

To: Chairman and Committee Members
Re: Stabilization Grant

My name is Janell Hartjen, I live in Moorhead MN, and have provided family childcare in my home for the last 27 years. I am licensed as a C3 which means that I can care for 14 children at one time and I am the only care provider. The demographics that I serve are children mostly not yet school aged, so my and my families risk of COVID 19 exposure is great. The previous funding childcare has received has allowed me to continue providing care, yet with the new proposed rate of \$430 I am not sure that I will be able to continue care.

- Award amounts are based on FTE's (employee #'s) as was passed in the state law. Fed law stated this was to be based on operational costs.
- Licensed Family Child Care Providers (LFCC's) will receive \$430 as owners/operators and any addition IF they have an employee (most do not) and CCAP clients (which we have no control over).

· Licensed Family Child Care cannot be 'stabilized' with \$430 per FTE as we are typically the ONLY FTE! This amount is less than 1 child in care for a month.

- Centers will receive \$430 per FTE, and most will receive an additional \$\$'s as they have the highest percentage of CCAP clients. There are many ways they can 'compensate' including recruitment. This is an inequitable use of federal monies whereby centers receive large sums, with little direction and LFCC's receive small sums.

- A center with 10 FTE's would receive: \$4,300
- 70% for compensation: \$3,101
- Balance of \$1,290 left to the centers discretion for how to use
- LFCC's: \$430 total.

- LFCC's typically:

- work over 55 hours/week where a center staff may work 32 hours per week is being valued the same.
- Care for 8-14 children, center staff ratios approx 6 children per staff.
- Continue to be the choice of parents and often the only choice in rural areas.

There is no accountability nor documentation required as to where the \$\$'s are spent. Honor system. There is no accountability for chains in multiple states utilizing the \$\$'s within the state. I believe a better way of distribution would be to award based on the license class that we are carrying through the State, it would be easily regulated because of state records. As a provider who can care for 14 children my expenses are much higher than a provider who may only care for 3 children – yet we are all being compensated at the same rate.

I would like to see a higher rate given out to LFCC to balance out the additional risk and cost which COVID 19 has created.

Please change the legislation away from FTE's and support LFCC's in a formula separate from centers. Required DHS to engage with LFCC stakeholders directly.