

SUBJECT: Reporting information related to day care and child-to-caregiver ratios

COMMITTEE: Human Services — committee substitute recommended

VOTE: 8 ayes — Raymond, Frank, Keough, Miller, Minjarez, Rose, Swanson,  
Wu

1 nay — Klick

WITNESSES: For — Carol Shattuck, Collaborative for Children; Melanie Rubin, Dallas Early Education Alliance; Diane Ewing, Texans Care for Children; Kimberly Kofron, Texas Association for the Education of Young Children; (*Registered, but did not testify*: Jason Sabo, Children at Risk; Laura Guerra-Cardus, Children's Defense Fund - Texas; Ellen Stein, Collaborative for Children; John R. Pitts, Commit! Dallas, Early Matters Dallas, United Way Dallas; Will Francis, National Association of Social Workers - Texas Chapter; Stephanie Rubin, Texans Care for Children; Kathryn Freeman, Texas Baptists Christian Life Commission; Sarah Crockett, Texas CASA; Joshua Houston, Texas Impact; Ryan Van Ramshorst, Texas Pediatric Society; Dimple Patel, TexProtects; Margaret Johnson, the League of Women Voters; James Thurston, United Ways of Texas)

Against — None

On — (*Registered, but did not testify*: Rickie Lafon, Texas Licensed Child Care Association; Jean Shaw, the Department of Family and Protective Services)

DIGEST: CSHB 3788 would require the Department of Family and Protective Services to collect data during each monitoring inspection of a licensed day-care center the department conducted between March 1, 2018, and May 31, 2018, using existing resources. The data would be for each group of children four years old or younger who were assigned to a specific caregiver or group of caregivers in a classroom or in a space within a larger room at a day-care center, and would include:

- the age of the children in the group as determined by the formula provided in DFPS' minimum standards for child-care centers;
- the number of children in the group; and
- the number of caregivers supervising the children in the group.

The bill would require DFPS to collect the following information from the same licensed day-care centers:

- the licensed day-care center's program capacity;
- the number of confirmed serious injuries and fatalities for children four years of age and younger that occurred at the day-care center between September 1, 2017, and August 31, 2018, aggregated by the age of the injured or deceased child;
- the number of investigations the department conducted at the day-care center between September 1, 2017, and August 31, 2018, involving a child who was four years of age or younger that were assigned the highest or second-highest priority, aggregated by the age of the youngest affected child; and
- the total number of violations that the department found at the day-care center during the aforementioned investigations.

By January 1, 2019, the HHSC executive commissioner would use the data collected under CSHB 3788 to determine whether to modify the standards related to child-to-caregiver ratios and group sizes. In determining whether to modify the standards, the executive commissioner would compare licensed day-care centers that met the child-to-caregiver ratios and group size requirements with licensed day-care centers that had lower child-to-caregiver ratios. The executive commissioner would recommend appropriate adjustments to standards related to ratios or group sizes if the data showed that day-care centers that met the minimum child-to-caregiver ratios and group size requirements had a rate that was 10 percent or higher than day-care centers with lower child-to-caregiver ratios of confirmed serious injuries, confirmed child fatalities, or DFPS investigations that were assigned the highest or second-highest priority.

The bill would require DFPS to use existing resources to provide an annual report to the Legislature that included certain categories of the data that DFPS collected, as specified in the bill. The report also would include the priority assigned to the investigation conducted by DFPS in response to an incident that resulted in a serious injury or child fatality.

By June 30, 2018, DFPS would make the collected data on child age, child group size, and the number of supervising caregivers available on request to community agencies and higher education institutions. The other collected data also would be made available on request.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2017.

**SUPPORTERS  
SAY:**

CSHB 3788 would provide state agencies with the necessary data on child-to-caregiver ratios and group sizes to help ensure children were in safe early learning environments in the state. The University of Texas at Austin and other organizations could analyze the collected data at no cost to the state. Texas allows higher child-to-caregiver ratios in state-licensed child care facilities than many states, and studies elsewhere have found that lowering ratios reduces the risk of death and serious injury for children in these facilities.

The bill would not require the Health and Human Services Commission (HHSC) executive commissioner to change child-to-caregiver ratios now or in the future. The bill simply would make data available on whether higher or lower child-to-caregiver ratios in licensed day-care centers were related to serious injury, maltreatment, or death for a child. Parents place their children with state-licensed child care facilities and need the information and confidence to know that their children would be safe in these facilities. The bill would help provide that information.

**OPPONENTS  
SAY:**

The data collected by CSHB 3788 could be used to require stricter child-to-caregiver ratios for state-licensed child care facilities, which would force facilities to hire more staff and increase the cost of these facilities

for parents. If state-licensed child care facilities became unaffordable, the bill could lead to parents using dangerous or unregulated day-care centers.

NOTES:

A companion bill, SB 2164 by Zaffirini, was considered in public hearing of the Senate Committee on Health and Human Services on April 26 and left pending.