

February 2, 2024

Senator Ben Hansen, Chair Members of the Health and Human Services Committee Nebraska Legislature

RE: LB1003

Chairman Hansen and Members of the Health and Human Services Committee,

Thank you for allowing me to testify today. My name is Mitchell Clark and I am a Policy Advisor for First Five Nebraska, a statewide public policy organization invested in the care, early learning and well-being of Nebraska's youngest children. I am here to testify in opposition to LB1003. I want to start by thanking Chairman Hansen for the opportunity to discuss why the current staff-to-child ratios are important, not only for providers, but for children and families to have access to high-quality, affordable early care and education. I would like to share with the Committee why First Five Nebraska believes LB1003 is not the right approach.

It is important to recognize that the ratios the Nebraska Department of Health and Human Services (NDHHS) has set are not arbitrary, but rather they serve an important function for safety, health and positive outcomes. The U.S. Administration for Children and Families (ACF) provides recommendations to states based on industry best practices. For instance, in center-based settings the ACF recommends a staff-to-child ratio of 1:3 for infants, 1:4 for toddlers, 1:7 for age 3, 1:8 for ages 4 and 5, 1:10 for school-age 6 through 8 and 1:12 for school-age 9 through 12. In comparison, Nebraska's ratio requirements for this setting are less stringent than federal recommendations at 1:4 for infants, 1:6 for toddlers, 1:10 for age 3, 1:12 for 4- and 5-year-olds and 1:15 for school-ages 6 through 12.

LB1003 shifts responsibility from NDHHS as the sole authority in the state for determining child care ratios and places it on Nebraska's municipalities and counties. While First Five Nebraska does not anticipate that municipalities and counties would set ratios that are overtly dangerous, LB1003 could subject Nebraska's municipalities and counties to unwanted scrutiny. From a public relations standpoint, those entities that opt to loosen their ratio would be responsible for potential safety incidents involving children.

LB1003 could also produce a number of unintended consequences that would hurt the viability of the child care industry. The first is higher premium costs or a drop in coverage for business liability insurance, which is already an issue affecting child care providers. Ratios, risks related to accidents and injuries, and risks related to claims of neglect are all considered in insurance coverage. Secondly, without a standardized ratio requirement set by NDHHS, it would be tasked with maintaining separate ratio requirements depending on location, which could slow down the licensing process and add another layer of regulatory burden on providers. Third, eligibility for the federal Child and Adult Care Food Program is in question if their ratios do not meet certain standards. All of these issues put pressure on the viability of early care and education providers.

Any changes to staff-to-child ratios need to be balanced with ensuring the safety and supervision of young children. This is especially important for infants and young toddlers, who are unable without assistance to navigate emergency situations such as fires. Ratios also serve as a safeguard against accidents and injuries, mitigate transmissible illnesses and allow for supervision of interactions between children.

While they aren't the only factor related to positive outcomes, ratios contribute to the quality of interactions between staff and the children in their care. This includes one-to-one interactions, responsiveness to the individualized needs of children and consistent caregiving. If the ratios are set too high, then individualized care becomes less likely, which can lead to poorer outcomes for children.

In addition to the concerns already outlined, LB1003 could contribute to increased burnout in a profession that already experiences a 30% employee turnover rate. Unlike school-based settings, most early care and education staff do not have the same level of support from paraprofessionals and teacher assistants. This means that more would be required of early childhood professionals with each increase in ratio, in addition to tasks not directly related to care of young children. Any increase heightens the risk of neglect claims leveled against staff, which would also worsen burnout.

In conclusion, I want to thank Chairman Hansen for the interest he has taken in making early care and education a more viable industry. While First Five Nebraska believes LB1003 is not the right approach, there are a few steps the Legislature could take to ensure viability: 1) Reduce the regulatory burden on providers in a way that does not risk the health and safety of children in their care; 2) Streamline regulations that are needed but could be made more efficient; 3) Provide supports to bolster compensation for providers.

Thank you, Chairman Hansen and members of the Committee, for the opportunity to continue the discussion around ratio requirements. I would be happy to answer any questions you may have.

Sincerely,

Mitchell Clark Policy Advisor

First Five Nebraska

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