In Attendance:

Council Members: Jenn Nizer, Dorothy Adams, Jennifer Arnaiz, Crystal Barksdale, Mark Bilger, Terry Bridger, Barb Bartels (for Shannon Burroughs-Campbell), Mary Coster, Celester Hall, Cathy Dougherty, Rachel London, Steve Rohde, Faith Miller, Edisa Padder.

   MSDE Staff: Rolf Grafwallner, Liz Kelley, Cheryl Hall Liz Kelley, Lindi Budd, Valerie von Behren, Linda Zang, Betsy Blair

   Guests: Debbie Moore, Erin Penniston, Cynthia Poindexter, Sojourner-Douglass students.

I. Welcome and Introductions – Jennifer Nizer opened the meeting and welcomed attendees.

II. Assistant Superintendent/Director's Report – Liz Kelley

- **Race to the Top Early Learning Challenge Grant Update**
  Rolf Grafwallner and Liz Kelley

We have been in contact with the U. S. Department of Education, the fiscal agent for this grant. They have assigned a team to the nine states that have received awards and we are working with them on the development of a Scope of Work. We have until March 30th, 2012 to develop it. The Scope of Work is working off the existing plan that was submitted and approved and fleshing out in detail as to how we are going to put certain activities in place and what tasks and milestones are involved in the delivery of the project. We have ten projects; therefore we have ten Scopes of Work. We have been in touch with those who are working with us on those scopes. Many of those are within the department but some are with other agencies that are in support of the work that we do under this plan, like DHMH and DHR. We will submit our Scope of Work by March 30th and the way this worked with our other K-12 Race to the Top, it will not be a straightforward approval. It's going to go back and forth. They will ask us questions and ask us to embellish on certain things so we estimate this may take until May until we have a plan that we can work from. When some of you out in the field wonder why you haven't seen anything, the main reason is that we don't have an approved plan yet. That won't be in place until late spring. However, in the meantime, what we can do is establish the infrastructure for those projects. What I mean by that is recruitment of staff, issuing RFPs; everything must be done competitively for the most part unless it's a state agency that we would contract with. These RFPs are being worked on right now and are going to be issued probably in March. We will try to stagger them so we will have the proposals from the vendors interested in the projects in by May. We hope that everything being in place, contracts, grants, partnerships, MOUs and the approved plan will get us going by June or July of this year. There are things that are currently underway, for instance, on EXCELS and what is now called the Comprehensive Assessment System, because we have a current grant and partnership arrangement already in place. So these are being done not under Race to the Top but under the current arrangement and partnership. You are familiar with the ten projects - that has been communicated to you. We have already made the decision that in the *Partners* newsletter, we are going to reserve one or two pages that will provide updates to Race to the Top activities.

There is one piece I want to mention that is under Race to the Top but it is not a separate project. It's the Task Force on Child Care Subsidy and access of low-income families into the subsidy program. It deals with the fact that we have a wait list right now and it deals with how we currently operate the program. It is looking for ways to bring in children with high needs into the program – that is a more programmatic aspect to the task force. But it also looks at operational efficiencies that would allow us to run the program better and in an improved fashion and bring it into the 21st century. That is something that is currently underway and the first meeting is scheduled for February 28th. It is not a large stakeholder group. It is basically the Governor's charge to bring the following agencies to the table to work this out and have recommendations to the Governor by June 1st. They are DHR, (the Secretary and I are co-chairing it), DHMH, the Governor's Office for Children and the Department of Budget and Management. Those are the agencies that are working on that and will issue recommendations. The charge is very specific and deals with the way the administration has set up the operation of the program and what impact it has on low-income families and their access into the program.

Question: Will the waiting list be addressed with the task force?

Rolf: The waiting list will be one of the issues that we will address because right now we are denying access to the program for low-wage, working families that are eligible for the program. The issue is that many families are not having access right now, so the question is, is there something in the operation that we can do that will enable us to either stretch the dollars, reconfigure the program completely or have a way to enter efficiencies that will allow us to bring, maybe not all the tiers or levels back in, but at least some of them.

Liz: It's a multi-faceted question. What Rolf is talking about is the task force. Many of you are familiar with the recommendations that came out of the Child Care Subsidy workgroup in 2005. So this is taking those recommendations that came out of that workgroup and looking at what it is now. The task force itself will be making recommendations about improvements and efficiencies that can be brought to the administration about eligibility determination. The other part, which is not part of the task force charge, is addressing the budget issues, which is why we have the situation we have currently, and a wide range of others things.

I also want to mention that we have put a link on our website under the Announcements portal and there is a separate Race to the Top page. On our website you can get access to the Race to the Top Executive Summary and the application and we will be posting information as we get further down the road in the form of updates and a variety of different things. This will be work that will be going on for the next four years and beyond. The emphasis is around targeting the high needs areas of children; children with disabilities, English language learners, low-income areas of the state, with the purpose and intent of closing that achievement gap that we have all been concerned about for years. All of our ten projects surround that work. The Executive Summary that we gave you last time outlined what those projects are and we are fleshing those out. We are very excited to receive the $49,999,143.

We have a couple of partnerships that we will be working with – the State of Ohio on the child assessment component and a lot of state partnerships and bringing in other

agencies that we have worked with in the past. We are very excited about working with pediatricians on Reach Out and Read for children, so we are elevating what we have already done very successfully and taking it to the next step. I'm sure we will be engaging a lot of you in this work as we move forward and will be asking for your input.

Rolf: I just wanted to say, the official governance structure is, of course, since it's a MSDE-led project, with MSDE being the fiscal agent, our State Board has formal oversight but it's actually done by our State Advisory Council, takes on the role, as it did for the writing of the application, it's taking the lead and being the lead team. That council is taking on the role of overseeing the implementation on behalf of the State Board. We will have regular updates to the State Board as we get going and there will be other ways to communicate to the executive as well as the legislative branch as to what is occurring on the implementation. The Governor's office takes interest in it and so does the legislature, particularly the Joint Committee on Children, Youth and Families. The State Board is very excited about this. They received a presentation at its last meeting in January and I believe some of you were there. I just wanted to point out that the representation on the State Advisory Council, which is a Governor's State Advisory Council, is the one that's going to be engaged in those efforts. We do intend to have not only you informed, but get feedback from you as well as we go through various activities, so it's happening at different levels. Your organization is also engaged in, or represented at the State Advisory Council so we encourage you to use that as a venue as well.

Question: Is the February 28th meeting an open meeting?

Rolf: No. It's really meant as an administrative meeting. The Governor's office wants to get recommendations from two agencies with the help of some others, as to how this should be resolved. It's meant to be an administrator's meeting to work these things out and it does not fall under the open meetings.

- **Budget Issues – Rolf Grafwallner**
The budget hearing is scheduled in the Senate tomorrow. We encourage you to be there if you can. It is a standard procedure that our division has its own budget hearing. We've had that since 2005. 2006 was the first time. We are presenting information on the budget for fiscal 2013 as well as the current year, but it is meant to be talking about fiscal '13. The second hearing is in the House with the same committee that we have each year. It is Education, Environment and Health, that is scheduled for March 7th. Both meetings are at 1:00 pm. I don't know what the sequence will be because there will be other budgets that are being heard on those days. *Discussion ensued regarding those who plan to testify.*

Liz: This is a very busy time of year for many of us at the table with the legislative session going on. We'll know more tomorrow after the hearing about what the temperature is in Annapolis around early childhood initiatives. I think certainly the fact that we were successful in getting Race to the Top funds will be to our benefit and we get a lot of good press about the education system in Maryland. So I think those things, and all of the good work that we, as a collective group, have done around early childhood initiatives certainly bear us well as we go to Annapolis every year for the budget.

- **Legislation – Liz Kelley**

- o **Informal Providers Criminal Background Checks**

While this is not the only piece of legislation that is going through in Annapolis, this is the one I wanted to highlight for everyone. We had put into legislation around Informal Providers background checks and we talked about this at the last meeting. There is federal legislation that is working its way through Congress that would require states to implement criminal background checks for child care providers. We already do that for all of our regulated providers. Many states do not have those requirements however. We also, however, do think that it is a good idea to have the same type of background checks for informal child care providers. These are typically family members, but can be people who are not related to the family, so this would be a comprehensive background check similar to what any regulated child care provider has.

Discussion regarding additional bills before the legislature.

Cathy Dougherty asked a question about fingerprinting of informal providers and the length of time it takes to receive the background check results.

Liz: It used to take a long time to get the results, but now it is very fast. Right now, there are electronic fingerprints that can be done through a scanning device. And then there are cards. In any case, once the cards are sent to the Criminal Justice Information System, there are two cards…one for Maryland, one for FBI. The Maryland turnaround time is within days. It's very fast. It's not months like it used to be. The federal is similar. I'll skip to the agenda item for the licensing update on all-electronic CJIS Criminal Background Checks. There will be an article in the Spring *Partners* and there is information on our website (Licensing page) that the FBI is going to only electronic fingerprints. They will not accept scanned cards. What is happening at the state level with CJIS is that you can still submit paper cards to CJIS in Maryland. What they will do is scan the card to send to the FBI. However, the problem is, once it gets to the FBI, it can't be read because a scanned fingerprint is not very legible. So there are a wide range and variety of electronic scanners across the state and we have a list on our website for where they are available. We are highly recommending that programs use the electronic scanning. The other advantage is that they are very accurate and you get very fast results. There are mobile electronic fingerprinting services as well. You can still use the cards, but for the FBI, they will often get kicked back and you will need to get them taken again anyway.

A question was asked regarding the Preschool for All Bill.

Rolf: The way I read it this is basically a school finance bill. It's been introduced by Senator Ferguson from Baltimore and he has been in contact with a number of organizations that know quite a bit about Preschool for All. We did inform them that there is a business plan and they should look it up. I don't know what their deliberations were. When I saw the bill it was a little different from what I expected to see. We will speak to the bill as it appears and we will be in support of it because we believe in Preschool for All as an agency. We probably can't speak to the specifics of the bill as to the funding because this is something that MSDE typically does not do. But we will certainly speak to the merits of it and will be there to testify. The bill is talking about the funding for the programs. Preschool for All is already in place. The bill looks more like a retroactive way to get funding and that gets to be a little complicated because there are different schools of thought on how that funding was set up originally in Bridge to Excellence and how the local school systems interpret the funding, as being an

unfunded mandate, and that sort of thing. I think there are a number of groups that are interested in that. The issue would only be of major relevance if there was any new funding stream.   You are basically looking at a funding configuration with funding currently going to the local school systems as part of the state aid. So if there are no new funding streams, should they take it out of that for prekindergarten and have a dedicated prekindergarten fund? We don't know. It's just not clear. Do you know anything about new funding streams?

Debbie Moore: Senator Ferguson's bill is the one that's tied to the table games. Rosenberg's bill does not have a funding source tied to it. Senator Ferguson's bill is tied to the expansion of gaming in the existing slots casinos to include table games. All of the funding from the casinos from the slots and the table games would be put into the education trust fund and that would be dedicated to prek at this point.

Rolf: It's really up in the air and depends on the leadership as to whether they want to dedicate the table game money for this. You've heard local school systems are hurting because of the reduced funding so it's hung up in all that. So this is a complicated bill.

Rachel London explained the bill that would allow parents to attend parent/teacher conferences for all students, or IEP, IFSP or 504 planning meetings for students with disabilities. It would allow for 4 hours, twice a semester that en employer would have to give a parent as unpaid leave.

Liz: The reason that we spend as much time as we do during this time of year talking about legislation, is that it's critically important that you let your voice be heard. We go down to Annapolis for various hearings and it really makes a huge impression when there are others in the room that are doing the work, about how it impacts what you are doing on a daily basis. Whether you can be there personally or send in written testimony, the legislators really do pay attention to it. We've worked very hard as a state to elevate early childhood education and specifically child care and this is just one more opportunity to educate the legislators about the critical importance of what we do on a daily basis.

Updates

Licensing
- **Asthma Action Plan**

I have asked Cheryl Hall to come down to go over the form that is in your folder – the Asthma Action Plan. We have been working for quite some time to extend to children in child care the ability to self-carry asthma medication in particular. We've developed policies and procedures and we wanted to implement this, but we were told that we need to have the authority to do so. We are pursuing a change to the statute that would give us the regulatory authority to allow a child to self-carry during child care. In our policies and procedures we had written it in such a way that it was for children six years of age and older who were approved to self-carry during school hours. We left it kind of open on a case by case basis because very often it depends on how the facility is set up. We also put in the policy that it would be situational. If a child has demonstrated the ability and is responsible and they keep possession of their medication, and there is no problem, there really is no reason for a child not to be able to self-carry. However, the child care facility always has the right to restrict whether or not a particular child, for

example, they drop it every day and another child picks it up, or they constantly misplace it; it is a privilege, it is not a right.

Cheryl Hall: This is the Asthma Action Plan that has been redesigned and produced this year by the Department of Health and Mental Hygiene. This form now includes a space that allows child care providers to obtain a special health care plan in essence, from the primary health care provider. What we intend to do is to have these distributed to child care providers so they can give them to the parent. Our regulations require that child care providers have a special health care plan with a special health care need or medical condition. What's different about this form is that it allows the parent to have the child care provider carry out the primary health care provider's instructions for when the child is well, exhibiting some symptoms that may be new or different from what the average is, and then for when there is an emergency situation that may occur, so that they would be prepared. The parent would always be contacted whenever any symptoms are exhibiting themselves. This form covers all age groups in child care and preschool. There is a form that is exactly like this for school-age children in the elementary schools. They are using the exact same form, so we are striving for uniformity across the whole school system and prek.

Text and signature areas were read and discussed and concerns were raised about the content of the form and specific age groups designated on the form and the accompanying policies that are being developed.

Question: How will providers get trained on this so that they are very clear and understand how to recognize wheezing, etc.

Cheryl Hall: The Medication Administration curriculum that we currently have does not address asthma, but the one that we are currently waiting on for revisions to be complete, will have an asthma component in it. We currently have Medication Administration trainers who are approved to conduct the four-hour asthma curriculum that is separate from the Medication Administration curriculum. You can go online now and choose one of those trainers and use that curriculum.

Liz: Currently, the only required training for child care centers is around Medication Administration. There is no required training around asthma and allergy at this time. However, we are modifying the Medication Administration training to include asthma and allergy, but there is no required training around any of the forms that we utilize whether it is the medication administration form or whatever, but many of the Medication Administration trainers around the state have developed training around a variety of things.

Cheryl: We also refer child care providers to the Asthma and Allergy Foundation. That is still an active, on-going training resource for child care providers in the state of Maryland. They have their own active asthma curriculum for child care providers.

Discussion ensued regarding the need and opportunities for training for child care providers and the draft Asthma Action Plan form.

Edisa Padder asked for background on why the self-administering of medication by young children came about.

Cheryl Hall: Schools have been allowing children, and by state statute, are required to allow certain children who have been evaluated and assessed, and found capable of self-administering their medications. It's done on an emergency and protective type basis for that child throughout the school day. They go from room, to hallway, up the stairs and all of that. So they feel that those children, based on an evaluation by the primary health care provider and a parent agreement, can do that.

Edisa Padder: But if you are requiring Asthma Action Plans to be implemented, and for somebody to actually evaluate the respiratory status of a child as sort of an exception, as opposed to taking your ADHD meds at 9 o'clock in the morning, it just seems unsafe. What if they forget those medications at home? So if you are planning on implementing an Asthma Action Plan, then we should ensure that the medication is available on-site. That way, if kids are self-carrying, you can't assure that every day. Are the teachers going to be responsible for checking in the way that we bring their lunch to preschool? So I think if we are going to make child care providers responsible for administering an Asthma Action Plan, they have to have the right meds available. If the child is allowed to self-carry, and forgets those medications at five or six years of age, it might defeat the purpose of the Asthma Action Plan.

Liz: You're right, and that was part of the policy statement that was developed. Even if the child is approved to self-carry, the child care facility still has to maintain a back-up supply of the medication and be available.

Edisa: But insurance companies really won't cover that many……

Liz: This is not an easy issue. Part of this is a request from the disabilities community to extend to children that have been approved in school, the same opportunities in child care. There are a lot of issues that continue to be resolved, and as Cheryl said, what we are intending to do, is to enable the child care community to follow the prescriber, the child's pediatrician or health practitioner has designed for that child. Right now, we have barriers in the way of providers actually following what the doctor's orders have been.

Cheryl Hall asked that if anyone has participated in Medication Administration training and is uncomfortable with the content or it does not seem correct, she is responsible for that training and encourages participants to contact her directly with the name of the trainer so she can follow up. (Cheryl.Hall@msde.state.md.us)

Liz: Anyone who has comments or concerns about this particular form or recommendations for training connected with implementing or developing these please put it in writing and send it to Lindi or myself and we will put all of that information together as we move forward. (lbudd@msde.state.md.us)

Jenn Nizer suggested another meeting should be held about these plans.

Liz: I need to go back and verify because I have been told by the Attorney General's office that we needed legislation and we needed to change the statute in order to be able to have children self-carry during child care hours. Please mark the form as draft and do not distribute it for use at this time.

- **Large Family Child Care Homes**

As we reported the last time, we had regulations that had been submitted and they were in comment period. They are finalized now and are posted on our website so you can access the regulations. However, we have not yet been able to implement them because of a couple of glitches. You won't be surprised when I tell you the glitch has to do with our database system. It's one of those unintended consequences that occur. A new set of regulations meant a new type of provider that had to be set up in the database system. While that may sound on the surface as not a very complicated thing, this is a very complicated type of provider because it is a hybrid. It is a hybrid of family child care and child care center. So there were components from each one of those aspects in CCATS that had to be brought together. Right now, the only thing that we are still working out is around Child Care Subsidy, the Tiered Reimbursement and Child Care Subsidy payments. Large Family Child Care Homes will receive the same reimbursement as a child care center, but because it is coded as a home and not a center, we are running into a little bit of data issues that we have to resolve, but we are getting very close. Also, the licensing office is finalizing all of the various forms that we need as far as the application, the staffing patterns and so forth. We hope to have all of that in place by May to move forward, to implement and to actually be able to issue our first registrations as Large Family Child Care Homes.

There was a lot of misunderstanding, and I'll take responsibility for a great deal of it, because initially we thought that with this legislation, anyone who was licensed as a Small Child Care Center, that's a small center located in a residence, would automatically have to move to be a Large Family Child Care Home. That is not the case. There were a lot of questions, primarily from Montgomery County, where we have the largest number of Small Child Care Centers, but I think we have taken care of that. They do not need to make any change whatsoever. The whole purpose of establishing this category was to provide another opportunity, another way for people who want to expand their business as a family child care provider, to take on more children and still be able to be accredited. Because now when you switch from family child care to child care center in a residence, there is no accrediting entity that will accredit such a facility. But a Large Family Child Care Home can be accredited through the National Association for Family Child Care. So this really was providing other alternatives so that as we move to implement Maryland EXCELS, facilities that want to participate in Maryland EXCELS will be able to do so at the fullest extent. We will no longer use the term Small Center. You can still be licensed as a child care center in a residence if you meet all the criteria. It is a zoning issue. Moving forward, the Small Center term in center regulations goes away except for those programs that are already categorized as such. Anyone that currently has a license as a Small Center can continue to have that type of license with all the exemptions and things that they had available to them. The exemptions are no longer available to anyone moving forward. So anyone who wanted to expand a business or to establish a business in a residence has a choice of either being a family child care provider, a Large Family Child Care Home or a child care center.

Child Care Subsidy – Betsy Blair
Waiting List
A brief update on the waiting list – as of February 28th, 2012, it will have been in effect for one year. When we last analyzed our data at the end of January, we have 9,984 families on the waiting list and 15,020 children.

Liz: I just want to emphasize, I know that all of you in the room probably know this, but just for emphasis, we call this a waiting list but it's really not a waiting list in the typical

sense that you would think, that if somebody rotates off, then I would get the next slot. This really is a freeze of the program. There are not enough funds to serve all of the families that would be normally be eligible. So these families are informed that we do not have the funding available.

Betsy: We are basically tracking families to see how many people are unable to access the Child Care Subsidy program right now. There are some people that are exempt from the waiting list: people getting Temporary Cash Assistance (TCA), people transitioning off of Temporary Cash Assistance, families with an SSI parent or child and disabled children. Everyone else is wait-listed of the low-income people that apply.

Informal Child Care Providers – Betsy Blair

Informal Child Care is care that is not regulated. So it's non-regulated care that is self-arranged. It's usually provided by a relative but it could be a non-relative or just a babysitting situation if it's limited to 20 hours or less per month. There is a handout in your packet that you can look at for the overview and then we will move on to looking at an analysis of Informal Providers throughout the state. By county, the number of active informal providers and the number of children in informal care is listed. Also listed is the licensed capacity available in each county, so that would tell you the slots that are available that could have been used, instead of someone selecting informal care.

Steve Rohde: I think what prompted this was a conversation in November about abuse and neglect cases and I believed we had asked for, if we could get a sense of what percentage of child abuse and neglect cases can be traced back to informal providers.

Betsy: We can't because that information is analyzed at DHR and if someone is not approved, we don't track them in our system. We only track the ones that are approved and that have children attached for care. So we couldn't offer those numbers to you.

Steve: The other thing that we talked about is the total cost for informal care and the percentage of funds that go to informal care, either out of the total of all subsidy dollars or some other formula that you can come up with.

Betsy: We can do that for the group, but we didn't get that question last time.

Liz: At the bottom of the graph, I think this is an Excels problem. If you look at the months of service at the bottom, those numbers actually correlate…those numbers should be timelines---so 40634 should be April, 2011 and across. So it's a timeline from April, 2011 to September, 2011 that shows the decrease in the number of informal providers statewide. The same is true for the number of children.

Betsy: DHR used to do all of the paperwork and do the approval for the informal providers and we took that over in May of last year. Although these numbers have dropped significantly, some of that may be data clean up, so I don't want that to be misleading. When we took over that piece of the program, we started getting rid of duplicate I.D.s and we did some things like that in our CCATS system. It has dropped significantly, but maybe not quite this much.

Question: Do we know the reason for the drop in informal care?

Betsy: I'd like to think they are moving to formal care, but I truly don't know.

Cathy Dougherty: I just wanted to point out, your question about could they track abuse and neglect cases. Why couldn't they do that through child care because if we're doing a CPS investigation involving child care, your child care staff would have that information.

Betsy: For formal they probably could, for the license, but for informal, it's just a piece of paper that goes to services and they just check "approved" or "not approved" and that's all it is. It doesn't get entered if they're not approved; it only gets entered if they are approved. So there isn't a master database with all of the ones that are given to services for clearance, for us to use to look at that data.

Steve: So if I track this conversation correctly, and correct me if I'm wrong, the state is paying for informal child care and they may not know whether someone is under investigation for child abuse.

Betsy: No, I'm sorry, I have not been clear. We do an analysis of both health and safety at the location where care will be provided and we do a CPS clearance for them. Services does all of that background check using the records that they have available. All we get back is they are either approved, meaning there wasn't a history, or they're not approved, meaning there was.

Steve: But my question is, when they are in operation, what I'm hearing from the answer, unless I've overlooked something, is there's no way to find out whether three months after this person was approved for informal child care and is receiving subsidy, they're under investigation for child abuse and we don't know it.

Betsy: A couple of things in place to help with that, not perfect, because you're right, we'd want to know immediately. There is a renewal process once every two years and we look at their records again. Also if a new adult, 18 years or older, comes into the house during the hours of care, we also do a clearance on them. I do have to say the workers have gotten really good at scoping out this information on their own, and they read the local paper and they check the registries for sex offenders and if they find those things three months in, six months in, they act on it. We don't get an actual report back to say, hey, there's been a hit.

Steve: If I can just follow up. I think that's fine and we've had a conversation in-house about administrative protocol versus something that's in regulation and how the second can be a little more careful in terms of this. But again to backtrack what I think I heard. We can approve somebody as an informal child care provider. Three months into their tenure as an informal child care provider there is an abuse or neglect case, and that technically, unless someone is reading the paper or knows otherwise, until we do the renewal at the two year mark that may not be picked up.

Betsy: That is a true statement.

Steve: I think that causes more than me concern because the larger issue is, the state is paying for sub-standard care to begin with, even though there are things in place to monitor informal providers, but there are not the same protections to children as there would be in licensed care. I think something needs to be done to correct that situation.

Betsy: The Criminal Background Check will help us with that if that goes through because then we will get instant information back. I know it isn't specific to CPS but that would still give us an avenue we don't have now.

Cathy: Many cases are indicated for abuse and neglect where there is no criminal charge.

Betsy: I agree. So maybe that is something we can analyze and do more frequent renewals or do spot checks, but that isn't something we do now.

Steve: Or to build in what I think is in place for licensed care, which is that a case is flagged and the program is notified. Is that not the case for licensed programs?

Liz: Not always. They have to go in and search for the information.

Cathy: I can go back and ask directors and then we would give that information to the secretary. I'm an old CPS worker and I don't see that there would be a big deal…especially the indicated findings. If we are finishing an investigation and our ruling is "indicated" and during the course of the investigation we find that they are an informal provider, that could be reported to child care.

Steve: If our intent here is to protect children, it seems at a minimum that is what should be done.

Betsy: From a data standpoint, it is really easy because that information is there. There just isn't an interface between the two agencies to produce it. It's easy to fix.

Steve: So do we need to put forth a proposal to fix it? Or is it the understanding of the conversation that that request has been made?

Rolf: You have given us another agenda item.

Steve: I would re-state the request – can a system be put in place where there is a notification done of child abuse and neglect findings in informal child care? The second request is can there be a way to find out the number of abuse and neglect cases in informal child care?

Discussion ensued regarding the Release of Information form, the Criminal Background Check notifications, the subsidy waiting list and the importance of providing testimony at hearings in Annapolis.

Maryland EXCELS Update – Liz Kelley
As Rolf indicated, Maryland EXCELS is a large component of our Race to the Top application. It is considered Project #2. We are currently in Pilot, working with a total of 45 programs across the state in three cohorts. We are currently working with our second cohort of providers that includes child care centers, family child care all over the state. We have programs that are participating in Tiered Reimbursement and those that are not. We have nursery school programs and Head Start programs that are currently participating in the Pilot. The purpose of the Pilot is to work out any of the glitches or kinks in the process; that includes the online website. We shared that with you last time – www.marylandexcels.org. The website is active and operating. If programs go there,

they can register to participate but they will get a message telling them they will have to wait until after the Pilot. We will also be having a Field Test later on, but as far as I know, the Pilot is going very well. We have identified some things that we need to look at and evaluate, specifically around the use of the rating scales and how they are being used in Maryland EXCELS. We are going to be meeting with public prek programs to develop public prek standards for Maryland EXCELS. They will look very similar to what we have in place for child care centers but because they are public schools they will look different. Public schools are not licensed so the licensing and compliance area will look substantially different as would the professional development and staffing, because they are required to have certified teachers as opposed to having credentialed staff. We will be finalizing those standards during this year and then implementing full-scale next year. Our target date is September of 2013 but I always hope we can be ahead of schedule. It seems like a very long time away but it will go very quickly and there is a lot of work to be done in the meantime. There is a ramp-up of scale to be sure we can accommodate all of the programs that will be interested in entering and participating in Maryland EXCELS.

There are a lot of implications, specifically, one of the things is around developmental screening, that we haven't discussed. That's one of the criteria for participating in Maryland EXCELS, the implementation and use of a developmental screening tool for young children. We've identified a total of four tools that we will be recommending; one of which is *Best Beginnings* which was developed by the University of Maryland/School of Pediatrics, which is a free tool. We are very excited about that news. The others are the ASQ *(Ages and Stages Questionnaire)*, the ESIR, and the PEDS *(Pediatric Evaluation of Developmental Status)*. The reason I wanted to highlight that particular standard is that is very unique to Maryland EXCELS and something we will be looking at as requiring for all child care programs at some point in time. You can look for it in the next several years. We are introducing it with Maryland EXCELS for the express purpose of being able to identify children at the very earliest points, so if there is intervention that's required, we can get that intervention at the very earliest point because we know that the earlier we can get that, the more effective the intervention will be. Also, what is really very nice about all of these developmental screening tools is that there is a parent component and there is a provider component. Each one of them conducts the tool and it takes five to ten minutes; very fast, very simple and observational. Things like "the baby can grasp a rattle and hold it". So it's not something that takes a lot of training. It's very intuitive in the types of questions that are asked of the parent and the provider. Then the two come together to compare notes. What I really like about many of the tools is that it's not a "yes" or "no" answer. It's a "yes", "no" and "I'm not sure", or "I have a concern". So it opens up that conversation between the parent and the provider. The provider might pick up on something or the parent might pick up on something. So we need to develop training on how to use the tool, how to have the conversations with the parent if something is identified as a concern and then to identify the resources and where to refer that parent. The parent has to take the initiative. We are not going to be putting child care providers in the place of making referrals.

Valerie Von Behren: There is a pediatric component to the developmental screening process as well. We are trying to form a collaboration around the child who does have a developmental red flag, with the child care provider and the child's parent and the pediatrician, so they are all on the same page and all have the same information and

they are all working together in a consistent manner to help the child get their needs met.

Linda Zang: Those tools are recommended. There will be a few others that, if providers are working in a therapeutic nursery or someplace like that, and they are using a more involved tool, we just have to work that out.

Rachel London: Liz, can you provide an update on any progress or movement on the possible endorsements in Maryland EXCELS?

Liz: In our application (Race to the Top), we have put in the idea of having additional acknowledgements or endorsements in a variety of areas such as Asthma and Allergy, Health and Wellness, Inclusive Child Care and Dual Language. Those endorsements were to be over and above what were included as the standard. So facilities could opt to have these additional acknowledgments. Because of a lot of feedback we've received from a lot of different folks, we are moving forward on developing something, but I don't think we are going to be calling it an endorsement because we really don't want to give the impression that we are endorsing a program.

However, there are various checklists that have been developed that can enable a program to go, what I'll call "the extra mile". So we have specific requirements in regulations, we have requirements or standards in Maryland EXCELS that build on and require programs to do more, especially in the area of inclusion. But we also want to provide information to parents on a deeper level. We have been working with a variety of different groups. For Health and Wellness for example, we are going to be using Let's Move for infants and toddlers and for the older children, NAP-SACC, which is a checklist. We are looking at developing the same type of thing for each one of these acknowledgments. On inclusive child care we will be looking for additional help for what that is going to look like. We have talked about a variety of different things which includes a statement on the Maryland EXCELS website when looking at any kind of information, that we would have information around inclusion that would say "all child care programs are required…(to accept children with disabilities)" and have some type of statement that doesn't give the impression that facilities only have to include children with special needs if they opt into the acknowledgment. The whole point and purpose was to provide parents with information about what is the capacity of this center to accommodate my child. Do they have staff that has additional training in the area of special needs? Do they have a long-standing history of providing care to children with special needs and what type of special needs?   So it's more about providing information and encouraging other programs to develop policies and practices around caring for children.

Question: Can you talk about the Dual Language?

Rolf: With English language learners, children with disabilities and our low-income group, these are our major groups that are strategically the center and focus of our application (Race to the Top). So if we have centers such as the program in Montgomery and Prince George's County, CentroNia, their main focus is dual language implementation. You do not find that in many other centers. It's mostly immersion and mostly monolingual. But in dual language settings you have Spanish speakers in an environment that also promotes proficiency in English. You have both languages being represented. A Spanish-speaking family may want to have that information and these

endorsements may also serve as a way to promote the development of certain programs that want to specialize. This is a market-driven environment and I think that specializations are also designed for programs to find a niche if you will, in terms of providing services for particular groups of children. The same thing with children with disabilities; I have seen a couple of centers now with reverse inclusion. That means the majority of children are children with disabilities and they are bringing in kids that are typically developing. These are the things that we wanted to highlight but we cannot work them in as a requirement under EXCELS because first of all, we have too few programs and secondly it's a particular feature and specialization that we want to acknowledge. We want to identify them and over time, hopefully see more programs that might be interested in working toward those specializations.

Steve recommended that the Maryland Family Network's LOCATE Child Care website be reviewed for the specializations it contains for parents looking for particular types of child care services. (www.mdchildcare.org)

Valerie Von Behren followed up on a discussion from the last OCC Advisory Council meeting in November regarding transition for young children between child care programs to school-based programs. Valerie distributed a sign-up sheet for attendees to list their names and contact information to join a small task force to put together strategies for supporting young children transitioning from child care to schools. (If you are interested in participating on the task force, email Valerie at vbehren@msde.state.md.us.) The recommendations that come out of this task force will be presented to the Governor's council.

III. Council Member Reports/Updates
Jenn Nizer – Becki Linn is no longer the Executive Director of the Maryland State Child Care Association (MSCCA). Jenn Nizer is the contact person until a new executive director is hired which will not take place until after the MSCCA conference on May 4th, 5th and 6th at the Carousel in Ocean City.

Steve Rohde – Maryland Family Network will be doing SEFEL (Social and Emotional Foundations for Early Learning) training on March 2nd, 9th and 16th. Training is through a grant with MSDE and is co-sponsored by Anne Arundel Public Schools. Training is free and participants must attend all three days. CEUs are awarded through Anne Arundel Community College. Registration is through Anne Arundel Community College.

Erin Penniston – DHMH has received new federal grant funding through Health Care Reform. This grant will be a comprehensive approach across the lifespan to improve health and wellness and chronic disease prevention. Child care is an important setting that we are looking to work with.

Mark Bilger – Is there any update with the electronic inspection system and providing that resource to the inspectors that work for the Fire Marshal's office?

Liz: The electronic inspection system is going great, and there are no plans to expand it to anything other than child care licensing regulations. The technology application only supports the child care licensing regulations; it does not support any other type of regulation that would be inspected.

Rolf: If you want to look at how this works and the technology involved, what could probably be set up is a demonstration with the right people at the table, and then they could make the call as to whether this is something that would meet their needs.

2012 Meeting Dates

<mark>Next Meeting - May 17, 2012</mark>
August 16, 2012
November 15, 2012

10:00 am – 12:00 Noon
MSDE – 200 West Baltimore Street
8th Floor Conference Room 6/7
Questions? lbudd@msde.state.md.us 410-767-1250