



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1928		DATE: 2/20/2024
COMMITTEE: Children and Families		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: AMANDA GOOD		PHONE NUMBER: 816-778-2587
BUSINESS/ORGANIZATION NAME: MISSOURI ALLIANCE OF BOYS AND GIRLS CLUBS		TITLE: EXECUTIVE DIRECTOR
ADDRESS: 3001 AARON AVENUE		
CITY: SEDALIA		STATE: MO
		ZIP: 65301
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2024 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: COLLEEN ABBOTT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/20/2024 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: GARY GATES		PHONE NUMBER: 573-636-3328
REPRESENTING: MISSOURI PARK & REC ASSOCIATION		TITLE:
ADDRESS: 2018 WILLIAM STREET		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2024 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JACK GAMBLE		PHONE NUMBER: 573-821-5225
REPRESENTING: MISSOURI ALLIANCE OF YMCAS		TITLE:
ADDRESS: 27 N GRACE LN APT 102		
CITY: COLUMBIA		STATE: MO
		ZIP: 65201
EMAIL: jack@molobby.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/20/2024 4:14 PM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KARIE BLACK		PHONE NUMBER: 660-646-1352	
BUSINESS/ORGANIZATION NAME: NORTH MISSOURI CENTER FOR YOUTH & FAMILIES		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 211 LOCUST			
CITY: CHILLICOTHE		STATE: MO	ZIP: 64601
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: LINDA RALLO		PHONE NUMBER: 314-330-8442	
REPRESENTING: ALIGNED		TITLE: VICE PRESIDENT AND DIRECTOR OF POLICY	
ADDRESS: 450 CONWAY VILLAGE DRIVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63141
EMAIL: linda@wearealigned.org	ATTENDANCE: Written	SUBMIT DATE: 2/19/2024 4:29 PM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Chairman Kelly, Vice-Chairman Hausman, Ranking Minority Member Proudie and Members of the Committee: Thank you to Representative Gragg for sponsoring HB 1928 and for the opportunity to provide testimony to the Committee regarding this legislation. Aligned is a not-for-profit organization comprised of business leaders committed to improving Missouri's education system through advocacy, outreach, and investment. Our mission is to amplify the business voice to improve childhood outcomes and workforce readiness in Missouri. We envision a state where all children are raised to be curious, eager learners prepared to seek the future of their choice. HB 1928 modifies provisions relating to child care provider licensing requirements for certain providers. Aligned appreciates Representative Gragg's leadership on this initiative and supports this legislation. This bill addresses the pressing need to increase access to afterschool programs by proposing a school-age specific solution: expanding licensing exemptions related to school-age physical space. Current physical space licensing requirements create barriers for communities striving to meet the demand for school-age child care. With only half of school districts offering afterschool programs, existing regulations fall short. Moreover, the demand for school buildings for other programs limits access to afterschool programming. By expanding licensing exemptions for school-age physical space, this bill would enable programs to operate in alternative locations such as libraries and community centers, thus better serving working families. Research consistently shows that high-quality and well-supervised afterschool care benefits children and working families, while also serving as a valuable economic development tool for communities. However, it's crucial to address safety and oversight concerns in non-traditional afterschool program locations to ensure the well-being of participating children. We encourage the Missouri General Assembly to support HB 1928. Respectfully submitted, Linda Rallo Vice President of Policy and Advocacy Aligned (314) 330-8442 linda@wearealigned.org



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NATALIE HAMPTON		PHONE NUMBER: 573-882-6332	
REPRESENTING: MISSOURI AFTER SCHOOL NETWORK		TITLE:	
ADDRESS: 540 HITT STREET			
CITY: COLUMBIA		STATE: MO	ZIP: 65211
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROBYN SCHELP		PHONE NUMBER: 660-441-3260	
REPRESENTING: KIDS WIN MISSOURI		TITLE:	
ADDRESS: 3909 SHERMAN COURT			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2024 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TERRI FOULKES		PHONE NUMBER: 573-884-2936	
BUSINESS/ORGANIZATION NAME: MISSOURI AFTER SCHOOL NETWORK		TITLE: DIRECTOR	
ADDRESS: 540 HITT STREET			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/20/2024 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/20/2024 11:45 PM
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In am Opposed to this Bill and granting Child Care Centers Free-Passes and waivers from all safety inspections. This Bill is wrong and NEEDS to be defeated as children are our State's priority.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: LISA PANNETT		PHONE NUMBER:
REPRESENTING: ARMORVINE		TITLE:
ADDRESS:		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL: lzpannett@yahoo.com	ATTENDANCE: In-Person	SUBMIT DATE: 1/29/2024 10:03 AM
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This is expanding the cradle to grave Marxist model including childcare under the umbrella of education. In particular the schools are exempted from laws that the regular child care providers must comply with. This extends that even further to include anyone affiliated with the school even if it is not at the school building.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/16/2024 7:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. Children's safety should be highest priority.		