabilities at no cost through this grant project.

Goal 6: Collect data from families and childcare providers to determine satisfaction with the technical assistance provided through the project.

A short satisfaction survey is sent to a provider and/or a family following the delivery of technical assistance. The survey is sent on a postage paid self-addressed post card and is accompanied by a cover letter. The return rate has been low, but those returned have had generally positive comments. Respondents are not asked for any identifying information.

Summary:

The number of requests for technical assistance has been less than expected. However, the requests have followed the expected pattern. Providers appear to be fairly comfortable dealing with children with health issues, communication limitations and physical disabilities. With some assistance, they can adapt their routines for children with cognitive limitations. Issues continue to arise as they attempt to serve children with behavioral issues such as aggression, ADHD, and children who have difficulty interacting with others as well as the environment around them. These characteristics are often seen in children diagnosed with some level of autism. These children often receive a significant level of support when in an educational setting but providers are often asked to provide care without access to additional staff. Providers report that parents do not always tell them about their child's condition at the time of enrollment because they are fearful of being turned away; as a result, this creates more issues. It should be noted that many providers expressed very positive feelings about the support they have received from the Infant Development programs across the state. These programs should be commended for their efforts to provide early intervention services in the childcare setting. However, once children enter the education system, providers report that they struggle to get information on what is being done with the child in the classroom.

Providers are required to have written care plans for children with health issues and children with special needs. However, there is no requisite format and the quality of these plans varies greatly. Some plans are a few sentences in length and some plans go into great detail to identify all support services. Some providers are actively involved in the Individual Family Service Plan or Individual Education plan teams and others have no idea what these plans entail. These plans can provide a wealth of information and parents should make every attempt to include the provider. Development of further training focusing on the development of a thorough care plan would be beneficial for providers.

Several providers have indicated that higher insurance rates are a barrier to enrollment of children with disabilities. They report that their insurance companies have told them that serving children with special needs will result in an increase in their premiums. This is especially true if the child has at-risk health or behavioral issues.

Recommendations for remainder of grant funding cycle:

- 1) There are a number of programs in the state that are working to support children with autism and their families. These programs should ensure that childcare providers are offered support and training and include providers in team meetings whenever possible. Childcare remains an important part of the day for many children with autism and related disorders and providers need to be considered as support services are identified and implemented.
- 2) The Inclusion Specialist and staff at Childcare Resource and Referral should work together to develop a training on care plans and provide this training to childcare licensers and providers.
- 3) Childcare providers should review their enrollment process to make certain that it provides needed information without being threatening or invasive. Parents need to feel secure about revealing the needs of their child.
- 4) Insurance rates for childcare providers should be reviewed statewide. If a policy of higher rates for providers serving children with special needs is confirmed, it needs to be addressed, since it will only create another barrier for parents seeking care for their children.
- 5) If successful, the pilot project involving graduate students at Minot State University and a limited number of providers should be expanded. This would give graduate students the opportunity to practice early intervention in natural learning environments and would give providers support and a chance to increase their skills in modifying their environment to include children with special needs.

#4

13.0510.01000

Sixty-third
Legislative Assembly
of North Dakota

SENATE BILL NO. 2244

Introduced by

Senators Heckaman, Axness, Warner

Representatives Frantsvog, Boschee, Oversen

1 A BILL for an Act to provide an appropriation to the department of human services for early
2 childhood services inclusion support services and grants.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. APPROPRIATION - EARLY CHILDHOOD SERVICES SPECIALISTS.** There
5 is appropriated out of any moneys in the general fund in the state treasury, not otherwise
6 appropriated, the sum of \$300,000, or so much of the sum as may be necessary, to the
7 department of human services for the purpose of contracting for early childhood services
8 specialists to provide technical assistance to early childhood services providers pursuant to
9 section 50-11.1-18, for the biennium beginning July 1, 2013, and ending June 30, 2015.

10 **SECTION 2. APPROPRIATION - GRANTS - EARLY CHILDHOOD SERVICES**
11 **PROVIDERS.** There is appropriated out of any moneys in the general fund in the state treasury,
12 not otherwise appropriated, the sum of \$400,000, or so much of the sum as may be necessary,
13 to the department of human services for the purpose of providing grants to licensed early
14 childhood services providers that provide care for children with disabilities or developmental
15 delays pursuant to section 50-11.1-18, for the biennium beginning July 1, 2013, and ending
16 June 30, 2015. The grants may be used for equipment, renovation of facilities used to provide
17 the services, and staff.

CHILD CARE PLUS+ RESEARCH REPORT #4
INCLUSIVE CHILD CARE IN MONTANA

Child Care Providers' Strategies to Support Inclusion



Background

When Child Care plus+ asked 1,744 child care program owners and directors in Montana for their perspectives on caring for young children with disabilities, the survey included a number of questions about caregiving strategies associated with supporting a child with a disability in a child care setting. Survey participants (609) were further asked to:

- describe whether they had ever used the particular strategy (yes or no)
- rate their perception of the difficulty of implementing each strategy, from "very easy" to "very hard."

Overview of Results

Providers responded to a number of questions about strategies associated with their experience in supporting a child with a disability in a child care setting. They reported a) whether they had ever used the strategy and b) how difficult the strategy was to implement. After the surveys were completed, strategies were clustered in three categories:

- ▶ basic strategies typical in early childhood programs (encouraging social interactions, repeating directions)
- ▶ strategies to accommodate the unique needs of a child with disabilities (adapting toys and play materials)
- ▶ strategies representing highly specialized practices (suctioning a tracheotomy)

Programs are using typical early childhood strategies to include children with disabilities.

Eight of the eleven basic strategies most often associated with typical early childhood practice were used by at least half of the programs represented. "Focusing meticulous attention to health/safety practices including use of Universal Precautions" was used by only 37% of the programs. "Completing focused observation and documentation of behaviors" and "maintaining current developmental information for use in program planning" were used by less than half the programs as well. The strategies in this category are listed in the chart below and include encouraging social interactions, simplifying directions for a child, modifying the daily schedule, etc. These are the very strategies recommended for all children by the early childhood field.

None of the strategies were perceived as very hard to implement. "Completing focused observation and documentation of behaviors" and once again "focusing meticulous attention to health/safety practices, including use of Universal Precautions" were rated as slightly closer to "very hard" than to "very easy."

Strategy: Typical in early childhood programs (1 = very easy; 5 = very hard)	Frequency of Use	Difficulty
Encouraging social interactions	80%	2.18
Requesting help/suggestions from child's family	76%	2.05
Repeating or clarifying activity directions	76%	2.38
Simplifying directions to child	71%	1.84
Modifying group activities to allow participation	64%	2.25
Administered medication throughout the day	66%	2.07
Providing extra help to teach play skills	58%	2.66
Modifying the daily schedule	56%	2.20
Completing focused observation and documentation of behaviors	44%	3.03

Strategy: Typical in early childhood programs (1 = very easy; 5 = very hard)	Frequency of Use	Difficulty
Maintaining current developmental information for use in program planning	43%	2.71
Focusing meticulous attention to health/safety practices, including use of Universal Precautions	37%	2.9

Programs reported a wide range of use of individualized strategies.

From the list of 24 strategies associated more specifically with meeting the unique needs of a child with disabilities (listed in the chart below), there was a wide range of use reported. Sixty-nine percent had "accommodated a short attention span" and four other individualized strategies had been used by over 50%. However, eight of the specific strategies were used by less than 30% of the participants. Interestingly, the average level of perceived difficulty for all 24 strategies clustered around average and none were perceived as "very hard." The most difficult practices in the group were "providing additional supervision for problematic behavior" and "responding to a child who is having seizures," yet 45% and 24% of the providers had used these strategies respectively.

Other strategies, rated higher than average in difficulty, are associated with services likely to be required by a child's educational or therapy program, such as "responding appropriately to frequent or intense tantrums," "embedding IEP/IFSP goals and objectives in daily routines," "assisting in the development of the IEP/IFSP," "providing space for the use of adaptive mobility equipment," and "using adaptive positioning equipment."

Strategy: Individualized Category (1 = very easy; 5 = very hard)	Frequency of Use	Difficulty
Accommodating short attention span	69%	2.80
Responding appropriately to frequent or intense tantrums	60%	3.28
Giving physical assistance to participate in all program routines and activities	50%	2.71
Being attentive to severe allergies	51%	2.63
Giving support for unusual fears	51%	2.59
Modifying responses for a speech difficulty or delay	46%	2.75
Assisting with the use of spoons/cups for children over the age of two	49%	2.27
Lifting and/or carrying the child (over 20 lbs)	49%	2.85
Making referrals for additional support or resources	45%	2.30
Implementing a specialized behavior plan	46%	2.79
Providing additional supervision for problematic behavior	45%	3.58
Rearranging the environment	48%	2.28
Meeting diapering needs beyond age 3	45%	2.93
Obtaining parent permission to share information with other specialists	40%	2.17
Adapting toys and play materials	35%	2.48
Incorporating therapists in the program's schedule and routines	32%	2.88
Adapted an existing piece of furniture or equipment to meet individual needs	29%	2.97
Responding to a child who is having seizures	24%	3.53
Accommodating for a hearing loss	23%	2.84

Strategy: Individualized Category (1 = very easy; 5 = very hard)	Frequency of Use	Difficulty
Embedding IEP/IFSP goals and objectives in daily routines	24%	3.12
Assisting in the development of the IEP/IFSP	23%	3.09
Accommodating visual limitations	22%	2.72
Providing space for the use of adaptive mobility equipment	18%	3.32
Using adaptive positioning equipment	18%	3.04

Programs use highly specialized strategies less frequently.

As might be expected, highly specialized strategies were used less frequently by participants, and as a group were considered much more difficult to implement in the child care setting (see chart below). The highest difficulty rating of any support strategy was given to "suctioning a tracheotomy tube." Other medical procedures ("use of a feeding tube" and "operating health monitors") also received relatively high difficulty ratings, as did "communication through sign language" and "using alternative communication methods."

Strategy: Highly Specialized Category (1 = very easy; 5 = very hard)	Frequency of Use	Difficulty
Supporting use of inhalers or other breathing equipment	56%	2.44
Implementing specific therapy routines	25%	3.15
Using planned approaches to prevent self-injurious behavior	31%	3.08
Communicating through sign language	26%	3.51
Using alternative communication methods	25%	3.31
Operating health monitors	13%	3.66
Using a feeding tube to provide for nutrition needs	7%	3.84
Suctioning a tracheotomy tube	2%	4.27

Programs with experience rated the difficulty of strategies slightly differently than programs without experience. When the difficulty ratings of caregiving strategies assigned by participants with experience with young children with disabilities were compared with those of participants without experience, participants with experience perceived most strategies as slightly easier than participants without experience. There were slight differences in the ratings for strategies rated harder than average (typically those strategies that might be necessary when serving young children with disabilities). However, participants without experience rated "suctioning a tracheotomy" and "lifting and/or carrying the child (over 20 lbs)" as slightly easier, 4.2 and 2.7 respectively. Whereas, participants with experience rated the difficulty of these two strategies as 4.3 and 2.9 respectively.

Caring for children with disabilities is an important but scary undertaking. I know parents of children don't have medical background and learn to provide care. When you add in the dynamic of 5 or 6 other children to care for, I get frightened. I sometimes forget to change a diaper— what if I forget to administer meds, or change a tube? The answer of course, is training and education. Another concern is financial. Is it fair to charge more \$ for a special needs child? If I lower my numbers, I would have to make up the money somewhere else.

Montana Family Child Care Provider

ACCESS TO QUALITY CHILD CARE IN MONTANA:
EXPLORING PARENT AND PROVIDER PERSPECTIVES
ON INCLUSION

For information about this research, other topics related
to inclusive child care, or copies of this report, contact:

Child Care plus+
The Center on Inclusion in Early Childhood
The University of Montana Rural Institute
634 Eddy Avenue
Missoula, MT 59812-6696
1-800-235-4122 (406) 243-6355
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This project is awarded by the U.S. Department of Health and Human Services; Administration for Children and Families; Child Care Bureau (Award #90YE0013). Opinions expressed herein are those of the authors and do not necessarily represent the position of the U.S. Department of Health and Human Services.

Testimony on SB 2244
Senate Human Services Committee

January 28, 2013

Madam Chair Lee and Members of the Senate Human Services Committee:

My name is Roxane Romanick and I am presenting testimony representing Designer Genes of North Dakota. Designer Genes is a Down syndrome support organization consisting of over 200 members across the state of North Dakota, mainly consisting of family members raising children with Down syndrome. I am here in support of SB 2244.

This bill is about promoting inclusive child care. Inclusive child care is defined as full participation by children with disabilities in programs and activities designed for children who are developing typically. I worked with colleagues last year to support the passage of SB 2298 and we continue to be in support of SB 224.

Through my work with Designer Genes, I am often in a place of supporting families around a variety of issues. Children with Down syndrome present a myriad of issues that can be perceived as challenging to child care providers, such as delayed developmental skills such as walking or potty training, health problems, behavioral challenges, alternate communication needs, feeding concerns, etc. We often receive questions about how to talk to child care providers about a child's needs or diagnosis. In general, I can tell you stories of success about how child care providers have risen to the occasion and supported children with Down syndrome in their settings, but I also know that parents worry constantly about those placements and whether they will last. In addition, they are constantly working to "beef up" the placement with additional information and communication to the provider. While there are many stories of success, there are also stories of rejection and failed placements.

In 2007, ND Kids Count and Child Care Resource and Referral conducted a survey to look at dismissals in child care. Reported from 538 completed surveys were a total of 244 dismissed cases of children from child care. 51% of those cases were due to behavioral concerns. In 26% of the cases, it was due to safety concerns for the other children in the care of the provider. What we don't know about the 51% and the 26% is what else was going on with those children. What we know about developmental delays, disabilities, at-risk conditions, and/or special health concerns in young children is that often their communication is behavior. Often their only method of letting others know something is wrong is to act out. This is the vulnerable population that we are talking about today.

We need a few things in North Dakota in relation to making sure child care is available to all children. First off, we need to increase the opportunities to child care access. If families chose or need to work, we need to make sure that they have the option for child care no matter what type of challenges their child brings with them. Then, we need to make the child care options great. We need to make sure child care providers have access to training and specific consultation. What we know from universal design theories in education is that if we design programs to meet our most vulnerable citizens, we also improve the supports for everyone. This can be true in child care as well.

About two years ago, I spoke at a Health and Safety Summit for area child care providers and assisted in setting up a panel of parents of children with special needs that spoke on the accessing child care. I didn't know what kind of an impact the information presented had until I was at the play park at a local mall a couple weeks later and I had a woman approach me. She asked me if I was the woman that had spoke at this training and when I told her I was, she said "I left that day crying. I didn't want to tell anyone that I had turned down a number of people who had called and said that they had a child with a disability. I always believed that I couldn't do it, couldn't care for them, but after hearing all of you parents speak, I really believe that I was being selfish and now believe that I should take a chance."

It is our hope that the inclusion specialist program and the grant program will build capacity and will encourage more providers to "take a chance". We need to get support to providers in some form or another and we need to be realistic about it. Sometimes it takes another hand, equipment, or a home modification to make it work. We can talk about the regulations of the Americans with Disabilities Act and the requirements that are placed on child care providers all we want, but in the end, we have to make sure we are realistic and that both providers and children are supported.

Thank you for your time.

Roxane Romanick
Designer Genes of ND President
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701-258-7421



Testimony of Beth Nodland, January 28, 2013, in support of SB 2244

Thank you for the opportunity to speak today. I'd like to introduce the little boy in the picture to the left on the sheet I am passing around, my son. His name is Lochlan Morrison, he's 4 years, 9 months old, almost 5. He has Down syndrome.

He goes to a private daycare/preschool in Bismarck. While he can use a bit of sign language, Lochlan is still for the most part, non-verbal. Lochlan needs special help staying in his place and participating during learning circles, music classes, and art projects. He needs help getting dressed to go outside for playground time. He needs a designated staff member at his side during Christmas programs, and other special events. He needs a specially designated staff person at his side during field trips to the Pumpkin Patch, the swimming pool, the

library, the local art school, the zoo, or any other field trips the children all go on. His teacher is asked to attend his IEP meetings, and to take measures of his goals. This extra staff time adds a lot of burden to the daycare where he goes.

He is not yet potty trained, but making progress, and this also puts an extra burden on the daycare staff. Other kids with special needs also master toilet training later, and also need help with time consuming tasks like medicine, equipment, behavior plans, and communication. Most daycares and private preschools don't have the staff to designate to kids like ours, and it is tough to find places that will take our kids. I fully support SB 2244, and especially the appropriation of grant money to provide for additional staff so that more daycares will accept our kids.

Thank you for your time, and the opportunity.

Beth Nodland
701-527-7022
bnodland@aol.com

January 28, 2013
SB 2244
Senate Human Services

Chairman Lee and members of the Senate Human Services Committee, I am Teresa Larsen, the Director of the Protection & Advocacy Project (P&A). There is a P&A in every state and territory. In ND, it is an independent State agency with a seven member governing board. P&A's were established by Congress to protect and advocate for the rights of individuals with all types of disabilities, of all ages, within the priorities established by each entity.

The Americans with Disabilities Act (ADA), passed in 1990, provides protection for people with a physical or mental impairment which substantially limits one or more major life activities; people with a history of such impairments; people who are regarded as having such impairments; and for people/entities associated with people who have such impairments.

The ADA applies to all places of public accommodation under Title III, including child care providers (however religious entities are exempt). A child care provider, whether a family child care home or center, is a place of public accommodation because it holds itself out to the public as a business. The ADA requires that providers not discriminate against persons simply because they have disabilities. Instead, they are to make a case-by-case assessment of what the person with the disability requires to be fully integrated into the program. Once they know what is needed, they must assess whether reasonable accommodations can be made to allow this to happen.

Types of accommodations include: admissions policies; changes in policies, practices, or procedures; provision of auxiliary aids and services; and removal of physical barriers in existing program facilities. Child care providers must make these accommodations unless:

- In the case of changes in policies, practices or procedures, the accommodation would fundamentally alter the nature of the program;
- In the case of auxiliary aids and services, the accommodation would fundamentally alter the nature of the program or pose an undue burden; or
- In the case of the removal of barriers in an existing program, the accommodation would require much difficulty or expense.

In addition, child care providers do not have to provide care in situations in which a child poses a direct threat (a substantial risk of harm to others).

In North Dakota, while many parents of children with disabilities or delays are having a difficult time finding child care, they are not pressing the issue legally. I believe most, if not all, child care providers would serve those who want their services if they had the needed information, training, and resources to do so. This bill would help bridge this gap by making technical assistance and resources available. It is a win-win for everyone.

I will be happy to answer questions you may have. Thank you.

Madam Chairman and members of the committee my name is Janet Bassingthwaite. I'm here today representing the 250 members of the North Dakota Association for the Education of Young Children (NDAEYC) in support of SB 2244. As affiliates of the national organization we are part of the leading membership association working to improving the quality of care and education for children.

Although professionals providing early childhood services receive training and education, it is often geared toward typical child development. Due to a lack of knowledge, equipment, or resources caregivers feel ill-equipped to provide care for children with needs that are special. The ability to access technical assistance specifically directed at this issue could alleviate apprehension for providers and allow equal opportunity for children and families dealing with special needs.

On behalf of NDAEYC I ask you to vote for a Do Pass on SB 2244.

Janet Bassingthwaite

NDAEYC VP Public Policy

NDLA, S HMS - Herrick, Kari

From: Lee, Judy E.
Sent: Sunday, February 03, 2013 9:59 PM
To: NDLA, S HMS - Herrick, Kari; NDLA, Intern 02 - Myles, Bethany
Subject: FW: thanks

Copies, please.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Blake Crosby [<mailto:bcrosby@far.midco.net>]
Sent: Sunday, February 03, 2013 7:34 AM
To: Lee, Judy E.
Subject: RE: thanks

Judy—Good morning.

Just to clarify, 2244 is not a CCRR driven bill. I recall Joan came up with the concept entirely on her own, but I do not recall/remember the circumstances. However, she did ask us to help her round out the concept. So, please indulge me as I give a multi-faceted answer and also keep in mind I am a financial numbers person, a bean counter, so that is my approach.

--I am opposed to paying the parent. It not only prevents them from entering the work force but it penalizes the special needs child. The sooner we can mainstream that child the better it is for their academic and social enrichment, plus it teaches those children who do not have special needs to be tolerant of those who are different than they. It makes the child better prepared to eventually be in the workforce.

--as a business person I believe it is cheaper to pay now instead of paying later. If we can identify those children when they are very young, provide them some accommodation and put them on a care plan if needed; that is much cheaper than waiting until they start Kindergarten and then attempt to accommodate or mitigate developmental delays/impairments when the behaviors are ingrained/habitual. To me that just makes common sense.

--CCRR favors the bill because we not only want to support the child and his/her family, but there are child care providers that would love to accommodate special needs children if they had the skills and training but they don't; so this is a reasonable option.

--relative to the variety of needs, there needs to be some vetting. The medical/social service community has been dealing with this for years already and they know who needs what. I know Joan does not envision a "no questions asked" situation. 2244 provides funds to contract out for specialists who could train providers, provide on-going guidance/assessment, and be a "go to". I would not see those providers who may be dealing with a peanut allergy, mild diabetes, some of those "milder" situations; requesting an attendant. Many providers already deal with the allergies, lactose intolerance, etc. stuff. Nowadays it goes with the territory.

--the other portion of 2244, as I read it, primarily provides funding for environmental changes such as a wheel chair ramp. You can't help a wheel chair bound child if they can't get in your place.

--if we are going to put some extra effort into autism, why not deal with whatever the testing finds? Are we going to tell that parent who has their child tested "Sorry, your child appears to have mild Down's Syndrome instead of autism, so we can't help you." That's pretty unrealistic.

--I would trust DHS to define reasonable parameters. They should understand this sphere as well as any state agency, they can reach out to other state agencies if need be, and that's free ...no cost. I say put the money out there, put the onus of using the money prudently on DHS, require some measurement, and have DHS report back prior to the next session. Trying to build in what constitutes a special need, what is appropriate accommodation, and all that minutiae will just create an untenable bill. That's why we have DHS....we need to trust our departments to be good (not perfect) stewards of taxpayer money.

I don't see CCRR getting any money out of this so we don't have a financial dog in this fight. As a tax payer, this is good for the "public good".

You may want to contact Joan for her detailed thoughts. No offense, but my time is pretty cramped for the next couple of days. I am gone most of tomorrow as I will be in Langdon presenting my financial analysis of and recommendations for their child care center to their Board, and today I am assisting some friends who are flying into town to visit parents/in-laws.

Glad to help if I am able. Probably see you in Bismarck later in the week. Tony has asked me to be present for the sub-committee hearing on 2018.

Take care.

Summary of Early Childhood Resources and Funding

Provided by Jennifer Barry,
Children and Family Services Division, N.D. Department of Human Services
January 30, 2013

Resources for Early Childhood Providers

Department of Human Services (DHS)

- **Licensing** - DHS works with the Early Childhood Services Advisory Board, a board made up of seven childcare operators from various licensing categories and various areas of the state, to conduct reviews and revisions of administrative rules. It is the goal of DHS to ensure the health and safety of children without creating unnecessary barriers for providers. See attachment for a comparison of how N.D. regulations compare with other states.
 - Licensing funding for counties - **General Fund** \$142,964, **Federal Funds** \$630,117, for total funds of \$773,081 in 2013-2015 budget
- **Child Care Resource and Referral (CCR&R)** - DHS contracts with Child Care Resource and Referral to provide a referral service to parents, to assist with community child care planning, to provide training and support to potential and existing childcare providers, and to collect data on childcare capacity and demand. Additionally, CCR&R has been contracted to implement the Growing Childcare Initiative. Growing Childcare was first funded in 2009, and combines training, technical assistance and incentive dollars with the goal of increasing capacity and enhancing the quality of childcare, and developing the early childhood workforce.
 - **General Fund** - \$3,316,221, **Federal Funds** \$2,551,178, for **Total Funds** of \$5,867,399 in 2013-2015 budget
- **Inclusion Support** - In 2011, \$50,000 was appropriated to provide technical assistance to childcare providers who care for children with special needs. DHS contracted with the N.D. Center for Persons with Disabilities to provide this service. Additionally, DHS collaborated with the Department of Commerce to provide grants to providers to increase capacity of inclusive childcare. The Department of Commerce was authorized to use up to 50% of the carry-over dollars from the 2009 Childcare Grant and Loan program for these grants (\$40,577 was awarded over two grant rounds in 2011-2012).
 - **General Fund** \$50,000 for technical assistance in the 2013-2015 budget

Department of Public Instruction

- **Child and Adult Care Food Program (CACFP)** - Funded by USDA, CACFP provides reimbursement to childcare homes and centers that serve healthy meals and snacks to children in child care programs.
 - Eligible licensed and self-declared providers may access the food program.
 - Not all child care centers or group facilities may participate in the CACFP. Child care facilities must be non-residential and must be either private non-profit or

must serve a certain number of children from low income households (25%). Child care centers or group facilities that do not meet these requirements may not participate in the CACFP.

- Home child care home providers may participate in the CACFP as long as they are licensed or self-declared through DHS. Home providers participate in the CACFP through a Sponsoring Organization, which is responsible for ensuring the program is operated correctly by the providers and which processes the monthly claims for reimbursement for the home providers. CACFP funds for home providers flow through DPI to the Sponsoring Organizations and on to the providers.
 - Reimbursement varies depending on household income of provider or income level of school area. For reimbursement rates, go to <http://www.dpi.state.nd.us/child/cacfp/rates.shtm>.
- **Early Childhood Continuing Education Grants** - Provides one-time grants of up to \$1,200 for early childhood workforce members who are working on a Child Development Associate credential, an Associate’s Degree or a Bachelor’s Degree in Early Childhood Education.
 - **General Fund** \$150,000 in the 2013-2015 budget

Department of Commerce

- **Child Care Loan Program** - Makes available loans of up to \$100,000 for childcare to be used for things like working capital, equipment, purchase of real estate, and improvements to real estate. To date, approximately 20 projects have been committed for a little over a million dollars.
 - **\$1,250,000** for child care loans was approved by the legislature in 2009, with a sunset of July 31, 2013. House Bill 1113 seeks to remove that sunset, making the carryover dollars available for the 2013-2015 biennium.

Resources for Parents

Department of Human Services

- **Child Care Assistance Program (CCAP)** - Administered through the Economic Assistance Division, CCAP provides assistance in paying for child care to eligible low-income families, while parents work or participate in an eligible training or education program.
 - **General Fund** \$252,686, **Federal Funds** \$13,728,004, **Other Funds** \$6,917,975 for total funds of \$20,898,665 in the 2013-2015 Budget
 - Note: “Other” funds are “SWAP” or retained funds, generated from the SWAP legislation in the 1997 session (HB 1041).
- **Child Care Resource and Referral**-Helps parents evaluate care options, learn about child care licensing and develop an understanding of child care services. Maintains statewide database of licensed child care options and helps connect parents who are searching for child care with providers who have openings.

Resources for Communities

Board of University and Trust Lands

- **Pilot program** to provide a state cost-share for any political subdivision willing to sponsor a new or remodeled facility for child care providers. Grants were funded for five projects.
 - **Energy Infrastructure and Impact Grant Program (Board of University and School Lands—commonly known as the Land Board)** Total Funding for pilot: \$625,000
 - \$5,000,000 included in 2013-2015 Governor’s Budget for expansion of the program

Department of Human Services

- **Child Care Resource and Referral** – Is available to assist with community planning.

Note: Information on resources within the Department of Public Instruction and the Department of Commerce has been collected in consultation with representatives from those agencies. Further questions on those resources should be directed to the respective agencies.

“SPECIAL CARE”
CHILDCARE & PRESCHOOL

Judy Vinger
1213 Knoll Street
Williston ND 58801
701-572-8083
Jvinger@wil.midco.net

Honorable Human Service Senate Committee Member,

SB2244 is a bill to provide funding to the child care field in North Dakota.

My name is Judy Vinger and I have been licensed for child care for over 30 years. I have my Associate of Science / Early Childhood Degree, a Child Development Associate Degree and am the only child care in North Dakota with National Accreditation.

The reason for my concern is to make sure that SB2244 and bills like it, relating to child care, do not use the word “centers” in the description of child care. I am the owner/operator of a child care in Williston ND. My childcare carries a “group” license. In Williston, like most cities across of the state of North Dakota, the majority of children in child care are cared for in “group” or “family” licensed settings. So I am asking that you intentionally clarified that terminology before you finalize or vote on any such legislation. Those of us with group and family licensed need to be included. I employ five staff members and have the same needs and difficulties that center have and deserve the same considerations and attention.

We, family and group providers, are an invaluable asset to ND and too often have been overlooked because we do not have large amounts of children in our individual care. Separate we may seem small, but on a whole we are a huge driving force for child care in this state. We also have the ability to reproduce very easily. I have mentored several employees over the years that are providing care in their own homes now or still working in child care for me or other providers. That accomplishment is very dear to me and I feel blessed to have been a part of their mentorship process. It is also another reason not to disregard these providers.

Please do not hesitate to call me if you have any questions on this or other bills relating to child care. Thank you for your service to North Dakota.

Sincerely,
Judy Vinger

Sen. Joan Heckaman #1
SB 2244
2-18-13

SB 2244

Chairman Holmberg and Members of the Senate Appropriations Committee:

I am Senator Joan Heckaman from New Rockford and I represent District 23.

I am here today to introduce you to SB 2244 which would provide an appropriation to the Department of Human Services for child care services for special needs children.

I'm sure you are all aware of the dire need for good quality child care across the state. This is also the case for the same quality and availability for child care for special needs children.

Last session \$50,000 was appropriated to begin some basic services. You will hear testimony from others as to the success of these services. But you will also hear that there are about 6000 special needs children in home based care and center care across the state. Thus the need to increase these valuable services.

Parents should not have to struggle in this economically prosperous state to find someone to care for their children so they can be part of our expanding work force. Mothers and fathers should not have to look and look for care givers who can provide services for children who have food allergies, asthma, behavioral issues, developmental delays, seizures, special procedures, metabolic disorders, or diabetes.

I have heard many, many times the HOPE we have in college graduates- Hope that they will stay in North Dakota and contribute to our society. That won't be possible if good quality, affordable child care is not available. Even more difficult is the opportunity to find someone to

care for special needs children if such a need arises. Whether it is a medical need, a behavioral need, or a nutritional need, parents need reassurance that there will be a care giver prepared to accept their child into the child care setting.

Senate Bill 2244 provides that reassurance for many parents across the state. This bill can provide the comfort that parents need. Comfort that their child is in the hands of those care givers with access to technical assistance, as well as funding for equipment and renovations, to give our special needs children quality care.

This bill will give care givers support to work with these children and families. This bill will provide answers to the many questions care givers may have as they care for our children and grandchildren with special needs.

Just last week my Education Committee heard testimony from a legislative member of the House. He just became a grandfather of a Downs Syndrome grandchild. In his testimony on another bill, you could see his love for that grandchild. But you could also see the many questions he and his family will have as they raise this precious child. And as it happened, there was a coordinator for a parent organization in the room who gave him a phone number. That contact may be one of the most important phone numbers his family will get this session.

I know you will give your full attention and consideration for funding SB 2244.

Linda Reinicke

SB 2244

2-18-13

#2

SB 2244

Senate Appropriations Committee

Monday, February 18, 2013

Chairman Holmberg and Members of the Committee:

I am Linda Reinicke, Program Director for Child Care Resource & Referral, a program of Lutheran Social Services in western ND. Child Care Resource & Referral (CCR&R), a statewide program, helps parents find child care, supports and trains child care providers, and helps communities address child care challenges. I would like to share data collected by CCR&R and Minot State University over the last 18 months relative to this project and discuss the need for expanding the project.

Many children with special needs spend many hours in child care

- Approximately 6,000 children with special needs attend child care. In ND, 1,400 licensed child care programs care for 33,000 children of which, as is common in the general population, approximately 20% have special needs. Currently, providers have no support directly available to them to assist them in caring for children with special needs
- Children spend a significant time in child care (up to 45 hours a week). An infant welcomed into child care today will spend 12,000 hours in child care, more time than the child will spend in elementary school and high school. This precious and significant amount of time must be maximized for optimal development for children with physical, cognitive or behavior challenges
- Providers, because they connect so early and closely with families, serve as first responders in identifying developmental delays. They often, however, need their concerns validated, assistance sharing them with parents, and an understanding of referral options available
- Providers lack access to adaptive equipment that helps them integrate children with special needs. The expense of purchasing equipment or making program

adaptations often becomes an enrollment barrier and keeps them from accepting children with special needs

The Inclusive Child Care Program began in 2011

The 2011 Legislature appropriated \$50,000 for make available special needs consultation services for child care programs. The Department of Human Services contracted with Minot State University to provide technical assistance to

- 1) Child care providers via phone and on-site for those receiving grants through the Department of Commerce
- 2) CCR&R's early childhood consultants enabling them to better serve providers requesting assistance.

CCR&R and Minot State collected data on the number of child care providers that contacted CCR&R and/or Minot State and the types of special needs that were addressed. The data indicates (for 18 months)

- 133 providers from 23 counties received consultation
- A majority of child care providers did not have access to care plans for the children with special needs
 - 22 children came into child care with care plans completed
 - 54 care plans were completed with the assistance of the CCR&R
 - 62 care plans yet to be completed

Senate Bill 2244 expands technical assistance and funds equipment grants

1. (\$300,000) to hire inclusion specialists (2 FTEs) to provide on-site training and consultation. Services will be directed at the provider (not the child) and available to providers requesting assistance

Consultants can help providers

- Make program adaptations which may not require financial investment
- Determine if the situation warrants a referral
- Conduct sensitive conversations with parents regarding concerns the provider may have about their child

- Connect the family with community resources
- Identify appropriate equipment and materials

2. (\$200,000) for grants for adaptive equipment

The Governor's budget contains the \$50,000 for Minot State University to continue providing technical assistance for inclusion specialists working directly with providers. The new dollars would fund grants and front-line inclusion specialists (one in the east and one in the west) to make on-site visits as needed.

I appreciate the opportunity to present this information. I will stand for any questions.

Linda Reinicke
CCR&R Program Director
Lutheran Social Services of ND

lreinicke@lssnd.org
530-2501 (office) 226-2510 (cell)

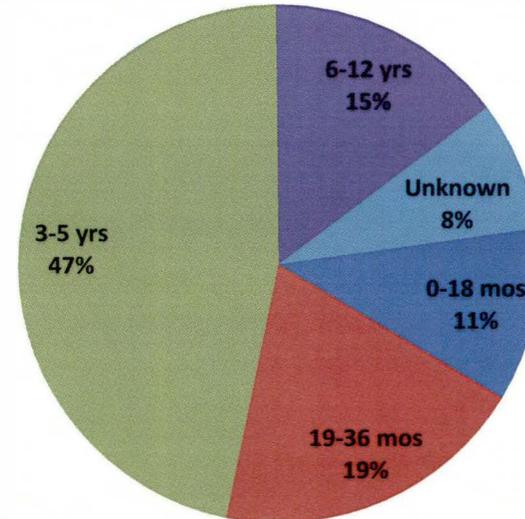
Inclusive Child Care Data Summary

7/1/2011 to 12/31/2012 (18 months)

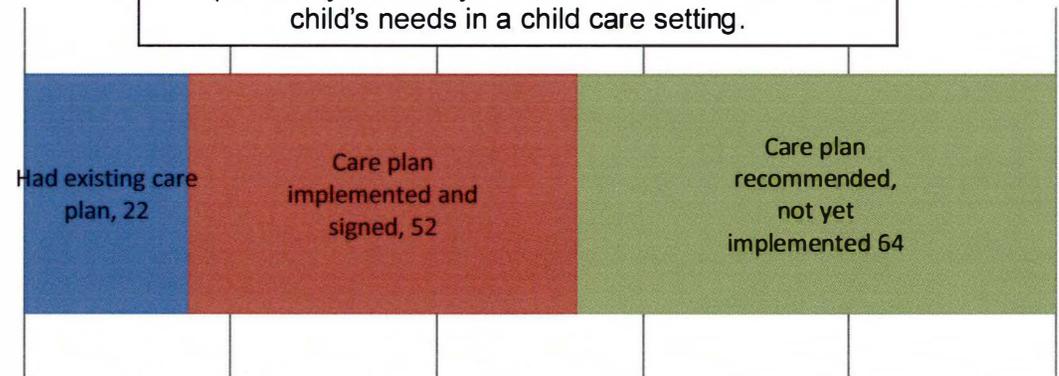
The Inclusive Child Care Project assisted 133 providers who, collectively, cared for 148 children with special needs. Ninety percent (90%) of the providers participate in CCR&R's Growing Child Care Initiative.

County	Center	Family	Group	Grand Total
Adams		1	1	2
Burleigh	13	6		19
Cass	25	5	14	44
Cavalier	1	1		2
Divide			3	3
Eddy			1	1
Grand Forks	8	5	4	17
Griggs			5	5
LaMoure			2	2
Mercer		1		1
Morton			1	1
Nelson		1		1
Pierce	3			3
Ramsey	3	1	1	5
Ransom			2	2
Richland	2	3		5
Rolette	1			1
Sargent		4		4
Stark		1		1
Stutsman	1	2	1	4
Walsh	3			2
Ward	20		2	22
County not identified	2			2
Grand Total	80	31	37	148

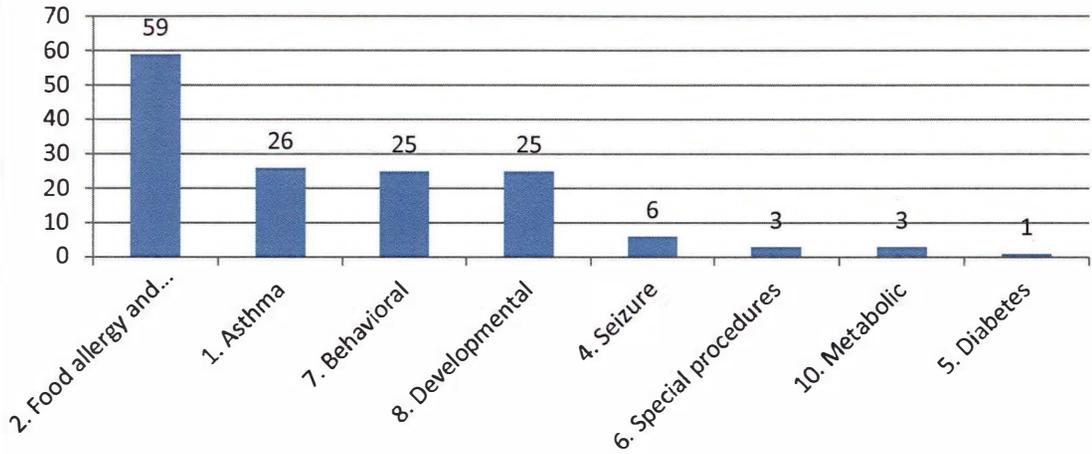
Ages of children with special needs served by providers who called CCR&R for technical assistance



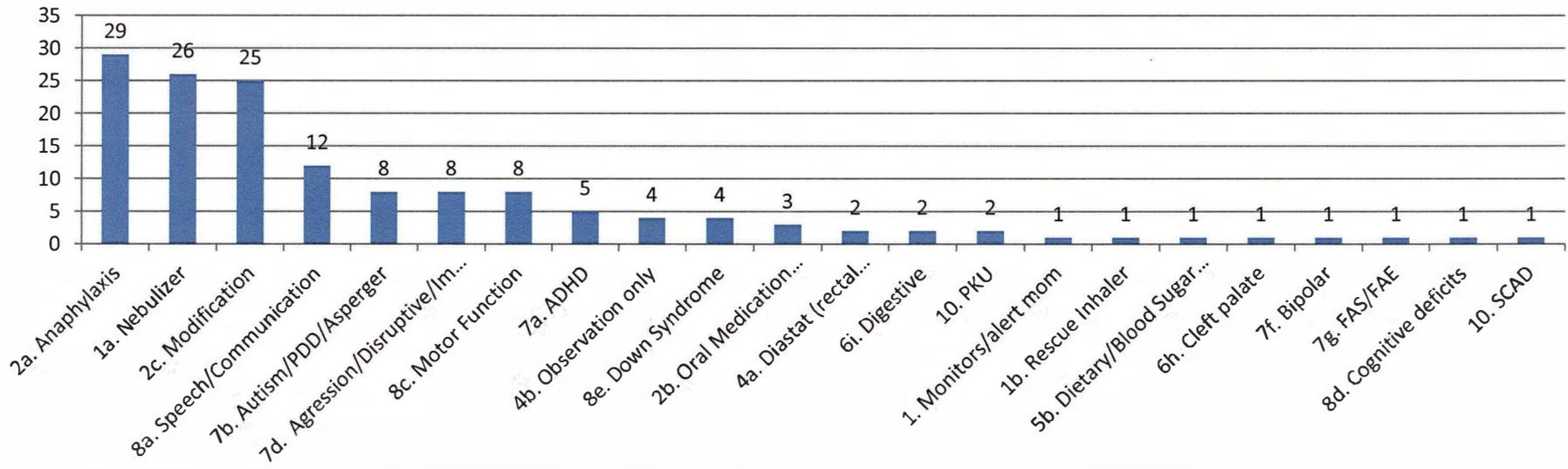
Children with special needs require care plans specifically written by medical staff to address the child's needs in a child care setting.



Categories of Special Needs Documented



Detailed Types of Special Needs Documented



1. Asthma
2. Food Allergies
3. Other Allergy and Anaphylaxis
4. Seizures
5. Diabetes
6. Special Procedures/Adaptations
7. Behavioral
8. Developmental
9. Skin-Integumentary System
10. Other

- 1a. Nebulizer
- 1b. Rescue Inhaler
- 1c. Oral Medication Administered
- 2a. Anaphylaxis
- 2b. Oral Medication Administered
- 2c. Dietary Intolerances with modifications
- 3a. Insect
- 3b. Latex
- 3c. Medication Administered
- 3d. Exercise induced anaphylaxis/urticaria
- 4a. Diastat (rectal medication) Administered
- 4b. Observation only
- 5a. Insulin/Glucagon Administered
- 5b. Dietary/Blood Sugar monitoring
- 6a. Apnea Monitor
- 6b. Tube Feeding
- 6c. Suctioning
- 6d. Catheterization
- 6e. Positional Plagiocephaly with helmet/head band
- 6f. Clubfoot bracing/taping/stretching
- 6g. Other positional devices/wheelchair or casts
- 7a. ADHD
- 7b. Autism/PDD/Asperger
- 7c. Sensory Integration
- 7d. Agression/Disruptive/Impulsive control
- 7e. Withdrawal/Depression
- 7f. Bipolar
- 8a. Speech/Communication
- 8b. Vision
- 8c. Motor Function
- 8d. Cognitive deficits
- 8e. Down Syndrome
- 8f. Elimination Disorders (fecal & urine Incontinence)
- 9a. Eczema
- 9b. Post - surgical or Burn wound care
- 9c. Diaper Rash Medication Administered
- 9d. Other topical medications(Ex. Steroid cream) Administered
- Other

Summary of Early Childhood Resources and Funding

Provided by Jennifer Barry,
Children and Family Services Division, N.D. Department of Human Services
February 7, 2013

Resources for Early Childhood Providers

Department of Human Services (DHS)

- **Licensing** - DHS works with the Early Childhood Services Advisory Board, a board made up of seven childcare operators from various licensing categories and various areas of the state, to conduct reviews and revisions of administrative rules. It is the goal of DHS to ensure the health and safety of children without creating unnecessary barriers for providers. See attachment for a comparison of how N.D. regulations compare with other states.
 - Licensing funding for counties - **General Fund** \$142,964, **Federal Funds** \$630,117, for total funds of \$773,081 in 2013-2015 budget
- **Child Care Resource and Referral (CCR&R)** - DHS contracts with Child Care Resource and Referral to provide a referral service to parents, to assist with community child care planning, to provide training and support to potential and existing childcare providers, and to collect data on childcare capacity and demand. Additionally, CCR&R has been contracted to implement the Growing Childcare Initiative. Growing Childcare was first funded in 2009, and combines training, technical assistance and incentive dollars with the goal of increasing capacity and enhancing the quality of childcare, and developing the early childhood workforce.
 - **General Fund** - \$3,266,221, **Federal Funds** \$2,551,178, for **Total Funds** of \$5,817,399 in 2013-2015 budget
- **Inclusion Support** - In 2011, \$50,000 was appropriated to provide technical assistance to childcare providers who care for children with special needs. DHS contracted with the N.D. Center for Persons with Disabilities to provide this service. Additionally, DHS collaborated with the Department of Commerce to provide grants to providers to increase capacity of inclusive childcare. The Department of Commerce was authorized to use up to 50% of the carry-over dollars from the 2009 Childcare Grant and Loan program for these grants (\$40,577 was awarded over two grant rounds in 2011-2012).
 - **General Fund** \$50,000 for technical assistance in the 2013-2015 budget

Department of Public Instruction

- **Child and Adult Care Food Program (CACFP)** - Funded by USDA, CACFP provides reimbursement to childcare homes and centers that serve healthy meals and snacks to children in child care programs.
 - Eligible licensed and self-declared providers may access the food program.
 - Not all child care centers or group facilities may participate in the CACFP. Child care facilities must be non-residential and must be either private non-profit or

must serve a certain number of children from low income households (25%). Child care centers or group facilities that do not meet these requirements may not participate in the CACFP.

- Home child care home providers may participate in the CACFP as long as they are licensed or self-declared through DHS. Home providers participate in the CACFP through a Sponsoring Organization, which is responsible for ensuring the program is operated correctly by the providers and which processes the monthly claims for reimbursement for the home providers. CACFP funds for home providers flow through DPI to the Sponsoring Organizations and on to the providers.
- Reimbursement varies depending on household income of provider or income level of school area. For reimbursement rates, go to <http://www.dpi.state.nd.us/child/cacfp/rates.shtm>.
- **Early Childhood Continuing Education Grants** - Provides one-time grants of up to \$1,200 for early childhood workforce members who are working on a Child Development Associate credential, an Associate's Degree or a Bachelor's Degree in Early Childhood Education.
 - **General Fund** \$150,000 in the 2013-2015 budget

Department of Commerce

- **Child Care Loan Program** - Makes available loans of up to \$100,000 for childcare to be used for things like working capital, equipment, purchase of real estate, and improvements to real estate. To date, approximately 20 projects have been committed for a little over a million dollars.
 - **\$1,250,000** for child care loans was approved by the legislature in 2009, with a sunset of July 31, 2013. House Bill 1113 seeks to remove that sunset, making the carryover dollars available for the 2013-2015 biennium.

Resources for Parents

Department of Human Services

- **Child Care Assistance Program (CCAP)** - Administered through the Economic Assistance Division, CCAP provides assistance in paying for child care to eligible low-income families, while parents work or participate in an eligible training or education program.
 - **General Fund** \$252,686, **Federal Funds** \$13,728,004, **Other Funds** \$6,917,975 for total funds of \$20,898,665 in the 2013-2015 Budget
 - Note: "Other" funds are "SWAP" or retained funds, generated from the SWAP legislation in the 1997 session (HB 1041).
- **Child Care Resource and Referral**-Helps parents evaluate care options, learn about child care licensing and develop an understanding of child care services. Maintains statewide database of licensed child care options and helps connect parents who are searching for child care with providers who have openings.

Resources for Communities

Board of University and Trust Lands

- **Pilot program** to provide a state cost-share for any political subdivision willing to sponsor a new or remodeled facility for child care providers. Grants were funded for five projects.
 - **Energy Infrastructure and Impact Grant Program (Board of University and School Lands—commonly known as the Land Board)** Total Funding for pilot: \$625,000
 - \$5,000,000 included in 2013-2015 Governor's Budget for the Department of Commerce for expansion of the program

Department of Human Services

- **Child Care Resource and Referral** – Is available to assist with community planning.

Note: Information on resources within the Department of Public Instruction and the Department of Commerce has been collected in consultation with representatives from those agencies. Further questions on those resources should be directed to the respective agencies.

February 21, 2013

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2244

Page 1, line 2, after "grants" insert "; and to provide for a legislative management study"

Page 1, after line 17, insert:

"SECTION 3. LEGISLATIVE MANAGEMENT STUDY - CHILD CARE SERVICES. During the 2013-14 interim, the legislative management shall consider studying the availability of and access to child care services in the state and the state's role in ensuring available and accessible child care services in the state. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-fourth legislative assembly."

Renumber accordingly

#1

SB 2244

Chairman Weisz and Members of the House Human Services Committee:

I am Senator Joan Heckaman from New Rockford and I represent District 23.

I am here today to introduce you to SB 2244 which would provide an appropriation to the Department of Human Services for child care services for special needs children.

I'm sure you are all aware of the dire need for good quality child care across the state. This is also the case for the same quality and availability for child care for special needs children.

Last session \$50,000 was appropriated to begin some basic services. You will hear testimony from others as to the success of these services. But you will also hear that there are about 6000 special needs children in home based care and center care across the state. Thus the need to increase these valuable services.

Parents should not have to struggle in this economically prosperous state to find someone to care for their children so they can be part of our expanding work force. Mothers and fathers should not have to look and look for care givers who can provide services for children who have food allergies, asthma, behavioral issues, developmental delays, seizures, special procedures, metabolic disorders, or diabetes.

I have heard many, many times the HOPE we have in college graduates- Hope that they will stay in North Dakota and contribute to our society. That won't be possible if good quality, affordable child care is not available. Even more difficult is the opportunity to find someone to

care for special needs children if such a need arises. Whether it is a medical need, a behavioral need, or a nutritional need, parents need reassurance that there will be a care giver prepared to accept their child into the child care setting.

Senate Bill 2244 provides that reassurance for many parents across the state. This bill can provide the comfort that parents need. Comfort that their child is in the hands of those care givers with access to technical assistance, as well as funding for equipment and renovations, to give our special needs children quality care.

This bill will give care givers support to work with these children and families. This bill will provide answers to the many questions care givers may have as they care for our children and grandchildren with special needs.

Not long ago, my Education Committee heard testimony from a legislative member of the House. He became a grandfather of a Downs Syndrome grandchild recently. In his testimony on another bill, you could see his love for that grandchild. But you could also see the many questions he and his family will have as they raise this precious child. And as it happened, there was a coordinator for a parent organization in the room who gave him a phone number. That contact may be one of the most important phone numbers his family will get this session. My point is that none of us know for certain what lies in our future. But for parents of children with special needs, this future can be brighter knowing there is a child care provider who has access to best practices, support services, and funding to provide for the equipment and renovations to help those children.

I know you will give your full attention and consideration for SB 2244.

#2

SB 2244
House Human Services Committee
Wednesday, March 20 2013

Chairman Weisz and Members of the Committee:

I am Linda Reinicke, Program Director for Child Care Resource & Referral, a program of Lutheran Social Services in western ND. Child Care Resource & Referral (CCR&R), a statewide program, helps parents find child care, supports and trains child care providers, and helps communities address child care challenges. I would like to share data collected by CCR&R and Minot State University over the last 18 months relative to this project and discuss the need for expanding the project.

Many children with special needs spend many hours in child care

- Approximately 6,000 children with special needs attend child care. In ND, 1,400 licensed child care programs care for 33,000 children of which, as is common in the general population, approximately 20% have special needs. Currently, providers have no support directly available to them to assist them in caring for children with special needs
- Children spend a significant time in child care (up to 45 hours a week). An infant welcomed into child care today will spend 12,000 hours in child care, more time than the child will spend in elementary school and high school. This precious and significant amount of time must be maximized for optimal development for children with physical, cognitive or behavior challenges
- Providers, because they connect so early and closely with families, serve as first responders in identifying developmental delays. They often, however, need their concerns validated, assistance sharing them with parents, and an understanding of referral options available
- Providers lack access to adaptive equipment that helps them integrate children with special needs. The expense of purchasing equipment or making program

adaptations often becomes an enrollment barrier and keeps them from accepting children with special needs

The Inclusive Child Care Program began in 2011

The 2011 Legislature appropriated \$50,000 for make available special needs consultation services for child care programs. The Department of Human Services contracted with Minot State University to provide technical assistance to

- 1) Child care providers via phone and on-site for those receiving grants through the Department of Commerce
- 2) CCR&R's early childhood consultants enabling them to better serve providers requesting assistance.

CCR&R and Minot State collected data on the number of child care providers that contacted CCR&R and/or Minot State and the types of special needs that were addressed. The data indicates (for 18 months)

- 133 providers from 23 counties received consultation
- A majority of child care providers did not have access to care plans for the children with special needs
 - 22 children came into child care with care plans completed
 - 54 care plans were completed with the assistance of the CCR&R
 - 62 care plans yet to be completed

Senate Bill 2244 expands technical assistance and funds equipment grants

1. (\$300,000) to hire inclusion specialists (2 FTEs) to provide on-site training and consultation. Services will be directed at the provider (not the child) and available to providers requesting assistance

Consultants can help providers

- Make program adaptations which may not require financial investment
- Determine if the situation warrants a referral
- Conduct sensitive conversations with parents regarding concerns the provider may have about their child

- Connect the family with community resources
- Identify appropriate equipment and materials

2. (\$200,000) for grants for adaptive equipment

The Governor's budget contains the \$50,000 for Minot State University to continue providing technical assistance for inclusion specialists working directly with providers. The new dollars would fund grants and front-line inclusion specialists (one in the east and one in the west) to make on-site visits as needed.

I appreciate the opportunity to present this information. I will stand for any questions.

Linda Reinicke
CCR&R Program Director
Lutheran Social Services of ND

lreinicke@lssnd.org
530-2501 (office) 226-2510 (cell)

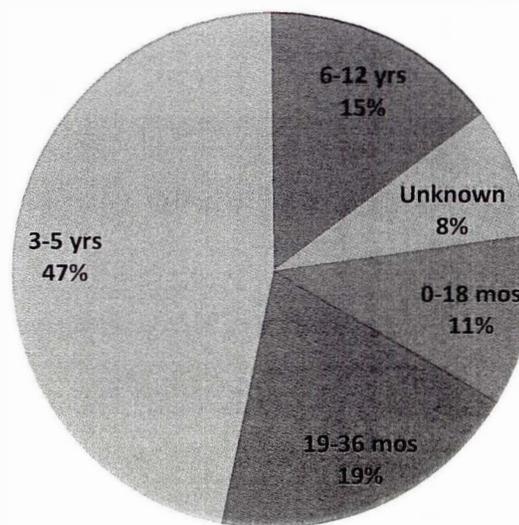
Inclusive Child Care Data Summary

7/1/2011 to 12/31/2012 (18 months)

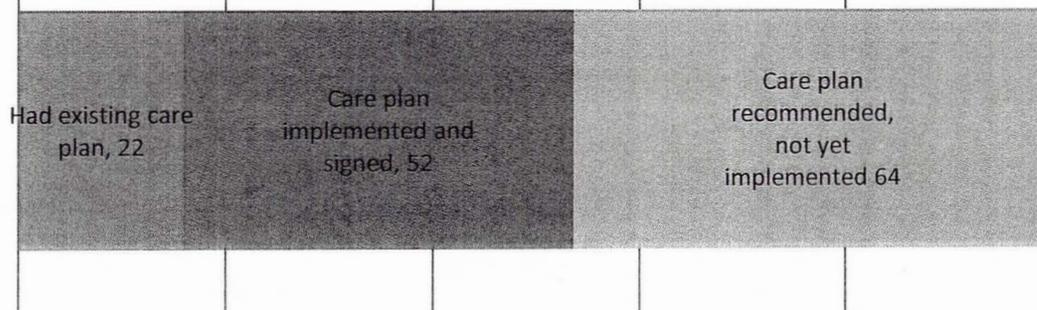
The Inclusive Child Care Project assisted 133 providers who, collectively, cared for 148 children with special needs. Ninety percent (90%) of the providers participate in CCR&R's Growing Child Care Initiative.

County	Center	Family	Group	Grand Total
Adams		1	1	2
Burleigh	13	6		19
Cass	25	5	14	44
Cavalier	1	1		2
Divide			3	3
Eddy			1	1
Grand Forks	8	5	4	17
Griggs			5	5
LaMoure			2	2
Mercer		1		1
Morton			1	1
Nelson		1		1
Pierce	3			3
Ramsey	3	1	1	5
Ransom			2	2
Richland	2	3		5
Rolette	1			1
Sargent		4		4
Stark		1		1
Stutsman	1	2	1	4
Walsh	3			3
Ward	20		2	22
County not identified	2			2
Grand Total	80	31	37	148

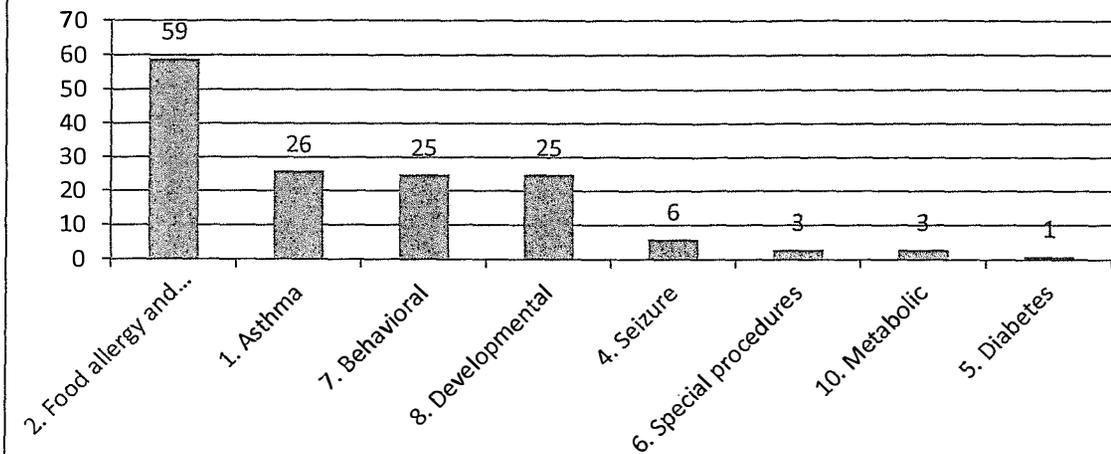
Ages of children with special needs served by providers who called CCR&R for technical assistance



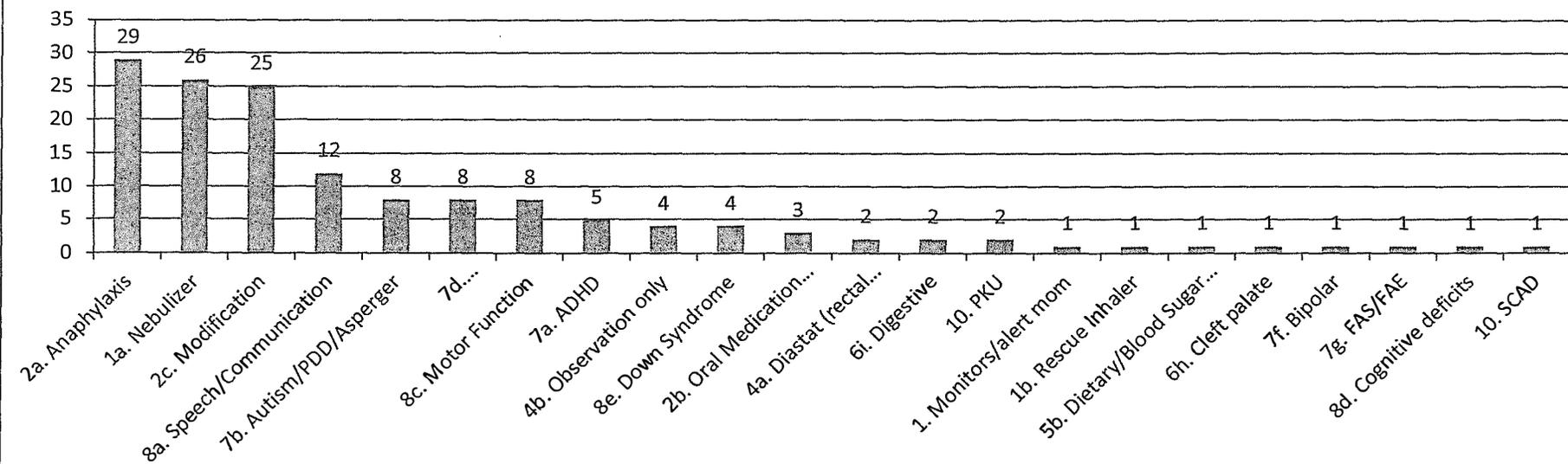
Children with special needs require care plans specifically written by medical staff to address the child's needs in a child care setting.



Categories of Special Needs Documented



Detailed Types of Special Needs Documented



#3

Testimony on SB 2244
House Human Services Committee
March 20, 2013
Chairman Robin Weisz

Chairman Weisz and Members of the House Human Services Committee:

My name is Roxane Romanick and I am presenting testimony representing Designer Genes of North Dakota. Designer Genes is a Down syndrome support organization consisting of over 200 members across the state of North Dakota, both individual with Down syndrome and their families. I am here in support of SB 2244. I am also asking your consideration of reinstating \$200,000 to the grants portion of this bill that was removed in the Senate.

This bill is about promoting inclusive child care. Inclusive child care is defined as full participation by children with disabilities in programs and activities designed for children who are developing typically. I worked with colleagues last session to support the passage of SB 2298, which established early childhood inclusion support services and grants (50-11.1-18). In this testimony, I will discuss how the services and supports that were passed during the 62nd Legislative Assembly line up with the current language in the bill you have in front of you.

SB 2298 established two distinct services to support child care providers who have children with special needs in their care.

Direct Technical Assistance/Inclusion Specialist: The first service, which was funded at \$50,000 for the 2011-2013 biennium, allowed the Department of Human Services to contract with an entity to provide **direct** technical assistance to child care providers regarding a particular child. The contract for this was given to the North Dakota Center for Persons with Disabilities at Minot State University and a consultant was hired by them. Currently, the governor has \$50,000 in the 2013-2014 proposed budget to maintain this effort. SB 2244 attempts to strengthen this program by adding at least two more inclusion specialists across the state. The fiscal note discussed in Section 1 of the bill is for \$300,000 for the biennium. Our organization supports this amount and this service.

Support Grants: The second service, which was funded by rollover dollars from the Department of Commerce child care grants and loans programs, was available in grants for child care providers to purchase equipment and supplies and/or add to staffing to assist the child care in caring for a child with special needs. The grants were distributed by the Department of Commerce in collaboration with the Department of Human Services. Currently there is no money in the proposed 2013-2015 budget (either in Department of Commerce or Department of Human Services) for this service. Section 2 of SB 2244 establishes a grant program that would be managed by the Department of Human Services (as per the language), again that would be used for equipment and supplies, as well as staffing support. The amount stated in Section 2 of SB 2244 is \$300,000. I ask that you consider restoring the dollar amount in this section to the original \$400,000 that was requested. I also ask that you explore allowing child care providers to use the grant funding for increased liability insurance purposes. We

have heard from some providers that they are facing increased insurance costs if they take a child with special needs into their child care.

I would like to address the availability of other services to meet these same needs:

- Birth to Three: Child care providers are able to participate in the development of an Individual Family Services Plan through ND Early Intervention (Department of Human Services) if the child is identified and is eligible for this service. They can also get assistance from the program if the parent allows this exchange of information. ND Early Intervention is a home and community based service and is able to go directly into a home or child care to address developmental and behavioral issues. Presently the inclusion specialist has helped get children linked up with these services if they are not already eligible and has facilitated communication between ND EI and a child care provider in instances where this had not occurred. It's important to keep in mind that not all children in this age range will be eligible for North Dakota Early Intervention service.
- Ages 3 to Middle School: There is typically no home or community based service for this population of children. While children may be identified as needing special education service and have an Individual Education Plan, typically the public school system is not providing services outside of a classroom and particularly in a child care setting. This is also true for Head Start, Title 1 preschool, private preschools, etc. Children may also be eligible for a Medicaid waiver program and/or DD Program Management through the Department of Human Services; however there is no specific service that addresses supports needed in child care, typically only the home. This is a population of children that needs more direct consultation or technical assistance from an inclusion specialist. Presently, there is no age limit established with this legislation.
- Presently, there are a few private therapy providers in the state that may be willing to go into a child care setting to assist with programming and environmental modifications, but this is rare and certainly confined to the larger, more urban areas of our state.

Just recently, I had the opportunity to refer a family with a five year old child with Down syndrome to the Inclusion Specialist from NDCPD. The family was concerned because the child care provider was unwilling to move him to the age-appropriate room. At the moment, he is in the 2-3 year old room. This family also was having issues with some of the protocol on sharing information about his needs. The Inclusion Specialist was able to share information with this family to help them in their conversations with the child care provider. She was also able to provide solutions to accommodate for some of his needs in the older classroom as well. This is not something that the school district or the child's private therapy providers were in a position to assist with.

Through my work with Designer Genes, I am often in a place of supporting families around a variety of issues. Children with Down syndrome present a myriad of issues that can be perceived as challenging to child care providers, for example delayed developmental skills such as walking or potty training, health problems, behavioral challenges, alternate communication needs, feeding concerns, etc. We often receive questions about how to talk to child care

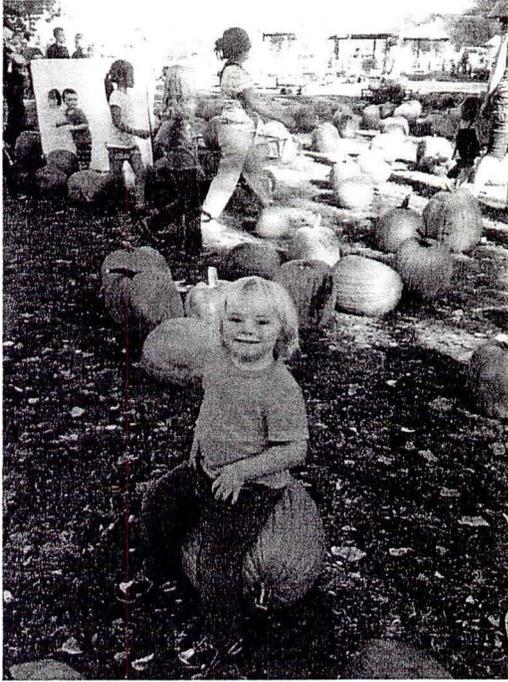
providers about a child's needs or diagnosis. While Designer Genes can be a support, we have no paid staff at this time and have no ability to directly support the child care provider. In general, I can tell you stories of success about how child care providers have risen to the occasion and supported children with Down syndrome in their settings, but I also know that parents worry constantly about those placements and whether they will last. In addition, they are constantly working to "beef up" the placement with additional information and communication to the provider. While there are many stories of success, there are also stories of rejection and failed placements.

It is our hope that the inclusion specialist program and the grant program will build capacity and will encourage more providers to "take a chance". We need to get support to providers in some form or another and we need to be realistic about it. Sometimes it takes another hand, equipment, or a home modification to make it work.

In summary, I would ask you to consider restoring the \$200,000 in Section 2 to \$400,000, to consider adding language to address increased insurance costs of providers, and moving this bill forward with a "Do Pass".

Thank you for your time.

Roxane Romanick
Designer Genes of ND President
P.O. Box 515
Bismarck, ND 58502
romanick@bis.midco.net
701-258-7421



Include me, please!

Testimony of Beth Nodland, January 28, 2013, in support of SB 2244

Thank you for the opportunity to speak today. I'd like to introduce a boy, (*left,*) my son. His name is Lochlan Morrison, he's 4 years, 11 months old, almost 5.

I'm here again to ask you to make some extra financial help directly available to daycare providers, through the grant program provided for in this bill, in the hopes that more daycares will accept (and keep) our kids in their programs. I believe it is both an attitude and a financial issue. I'm here to share with you, as a parent, some of the extra we ask of childcare providers, that I think makes them hesitant to accept our kids.

As background: Lochlan stayed home with me for the first year and a half, but then two things happened: first we learned that kids with special needs do best when they are learning and playing alongside typical kids, and secondly, my husband unexpectedly lost his job and once again we

both needed to work. We started a home-based company and it grew so fast, we found ourselves needing to find daycare. It was tough; there were few options in Bismarck and long waiting lists.

The daycare we found, after quite a search, became increasingly unstable, until one day, when it merged with a second facility, went from 30 to about 70 kids in a day, and then slowly imploded, and is now gone. It was chaotic, after a couple days when he didn't get his diaper changed, we had to move him. Lochlan was two and a half when things fell apart there. We found the second daycare, but the owner "fired" him after just six days because he wasn't potty trained, (even though they'd known that when they accepted him,) and because he wasn't verbal. (He still is not verbal at almost 5.) The teacher and aide at that provider weren't willing to learn to communicate with him, although he knew 50 signs and could use pictures. After just six days they told us not to bring him back.

Since then, our son has been going to a private daycare/preschool center in Bismarck, and this year he started going to preschool at BECEP for three hours, in the middle of the day, three days per week, which mean he has childcare all the rest of the time. When we have to work, he is at a childcare center. While he can use sign language and pictures, Lochlan is still for the most part, non-verbal, and he is still not potty trained.

While some kids need help to reduce physical barriers or need special equipment that is not our case. The extra help my son needs means extra staff time. The following are the typical things with which he requires a little extra help at daycare:

- there has to be someone near his side during meals and snacks -- he just recently (at almost 5 year old) began to drink tiny amounts from an open cup, but has to be served small amounts, he tends to dump over his cup and plate and anything within reach; a person is assigned to him;
- he needs help staying in his place and participating during circle time, music, school programs, and art projects;
- His receptive comprehension is excellent, but he can't answer back when asked typical questions other kids answer like, "what was your favorite part of the story," or "what do you think of this?" It takes extra time and skills to include a kid with special needs in a meaningful way in learning programs.

- making and using a picture schedule to do daily things like line up, take a nap, put toys away;
- help getting dressed to go outside for playground time, or to wait for, or get on the bus;
- help to change his diapers, or pull-ups or go to the bathroom, (he is not yet potty trained);
- help during field trips to the Pumpkin Patch, the swimming pool, the library, the art school, the zoo, or any other field trips the children all go on. To the capitol building last week. There has to be a staff member assigned to him.

In addition, the provider's staff have been asked to:

- participate in writing his Individual Family Service Plan (IFSP) or Individualized Education Program (IEP),
- attend and contribute to his IEP meetings,
- do ongoing consulting with the School District's Early Intervention and/or Special Education staff,
- record and measures progress toward his goals on a daily or weekly basis,
- learn and use sign language or picture signs or electronic technology,
- learn and use extra strategies to get him to participate and learn.

All that, and he's not even a kid who needs exceptionally high or complex care throughout the day with tasks like administering medicine, using special equipment, implementing emotional or behavioral plans, or dealing with allergies or sensory issues. We all know these supports put an extra burden on daycare owners and staff, and they know it. And the result is, they hesitate or don't take our kids. Or they don't keep them.

Providers are struggling to find and keep staff, and are struggling to keep their doors open. We currently pay over \$8,000 per year for daycare, (around \$670 per month) and those are our costs with him being gone (to BECEP) for the bulk of three days a week.

Sadly, even the good providers are cautious. I can tell you of a day care center that has employees on staff who have training and degrees in physical therapy, occupational therapy, and speech, but who don't consent to their staff incorporating those services or strategies because they don't want to become known as the destination for kids with special needs. It is both an attitude issue, and a financial one. We need your help. To change attitudes, and to get out kids needs met.

So please support funding for additional resource specialists who can work on the attitude issues, (because that is what this is,) but we also really need help on the ground, in the trenches, in the daycare rooms and preschool classrooms. We need specialists who can encourage daycare providers to change their policies, (for example, to convince them that it is okay to change diapers for older kids with special needs,) but we also need grants to help to pay staff to change those dirty diapers, to go to our IEP meetings, to learn sign language, to make picture schedules. We need provider willingness and staff.

I fully support SB 2244, and especially the appropriation of **grant** money to provide for additional staff so that more daycares will accept our kids.

Thank you for your time, and the opportunity.

Beth Nodland
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1

**North Dakota Department of Human Services
Child Care Bills
2013-2015 Biennium
Updated as of April 17, 2013**

	Department of Human Services			Department of Public Instruction			Department of Commerce		HCR 4019
	HB1012	HB 1422	SB 2244	SB 2229	HB 1013	HB 1356	HB 1113	SB 2018	
	DHS Appropriation	Section 2 - Child Care Stabilization Initiative	Childhood Services Support Services and Grants	Section 2 - Early Childhood and Early Childhood Education	DPI Appropriation	Section 1 - Early Childhood and Early Childhood Education Fund	Section 1 - Uses of ND Development Fund	Section 13 - Housing Incentive Fund, Section 31 Child Care Facility Grant	Senate Concurrent Resolution
Child Care Service Payments									Study of early childhood services
Payments for Child Care Services for eligible recipients <i>(\$252,686 General Fund)</i>	\$ 20,898,665								
TANF - Child Care Transitional Assistance <i>(Working TANF families no longer eligible for full TANF benefit can receive Transition Assistance funds for 6 months)</i>	\$ 897,336								
Quality									
Resources for Providers, Referral Services for Parents and Data Collection <i>(\$166,221 General Fund)</i>	\$ 2,717,399								
Child Care provider licensing <i>(\$142,964 General Fund)</i>	\$ 773,081								
Quality and Workforce Development									
Training, technical assistance, incentives for child care providers for workforce development, quality improvement, technical assistance, and capacity building (recruiting new providers and helping current providers expand) <i>(All General Fund)</i>	\$ 3,100,000	\$2,100,000 House Version (\$6,000,000 - Senate Version) General Fund			\$150,000 - Up to \$1,200 per individual for a scholarship for early childhood continuing education				
Provide support for providers to care for children with special needs (SB 2298 - 2011 Session) *	\$ 50,000 <i>(All General Fund)</i>		\$500,000 - Senate Version - General Fund (House Version is a study)					\$ 400,000	
Capacity Building									
Provides grants to school districts for operating early childhood programs.				\$4,683,000 - Senate Version - General Fund (House Version is a study)	\$125,000 - Up to \$5,000 per classroom	House Version is a Study (\$2,600,000 - Senate Version with up to a \$100,000 grant)			
Provides grants or loans to approved childhood facilities							Continuing Appropriation - up to \$100,000 per award		
Housing Incentive Fund *								\$ 2,600,000	
Child Care Facility Grants *								\$0 <i>Section 39 - Study of Child Care Services</i>	
Head Start									
State liaison to the Federal Head Start Agency - provides collaboration support to local Head Start Agencies	\$ 198,468								

* Full House Appropriations amended the bill to reduce the Child Care Facility Grants to \$0 and to set aside \$2,600,000 of the Housing Incentive Fund for child care facility grants, and set aside \$400,000 also of the Housing Incentive Fund for provider support for children with special needs.