1	L.D. 1012
2	Date: (Filing No. S-)
3	HEALTH AND HUMAN SERVICES
4	Reproduced and distributed under the direction of the Secretary of the Senate.
5	STATE OF MAINE
6	SENATE
7	129TH LEGISLATURE
8	FIRST REGULAR SESSION
9	COMMITTEE AMENDMENT " " to S.P. 291, L.D. 1012, Bill, "An Act To Provide Stable Funding and Support for Child Care Providers"
11	Amend the bill by striking out all of section 2.
12	Amend the bill by striking out all of section 4 and inserting the following:
13	'Sec. 4. 22 MRSA §3737, sub-§§5 and 6 are enacted to read:
14 15 16 17 18 19 20 21 22 23 24 25 26	5. Use of contracts to improve supply of care for infants, toddlers and preschool children. The department may use up to 25% of funding received each year from the child care and development block grant authorized under the federal Child Care and Development Block Grant Act of 1990 for providing child care services for contracts with providers of child care services at step 3 and step 4 under subsection 3 to increase the availability of care for infants, toddlers and preschool children up to 4 years of age. The contracts must prioritize continuity of care and stable settings for infants, toddlers and preschool children up to 4 years of age but may support children in another age group. To qualify for a contract, a provider of child care services under this subsection must have appropriate training in child development, child trauma, adverse childhood experience, child protective services and working with children with disabilities. The department shall ensure that any contracts issued are granted to providers of child care services under this subsection that prioritize the following at-risk populations: A. Infants, toddlers and preschool children up to 4 years of age receiving or who
28 29	have received child protective services; B. Infants with disabilities or those referred by the Child Development Services
30	System as defined in Title 20-A, section 7001, subsection 1-A;
31 32	C. Infants whose parents are participating in a substance use disorder treatment program;
33	D. Infants whose parents are or have been homeless in the preceding 6 months; and
34 35	E. Infants in geographic areas of the State where parents have few opportunities to secure high-quality infant care.

The department shall submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 1st of each year, beginning in 2021, describing the use of contracts pursuant to this subsection. The report must include the number of contracts, the percentage of block grant funding used for the contracts and the number, grouped by paragraphs A to E, of atrisk children.

6. Shared services. The department may create a program to support providers of child care services in sharing administrative and program services and costs to make the providers more efficient and financially sustainable and to improve the providers' ability to deliver high-quality child care services.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

13 SUMMARY

This amendment, which is the minority report, removes the sections of the bill that require increased reimbursement levels for graduated quality differential rates for child care. It allows the Department of Health and Human Services to use up to 25% of the State's federal child care and development block grant funding for contracts for high-quality child care to underserved children and areas of the State rather than requiring the use of contracts. The department is required to submit an annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the number of contracts, the percentage of block grant funding used for the contracts and the number of children served. It allows, rather than requires as in the bill, the department to develop a shared services program.