

Approved: March 3, 1999
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 18 in the Dillon House

All members were present except: Representative David Haley, Excused
Representative Jerry Henry, Excused
Representative Brenda Landwehr, Excused

Committee staff present: Norman Furse, Revisor of Statutes
June Evans, Secretary

Conferees appearing before the committee: Kevin Robertson, Kansas Dental Association
Connie Hiatt, President, Kansas Dental Hygienist
Margaret LoGiudice, Director, Dental Hygiene Program
Representative Nancy Kirk

Others attending: See Attached List

The Chairman called the meeting to order and stated that **HB 2032 - Establishing a uniform fee structure for mental health providers under the behavioral sciences regulatory board** had hearings on February 8 and had requested information from Mary Ann Gabel, Executive Director, Behavioral Sciences Regulatory Board that has been received. What is the pleasure of the committee?

Representative Geringer moved and Representative Morrison seconded to move HB 2032 out of committee favorably. The motion carried.

Representative Gilmore, Chairman of the Sub-Committee on **HB 2074 - HIV and AIDS Monitoring** reported that the Sub-Committee has an amendment that meets the request of Dr. Sweet, Director, Via-Christi. The balloon was reviewed by Representative Gilmore.

Representative Gilmore moved and Representative Storm seconded an amendment on Page 4, line 9 before "as" be added, "the Secretary shall adopt rules and regulations for maintaining confidentiality of the act which are as strict as the CDC guidelines." The motion carried.

The committee recommended that pregnant women be encouraged to be tested and take medication as early as known that they are positive as those who receive medication early have nearly 100% AIDS/HIV free babies.

Representative Bethell moved and Representative Geringer seconded in Section 5 the minimum for imprisonment should not be more than 30 days. The motion failed.

The Sub-Committee Report was accepted.

Representative Long moved and Representative Morrison seconded to move HB 2074 out as amended.

Representative Bethell moved and Representative Geringer seconded to amend on page 5, of the amendment to read "not more than 30 days." The motion failed.

Representative Toelkes stated she liked the jail factor and should be left as written.

Representative Morrison moved and Representative Showalter seconded to amend the amendment to read "not to exceed 6 months". The motion carried.

Representative Storm moved and Representative Gilmore seconded to change the third line of Section 6 amendment on Page 5 to strike "a" and add, "an anonymous" between "that" and "test". The motion carried.

Representative Long requested a Resolution for unborn protection.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, at the Dillon House at 1:30 p.m. on February 18, 1999.

Representative Gilmore moved and Representative Storm seconded to accept the balloon amendments as amended. The motion carried.

Representative Long moved and Representative Toelkes seconded to move **HB 2074** out of committee as amended. The motion carried.

Staff gave a briefing on **HB 2254 - Refresher courses and examinations for dental hygienists.**

The Chairperson opened the hearing on **HB 2254.**

Kevin Roberts, Executive Director, Kansas Dental Association, testified in support of **HB 2254**, stating this bill is one recommendation from the Dental Hygienist Training Committee that was established as a result of a 1998 House Bill. The Kansas Dental Association supports the balloon amendment offered by the Kansas Dental Hygienist Association as well. (See Attachment #1)

Connie Hiatt, RDH, BS, President of the Kansas Dental Hygienists' Association testified as a proponent to **HB 2254**, stating the first proposal would be of great value to hygienists returning to practice as it would allow some flexibility in regaining their license. Currently, a registered dental hygienist must pass an examination given by either the Central Regional Dental Testing Service or the Western Regional Examining Board. This exam itself costs \$450 plus the applicant's time and mileage to the testing site, a hotel room for up to three nights, and the cost of getting a patient there. Total expenses often exceed \$1,000. Giving the applicant an option to take a new exam or a fresher course, allows hygienists to attempt reentry into hygiene on their own terms. Many hygienists would consider it more productive and beneficial to sharpen their skills by taking a refresher course, rather than retaking an examination that they had already passed. The prospect of not having to retake a clinical board exam would make a return to full-time hygiene practice, after a hiatus, more desirable. A refresher course would allow contacts with several patients while the clinical board examination determines your skills on one single patient using prior skills that may have not been used for many years in some cases.

The second proposal provides for greater access to dental hygiene applicants from across the United States who are relocating to Kansas. The laws governing licensure in Kansas have been so restrictive, in regards to specific examination testing after graduating from an accredited dental hygiene program, that it has been a deterrent for registered dental hygienists to obtain yet another license who have relocated due to his/her spouse's employment situation. (See Attachment #2)

Margaret LoGiudice, R.D.H., M..S., Director, Dental Hygiene Program, Johnson County Community College, testified as a proponent, stating that **HB 2254** came from recommendations from the Dental Hygienists Training Committee which she co-chaired. It is felt the section dealing with the returning, previously licensed hygienists would be strengthened by adding that the refresher course be held in "an accredited dental hygiene school". This addition reflects the intent of the committee which was to have a strong educational basis to the refresher course. (See Attachment #3)

Representative Geringer moved and Representative Morrison seconded to accept the amendment offered by the Kansas Dental Hygienist Association, on page 3, line 25, strike "in dental hygiene" an add "in an approved dental hygiene school" and on line 31, strike "regional and individual state" and add "nationally recognized regional dental hygiene clinical testing agencies and from individual state dental hygiene licensure authorities". The motion carried.

Representative Geringer moved and Representative Bethell seconded to move **HB 2254** out as amended. The motion carried.

The Chairperson opened the hearing on **HB 2255 - Family Day Care Homes.**

Staff gave a briefing on **HB 2255**, stating that the only change is from one to two children.

Representative Nancy Kirk, testified offering two balloons: (1) requires the local health departments to monitor the registered homes for health and safety issues and to provide education about the expectations

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, of the Dillon House at 1:30 p.m. on February 18, 1999.

on the checklist. The safety checklist would be the monitor guideline. The inspection would occur within six weeks of the initial registration and then annually. The requirements for the registered homes would not be increased, but would have reasonable assurance that the homes in fact do meet the health and safety expectations they attested to when they submitted the safety checklists. (See Attachments #4 & #5)

Representative Swenson moved to introduce balloon into a substitute bill and report to the Whole House. The motion failed.

The Chairperson stated further action would be considered on February 22 on **HB 2255** when Representative Henry was present.

The Chairperson closed the hearing on **HB 2255**.

Written testimony was submitted by the following opponents: Christine Ross-Baze, Director, Child Care Licensing and Registration Section, KDHE, (See Attachment #6); Shirley A. Norris, (See Attachment #7); Reva Wywadis, (See Attachment #8)

The meeting adjourned at 3:00 p.m. The next meeting will be February 22

HUMAN AND HEALTH SERVICES

DATE February 18, 1999

NAME	REPRESENTING
Shirley A. Merrin	Myself
Reva Wywardis	Nat'l Assoc for Family Child Care
Chris Lee Bge	KDHE
Rae A. Anderson	SR5 - Children's Services
Kharon Hunter ^{7-provider}	Childcare Trainers/Consultant
Sally Finney	Ks. Public Health Assoc.
MEVIN ROBERTSON	KS DENTAL ASSN
Rich Griffith	Health Midwest
Larrie Ann Brown	KAHP
Stacy Seeb	Hlin & Wlin Child
Danielle Hoe	Governor's Office
Doug Bowman	CCECDs
Shelley King	McGill, Cochran, & Assoc.
Lorne R. Phillips	KDHE



KANSAS DENTAL ASSOCIATION

February 18, 1999

To: House Committee on Health and Human Services

From: Kevin J. Robertson, CAE
Executive Director

A handwritten signature in black ink, appearing to read 'Kevin', is written over the printed name of Kevin J. Robertson.

RE: HB 2254, allowing dental hygienists to take a refresher course for relicensure

Chairman Boston and members of the Committee, I am Kevin Robertson Executive Director of the Kansas Dental Association, which consists of approximately 1,000 members, or 80% of Kansas' practicing dentists.

I am here today to testify in **support HB 2254**

I am sure all of you either remember or have heard about the dental bill that was passed during the 1998 Legislative Session. Above all, the 1998 bill was a result of concern by dentists regarding the number and availability of dental hygienists licensed in Kansas to assist dentists provide care to Kansans. Among other things, the 1998 dental bill called for the Kansas Dental Board, Board of Regents and the Board of Education to get together and report to the 1999 Legislature on plans to increase the number of persons in this state being trained as dental hygienists. That group became known as the Dental Hygienist Training Committee, from which you heard a report of its eight recommendations earlier this month. HB 2254 is one of those recommendations.

Though not an official member of the Dental Hygienist Training Committee, I attended all but one of its meetings and was given the courtesy of providing input during its deliberations. You might note that the recommendation before you today is broader than the simple charge of "how to train more dental hygienists" in Kansas. Though the Committee does address the training issue in its eight recommendations, the Committee also believed that the broader question of how to lure trained but not licensed and practicing dental hygienists back to the profession was worthy of consideration.

The Kansas Dental Association supports allowing non practicing dental hygienists the opportunity to successfully complete a refresher course before reentering the profession. The KDA believes this will be an appealing option to many who have stopped practicing and might be considering continuing their dental hygiene profession. The completion of a refresher course conducted by an accredited dental hygiene program will also give dental hygienists a better opportunity and instructional support to brush-up on their manual dexterity skills and latest practice procedures in an educational setting rather than trying to prepare for the Board examination on there own.

Let me note that I have seen the balloon amendments offered by the Kansas Dental Hygienist Association and we support those as well. Thank you for the opportunity to appear before you today, if you have any questions I will be happy to answer them at this time.

5200 Huntoon
Topeka, Kansas 66604-2398
785-272-7360

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Atch # 1

February 18, 1999

Re: HB 2254 An act concerning dental hygienists; refresher courses; examinations; amending K.S.A. 65-1455 and K.S.A. 1998 Supp. 65-1431 and repealing the existing sections.

Chairman Boston and committee members, thank you for the opportunity to appear before you today in support of HB 2254. My name is Connie Hiatt, RDH, BS and I am the President of the Kansas Dental Hygienists' Association. I have been a registered dental hygienist for over 20 years and am currently employed in Independence, Kansas.

HB 2254 has two different proposals that will increase access in Kansas for dental hygienists. First, the Kansas Dental Board will be able to offer hygienists, returning to active practice after a period of retirement or disability, the option of successfully completing an approved refresher course in dental hygiene, or taking a complete clinical board examination. Secondly, the Kansas Dental Board would be authorized to accept clinical board examination results for graduates of accredited dental hygiene schools from all regional and individual states. Both of these changes were recommended by the statutorily-created Dental Hygiene Training Committee.

The first proposal would be of great value to hygienists returning to practice as it would allow them some flexibility in regaining their license. Currently, a registered dental hygienist must pass an examination given by either the Central Regional Dental Testing Service or the Western Regional Examining Board. This exam itself costs \$450 plus the applicant's time and mileage to the testing sight, a hotel room for up to three nights, and the cost of getting a patient there. Total expenses often exceed \$1000. Giving the applicant an option to take a new exam or a refresher course, allows hygienists to attempt reentry into hygiene on their own terms. Many hygienists would consider it more productive and beneficial to sharpen their skills by taking a refresher course, rather than retaking an examination that they had already passed. The prospect of not having to retake a clinical board exam would make a return to full-time hygiene practice, after a hiatus, more desirable. A refresher course would allow contacts with several patients while the clinical board examination determines your skills on one single patient using prior skills that may have not been used for many years in some cases.

The second proposal provides for greater access to dental hygiene applicants from across the United States who are relocating to Kansas. The laws governing licensure in Kansas have been so restrictive, in regards to specific examination testing after graduating from an accredited dental hygiene program, that it has been a deterrent for registered dental hygienists to obtain yet another license who have relocated due to his/her spouse's employment situation. If the applicant has graduated from an accredited dental hygiene program, and has successfully passed any regional or state

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test, then they have already proven their competency. Kansas should be able to accept all these board examinations, increasing the access for hygienists into Kansas who are newly graduated along with hygienists who have been in active practice in another state.

Both of these proposals would help to increase the number of registered dental hygienists practicing in Kansas. These proposals maintain the current standards for dental hygiene education and board examination ensuring that the citizens of Kansas continue to receive the high quality of service that is provided by registered dental hygienists throughout our state.

Thank you for allowing me to come before you today to express the Kansas Dental Hygienists' Associations support of HB 2254.

JCCC
Johnson County Community College
12345 College Blvd.
Overland Park, Kansas 66210-1299
(913) 469-8500

February 18, 1999

Chairman Boston and Committee members,

Thank you for the opportunity to comment on House Bill No. 2254. I am Margaret LoGiudice, director of the Dental Hygiene program at Johnson County Community College. As you know, H.B. 2254 contains some of the recommendations which came from the Dental Hygienists Training Committee, which I co-chaired. In my opinion, this bill appeals to educators, hygienists and dentists, since it would increase the number of practicing hygienists in Kansas. I think the section dealing with the returning, previously licensed hygienists would be strengthened by adding that the refresher course be held in "an accredited dental hygiene school". This addition reflects the intent of the committee which was to have a strong educational basis to the refresher course. The course designed by educational institutions could be a credit or non-credit professional education course, including clinical instruction and the review of current theory and practice. It will include educational standards which measure competencies in skill attainment. I believe that education should be delivered by professional educators. This helps to assure that standards and quality are maintained. This concept was modeled after a course at Forsythe Dental Center which is recognized by several northeastern state dental boards.

I also support the dental board accepting all clinical board examinations. This removes a costly barrier which presently exists.

Thank you for your consideration of these points.

Margaret LoGiudice, RDH, MS
Margaret LoGiudice, R.D.H., M.S.
Director, Dental Hygiene Program

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NANCY A. KIRK
REPRESENTATIVE, FIFTY-SIXTH DISTRICT
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TOPEKA

HOUSE OF
REPRESENTATIVES

TESTIMONY
HB 2255

COMMITTEE ASSIGNMENTS
AGENDA CHAIRPERSON
TAXATION
INSURANCE
KANSAS 2000 SELECT
INTERSTATE COOPERATION
JOINT COMMITTEE LONG TERM
CARE SERVICE

I am providing two balloons for the Committee's consideration. Each offers a solution to problems in our requirements for home day care providers and could have been small bills, but I thought it was more reasonable and hopefully more efficient to combine them with HB2255.

Shawnee County is experiencing a child care crisis. We have lost two day care centers, both serving infant and toddlers as part of their programs. The Delegation has put together a package of bills to address the concerns discussed at a recent public form. Part of the discussion by home day care providers centered on mechanisms to increase the quality of care provided to our children. It was recommended that each home day provider be expected to complete an annual course on first aid including CPR for infants and small children. It was surprising to me and others that there are no such requirements at this time.

Often it takes a tragedy before we are willing to change our way of doing business and my second balloon unfortunately follows that pattern. An infant died in a registered day care home as the result of a defective playpen. The netting in the playpen was torn and an infant put its head through the hole and strangled. Registered day care homes do not have an inspection. The provider completes a safety check list which is submitted to the health departments, but no on site visit is conducted unless there is a complaint.

My balloon requires the local health departments to monitor the registered homes for health and safety issues and to provide education about the expectations on the check list. The safety check list would be the monitor guideline. The inspection would occur within six weeks of the initial registration and then annually. The requirements for the registered homes would not be increased, but we would have reasonable assurance that the homes in fact do meet the health and safety expectations they attested to when they submitted the safety check lists. My goal is not to make the process more difficult for registered homes, but to provide parents with more assurance that their children will be safe.

There is another conferee who is more knowledgeable about the registration process and will be able to answer your questions more readily.

Thank you for allowing me to offer these balloons for your consideration.

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HOUSE BILL No. 2255

By Committee on Health and Human Services

2-4

9 AN ACT concerning family day care homes; amending K.S.A. 1998 Supp.
10 65-518 and repealing the existing section.

11

12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. K.S.A. 1998 Supp. 65-518 is hereby amended to read as
14 follows: 65-518. Any person maintaining a family day care home *who*
15 *provides care at such place for two or more children not related to such*
16 *person by blood, marriage or legal adoption* shall register such home with
17 the secretary of health and environment on forms furnished by the sec-
18 retary. In lieu of registration, a person maintaining a family day care home
19 may seek licensure for such home as a child care facility under article 5
20 of chapter 65 of Kansas Statutes Annotated and amendments to the pro-
21 visions thereof and supplemental thereto.

22 Sec. 2. K.S.A. 1998 Supp. 65-518 is hereby repealed.

23 Sec. 3. This act shall take effect and be in force from and after its
24 publication in the statute book.

[Sec. 2 and Sec. 3 see attached.

And by renumbering sections and amending
the repealer and title accordingly

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Sec. 2. K.S.A. 65-504 is hereby amended to read as follows:

65-504. (a) The secretary of health and environment shall have the power to grant a license to a person to maintain a maternity center or child care facility for children under 16 years of age. The license shall state the name of the licensee, describe the particular premises in or at which the business shall be carried on, whether it shall receive and care for women or children, and the number of women or children that may be treated, maintained, boarded or cared for at any one time. No greater number of women or children than is authorized in the license shall be kept on those premises and the business shall not be carried on in a building or place not designated in the license. The license shall be kept posted in a conspicuous place on the premises where the business is conducted. The secretary of health and environment shall grant no license in any case until careful inspection of the maternity center or child care facility shall have been made according to the terms of this act and until such maternity center or child care facility has complied with all the requirements of this act. No license shall be granted without the approval of the secretary of social and rehabilitation services, except that the secretary of health and environment may issue, without the approval of the secretary of social and rehabilitation services, a temporary permit to operate for a period not to exceed 90 days upon receipt of an initial

application for license. The secretary of health and environment shall require each person who maintains a licensed day care home annually to take and complete a course in first aid and a course in cardiopulmonary resuscitation for infants and children.

(b) (1) In all cases where the secretary of social and rehabilitation services deems it necessary, an investigation of the maternity center or child care facility shall be made under the supervision of the secretary of social and rehabilitation services or other designated qualified agents. For that purpose and for any subsequent investigations they shall have the right of entry and access to the premises of the center or facility and to any information deemed necessary to the completion of the investigation. In all cases where an investigation is made, a report of the investigation of such center or facility shall be filed with the secretary of health and environment.

(2) In cases where neither approval or disapproval can be given within a period of 30 days following formal request for such a study, the secretary of health and environment may issue a temporary license without fee pending final approval or disapproval of the center or facility.

(c) Whenever the secretary of health and environment refuses to grant a license to an applicant, the secretary shall issue an order to that effect stating the reasons for such denial and within five days after the issuance of such order shall notify the applicant of the refusal. Upon application not more than 15 days after the date of its issuance a hearing on the order shall

be held in accordance with the provisions of the Kansas administrative procedure act.

(d) When the secretary of health and environment finds upon investigation or is advised by the secretary of social and rehabilitation services that any of the provisions of this act or the provisions of K.S.A. 59-2123 and amendments thereto are being violated, or that the maternity center or child care facility is maintained without due regard to the health, comfort or welfare of the residents, the secretary of health and environment, after giving notice and conducting a hearing in accordance with the provisions of the Kansas administrative procedure act, shall issue an order revoking such license. The order shall clearly state the reason for the revocation.

(e) If the secretary revokes or refuses to renew a license, the licensee who had a license revoked or not renewed shall not be eligible to apply for a license or for a certificate of registration to maintain a family day care home under K.S.A. 65-518 and amendments thereto for a period of one year subsequent to the date such revocation or refusal to renew becomes final.

(f) Any applicant or licensee aggrieved by a final order of the secretary of health and environment denying or revoking a license under this act may appeal the order in accordance with the act for judicial review and civil enforcement of agency actions.

Sec. 3. K.S.A. 1998 Supp. 65-519 is hereby amended to read as follows: 65-519. (a) The secretary shall issue a certificate

of registration to any person who: (1) Applies for registration on forms furnished by the secretary; (2) attests to the safety of the family day care home for the care of children; (3) submits a fee of not to exceed \$15 as established by rules and regulations of the secretary of health and environment payable to the secretary of health and environment; and (4) certifies that no person described in subsection (a)(1), (2), (3), (4), (5) or (6) of K.S.A. 65-516 and amendments thereto resides, works or volunteers in the family day care home. The fee in effect under this subsection (a) immediately prior to the effective date of this act shall continue in effect on and after the effective date of this act until a different fee is established by the secretary of health and environment by rules and regulations under this subsection.

(b) The secretary shall furnish each applicant for registration a family day care home safety evaluation form to be completed by the applicant and submitted with the registration application.

(c) (1) Each child cared for in a family day care home, including children of the person maintaining the home, shall be required to have current such immunizations as the secretary of health and environment considers necessary. The person maintaining a family day care home shall maintain a record of each child's immunizations, and shall provide to the secretary of health and environment such information relating thereto, in accordance with rules and regulations of the secretary, but the

person maintaining a family day care home shall not have such person's certificate of registration revoked solely for the failure to have or to maintain the immunization records required by this subsection.

(2) The immunization requirement of subsection (c)(1) shall not apply if one of the following is obtained:

(A) Certification from a licensed physician stating that the physical condition of the child is such that immunization would endanger the child's life or health; or

(B) a written statement signed by a parent or guardian that the parent or guardian is an adherent of a religious denomination whose teachings are opposed to immunizations.

(d) The secretary of health and environment shall provide to each person maintaining a registered family day care home a list of the requirements for registration of family day care homes. The person maintaining a family day care home shall provide a copy of such list to the parent or guardian of each child cared for in such home and shall maintain on the premises a copy of the list which has been signed and dated by the parent or guardian. The secretary shall require each person who maintains a family day care home annually to take and complete a course in first aid and a course in cardiopulmonary resuscitation for infants and children.

(e) The certificate of registration shall be renewed annually in the same manner provided for in this section.

(f) Within six ^{weeks} months after the initial registration and

annually thereafter, the local health department shall inspect the family day care home for the health and safety of the children cared for by the home. The safety evaluation form shall be used as the guide for the inspection.

(f) (g) The secretary of health and environment shall remit all moneys received by the secretary from fees under the provisions of this act to the state treasurer at least monthly. Upon receipt of the remittance, the state treasurer shall deposit the entire amount in the state treasury and credit it to the state general fund.



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde Graeber, Acting Secretary

Testimony presented to

House Health and Human Services Committee

February 18, 1999

by

Christine Ross-Baze, Director, Child Care Licensing and Registration Section
Bureau of Consumer Health
Kansas Department of Health and Environment

House Bill 2255b

Thank you for the opportunity to testify today on House Bill 2255b. I would like take the time to give a brief overview of child care regulation in Kansas.

The first Kansas Licensing Law was passed in 1919 following an investigation by the Kansas Board of Health into child deaths in day nurseries. The investigation found that the care of children was unhealthy, unsafe and cruel. The Licensing law is one of the few concerning rights of children. It affirms that children in out of home care have a right to care that is healthy, safe and protects them from harm. It also provides consumer protection for parents needing child care. Parents may obtain compliance information on their regulated child care provider and have an avenue for filing a complaint on unsafe or unhealthy child care practices. In addition, parents know that their child car provider has had training, a criminal history and child abuse registry check and has met certain standards for healthy, safe and developmentally appropriate care.

The Kansas Licensing Law was amended in 1980 to add an option for Registered Family Day Care Home. This option was authorized to allow persons caring for a small number of children to self assess their home for health and safety instead of having an inspection to verify compliance with standards. The registration process consists of attending an optional orientation meeting to go over the requirements and to give the applicant an opportunity to ask questions. The applicant submits a one page application, identifying information on persons living, working and volunteering in the home so that a KBI and Child Abuse Registry Check can be completed, a self assessment on their qualifications, health, safety and child care practices and the registration fee. Upon receipt of this information and verification that the background check has been completed, a one year registration certificate is issued. The process is designed for persons caring for one or more unrelated children. If a complaint is filed against the registrant, the Department has the authority to conduct an investigation. If it is

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found that the Registrant has significantly violated child care statutes or regulations, or has falsified their application, their certificate can be revoked or suspended. Civil fines may be assessed for violations that significantly and adversely affect the health and safety of the children.

Kansas has been fortunate to have statutes and regulations that support an infrastructure that sets the foundation for the orderly development of a early childhood care and education system. Safeguards are in place to protect children from harm through prevention, education, standards, inspection and enforcement. The statutory amendment proposed by HB 2255b, chips away at this foundation and weakens the infrastructure at a time when parents and others are asking for more accountability and higher quality child care. Instead of weakening this foundation we should be strengthening the system.

Research findings over the past few years supports what persons in the child care field already know. That investment in children in the early years pays off in later years. Higher quality child care in the early years is linked to better outcomes for children in school and on into adulthood. The research on brain development supports the crucial need for stimulating and nurturing infant and toddler care. Adequate regulatory standards and the frequency of inspection are linked to overall care that meets children's health and safety needs. Care givers who are trained, who intentionally seek to provide child care because they love children and who are willing to do what is necessary to meet or exceed standards, provide higher quality child care and more stable and reliable child care. Working parents are more productive at work and have less absenteeism if they do not have to worry about the care their child is receiving.

In closing, the regulation of child care should be supported in statute. Even one child, cared for regularly away from their home, deserves to be cared for by someone who is willing to take the necessary steps to prepare for this big responsibility and who is willing to assure that their home meets standards of care that are designed to protect children from harm. The Department opposes House Bill 2255b for these reasons.

Thank you.

6.3

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
CHILD CARE LICENSING AND REGISTRATION PROGRAM

900 SW Jackson Suite 620, Topeka, Kansas 66612-1218

TELEPHONE (785) 296-1270 FAX (785) 296-7025

ACTIVE CHILD CARE FACILITIES AND AGENCIES BY FISCAL YEAR

June 30, 1998

TOTAL NUMBER FACILITIES/AGENCIES	FY 91	FY 92 (EST.)	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
REGISTERED DAY CARE HOMES	4,023	4,124	4,277	4,232	4,074	3,743	3,525	3,275
LICENSED DAY CARE HOMES	3,633	3,960	4,480	4,647	4,686	4,595	4,523	4,296
GROUP DAY CARE HOMES	385	418	478	513	543	579	610	650
CHILD CARE CENTERS	683	765	863	918	978	990	1,038	1,059
PRESCHOOLS	373	369	364	361	363	348	337	330
DAY CARE REFERRAL AGENCIES	14	17	19	20	18	18	18	21
ILLEGAL CARE	****	210	61	87	244	148	207	283
ATTENDANT CARE	35	40	44	44	38	32	29	25
GROUP BOARDING HOMES	50	51	53	48	51	46	44	48
RESIDENTIAL CENTERS	38	39	40	44	46	46	46	54
DETENTION CENTERS	7	6	7	8	12	14	14	15
SECURE CARE CENTERS	1	2	2	2	2	2	2	2
CHILD PLACEMENT AGENCIES	39	43	47	47	65	61	63	66
MATERNITY CENTERS	1	1	1	1	1	1	1	1
ALL FAMILY FOSTER HOMES	1,835	1,908	1,982	1,941	2,052	1,949	2,071	2,360
TOTAL FACILITIES AND AGENCIES	11,117	11,953	12,718	12,913	13,173	12,572	12,528	12,485

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
 CHILD CARE LICENSING AND REGISTRATION PROGRAM
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ENFORCEMENT ACTIONS ON CHILD CARE FACILITIES/AGENCIES BY FISCAL YEAR
 June 30, 1998

**ENFORCEMENT ACTIONS
 INITIATED**

FY 91 FY 92 FY 93 FY 94 FY 95 FY 96 FY 97 FY 98

	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
NOTICES OF NONCOMPLIANCE	293	347	567	842	800	1,121	1,474	1,319
CIVIL FINES	58	53	28	19	18	43	32	54
EMERGENCY SUSPENSIONS	11	6	16	15	10	14	12	13
INTENT TO DENY	34	45	34	38	28	65	25	60
INTENT TO REVOKE	27	36	39	62	50	80	74	173
INTENT TO SUSPEND	0	0	2	0	1	5	6	12
INJUNCTION	0	0	6	5	4	6	3	6
TOTAL ACTIONS	423	487	692	981	911	1,334	1,626	1,637

	<u>FY 96</u>	<u>FY 97</u>	<u>FY 98</u>
Registered Day Care Homes	167	182	206
Licensed Day Care Homes	678	612	654
Group Day Care Homes	121	141	118
Child Care Centers	297	524	467
Preschools	38	97	45
Child Care Resource and Referral Agencies	1	1	0
Illegal Care	2	3	12
Attendant Care Facilities	0	0	2
Group Boarding Homes	8	9	11
Residential Centers	3	19	53
Detention Centers	2	2	11
Secure Care Centers	0	1	0
Child Placement Agencies	1	1	4
Family Foster Homes	<u>16</u>	<u>34</u>	<u>54</u>
Total Enforcement Actions	1,334	1,626	1,637

Written Testimony on HB2255
presented to the
Health and Human Services Committee
February 18, 1999
by
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Mr. Chairman, members of the committee -- Thank you for the opportunity to appear before you today.

My name is Shirley Norris. I am here as a children's advocate, but prior to my retirement in 1990 I was Director of the Child Care Licensing and Registration Section of the Ks Dept. Of Health and Environment. The statute authorizing registration of homes caring for six or fewer children including the provider's own children under 12, was passed during the time I was licensing director. Its passage was met with considerable dismay by those of us who believed that even one child away from his or her parents or guardians deserved the safeguarding that licensing could provide. To register, child care providers were required to fill in a safety evaluation form attesting to the safety of their home. Monitoring the registered homes to check health and safety practices was not permitted. The statute limited the right of the licensing agency to assess compliance with the statutes only if a complaint against the registrant had been received.

This amendment before you today would mean that if only one child were in care, there would be no protection for that child. A self evaluation form provides a limited amount of education about health and safety practices, but even that would not be required of women who are planning to care for only one child. There have been needless deaths of two infants in registered care in the last six months due to lack of attention to sound safety practices by the providers, and it is doubtful that these deaths would have been prevented if the infants were the only children in care. If the proposed amendment were adopted, these providers could continue to provide care to an infant with no legal action by the licensing agency.

I urge you not to remove even this minimal protection of one child in out of home care. Kansas has a long history of safeguarding **one or more children** who are away from their parents or

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guardians for all or part of a day. Please continue to honor that long tradition in the interest of children.

Rather than making the registration law less protective, I would like to suggest that you consider requiring a monitoring visit to registered providers by licensing staff. One of the major roles of a licensor is to offer health and safety education to the child care provider. For example, providers do not always know that the risk of SIDS deaths is less if babies are placed on their backs to sleep, or that babies who are allowed to go to sleep with bottles of milk in their mouths are more subject to tooth decay, or that babies should never sleep on a waterbed because of the possibility of suffocation. Licensors are trained to check for hazards in the environment or for hazardous equipment that might be harmful to a child. This lack of opportunity to educate registered providers has resulted in the deaths of the two infants mentioned above. One baby was placed on a waterbed even though the provider had checked on her self assessment form that she would **not** do so, and the baby died. If she had received an explanation of why this was a risk, the infant might still be alive. The other registered provider placed the infant in a play pen with holes in the net sides. The infant strangled when her neck got caught in the hole in the net. A licensor could have quickly pointed out the hazard associated with this play pen.

In 1985 in a child care licensing case, the Kansas Supreme Court stated in its decision "feeding, clothing, sheltering, protecting, entertaining and babysitting of children of working parents . . . are properly subject to State regulation for the protection of children. I would like to recommend that the registration statutes be strengthened to comply with the State's responsibility as stated by the Supreme Court.

Thank you.



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Licensed thru the
State of Kansas
Since 1987

February 18, 1999

To whom it may concern:

My name is Reva Wywadis and I am here today to testify in opposition to House Bill #2255. Passage of this bill would allow a person to provide care for an unrelated child in the provider's home an unlimited number of hours without requiring that person to become either licensed or registered.

For a parent who works a 40-hour per week job, their child spends approximately 50 hours per week in the care of a person other than the child's parent. Over the course of a year, that totals approximately 2500 hours. Those hours can have a positive impact on that child if that setting is safe, and if the person providing the care is responsive and attentive to the child's needs. However, any child placed in an environment that is **not** safe, or with a caregiver who is **not** responsive and attentive **will** be effected and influenced in a very profound way.

Current brain development research has confirmed scientifically that experiences after birth, rather than genetic structure or heredity, determine the actual "wiring" of the human brain. At birth, an infant has approximately 100 billion brain cells called neurons, most of which are not yet connected in networks. Forming and reinforcing these connections are the key task of early brain development. These connections are formed as a child experiences the world and forms relationships and attachments to parents and others. By the end of a child's third year of life, a child has 1000 trillion connections, called synapses. Each neuron may be connected to as many as 15,000 other neurons, forming an amazingly complex network. In the early years, a child's brain forms twice as many synapses as it will eventually need. If these synapses are used repeatedly throughout the child's day-to-day life, they will become "hard wired" and will become a permanent part of the brain's circuitry. If they are not used repeatedly or often enough, they are pruned, or eliminated. This demonstrates the crucial role of experiences in "wiring" a young child's brain.

This research has demanded that we all take action to assure that **every** child be in an environment that **will** stimulate their early growth and development. For parents who need someone to provide care for their child while they work, the regulatory process is there as a **protection**. The registration process requires only an application form which includes a Safety Evaluation form (which is a self-assessment) and a KBI/ SRS Child Abuse Registry form to screen for criminal history or child abuse or neglect. This bill seems to indicate that **one** child isn't important enough to file a set of paperwork for. I strongly disagree.

I moved to Topeka in 1980, with a three month old child of my own. Not knowing the community or anything about regulations for child care, I picked up the local newspaper

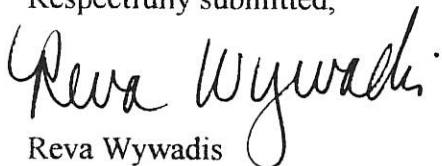
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and began making phone calls in search of care for my child while I worked. I found a person who I thought would be ideal--- she lived close by, had a nice home and two children of her own. My baby would be the only child in her care besides her own two children. I thought my daughter would receive lots of care and individual attention. And, at first, everything seemed to be working out well. However, about six weeks later I unexpectedly arrived early to pick up my child after an appointment. I remember the day so clearly--- it was the first week of school, and as I pulled up in the driveway I saw lots of school-age children walking home. And then I saw my provider--- the woman I thought I had so carefully selected--- walking down the street with her two year old in a wagon and kindergartener by the hand. She had walked to the school, about two blocks from her home, to meet her kindergartener and walk him home, an admirable thing for any parent to do. However, to my alarm, my child was not with them. I ran into the house to find my child, dripping wet with sweat and still in the pajamas I had brought her in that morning, strapped in a carseat in a back bedroom of the house. I left that home and never returned, wondering many times over the years what might have happened to my child if I had continued to leave her, unknowingly, in this environment.

I realize that the regulatory process does not insure quality care. But it is a "first step." It is there to educate parents and caregivers about minimal, required safety standards. It is there to provide educational resources about important issues like child development, nutrition, behavior and guidance, and positive communication practices.

In 1987, I opened my own licensed child care home. I now provide care children whose parents who work outside their homes. And I strive to make sure that the care I provide is **quality** care, because I know that each day makes a lasting impact on the lives of the children that have been entrusted to me. I personally wish that all persons providing care to children be **licensed**, because licensing requires that providers receive ongoing training and a monitoring visit by a licensing surveyor. I **welcome** these requirements because I know that they are in the best interest of children and families, and feel that training and a home visit should be required for **anyone** caring for children. However, if registration is to continue, I urge you to not lessen the criteria currently in place. Even though "it's only one child," I truly believe that **every** child is important, and sincerely hope that you do as well.

Respectfully submitted,



Reva Wywadis

Owner/ Operator, T L C Daycare

Board Representative, National Association for Family Child Care, Region 7

Past President, Child Care Providers Coalition of Kansas, Inc.

Community Representative, Capital Area Providers