



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 835		DATE: 3/4/2025	
COMMITTEE: Children and Families			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
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: In-Person		SUBMIT DATE: 3/4/2025 11:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am Opposed to this Legislation for the safety of children in Day-Care Environments. I believe that any Family-Member related Children shall be included and counted in the maximum allowed students per Residential Home and or other Location. We have an obligation to protect all Missourian Children that are enrolled in Day-Care Services and ensure that proper Staffing and Proper Supervision are within the guidelines established by the State and Child-Care Best Practices.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DOUG NELSON		PHONE NUMBER: 573-690-7209	
REPRESENTING: CHILD CARE AWARE OF MO; CLARKSTON NELSON		TITLE:	
ADDRESS: 235 E HIGH ST			
CITY: JC		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: EMILY VAN SCHENKHOF		PHONE NUMBER: 573-826-0031	
REPRESENTING: CHILDREN's TRUST FUND		TITLE:	
ADDRESS: 301 W. HIGH ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: LISA MACK THOMPSON		PHONE NUMBER: 314-477-0380	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN		TITLE: PRESIDENT	
ADDRESS:			
CITY:		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: NICCI REXROAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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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 CT			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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