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**Child Care and Development Fund (CCDF) Plan
for
State/Territory Maryland**

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:37:10 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Maryland State Department of Education**
 - ii. Street Address: **200 W. Baltimore Street**
 - iii. City: **Baltimore**
 - iv. State: **Maryland**
 - v. ZIP Code: **21201**
 - vi. Web Address for Lead Agency:
<https://www.marylandpublicschools.org/Pages/Default.aspx>
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Carey**
 - ii. Lead Agency Official Last Name: **Wright**
 - iii. Title: **State Superintendent of Schools**
 - iv. Phone Number: **(410) 767-0100**
 - v. Email Address: **carey.wright@maryland.gov**

1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:

- i. CCDF Administrator First Name: **Keisha**
 - ii. CCDF Administrator Last Name: **Maxwell**
 - iii. Title of the CCDF Administrator: **Administrator of Policy and Special Projects**
 - iv. Phone Number: **410.767.7852**
 - v. Email Address: **Keisha.maxwell@maryland.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name:
 - ii. CCDF Co-Administrator Last Name:
 - iii. Title of the CCDF Co-Administrator:
 - iv. Phone Number:
 - v. Email Address:
 - vi. Description of the Role of the Co-Administrator:

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Entity establishing CCDF program rules

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards.

Check one of the following:

- a. All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
 - ii. Sliding-fee scale is set by the:

- State or Territory.
- Local entity (e.g., counties, workforce boards, early learning coalitions).
- Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[x]	[x]	[]	[]	<p>[x] Describe: The Maryland State Department of Education (MSDE) has partnered and contracted with the local departments of social services to assess whether individuals or families qualify for assistance. The local departments of social services, operating under the oversight of MSDE, are responsible for determining eligibility specifically and solely for temporary cash assistance customers only.</p>

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	[x]	[x]	[x]	[x]	<p>[x] Describe: Maryland families receive information through various channels to help them locate child care. These channels include the Maryland State Department of Education's website, https://marylandexcels.org/, which is for providers participating in the State's quality rating and improvement system. Additionally, families are referred to Maryland's resource and referral network contractor, Locate: Child Care https://www.marylandfam</p>

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					<p>ilynetwork.org/for-parents/locate-child-care. Finally, the consumer education website, https://marylandchild.org/, also serves as a comprehensive resource for families to find information in one place.</p>
Who issues payments?	[x]	[]	[]	[]	<p>[x] Describe: The Maryland State Department of Education has contracted with a vendor to manage payments through our Child Care Administrative Tracking System (CCATS). MSDE's Comptroller's Office then issues the payments.</p>

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who monitors licensed providers?	[x]	[]	[]	[]	[] Describe:
Who monitors license-exempt providers?	[x]	[]	[]	[]	[] Describe:
Who operates the quality improvement activities?	[x]	[]	[]	[]	[] Describe:

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

Yes. If yes, describe: **Oversight for child care scholarship authorization and program systems as well as other related child care grants, includes, but is not limited to:**

Monitoring and Compliance:

The process for monitoring the sponsoring agencies includes several key activities to ensure compliance and monitor effectiveness:

1. Monthly monitoring meetings to discuss progress, answer questions, and provide updates on the grant.
2. Annual on-site monitoring visits conducted by MSDE to evaluate their operations and ensure they meet required standards.
3. Regular staff meetings between to discuss ongoing matters and improvements.
4. Property maintenance and inventory reports submitted by the sponsoring agencies to ensure all assets are properly managed.
5. Detailed Quarterly Narrative and Action Plan reports submitted each quarter that outline activities, progress, and upcoming plans.
6. Monthly submission of data on the services provided by the agencies.
7. Any additional reports as requested by MSDE.
8. Record review to ensure accuracy in execution.
9. Service Level Agreement Monitoring to ensure timeliness and accuracy of performance.

No. If no, describe:

b. Schedule for completing tasks.

Yes. If yes, describe: **Oversight for child care scholarship authorization and program systems as**

well as other related child care grants, includes, but is not limited to:

All payment schedules are outlined in the agreement signed by all relevant parties.

No. If no, describe:

- c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

Yes. If yes, describe: **Oversight for child care scholarship authorization and program systems as well as other related child care grants, includes, but is not limited to:**

Before the start of the fiscal year, sponsoring agencies submit their budgets for review and approval by MSDE or the coordinating body designated by MSDE. Throughout the year, agencies submit monthly invoices that include personnel time and effort statements, detailing the time spent in direct support of agreement deliverables. Budget modifications can be submitted as needed on a rolling basis. At the end of each fiscal year, a final review is conducted to assess all data, services performed, and the goals completed. The finance department at MSDE or the coordinating body designated by MSDE conducts fiscal audits and grant risk assessments of sponsoring agencies, with additional reviews conducted as needed, typically based on audit findings. The coordinating entities and sponsoring agencies are required to complete an audit in accordance with the guidelines specified by MSDE. Sponsoring agencies must submit their audit reports to be reviewed by the finance department.

In addition, service level agreements are reviewed each month and financial penalties are issued if performance metrics are not met.

No. If no, describe:

- d. Indicators or measures to assess performance of those agencies.

Yes. If yes, describe: **Oversight for child care scholarship authorization and program systems as well as other related child care grants, includes, but is not limited to:**

Monitoring and Compliance:

The process for monitoring the sponsoring agencies includes several key activities to ensure compliance and monitor effectiveness:

1. Monthly monitoring meetings to discuss progress, answer questions, and provide updates on the grant.
2. Annual on-site monitoring visits conducted by MSDE to evaluate their operations and ensure they meet required standards.
3. Regular staff meetings between to discuss ongoing matters and improvements.
4. Property maintenance and inventory reports submitted by the sponsoring agencies to ensure all assets are properly managed.
5. Detailed Quarterly Narrative and Action Plan reports submitted each quarter that outline activities, progress, and upcoming plans.
6. Monthly submission of data on the services provided by the agencies.
7. Any additional reports as requested by MSDE.
8. Record review to ensure accuracy in execution.
9. Service Level Agreement Monitoring to ensure timeliness and accuracy of performance.

No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and

auditing processes used to oversee CCDF administration. **Oversight for child care scholarship authorization and program systems as well as other related child care grants, includes, but is not limited to:**

Selection Process:

The Maryland State Department of Education utilizes a Request for Proposal (RFP) process to identify and select sponsoring agencies that will operate child care resource centers. This process is part of the State Coordinating Entity Services for the Maryland Child Care Resource Centers Network grant, which is awarded to the Maryland Family Network. These agencies submit proposals that outline their plans to meet the requirements of a Child Care Resource Center, including all services and criteria specified by the Maryland State Department of Education. Upon selection, these agencies sign a Services Agreement (contract) to provide the proposed services in compliance with all applicable local, state, and federal laws related to service delivery, funds, and budget management. These contracts require the agencies to provide proof of insurance, including workers' compensation, and to sign the same assurances that the Maryland Family Network signs as the State Coordinating Entity.

Monitoring and Compliance:

The process for monitoring the sponsoring agencies includes several key activities to ensure compliance and monitor effectiveness:

1. Monthly monitoring meetings held with the Maryland Family Network (MFN) and the Maryland State Department of Education (MSDE) to discuss progress, answer questions, and provide updates on the grant.
2. Annual on-site monitoring visits conducted by MSDE to all Child Care Resource Centers and the MFN to evaluate their operations and ensure they meet required standards.
3. Regular staff meetings between MFN and the staff of the Child Care Resource Centers to discuss ongoing matters and improvements.
4. Property maintenance and inventory reports submitted by the sponsoring agencies to ensure all assets are properly managed.
5. Detailed Quarterly Narrative and Action Plan reports submitted each quarter that outline activities, progress, and upcoming plans.
6. Monthly submission of data on the services provided by the agencies.
7. Any additional reports as requested by MSDE or MFN.

The monitoring tool used is based on the MSDE tool used to oversee MFN as the State Coordinating Entity. The tool includes the standards set in the RFP for operating a Child Care Resource Center, as well as a review of the agency's website and social media profiles to ensure that all necessary information is accurately presented.

Financial Oversight:

Before the start of the fiscal year, sponsoring agencies submit their budgets for review and approval by MFN. Throughout the year, agencies submit monthly invoices that include personnel time and effort statements, detailing the time spent in direct support of Child Care Resource Center services. Budget modifications can be submitted as needed on a rolling basis. At the end of each fiscal year, a final review is conducted to assess all data, services performed, and the goals completed. The finance department at MFN conducts fiscal audits and grant risk assessments of sponsoring agencies, with additional reviews conducted as needed, typically based on audit findings. Both MFN and the sponsoring agencies are required to complete an audit in accordance with the guidelines specified by MSDE. Sponsoring agencies must submit their audit reports to

MFN to be reviewed by the finance department.

LOCATE: Child Care:

Also included in the State Coordinating Entity Services for the Maryland Child Care Resource Centers Network grant that is awarded to MFN is the LOCATE: Child Care database. Monitored by MSDE and through an annual external audit of MFN, the LOCATE: Child Care database contains information on all regulated providers in Maryland, gathered from the providers themselves, MSDE, and LOCATE: Child Care staff. Live assistance is available to families by phone from 8:30-4:30pm ET, Monday through Friday, excluding holidays. The online search website is available 24/7, with live chat available during business hours.

A LOCATE Child Care staff member interviews the parent/caller to identify specific child care needs and uses this information to search the database for providers who match those needs. The parent/caller is given up to six referrals and can call back at any time to receive more. In addition to helping the parent identify child care, the staff member also provides information on selecting quality child care, the Maryland EXCELS program, and other relevant programs and support services based on the parent's information.

When referrals are sent, digital documents are included: LOCATE's Choosing Child Care Document, a Maryland EXCELS brochure, information about the Child Care Scholarship, and Everyday Ways to Support Your Baby's and Toddler's Early Learning. Approximately one to two months later, a follow-up call is made to determine whether the parent found care and to gather information regarding their satisfaction with the service. More referrals are given during the follow-up if requested.

Data reports are generated weekly, monthly, and quarterly to evaluate performance and productivity. These reports include the number of calls, number of referrals sent, number of follow-ups, the percentage of follow-ups where parents found care through LOCATE, and the satisfaction rating.

Child Care Scholarship Program:

MSDE has a contract with a single vendor for the Child Care Scholarship program. The vendor is required to complete a quality assurance review of 25% of cases each month. Throughout the year, the Child Care Scholarship branch conducts random secondary reviews of these cases. They monitor cases to ensure the accuracy of authorizations based on child care scholarship policies and to prevent Improper Authorization of Payments (IAP) that could lead to overpayments or underpayments. Additionally, the Child Care Scholarship branch performs random annual reviews of cases to ensure all entities authorize services according to established policies and procedures. During these annual reviews, error rates approaching 5% indicate a need for additional technical assistance to maintain Maryland's statewide error rate below 10%.

Website and Program Search Tool:

Maryland also provides a grant/contract to Johns Hopkins University's IDEAL Institute to establish and maintain a website with a "Find a Program" search tool (Find a Program Maryland EXCELS) to help families find programs participating in the Quality Rating and Improvement System (QRIS). Programs receiving child care scholarship reimbursements are required to participate in Maryland EXCELS. The activities related to this grant/contract are monitored through weekly calls, a review of monthly invoices, and quarterly grant reports.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-

purpose local government: The Office of Child Care (OCC) Advisory Council contains a broad range of state and local stakeholders. The OCC Advisory Council meets regularly and a meeting in May 2024 was dedicated exclusively to discussing Maryland’s Child Care and Development Fund (CCDF) plan, including content of the plan as well as ways the State could share the plan and ensure broader engagement and input from the field to ensure content in the plan is representative of voices from the field, including providers, and families, particularly those hardest to reach. During the May 2024 meeting, OCC Advisory Council members and guests engaged in breakout sessions to which they provided input about MSDEs drafted (and posted) state plan, along with any concerns or requests they had in relation to MSDE and CCDF funds.

- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **Over the course of several months the Maryland State Department of Education, Division of Early Childhood (MSDE-DEC) collaborated with various departmental teams including licensing department, workforce, scholarship team, early intervention, Fiscal team and others to collaboratively develop and revise the Draft Plan.**

During May and June 2024, MSDE-DEC conducted a series of community engagement sessions to inform the development of Maryland’s CCDF Plan. The goal of these sessions was to gather diverse perspectives on ensuring equitable access to child care for underserved populations, strengthening workforce recruitment and retention, and enhancing partnerships and collaboration with state and local entities and child care providers.

MSDE-DEC utilized several standing meetings with representatives of general- purpose local government, State Advisory Council, and similar coordinating bodies to gather feedback, including:

- 1) MSDE’s Bi-weekly Early Care and Education (ECE) Stakeholders meeting**
- 2) Office of Child Care (OCC) Advisory Council meeting**
- 3) Maryland State Early Childhood Advisory Council (ECAC) meeting**
- 4) Two Child Care Information Sessions ☐ one conducted in English and one in Spanish**

The State's Early Childhood Advisory Council (ECAC) and the Office of Child Care Advisory Council (OCCAC) contains a broad range of state and local stakeholders, comprised of members of the early care and education communities as well as local government, including Maryland Head Start Association, Maryland State Family Child Care Association, Maryland State Child Care Association, Local Education Agencies, Department of Human Services, Department of Health, State Interagency Coordinating Council representatives and the Maryland Disabilities Council.

Participants were notified about these sessions through email communications from MSDE’s licensing and provider database, as well as targeted outreach through the Early Childhood Advisory Council (ECAC).

The agenda of each meeting was to identify gaps and inequities in the existing early childhood education system and brainstorm solutions to inform the CCDF Plan.

To ensure inclusivity and representation, these listening sessions were held virtually at various times, including evenings, and one session was offered in Spanish. Participants also had the opportunity to provide input asynchronously through an online whiteboard tool called Padlet. This tool allowed participants to provide input during and after meetings and to react to one another's comments. Additionally, members of the Early Childhood Advisory Committee brought a Padlet to pre-scheduled focus groups with family members and providers who did not attend the State meetings.

Community members engaged in the sessions included members of the workforce (teachers, educators, program administrators, center directors, family child care owners), advocacy groups (association members, Head Start, Local Educational Agency), and families from various geographies and language backgrounds.

- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **Maryland does not have any federally recognized tribes.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **MSDE met with early childhood stakeholders representing the Office of Child Care Advisory Council, the State Early Childhood Advisory Council, the Maryland State Child Care Association, the Maryland State Family Child Care Association, the Family Child Care Alliance of Maryland, the Maryland Association for the Education of Young Children, Play Center, Inc., Local Education Agencies, the Accountability and Implementation Board, the Latino Child Care Association of Maryland, Maryland Family Network, the SEIU Local 500, the Maryland Head Start Association, and the Montessori Schools of Maryland. MSDE met with these groups at least six times throughout May and June. MSDE also accepted written comments, which were incorporated in the plan as well.**

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

- i. Date of the public hearing: **6/13/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **5/28/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
 Yes.
 No. If no, describe:

- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **On June 13, 2024, MSDE-DEC held a public hearing. The Public hearing was announced starting in mid-May through various meetings including; MSDE’s Bi-weekly Early Care and Education (ECE) Stakeholders meeting, Office of Child Care (OCC) Advisory Council meeting, Maryland State Early Childhood Advisory Council (ECAC) meeting, and during two Child Care Information Sessions. Broader communication about these sessions was shared through email from MSDE’s licensing and provider database. The public hearing was posted on the MSDE website, along with a registration form and a draft CCDF Plan.**

Link: <https://earlychildhood.marylandpublicschools.org/public-hearing-child-care-and-development-fund-ccdf-plan-0>

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The Public hearing was announced starting in mid-May through various meetings. Community members engaged in these sessions included members of the workforce (teachers, educators, program administrators, center directors, family child care owners), advocacy groups (association members, Head Start, Local Educational Agency), and families from various geographies and language backgrounds. The Public Hearing was also announced on a website which was accessible to all. The registration form allowed the Public to provide written feedback and a public comment on the date of the public hearing, providing multiple modalities, and ample time to share feedback on the Plan. MSDE also sent an email communicating additional opportunities to submit written feedback after the public hearing ended. In addition to MSDE sending out announcements regarding the public hearing to stakeholders throughout the entire state of Maryland, the public hearing was held on a virtual platform, making the hearing more easily accessible for anyone to attend no matter what part of Maryland they reside in.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The Draft CCDF Plan was posted on the same page of the Public Hearing announcement website, which was made available to the public 5 business days (7 total days) in advance of the public hearing.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Each virtual meeting MSDE conducted to gather feedback from stakeholders was recorded. Participants had several options to provide feedback, including speaking, responding in chat, or providing comments through an online whiteboard tool called Padlet. In addition, discussion facilitators and note takers took detailed notes to gather information provided by the public. Following each meeting a summary of feedback and recommendations were developed based on meeting recording,**

chat, and Padlet responses. The summary was shared with key MSDE staff that oversaw the drafting and development of various sections of the draft. As applicable, multiple sections of the draft was revised and updated to reflect information provided by the public.

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes.
<https://earlychildhood.marylandpublicschools.org/2022CCDF>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. Working with advisory committees. Describe:
 - ii. Working with child care resource and referral agencies. Describe:
 - iii. Providing translation in other languages. Describe: **The plan amendments are accessible to the public in other languages through a feature on the website that allows a viewer to change the page to their desired language.**
 - iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe:
 - v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe:
 - vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
 - vii. Direct communication with the child care workforce. Describe:
 - viii. Other. Describe: **Amendments to the plan, once approved, will be shared through the Office of Child Care (OCC) Advisory Council, the OCC information sessions/listening sessions, and through virtual office hours. In addition, all amendments are posted on the website.**

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent’s ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and

ensure eligibility determination and redetermination processes do not interrupt a parent’s work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency’s eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents’ employment, education, or job training activities to comply with the Lead Agency’s or designated local entity’s requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **Beginning July 1, 2023, the Child Care Scholarship (CCS) program began the statewide implementation of presumptive eligibility (Fast-Track). The new Fast-Track Application process grants temporary eligibility determination to eligible applicants within three business days. This population includes (1) A Maryland resident who is working/employed, in an approved training program, or attending school; (2) A recipient of Temporary Cash Assistance (TCA) or Supplemental Security Income (SSI) or within Child Care Scholarship income guidelines. Families applying to receive a 60-day temporary child care scholarship are immediately prompted to apply for a 52-week child care scholarship upon submitting a fast-track Application or within 15 days. Fast-track (presumptive eligibility) scholarships are processed within three business days. The authorization period for a Fast-Track Application is 60 days. Funding for Fast-Track eligibility is paid with state funds.**
 - ii. Leveraging eligibility from other public assistance programs. Describe:
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:
 - iv. Self-assessment screening tools for families. Describe:
 - v. Extended office hours (evenings and/or weekends).

- vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations:
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
 Yes.
 No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies:
 No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency’s procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State’s/Territory’s or designated local entity’s requirements for the redetermination of eligibility. Check all that apply.
- i. Advance notice to parents of pending redetermination.
 - ii. Advance notice to providers of pending redetermination.
 - iii. Pre-populated subsidy renewal form.
 - iv. Online documentation submission.
 - v. Cross-program redeterminations.
 - vi. Extended office hours (evenings and/or weekends).
 - vii. Consultation available via phone.
 - viii. Leveraging eligibility from other public assistance programs.
 - ix. Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies: **Families receiving Temporary Cash Assistance (TCA) are permitted to apply for child CCDF benefits with ☑job search☑ as an approved activity.**
 No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **CCDF benefits are extended to children and are incapable of self-care. The Lead Agency defines Physical and/or mental incapacity as a child with a physical and/or mental capacity or developmental, ages 13 and where the upper age is (may not equal to or exceeds age 19, where the child is physically and/or mentally incapable of self-care or being left alone, as documented by the licensed physician.**

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

No.

Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

- d. How does the Lead Agency define the following eligibility terms?

i. “residing with”: **One or more adults and children, related by blood, marriage, adoption, or legal guardianship, living in the same household.**

ii. “in loco parentis”: **A person who is at least eighteen years, who is not a child, parent or legal guardian, with whom the child resides and who has assumed control of the child.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours

of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
 - i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search.
 - viii. Other. Describe: **Working is defined as any paid or unpaid activity. In a public or private work setting. No minimum hours.**

- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
 - i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Other. Describe: **Job training means any instructional program, except for post-college graduate programs, and includes an accredited college, an accredited vocational program, or a publicly funded training program.**

- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
 - i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.

- v. Four-year degree.
- vi. Travel to and from classrooms, labs, or study groups.
- vii. Study time.
- viii. Hours required for associated activities such as study groups, lab experiences.
- ix. Time for outside class study or completion of homework.
- x. Applicable meal and break times.
- xi. Other. Describe: **All hours documented on the class schedule or letter from training or educational program; one hour of study time per credit; and a maximum of one hour of travel time from the child care facility to the approved activity and one hour back, unless documentation proves more than 2hrs of travel time is needed per day.**

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

No.

Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

Work. Describe:

Job training. Describe:

Education. Describe:

Combination of allowable activities. Describe:

Other. Describe:

e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

Yes.

No. If no, describe the additional work requirements:

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.

No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

Children in foster care.

- Children in kinship care.
- Children who are in families under court supervision.
- Children who are in families receiving supports or otherwise engaged with a child welfare agency.
- Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.
- Children whose family members are deemed essential workers under a governor-declared state of emergency.
- Children experiencing homelessness.
- Children whose family has been affected by a natural disaster.
- Other. Describe:

- g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?
 - No.
 - Yes.
- h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?
 - No.
 - Yes.
- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?
 - No.
 - Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

- There is a statewide limit with no local variation.
- There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:
- Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:
- Other. Describe:

2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.
 - i. Complete the table below to provide the statewide maximum income eligibility

percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	0.00	0.00	0.00
2	8457.00	60.00	5102.00
3	10447.00	60.00	6302.00
4	12437.00	60.00	7503.00
5	14427.00	60.00	8703.00

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. Gross wages or salary.
- ii. Disability or unemployment compensation.
- iii. Workers’ compensation.
- iv. Spousal support, child support.
- v. Survivor and retirement benefits.
- vi. Rent for room within the family’s residence.

- vii. Pensions or annuities.
- viii. Inheritance.
- ix. Public assistance.
- x. Other. Describe: **"Income" means the actual or potential income of a parent/guardian. Gross income means the sum of earnings, prior to adjustments such as, but not limited to, pretax benefits and rental property depreciation, that are received by an individual for compensation of services rendered on a regular or recurrent basis. "Gross income" includes, but is not limited to Wages; salary; self-employment; Commissions, tips, and bonuses; Dividends and interest; Social Security benefits, including disability and survivors' benefits; Pensions and annuities; Estate income; Military entitlements, bonuses, and allowances; Rental income; Unemployment and Workers' Compensation; and/or Alimony and child support.**

- d. What is the effective date for these income eligibility limits? **May 23, 2022**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?
 LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**

Other. Describe:

- f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://www.acf.hhs.gov/sites/default/files/documents/ocs/COMM_LIHEAP_IM%202024-02_Att4SMITable_0.pdf and <https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program>

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- i. Average the family's earnings over a period of time (e.g., 12 months).
 Identify the period of time
- ii. Request earning statements that are most representative of the family's monthly income.
- iii. Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular

fluctuations in earnings: **Maryland's process for initial determination and redetermination is to enter the income as documented on the income verification submitted by the parent. If the income is above the income guideline, the case is denied. If the parent reports that the income is not regular income, the parent can submit verification of additional stubs or verification from the employer that the income is not regular and the duration of the irregular income. Maryland's graduate phase-out allows parents to earn above the initial income scale (60% of SMI) at redetermination. Maryland will apply a hold-harmless rule to parents with income above the graduated phase-out income. Benefits will not be reduced below the previous determination between redetermination periods unless income exceeds 85% SMI or 1M in assets.**

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?

Yes.

No. If no, describe:

- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. Eligibility determination? If checked, describe: **The parent shall be a resident of the State of Maryland; child shall be a United States citizen unless the child's family is enrolled in Head Start or is a Qualified alien; parent shall submit to the contractor acceptable proof of identity for each family member; non-school-age children using informal care must submit proof of immunization; parent must submit documentation of child care need; documentation of an approved activity for the head of household(s); and proof of Income not to exceed 60% of SMI.**
- b. Eligibility redetermination? If checked, describe: **The parent shall be a resident of the State of Maryland; the child shall be a United States citizen unless child's family is enrolled in Head Start or is a Qualified alien; the parent shall submit to the contractor acceptable proof of identity for each family member; non-school-age children using informal care must submit proof of immunization; parent must submit documentation of child care need; documentation of an approved activity for the head of household(s); and proof of Income not to exceed 60% of SMI.**

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant identity. Describe how you verify: The applicant must provide proof of identity for all individuals included in the household count. The vendor confirms that a form of government issued documentation is present for each person listed in the household count and will issue a Missing Information Letter for any missing information.
[x]	[x]	Applicant’s relationship to the child. Describe how you verify: The vendor confirms that the parent submitted documentation that establishes the relationship of the child to the head of household. Proof could include birth certificates or other documentation that establish guardianship or relationship by blood or marriage.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	<p>Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: The Maryland State Department of Education verifies a child’s eligibility through the verification of documents submitted with the CCDF Application. A parent or guardian submits the following documentation in which the Lead Agency uses determine the child’s eligibility: Proof of Residency is established by the provision of a utility bill or driver’s license with a Maryland address that is the same as the address documented on the CCDF Application; Proof of Citizenship and Proof of Child’s Relationship to Head of Household(s) is established by the provision of a child’s birth certificate, proof of alien status, and/or proof of enrollment in Head Start; Proof of Identity and/or Proof of Relationship to Head of Household(s) is established by the provision of a government issued document that provides the name of each household member listed on the CCDF Application and/or establishes the relationship of the child to the Head of Household(s); Proof of Immunization for non-school age children enrolled in informal care is established by the provision of current immunization for the applicable child(ren); Proof of Need is established by the Head of Household(s) providing proof of activity hours that demonstrate that the child would be without adult supervision without child care; Proof of Relatedness for children needing enrollment in informal child care is established by the provision of documents that establish the relationship of the child to the informal provider; and Proof of Income is established by the Head of Household(s) providing all earned and unearned gross household income and the family attesting on the CCDF application that they do not have 1M in assets.</p>

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	<p>Work. Describe how you verify: No minimum hours. Must provide a work schedule. Acceptable documentation of employment revenues received, including cash gains, are limited to 4-weeks of wage stubs showing gross income from each employer and pay frequency or schedule; a statement from each employer, signed and dated by the employer or bearing the employer’s official business stamp; If available, total gross earnings to date; individual’s most recent federal income tax return, if filed within the past 12 months; payment receipts for services rendered, where the type of employment, such as but not limited to restaurant waitress, beautician, or taxicab driver, may not generate an earnings statement or a pay stub; or if the parent is unable to produce the aforementioned documents, the parent can submit a signed and dated statement attesting to current gross earnings, the frequency or schedule of those earnings, and the type of employment.</p>
[x]	[x]	<p>Job training or educational program. Describe how you verify: Verification of training or school attendance with days and hours of the activity. The parent must submit proof of attendance in the educational program and hours per week.</p>
[x]	[x]	<p>Family income. Describe how you verify: Acceptable documentation of employment earnings received, including cash earnings, is limited to: (a) The most recent 4-weeks of pay stubs indicating gross income from each employer. If the stubs indicate the individual’s pay frequency or schedule; (b) A statement from each employer, signed and dated by the employer or bearing the employer’s official business stamp that indicates the following: (i) Employer’s name, address, and telephone number; (ii) Employer’s type of business; (iii) Gross earnings for the most recent pay period; (iv) Pay frequency or schedule; and (v) If available, total gross earnings to date; (c) The individual’s most recent federal income tax return, if filed within the past 12 months; (d) Payment receipts for services rendered, where the type of employment, such as but not limited to restaurant waitress, beautician, or taxicab driver may not generate an earnings statement, a pay stub, or (e) If none of the types of documentation listed above can be produced, a signed and dated statement from the parent attesting to current gross earnings, the frequency or schedule of those earnings, and the type of employment.</p>

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Household composition. Describe how you verify: "Family size" means the number of individuals residing in the same household as a family, as defined by one or more adults and children, related by blood, marriage, adoption, or legal guardianship and are residing under the same roof. A birth certificate or other documentation that establishes legal guardianship is used to prove the relationship of the child(ren) to the head of household(s). The vendor will send a Missing Information Letter for any missing documentation.
[x]	[x]	Applicant residence. Describe how you verify: Child Care Scholarship (CCS) applicants must be residents of Maryland. "Resident" means an individual who lives in Maryland and has no intention of leaving during the time in which CCS benefits provided. The family can submit the following as proof of residence: driver's license with the same address as the CCS Application, utility bill with the same address as the CCS Application, or letter, lease/mortgage statement with the same address as the CCS Application.
[]	[]	Other. Describe how you verify: N/A

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: **Maryland Department of Human Resources**
- b. Provide the following definitions established by the TANF agency:
 - i. **"Appropriate child care": Child care that meets the parent's needs in terms of hours and location, meets the child's needs in terms of health and safety, and is geared toward the healthy development of the child. TANF agency does not currently have these terms defined in policy.**
 - ii. **"Reasonable distance": Based on available transportation, a parent would be expected to travel no more than one hour each way to the child care provider. The TANF agency does not currently have these terms defined in the policy.**
 - iii. **"Unsuitability of informal child care": Only applies to informal providers not approved by the Lead Agency for failure to complete all processes and clearances required to be approved to receive CCDF payments.**
 - iv. **"Affordable child care arrangements": Those arrangements for which the parent**

fee charged by the provider is less than or equal to the assigned copayment for a non-TANF family of the same size and income level who receives a subsidy or where the family can enroll the child without costs interfering with the family's ability to pay for child care and meet or exceed their family's basic living needs.

- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - i. In writing
 - ii. Verbally
 - iii. Other. Describe: **TANF work requirements are provided in writing and verbally during an assessment conducted with the Local Department of Social Services.**

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.” A child who has been diagnosed as being physically or mentally incapable of self-care appropriate to the age of the child, as verified by the State, based on a determination by a physician, a licensed or certified psychologist, or a licensed social worker. Services for a child with special needs are given the same priority status as TANF, including not being waitlisted. A child with special needs may be served up to the age of 19.**
- e. **“Families with very low incomes.” Maryland defines families of very low incomes as families eligible for TANF. Families receiving TANF are given the highest priority. Families transitioning off TANF are the second highest priority because they are still at risk of becoming eligible for TANF. Low-income families currently not receiving TANF or whose TANF ended in excess of 6 months are the third priority and would be the first group to have child care Scholarship services ended if the current budget could not support all children served.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

- a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

a. Does the Lead Agency define any other priority groups?

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services:

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **A 90-day child care scholarship is issued to allow the parent to come into compliance with eligibility requirements. Once a parent comes into compliance with eligibility requirements, they are eligible for 24 months of Child Care Scholarship (CCS) services.**

b. Describe the grace period for each population below and how it allows them to receive

CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

i. Provide the policy for a grace period for:

Children experiencing homelessness: **The grace period policy for children experiencing homelessness is as follows:**

Licensing has temporary admission to care regulations, which allows for a grace period to comply with immunizations and other health and safety requirements. Temporary Admission to Care 1) A provider may temporarily admit or retain a child in care if the child's parent or guardian is unable to provide documentation of immunization required in A(2)(b) of this regulation. 2) For a child temporarily admitted or retained in care, the parent or guardian shall present evidence of the child's appointment with a health care provider or local health department to (a) Receive a medical evaluation to include, if applicable, a lead screening test; (b) Receive a required immunization, (c) Acquire evidence of age-appropriate immunizations on a form approved by the office, or (d) Reconstruct a lost record. 3) The date of the appointment, set to D(2) of this regulation, may not be later than 20 calendar days following the date the child was temporarily admitted or retained. 4) A provider shall exclude from care a child who has been temporarily admitted or retained in care if the parent fails to provide documentation required by A(2) of this regulation within 3 business days after the date of this appointment made pursuant to D(2) of this regulation. While licensing regulations for child care programs give a 20-day grace period, the Child Care Scholarship Program allows an Immunization grace period of 60 days. The child is issued a child care scholarship during this time period to enable the parents experiencing homelessness to be issued the child care scholarship while their parents comply with the immunization requirements. The procedure ensures that the scholarships are not delayed and does not hold issuing the scholarship when ultimately, the parent has to provide proof of immunization to a formal child care provider.

The Child Care Scholarship (CCS) Program issues scholarships to all school-age and non-school-age children applying for a child care scholarship. Any non-school-age child with a parent electing to use informal child care must provide proof of age-appropriate immunization. Any family that cannot produce proof of immunization for a non-school-age child needing to use informal care will be issued a 90-day scholarship to comply with these regulations. MSDE Consulted with DHMH about the length of time a family should be able to come into compliance. The CCS Program allows the public school and the child care program to enforce and monitor immunization compliance for all children enrolled.

Children who are in foster care: **The grace period policy for children who are in foster care is as follows:**

Licensing has temporary admission to care regulations, which allows for a grace period to comply with immunizations and other health and safety requirements. Temporary Admission to Care 1) A provider may

temporarily admit or retain a child in care if the child's parent or guardian is unable to provide documentation of immunization required in A(2)(b) of this regulation. 2) For a child temporarily admitted or retained in care, the parent or guardian shall present evidence of the child's appointment with a health care provider or local health department to (a) Receive a medical evaluation to include, if applicable, a lead screening test; (b) Receive a required immunization, (c) Acquire evidence of age-appropriate immunizations on a form approved by the office, or (d) Reconstruct a lost record. 3) The date or the appointment, set to D(2) of this regulation, may not be later than 20 calendar days following the date the child was temporarily admitted or retained. 4) A provider shall exclude from care a child who has been temporarily admitted or retained in care if the parent fails to provide documentation required by A(2) of this regulation within 3 business days after the date of this appointment made pursuant to D(2) of this regulation. While licensing regulations for child care programs give a 20-day grace period, the Child Care Scholarship Program allows an Immunization grace period of 60 days. The child is issued a child care scholarship during this time period to enable the parents experiencing homelessness to be issued the child care scholarship while their parents comply with the immunization requirements. The procedure ensures that the scholarships are not delayed and does not hold issuing the scholarship when ultimately, the parent has to provide proof of immunization to a formal child care provider.

The Child Care Scholarship (CCS) Program issues scholarships to all school-age and non-school-age children applying for a child care scholarship. Any non-school-age child with a parent electing to use informal child care must provide proof of age-appropriate immunization. Any family that cannot produce proof of immunization for a non-school-age child needing to use informal care will be issued a 90-day scholarship to comply with these regulations. MSDE Consulted with DHMH about the length of time a family should be able to come into compliance. The CCS Program allows the public school and the child care program to enforce and monitor immunization compliance for all children enrolled.

- ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

Yes.

No. If no, describe:

- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **We coordinate with regional licensing managers/specialist to inform them of this priority. These representatives communicate this to childcare providers who have more first-hand knowledge of families experiencing homelessness. The Child Care Scholarship (CCS) Program coordinates with the CCS Vendor to issue a 90-day scholarship to any parent who needs to meet the immunization requirement. This procedure enables the parent to access child care services while the**

immunization requirements are being met.

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.
 - iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.
 - vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe: **With the support of the PDG B-5 Grant, Maryland was able to partner with WIDA Early Years to implement an evidence-based program focused specifically on the language development of young multilingual children and support for their families in early care and education (ECE) settings. The WIDA early years project has ended, however the training modules remain accessible for providers. As a result of SB 369 Prekindergarten Mailing Project, MSDE creates and publishes Pre-K flyers in English and Spanish. The flyers are developed for each county and list all available publicly-funded prekindergarten programs in each jurisdiction. The flyers are then distributed by the local departments of social services and departments of health to eligible families visiting those agencies.**
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
 - i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.

- v. **[x]** Partnerships with State and local programs and associations focused on disability- related topics and issues.
- vi. **[x]** Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
- vii. **[x]** Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
- viii. **[x]** Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
- ix. **[x]** Other. Describe: **: In partnership with MSDE’s Division of Early Intervention and Special Education Services (DEI/SES), we promote and support inclusive settings through program and professional development for preschool special education programs using the National Pyramid Model all paired with ongoing reflective coaching provided by trained coaches. MSDE’s partnership with the Maryland Head Start Association ensures that Head Start and Early Head Start families are provided information and resources on early intervention services, inclusive programs, and at-home support. This partnership also focuses on providing professional development for educators and other program staff. MSDE provides several initiatives designed to support family and child well-being and school readiness. Patty Center ☐ Family Support Services, Judith P. Hoyer Early Learning Hubs, and MSDE Home Visiting programs all are designed to support families and children birth ☐ five. Families are provided with information and support regarding child development and special education services.**

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. **[]** Lead Agency accepts applications at local community-based locations.
 - ii. **[x]** Partnerships with community-based organizations.
 - iii. **[x]** Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. **[x]** Other. Describe: **In collaboration with community-based organizations and McKinney-Vento liaisons, MSDE ensures that families experiencing homelessness, are provided information on programs and supports designed to assist their family. Child care regulations allow for the Temporary Admission to Care, which state an operator may temporarily admit or retain a child in care if the child is homeless.**
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **MSDE provides**

guidance to Lead Agencies and providers as to how to support children and families experiencing homelessness. For example, guidance was provided to inform the Local Education Agencies (LEAs) that families experiencing homelessness do not need to provide proof of income for Pre-K enrollment. Pre-K programs must enroll all four-year-old applicants who are experiencing homelessness (COMAR §13A.06.02.03.A). Three-year-old children experiencing homelessness also are automatically eligible for Pre-K (COMAR §13A.06.02.03.C(1)). This categorical eligibility means that families experiencing homelessness do not have to provide evidence of income for Pre-K enrollment. A completed eligibility questionnaire, a note from the McKinney-Vento liaison or designated Pupil Personnel Worker (PPW), or any other record that the family has been determined to be experiencing homelessness replaces proof of income. Notarized letters from the family cannot be required, as such a requirement would create a barrier to the child's enrollment in Pre-K. Providing training and resources to the Lead Agency's Quality Assurance staff to educate, support, and provide technical assistance to the Child Care Community regarding the Child Care Scholarship (CCS) Program, including serving children and families experiencing homelessness. Securing a Homelessness Liaison within the Child Care Scholarship (CCS) Program. This individual's primary role is to be the direct resource for parents and providers who need support while experiencing homelessness, as defined by the McKinney-Vento Act. The Homelessness Liaison also educates parents and providers on the priority application process that occurs once the applicant identifies their housing situation as unstable or that they are experiencing homelessness. Offering Open Office Hours via a Zoom call once a month to allow parents and providers to meet with the Lead Agency's staff with questions regarding the Child Care Scholarship (CCS) Program, including serving children and families experiencing homelessness. Attending conferences each year, such as the Maryland State Child Care Association (MSCCA) Annual Conference, where the target audience is the provider community. The Lead Agency uses conference opportunities to speak with providers throughout the State of Maryland to help on the Child Care Scholarship (CCS) Program, including serving children and families experiencing homelessness.

- ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. Maryland State Department of Education (MSDE) guides lead agencies on how to support children and families experiencing homelessness. For example, guidance was provided to inform LEAs that families experiencing homelessness do not need to provide proof of income for Pre-K enrollment. Pre-K programs must enroll all four-year-old applicants experiencing homelessness (COMAR §13A.06.02.03.A). Three-year-old children experiencing homelessness also are automatically eligible for Pre-K (COMAR §13A.06.02.03.C(1)). MSDE provides several forms of training and technical assistance to LEAs, both in person and virtual. Some training provided includes Collecting, Reporting, and Using Data; determining Eligibility and Navigating Best Interests Determination; identifying and Supporting Unaccompanied Youth; promoting Racial Equity in McKinney-Vento Services; supporting Immigrant Students Experiencing Homelessness; etc. A McKinney-Vento Outreach Toolkit is being developed, consisting of videos, PSAs,

brochures, fliers, and a social media campaign. In addition, MSDE is developing online courses for various LEA and program staff, which will be released on a rolling basis starting by May 2024. Our Child Care Scholarship (CCS) application captures the McKinney Veto definition of homelessness. Staff authorizing CCS benefits are provided with technical assistance on how to process the application documenting homelessness when submitting their application. Families experiencing homelessness are given 90 days to align with all eligibility requirements. Staff are also trained to provide technical support to shelters and other organizations that support families experiencing homelessness. MSDE approved trainers must include how their training content will support children and families experiencing homelessness when submitting new training proposals. In collaboration with the Maryland Head Start Association and other community-based organizations, the MSDE McKinney-Vento liaison provided seminars to program staff on identifying and serving children and their families experiencing homelessness.

2.5 Promoting Continuity of Care

Lead Agencies must consider children’s development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **The Maryland State Department of Education has developed a user-friendly, online calculator designed for Prekindergarten providers in both private provider and public school settings to determine families’ income eligibility tier level at the time of enrollment as well as the total cost of state, local, and family share. Upon the completion of a full Child Care Scholarship Application, families are eligible for 24 months of services. Families can enroll with any licensed, registered, or approved licensed exempt program (friend, family, and relative care). Reporting of changes by families is limited to income above 85% of the State Median Income, no longer a Maryland resident, a gain of 1M in assets, the child no longer in care, or a child no longer needing care. At redetermination, the family must meet all points of eligibility to be determined eligible for 24 additional months of benefits. Maryland pays childcare providers based on enrollment and prospectively. All procedures promote continuity of care and support children's development by minimizing disruption in care once a child is determined eligible. Likewise, the payment practices promote enrollment by being similar to how child care programs receive payment from private paying customers.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and

- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
 - Yes.
 - No. If no, describe:
 - b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?
 - 1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
 - 2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
 - 3. Any student holiday or break for a parent participating in a training or educational program.
 - 4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
 - 5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
 - 6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
 - 7. Any changes in residency within the State or Territory.
 - Yes.
 - No. If no, describe: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not allow the full 12-month eligibility period for a child who turns 13 years old during the eligibility period. MSDE will need additional time to meet this requirement. MSDE estimates that it may take about a year to come into compliance with issuing children that turn 13 years old after initial determination with a scholarship. In addition, MSDEs Child Care Administrative Tracking System (CCATS) needs to be revised due to custom coding on the back end of the system, which impacts configurability of the system. However, the Department is in the process of implementing a new system, which will move the scholarship functionality to a new platform which will include the enhancement to meet this requirement. June 2025 is MSDEs anticipated date of compliance.**
 - c. Are the policies different for redetermination?
 - No.
 - Yes. If yes, provide the additional/varying policies for redetermination: **The parent’s income can go up to 85% (SMI) at redetermination.**

2.5.3 Job search and continued assistance

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an

eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

- i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **Job search is an approved activity at initial eligibility determination, for a period of 24-months for TANF approved cases. Pending TANF cases receive 90-days of benefits to allow the pending TANF cases to meet all eligibility requirements and once the TANF is approved the case is approved for 24-months. TANF approved and Pending TANF customers must have a referral from the Department of Human Services, or the CCS manager must be able to view the receipt of these benefits through a shared database before approving 24-months of CCDF benefits.**
 - ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **Job search is an approved activity at redetermination, for a period of 24-months for TANF approved cases. Pending TANF cases receive 90-days of benefits to allow the pending TANF cases to meet all eligibility requirements and once the TANF is approved the case is approved for 24-months. TANF approved and Pending TANF customers must have a referral from the Department of Human Services, or the CCS manager must be able to view the receipt of these benefits through a shared database before approving 24-months of CCDF benefits.**
 - iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.
- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?
- Yes. The Lead Agency continues assistance.
- No, the Lead Agency discontinues assistance.
- i. If no, describe the Lead Agency’s policies for discontinuing assistance due to a parent’s non-temporary change:
 - ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:
 - iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
- i. Not applicable.
 - ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

- iii. A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Care terminates if a family no longer resides in Maryland. COMAR 13A.14.06.03.A.1.**

- iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **"Fraud/Intentional program violation" means an intentionally false or misleading statement or misrepresentation, concealment, or withholding of facts for the purposes of establishing or maintaining the customer's, recipient's, or provider's, eligibility for Child Care Scholarship payments or for increasing or preventing a reduction of the amount of assistance. COMAR 13A.14.06.02.33.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

Yes.

No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

- (A) Takes into account the typical household budget of a family with a low income
- (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency’s initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents’ income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family’s income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Check and describe the option that best identifies the Lead Agency’s policies and procedures regarding the graduated phase-out of assistance.

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **Once a family is determined eligible for the Child Care Scholarship Program, their income can continue up to, but cannot exceed or equal 85% of SMI.**
 - i. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: **Maryland will collect additional income verification to document fluctuation of income above 85% of SMI. Services will continue if documentation shows that the fluctuation of income is temporary.**
- c. The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency’s initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:

- ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
- iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
- iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
- v. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
- vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children’s development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family’s lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family’s co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family’s lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family’s gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family’s gross income any family could be charged as a co-payment? **Maryland's assigned parental copayment is less than 1% of the families gross family income.**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?

Yes.

No. If no, describe how the sliding fee scale is set:

- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	0.00	0.00	0.00	0.00	0.00	0.00
2	1.00	13.00	0.00	510.00	13.00	0.03
3	1.00	26.00	0.00	6302.00	26.00	0.00
4	1.00	39.00	0.00	7503.00	39.00	0.00
5	1.00	42.00	0.00	8703.00	42.00	0.00

- c. What is the effective date of the sliding-fee scale(s)? **The effective date of the sliding-fee scale May 23, 2022.**

- d. Provide the link(s) to the sliding-fee scale(s): **See Formal Rates -**

<https://earlychildhood.marylandpublicschools.org/families/child-care-scholarship-program/child-care-scholarship-rates> (*Use Downloads for Formal, Informal, and Unconditional Rates) and <https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program>

- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment?

No.

Yes.

If yes:

- i. Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **If Maryland limited child care providers serving children eligible for the child care scholarship to tuition rates equal to the child care scholarship reimbursement and the assigned parental co-payment, that policy decision would limit the parental choice options to less than 34% of the providers currently participating in the Child Care Scholarship Program. In addition, the policy would become a major deterrent to MSDE’s attempt to recruit higher quality child care providers that currently do not accept the child care scholarship, as a form of child care tuition reimbursement. Maryland recognizes child care as a private business, as such, Maryland does not regulate the amount child care providers determine they must collect in child care tuition in order to run their business and to provide quality early care and educational opportunities for children. Not limiting the tuition based upon child care scholarship reimbursement was an imperative policy decision in support of increasing equal access to higher quality child care for all parents, especially when Maryland’s reimbursement rates were at 11th percentile of the Child Care Provider Market Rate Survey (MRS). Effective May 23, 2022, childcare scholarship reimbursements are set at the 70th percentile across Maryland. MSDE’s analysis of the June 2021 Market Rate Survey results supports that this policy should remain in effect to provide a gateway for parents to access educational programs with tuition rates above or below their eligible child care scholarship reimbursement. Data suggests that implementing this policy gives parents greater accessibility to additional child care options. This payment practice allows parents to determine if they can or cannot afford to pay the difference between an early care and educational setting that charges below or above their child care scholarship reimbursement rate. Additional information in support of Maryland’s rationale to allow child care providers to charge families additional amounts above the required co-payment can be found at:** (https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/09-15-2021_june_2021_mrs_report.pdf)
- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families: **Maryland’s analysis of the June 2021 MRS results indicated that 66% of the child care**

providers charge a tuition rate that is above the reimbursement of the child care scholarship plus the assigned copayment. The following is MSDE analysis of 26,097 scholarships to determine the amount parents pay out-of-pocket above the scholarship reimbursement plus the assigned copayment in order to cover the balance owed by the provider: 13,441 parents pay \$1.00 - \$25.00 per week above their child care scholarship and copayment, an amount totaling \$55,282.00; 3,548 parents pay \$26.00 - \$50.00 per week above their child care scholarship and copayment, an amount totaling \$136,064; 2,734 parents pay \$51.00 - \$75.00 per week above their child care scholarship and copayment, an amount totaling \$172,073; 2,398 parents pay \$76.00 - \$100.00 per week above their child care scholarship and copayment, an amount totaling \$212,095; 2,388 parents pay \$101.00 - \$150.00 per week above their child care scholarship and copayment, an amount totaling \$29,040; 1,005 parents pay above their child care scholarship and copayment, an amount totaling \$173,713; and 583 parents pay \$200.00 or more per week above their child care scholarship and copayment, an amount totaling \$141,823. A total for 26,097 scholarships with a weekly total of \$920,090 per week.

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. The fee is a dollar amount and (check all that apply):
 - The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
 - ii. The fee is a percent of income and (check all that apply):
 - The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional percentage is charged after a certain number of children.

The fee is per family.

The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

Other. Describe:

- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

No.

Yes.

If yes, check and describe those additional factors below:

- i. Number of hours the child is in care. Describe: **Families not eligible for a co-payment waiver are assessed copayments based on the Unit of Care authorized: (a) \$3.00 per week (3-Unit Scholarship); (b) \$2.00 per week (2-Unit Scholarship); and (c) \$1.00 per week (1-Unit Scholarship).**

- ii. Quality of care (as defined by the Lead Agency). Describe:

- iii. Other. Describe: **The co-payment amount is the same for each child per household authorized for a scholarship.**

- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

- i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

- ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

- iii. Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

- ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

- iii. Families experiencing homelessness.
- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy:
- vii. Families meeting other criteria established by the Lead Agency. Describe the policy: **Individuals or families who use Child Care Scholarship (CCS) Program services are required to contribute financially to the cost of those services, except for families that document participation in the following programs or receipt of the following benefits: Federal Housing Act Housing Choice Voucher Program, Federal Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI) benefits, Temporary Cash Assistance (TCA), Migrant Workers, Minor Parents, Guaranteed Basic Income (GBI) Program participants, Federal Special Supplemental Food Program for Women, Infants & Children (WIC) recipients, Welfare Avoidance Grant (WAG) recipients, children enrolled in Head Start or State Funded Pre-K, Maryland Office of Refugees and Asylees (MORA) recipients, pending TCA applicants with a referral from the Department of Human Resources, and families participating in the Department of Human Services/MORA Matching Grant Program.**

An individual or family who uses Child Care Scholarship (CCS) Program services shall contribute financially to the cost of those services, except for the exempt categories listed on the Co-Payment Agreement Form located on the Money4childcare care website. In addition, families with a referral from the Maryland Office of Refugees and Asylees (MORA) and Head Start, pending TCA applicants with a referral from the Department of Human Services, and families participating in the Department of Human Services/MORA Matching Grant Program are eligible for a zero copayment. Families not eligible for a co-payment waiver are assessed copayments based on the Unit of Care authorized: (a) \$3.00 per week (3-Unit Scholarship); (b) \$2.00 per week (2-Unit Scholarship); and (c) \$1.00 per week (1-Unit Scholarship).

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access

by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Maryland’s child care scholarship reimbursement rates are currently at the 70th percentile of the June 2021 Market Rate Survey. Likewise, providers receiving CCDF funds from the Child Care Scholarship (CCS) Program must participate in Maryland’s Quality Rating and Improvement System, Maryland EXCELS. Both the reimbursement rate and the requirement to participate in Maryland EXCELS have been noted as barriers to provider participation. Although the provider participation rate has increased since Maryland began paying child care providers who are participating in the CCS program prospectively, providers have expressed the true-up (payment reconciliation process) as a concern.**

Programs participating in Maryland EXCELS publish quality ratings from 1 to 5. Programs published at a quality rating 1 do not have professional development requirements. As programs increase ratings the programs are expected to hold a Maryland Child Care credential for levels 4 and 5 and for levels 2 and 3 if the provider does not have a credential, approved training that meets the requirements of the standards. Prior to June 30, 2024 providers participating in the Maryland Child Care Credential had access to \$400.00 annually to reimburse for the cost of professional development.

Programs participating in Maryland EXCELS have access to regional quality assurance specialists to assist with understanding and meeting the standard requirements. In addition, the Child Care Resource and Referral (CCR&R) provides technical assistance. There are multiple online resources that can be accessed by programs to support participation and increased quality ratings. The CCR&R also provides a parent support staff that will assist with navigating the Child Care Scholarship application process.

In an effort to identify barriers for provider participation in Maryland EXCELS, Maryland’s quality rating and improvement system the Quality Improvement Initiatives branch conducts surveys, participates in stakeholder and state association meetings, provides

information sessions, and conducts monthly analysis of participation data. Barriers identified include limited access to technology, lack of understanding of participation and publish rating requirements, and providers who do not have established policies and procedures required to meet Maryland EXCELS standards. To support all participating program types, program specific resources such as tutorials, free approved professional development, supported cohort workshops and network activities, and assistance with referral for additional supports with specialists at regional childcare resource and referral centers.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **The Child Care Scholarship Application requires parents to specify whether they want their child to attend formal or informal child care programs. Once parents receive the scholarship, they will receive documentation detailing the types of care available and the requirement to choose a Maryland EXCELS participating program. Parents can locate child care programs through the LOCATE: Child Care services. The child care scholarship informs parents of the different care options by providing reimbursement amounts for different types of care, such as center-based, large family, or family care. If a parent selects informal care, the Maryland Child Care Scholarship vendor will provide the parent with information on how to choose this type of care. The Child Care Scholarship vendor, licensing specialist and the Maryland EXCELS Quality Assurance Special, and community partners are also available to inform parents about the various child care categories and their parental choice to select a care type that best meets their family’s needs.**
- e. Describe what information is included on the child care certificate: **The child care scholarship will contain information such as the parent's name and address, the child's name, the authorization period, the reimbursement amount, and the assigned parental copayment. If a parent chooses formal care, the child care scholarship will cover the reimbursement amounts assigned for the care units approved for both center care, large family care, and family child care. On the other hand, if the parent opts for informal care, the child care scholarship will cover the reimbursement amounts assigned for the care units approved for informal care (relative/non-relative care).**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate

survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
- b. ACF pre-approved alternative methodology.

- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

- c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- iii. State Advisory Council or similar coordinating body: **Office of Child Care met with members of the Office of Child Care (OCC) Advisory Council to get feedback and to assist with the design of the Market Rate Survey Form.**
- iv. Local child care program administrators: **Office of Child Care met with members of the Office of Child Care (OCC) Advisory Council to get feedback and to assist with the design of the Market Rate Survey. OCC is open to program administrators and has a child care program administrator on the board.**
- v. Local child care resource and referral agencies: **Office of Child Care met with members of the Office of Child Care (OCC) Advisory Council to get feedback and to assist with the design of the Market Rate Survey. OCC is open to the public and has a representative from the child care resource and referral agency on the board.**
- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **Office of Child Care met with members of the Office of Child Care (OCC) Advisory Council to get feedback and to assist with the design of the Market Rate Survey. OCC has a representative that represents caregivers, teachers and directors on the board.**
- vii. Other. Describe: **N/A**

- d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? **5/31/2024**
- ii. What was the time period for collecting the information (e.g., all of the prices in

the survey are collected within a three-month time period)? **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**

- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
 - iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
 - v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
 - vi. What is the percent of licensed or regulated child care centers responding to the survey? **0.00**
 - vii. What is the percent of licensed or regulated family child care homes responding to the survey? **0.00**
 - viii. Describe if the survey conducted in any languages other than English: **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
 - ix. Describe if data were analyzed in a manner to determine price of care per child: **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
 - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
- e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
- iii. Describe how the market rate survey or pre-approved alternative methodology

reflected age of child (e.g., infant, toddler, preschool, school-age): **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**

- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child’s age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Narrow Cost analysis was completed by Prenatal to Five Fiscal Strategies. The methodology used was to use the Provider Cost of Quality Calculator (PCQC). The PCQC is a web-based tool that calculates the cost of quality child care based on site-level provider data. The PCQC relies on Excel spreadsheets that are aligned with the State’s unique reimbursement rate variations including a range of quality and other funding factors.**

The PCQC helps users understand the discrete costs of delivering child care services at different quality levels, along with differences in cost related to the type of provider, the age of the children served and the geographic region of the state, when regionalized expense data is entered. The PCQC is the federally approved tool to support narrow cost analysis and alternative methodology for subsidy rate setting. The PCQC demonstrates if a gap exists between the provider’s cost of producing services at a given quality level and the revenue sources that are available to support service delivery.

The data used is from:

- Bureau of Labor Statistics (personnel data)
- Averaged cost data for non-personnel, found in the PCQC
- Salary data collected as part of the Market Rate Survey done with Maryland providers

- b. In the Lead Agency’s analysis, were there any relevant variations by geographic location, category of provider, or age of child? **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**

- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- i. Provide the date the report was completed: **5/31/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **5/31/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **The weblink will not be available until September 2024, when the market rate survey and narrow cost analysis data is complete.**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

Yes.

i. If yes, check if the Lead Agency:

Sets the same payment rates for the entire State or Territory.

Sets different payment rates for different regions in the State or Territory.

No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **5/31/2024**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a ii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	0.00 Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00 Per Day	0.00

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Infants (6 months)	0.00 Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00 Per Day	0.00
Center Care for Toddlers (18 months)	0.00 Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00 Per Day	0.00
Family Child Care for Toddlers (18 months)	0.00 Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00 Per Day	0.00
Center Care for Preschoolers (4 years)	0.00 Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00 Per Day	0.00
Family Child Care for Preschoolers (4 years)	0.00 Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00 Per Day	0.00
Center Care for School-Age (6 years)	0.00 Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00 Per Day	0.00
Family Child Care for School-Age (6 years)	0.00 Per Day	0.00	0.00	0.00	0.00	0.00	0.00	0.00 Per Day	0.00

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or

ACF pre-approved alternative methodology? Describe: **MSDE anticipates having market rate survey and narrow cost analysis data entered no later than September 15, 2024.**

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **The child care provider can submit to the Child Care Scholarship (CCS) vendor a completed special disability rate request form that describes the need for the child care provider to provide special accommodation. Upon receipt of a special disability rate request form that meets the requirements to receive funding above the base rate, the Maryland State Department of Education vendor shall: Approve the additional cost not to exceed the annual allocated amount up to 15 percent above the weekly base rate; or If the requested cost exceeds 15 percent, submit a recommendation to the CCS Branch for approval of a higher payment not to exceed the annual allocated amount.**

No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

Yes.

No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. Differential rate for non-traditional hours. Describe: **Parents needing non-traditional hours are issued a separate scholarship that covers nontraditional hours. The payment rate for non-traditional hours is higher than scholarship reimbursement rates for non-traditional hours. The differential rate for non-traditional hours is not based upon variation in age but is set based upon the hours the parent needs care. The additional reimbursement rates for non-traditional care exceed the payment rates in §§B-D of Regulation 13A.14.06.11 may be approved when child care is provided during non-traditional hours. Nontraditional hours are defined as: (a) 1 hour or more between 7 p.m. and 6 a.m. on Monday through Friday; and (b) Any period of 1 hour or more on Saturday or Sunday. Maryland approves additional costs that exceed the scholarship reimbursement rate when child care is provided during nontraditional hours. Additional costs above the base scholarship reimbursement rate shall be authorized for care provided weekly during nontraditional hours up to: (a) 5 percent for one unit of care; (b) 10 percent for two units of care; or (c) 15 percent for three units of care.**

ii. Differential rate for children with special needs, as defined by the Lead Agency.

Describe: For a child with a disability/special need, the payment rates of Regulation 13A.14.06.11 apply except if the service provider offers documentation that the cost of caring for the child exceeds the reasonable accommodation definition. In that case, the additional cost may be approved but may not exceed the annual allocated amount up to 15% above the rates set out in §§C and D of the regulation; or if the requested amount exceeds 15%, a recommendation must be submitted to the central Child Care Scholarship branch for approval of a higher payment not to exceed the annual allocated amount.

- iii. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
- iv. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe: **Maryland pays a Tiered Reimbursement above the base scholarship rate for higher quality child care (1) Eligibility for tiered reimbursement payments is limited to a child care center or a family child care home that has a published Maryland EXCELS quality rating level of 3, 4, or 5. The rate is determined by program type, age of child, and published quality rating. (2) An informal child care provider is not eligible for tiered reimbursement payments. (3) An eligible provider shall be paid a tiered reimbursement amount for each CCS Program child in care that is: (a) In addition to the child's scholarship payment; and (b) Reflective of the applicable percentage specified at §C(4) of this regulation.**
- v. Differential rate for higher quality, as defined by the Lead Agency. Describe:
- vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:
- vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

Yes. If yes, describe: **Maryland reimburses the provider the lesser amount if the provider's rate is lower than the established reimbursement rate for the provider's payment region .**

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **Maryland set rates at the 70th percentile of the Market Rate Survey per recommended increases per legislator.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Maryland providers were currently**

meeting the health, safety, quality and staffing requirements set by licensing when reimbursement rates were set at the 30th percentile of the Market Rate Survey in 2019. Therefore, when the reimbursement rate increased to the 70th percentile, the ability of providers to provide safe and quality child care strengthened.

- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The narrow cost analysis was used to inform Maryland that the 70th percentile of reimbursement did not cover the cost of care, did not cover the amount providers charged based upon the Market Rate Survey, and informed Maryland of the need to conduct a cost of care survey to understand better what modifications in payment policies and procedures are needed to increase equal access to child care.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Maryland uses tiered reimbursement to account for higher quality care above the base Child Care Scholarship reimbursement rate.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **The reimbursement rate is based on geographical locations (payment regions) with similar costs and care types within the payment region. Maryland has seven payment regions, which consist of the following:**

Region U: Cecil, Queen Anne’s, St. Mary’s, Talbot, and Washington Counties;
Region V: Caroline, Dorchester, Kent, Somerset, and Wicomico Counties;
Region W: Anne Arundel, Calvert, Carroll, Charles, and Prince George’s Counties;
Region X: Howard and Montgomery Counties;
Region Y: Baltimore, Frederick, and Harford Counties;
Region Z: Allegany, Garrett, and Worcester Counties; and
Region BC: Baltimore City.

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child’s authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family’s eligibility status that could impact

payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

Yes. If yes, describe: **Effective January 1, 2023, Maryland implemented advance payment as a strategy to increase the supply of and improve the quality of child care service across the seven (7) payment regions in Maryland. Advance Payment pays providers based on the number of children enrolled in the Child Care Scholarship (CCS) Program during the prior month. This payment strategy projects the amount owed to the provider for the month and divides it into two payments processed on the 1st and 15th of each month. Paying providers in advance provides greater financial resources to providers at the beginning and in the middle of the month versus paying providers in arrears for services already rendered. Maryland believes that the Advance Payment model combined with child care scholarship reimbursement rates at the 70th percentile across Maryland will increase equal access to higher child care options for children eligible for CCS services. In addition, the major rationale for implementing advance payment was to increase equal access to child care by creating a payment system that exceeded or closely mimicked private pay received by child care providers as possible.**

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type:

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

Yes.

No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

Yes. If yes, identify the fees the Lead Agency pays for: **Maryland pays a registration fee per enrollment with a provider in order to increase equal access to child care by reducing the initial costs associated with child care enrollment. The payment of a registration fee will only be paid once per year for the same child re-enrolling multiple times at the same child care facility. Maryland believes the practice of supporting the payment of the child's registration fee increases Parental Choice options for families by reducing out-of-pocket expenses. Thus, the parental choice options are widen when families receive financial assistance with the cost of registration fees that could otherwise be a barrier when selecting specific care types or when having to pay registration fees for more than one child in care. Likewise, parents do not have to fear remaining at the same provider due to losing the registration fee or being unable to pay the registration fee at a subsequent provider. In addition, this practice supports child care providers in their effort to collect additional fees needed to support the provision of quality child care.**

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **Maryland's provider payment procedures include the following: (1) A Statement of Understanding that accompanies each scholarship that is a written payment agreement and authorization for services between the parent, child care provider and the Maryland State Department of Education that outlines the Child Care scholarship Programs. (2) Providers are provided with a Child Care Scholarship that outlines the reimbursement amount that Maryland pays and the assigned copayment agreement that is paid by the parent. The Scholarship provides the maximum amount which the Child Care Scholarship reimburses based upon the payment region in which the parent resides and requires the child care provider to enter the amount they charge for private paying customers with children of the same age and Unit of Care. The reimbursement rate on the Child Care Scholarship is based on the family's income, family size, and payment region in which the family resides, as well as whether**

the provider's rate is lower than Maryland's reimbursement rate. (3) The Co-Payment Agreement that is signed between the parent and the child care provider establishes the assigned co-payment amount and establishes that if the Child Care Scholarship reimbursement amount and the assigned co-payment do not cover the full amount of the Child Care Provider's tuition, the parent is responsible for paying the difference owed. (4) Maryland Child Care Scholarship Regulations address payment procedures for any time a state of emergency, i.e., COVID-19, is declared. During state-declared emergencies, the Child Care Scholarship Program pays based on the last enrollment before the state emergency is declared. (5) Providers have an appeal dispute-resolution process in which they can submit an informal inquiry through the Provider Inquiry Link on the Maryland State Department of Education website or an informal appeal. Maryland's formal appeal process is outlined in section 4.4.1e of Maryland's State Plan. (6). Maryland pays based on enrollment instead of attendance and pays providers prospectively.

- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Maryland provides written notification to parents and the provider at least 5 calendar days before termination of child care services or the reduction of child care benefits. If the child care program is closed on the same day due to a provider being placed in a non-payable status, both the provider and the parent will receive notification on that day of the change, and the parent will be reissued child care scholarships to prevent a break in needed Child Care Scholarship (CCS) services.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **The Maryland State Department of Education contractor will respond within three business days of the receipt of an appeal for payment disputes or inaccuracies. In addition, Maryland has a very detailed and timely appeal and resolution process that may begin with a customer requesting a hearing if the contractor: (1) Denies, suspends, reduces, or terminates assistance; (2) Fails to act with reasonable promptness on an application for, or a request for adjustment of assistance; or (3) Imposes sanctions on a recipient; or (4) Recovers an overpayment or repayment in which the child care providers submits an inquiry. The customer or provider may appeal within 90 calendar days of the date of the notice of adverse action. An appeal request: (1) Is made by filing a completed Maryland State Department of Education appeal request form with the contractor; (2) May be received by any employee of the contractor whose assignment requires contact with the public; and (3) Shall be submitted immediately by the contractor to the designated hearing coordinator. The filing date of the appeal request is the date the contractor received the completed Maryland State Department of Education appeal request form.**
- The contractor shall send written notice of any adverse action in writing: (1) To the customer; and (2) To a provider who is denied payment for committing an intentional program violation. Notice of any adverse action shall include the:(a) Decision; (b) Basis for the decision; (c) Specific regulation supporting the decision; (d) Right to request an appeal; (e) Method by which an appeal may be requested; (f) Right to be represented in an appeal by a lawyer, relative, friend, or other individual; and (g) Availability of any free legal services.**
- The contractor shall assist the appellant in completing an appropriate appeal request form to ensure that it contains all the information required to process the request and, if**

necessary, shall provide an interpreter. Processing of appeal requests occurs within 5 business days of the filing date of an appeal request, the contractor shall: (1) Forward the following information to OAH: (a) Date of the request; (b) Name and address of the appellant; (c) Name and address of the local department representative; (d) Action being appealed; (e) Date of the action being appealed; and (e) Date notice of the action was mailed to the appellant; and (f) Acknowledge to the appellant receipt of the appeal request. (2) The Appeal Request may involve scheduling a conference: (a) When the contractor receives an appeal request, the contractor shall promptly offer the appellant a conference. (b) A contractor supervisor shall attend the conference. (c) The case manager responsible for the action may also attend. (d) Although a conference may lead to an informal resolution of the dispute, a hearing shall be held unless the appellant withdraws the appeal request in writing.

Continuation of assistance pending appeal involves: (1) Assistance shall be automatically continued or reinstated if the filing date of the appeal request is within 10 calendar days of the intended action. (2) Assistance may not be continued or reinstated pending appeal if: (a) An appellant specifically requests that assistance not be continued or reinstated pending appeal; (b) The eligibility or certification period for the assistance has expired; (c) Assistance has been reduced or terminated due to a change in federal or State law or regulation and the appeal does not appear to concern misapplication of the change; (d) Continuation or reinstatement of the service at issue would threaten the health or safety of other individuals; or (e) The service is terminated because of nonpayment by the family of the copayment stated on the voucher that the contractor assigned. (3) An appeal request form shall contain: (a) An opportunity for the appellant to request assistance not be continued or reinstated pending appeal; and (b) A statement that the appellant is responsible for repaying any assistance paid during the appeal process if the contractor's position is upheld.

Office of Administrative Hearings (OAH) may deny or dismiss an appeal if: (1) The appeal request is not complete; (2) The appellant withdraws the request in writing; (3) The appellant fails to appear at the scheduled hearing; (4) Assistance has been reduced or terminated due to a change in federal or State law or regulation and the appeal does not concern misapplication of the change; or (5) The appellant has failed to pay any filing fees required by OAH.

OAH shall complete the following upon the receipt of an appeal: (1) Upon receiving an appeal request, OAH shall: (a) Promptly schedule a hearing; and (b) Send the parties a hearing notice at least 15 calendar days before the scheduled hearing. (2) Intentional Program Violation Hearing. When the contractor makes a referral to OAH concerning an intentional program violation, OAH shall: (a) Promptly schedule a hearing; and (b) Send the parties a hearing notice at least 30 calendar days before the scheduled hearing. (3) Hearing Notice. The hearing notice shall: (a) Summarize the hearing procedures; (b) Advise the appellant of: (i) The date, time, and place of the hearing; (ii) The right to be represented at the hearing by a lawyer, relative, friend, or other individual; (iii) The availability of any free legal services; (iv) The right to present documents and witnesses, including contractor employees, at the hearing; (v) The right to examine the case record in preparation for the hearing; (vi) The procedure to follow if the appellant cannot attend the hearing; and (vii) Except in an appeal concerning an intentional program violation, the authority of an administrative law judge to dismiss the appeal if the appellant fails, without good cause, to attend the hearing; and (c) In an appeal concerning an intentional program violation, include: (i) The charge; (ii) A warning that the decision shall be based

solely on information provided at the hearing if the appellant fails to appear at the hearing; (iii) A statement that, to have a hearing rescheduled, the appellant has 10 calendar days from the date of the hearing to present to the administrative law judge good cause for not appearing and for not asking for a postponement before the hearing; (iv) A description of the disqualification penalties and a statement of the applicable penalty; (v) A statement of the appellant's rights during the hearing; and (vi) A warning that the hearing does not preclude the State or federal government from prosecuting the appellant or pursuing collection of the overpayment.

Prehearing appeal procedures include the following: (1) Rescheduling: (a) A party may request a change in a hearing time, date, or location by: (i) Submitting a written request, with copies served on all parties, to the OAH clerk's office at least 5 business days before a scheduled hearing; or (ii) In the case of an unforeseen event requiring postponement and occurring less than 5 business days before a scheduled hearing, calling the OAH clerk's office as soon as possible. (b) If OAH finds that good cause exists, OAH shall set another time or place for the hearing and notify the parties of the change. (c) In an appeal concerning an intentional program violation, the appellant is entitled to one postponement of the scheduled hearing of up to 30 calendar days without the need to demonstrate good cause. (d) Any time limits applicable to the issuance of a final administrative decision are extended by the length of the delay caused by a postponement: (i) Requested by the appellant, or (ii) Granted by the administrative law judge due to the appellant's introduction of new evidence. (2) Summaries.

The contractor shall (a) Prepare a summary of the facts pertinent to the case and of the basis for its action and (b) Send the summary and copies of all documents that it intends to present at the hearing to the appellant and to OAH at least 6 calendar days before the date of the hearing. The Administrative Law Judge's involvement is as follows: (1) The administrative law judge shall render a final decision. (2) The decision shall contain: (a) Separate statements of findings of fact and conclusions of law; (b) Citation to pertinent State and federal law; and (c) An order.

The Final Decision will be as follows: (1) Within 90 calendar days of the filing of the appeal request: (a) The administrative law judge shall issue a final decision to all parties; and (b) The contractor shall complete all administrative or corrective action necessary to implement the decision. (2) If the decision is favorable to the contractor, the contractor may: (a) Take immediate steps to implement the decision; and (b) Reduce or terminate assistance that has been continued while the appeal was pending by: (i) Decreasing the subsidy amount or closing the customer's case; and (ii) Notifying the child care provider of the reduction or termination pursuant to Regulation .10A. (3) If the decision is favorable to the appellant, the contractor shall, within 10 calendar days of the date of the decision: (a) Comply with the decision; (b) Take corrective action retroactive to the date the incorrect action was taken; (c) Restore the services, and (d) Notify OAH that it has completed all required actions. (4) The Record. After issuing a final administrative decision, OAH shall promptly forward to the CCS Branch the complete record, including all: (a) Papers filed; (b) Evidence submitted; and (c) Orders and decisions issued.

f. Other. Describe any other payment practices established by the Lead Agency:

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Paying child care providers in advance provides greater financial resources to child care**

centers, large family child care homes, family child care homes and informal child care providers at the beginning and in the middle of the month versus paying providers in arrears for services already rendered. Due to prospectively paying providers, the number of child care centers and registered child care programs participating in the Child Care CCS Program has increased. Thus, more parents have greater access to a full range of child care types and parental care options. Maryland believes that the Advance Payment model combined with child care scholarship reimbursement rates at the 70th percentile across Maryland has increased equal access to higher child care options for children eligible for Child Care Scholarship (CCS) services. Paying based upon Payment regions ensures that the reimbursement rate addresses the private pay rates charged within the counties that make up the payment regions.

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The Maryland State Department of Education (MSDE) is developing a program to allocate grants and contracts to licensed child care providers. This initiative aims to increase access to affordable child care for low-income families, enhance the quality of early childhood education, and support child care providers in meeting state standards.**

To achieve this goal, MSDE will partner with early childhood stakeholders to expand child care slots through grants and contracts. This strategy can significantly benefit child care centers, family child care programs, and the families who rely on them. As we develop these new program ideas, we encourage the inclusion of family child care providers and a collaborative design process with both the field and families.

Maryland is currently requesting a waiver for the contract/grant requirement. Maryland is in the process of beginning to conduct a statewide supply and demand study. Once this study is complete, Maryland will submit a plan based on the findings to implement a contract and/or grant. Maryland anticipates implementing this plan in 2026-2027.

If no, skip to question 4.5.2.

- i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.
 - Children with disabilities. Number of slots allocated through grants or contracts:
 - Infants and toddlers. Number of slots allocated through grants or contracts:
 - Children in underserved geographic areas. Number of slots allocated through grants or contracts:
 - Children needing non-traditional hour care. Number of slots allocated through grants or contracts:
 - School-age children. Number of slots allocated through grants or contracts:
 - Children experiencing homelessness. Number of slots allocated through grants or contracts:
 - Children in urban areas. Percent of CCDF children served in an average month:
 - Children in rural areas. Percent of CCDF children served in an average month:
 - Other populations. If checked, describe:
- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2 Care in the child’s home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

Yes.

No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe: **Provider must be 18 years of age.**
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. Restricted to care by relatives. (A relative provider must be at least 18 years of

age based on the definition of eligible child care provider.) Describe:

- v. Restricted to care for children with special needs or a medical condition. Describe:
- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. Other. Describe: **Restricted relative in-home care to grandparents, great-grandparents, aunts and uncles, and older siblings above the age of 18 not included within the household composition of the Child Care Scholarship CCS Program are the only relations that are considered as relative. Relative care may be provided within the home of the child or relative. Non-relative informal care is limited to the home of the child. Both relative and non-relative informal child care requires the provider and anyone in the household that is 18 or older to complete a Criminal Background check and a Child Protective Service clearance.**

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: **Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.**
 - ii. Method of tracking progress: **Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.**
 - iii. What is the plan to address the child care shortages using family child care homes **Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.**
 - iv. What is the plan to address the child care shortages using child care centers? **Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.**
- b. In different regions of the State or Territory:
 - i. Data sources used to identify shortages: **Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based**

on the findings. Maryland anticipates implementing this plan in 2026-2027.

Per the Blueprint for Maryland's Future, by 2027, fifty percent of all prekindergarten slots must be in private provider programs (child care centers and family child care homes). To that end, MSDE is currently implementing capacity building initiatives to help child care programs improve quality and expand access to prekindergarten slots in child care centers and family child care homes. Local Education Agencies (LEAs) completed Blueprint implementation plans to describe their efforts to improve their mixed delivery system by way of increasing the number of child care centers and family child care homes. As Maryland expands access to Pre-K, the state is also focus on maintaining the infant-toddler supply.

- ii. Method of tracking progress: Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.

LEAs complete annual Pre-K Data collection which measures year-over-year increases in family child care homes and child care centers participating in publicly funded Pre-K.

- iii. What is the plan to address the child care shortages using family child care homes? Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.

The COVID-19 Pandemic exacerbated the reduction of Licensed and Registered Child Care Programs in the State of Maryland and across the United State of America. Growing Opportunities for Family Child Care (GOFCC) is a unique program started in Montgomery County which provides intense and targeted training, coaching, and resources to support interested individuals in opening a family child care business. The goal of the Growing Opportunities for Family Child Care program is to increase the supply and ensure the sustainability of family child care providers in areas with above average rates of poverty and unemployment. GOFCC guides potential providers through the licensing process while supporting them in building a strong business foundation and high-quality child care program. Participation is free and includes all the required training, provides access to knowledgeable coaches, and a variety of resources which will support the opening and operating of a child care business.

Per the Blueprint for Maryland's Future, by 2027, fifty percent of all prekindergarten slots must be in private provider programs (child care centers and

family child care homes). To that end, MSDE is currently implementing capacity building initiatives to help child care programs improve quality and expand access to prekindergarten slots in child care centers and family child care homes. Local Education Agencies (LEAs) completed Blueprint implementation plans to describe their efforts to improve their mixed delivery system by way of increasing the number of child care centers and family child care homes. As Maryland expands access to Pre-K, the state is also focus on maintaining the infant-toddler supply.

- iv. What is the plan to address the child care shortages using child care centers? Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.

Per the Blueprint for Maryland’s Future, by 2027, fifty percent of all prekindergarten slots must be in private provider programs (child care centers and family child care homes). To that end, MSDE is currently implementing capacity building initiatives to help child care programs improve quality and expand access to prekindergarten slots in child care centers and family child care homes. Local Education Agencies (LEAs) completed Blueprint implementation plans to describe their efforts to improve their mixed delivery system by way of increasing the number of child care centers and family child care homes. As Maryland expands access to Pre-K, the state is also focus on maintaining the infant-toddler supply.

- c. In care for special populations:

- i. Data sources used to identify shortages: Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.

Blueprint Implementation Plan (collected from Local Educational Agencies (LEAs) twice a year) and Pre-K Enrollment data files (collected from Pre-K Expansion Grantees three times a year).

- ii. Method of tracking progress: Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.

Local Educational Agencies (LEAs) complete annual Pre-K Data collection which measures year-over-year increases in family child care homes and child care centers participating in publicly funded Pre-K. LEA’s complete Blueprint Implementation Plans twice a year and Pre-K Enrollment data files are collected from Pre-K Expansion Grantees three times a year.

- iii. What is the plan to address the child care shortages using family child care homes? **Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.**

Per the Blueprint for Maryland’s Future, by 2027, fifty percent of all prekindergarten slots must be in private provider programs (child care centers and family child care homes). To that end, MSDE is currently implementing capacity building initiatives to help child care programs improve quality and expand access to prekindergarten slots in child care centers and family child care homes. Local Educational Agencies (LEAs) completed Blueprint implementation plans to describe their efforts to improve their mixed delivery system by way of increasing the number of child care centers and family child care homes.

- iv. What is the plan to address the child care shortages using child care centers? **Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.**

Per the Blueprint for Maryland’s Future, by 2027, fifty percent of all prekindergarten slots must be in private provider programs (child care centers and family child care homes). To that end, MSDE is currently implementing capacity building initiatives to help child care programs improve quality and expand access to prekindergarten slots in child care centers and family child care homes.

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **Financial incentives are available for all licensed child care programs participating in Maryland EXCELS who publish first time, higher, or maintain a quality rating of 4 or 5. An analysis of QRIS participation was conducted to identify regions in Maryland with low participation in Maryland EXCELS. An outreach plan which will include collaboration with community-based organizations and resources is being developed and implemented.**

While Maryland has over 80% of all licensed child care centers and 60% of all registered family child care homes participating in Maryland’s quality rating and improvement system, Maryland EXCELS most programs remain at a quality rating 1. Targeted outreach including the development of cohorts in high need zip codes throughout Maryland, increased online materials and resources, the revision of current Maryland EXCELS

standards, and collaboration with stakeholders and community supports will assist with increasing the number of programs with quality ratings of 3, 4, and 5.

Early Learning and Instruction: The recent "Barriers to Participating in State-funded Pre-Kindergarten" survey has brought to light several significant challenges. The survey results indicate that child care providers are grappling with obstacles such as insufficient funding, complex regulatory requirements, and difficulties in recruiting and retaining qualified staff. These barriers, as identified through the survey, are hindering many programs from fully engaging in Pre-K initiatives. Understanding these challenges and barriers faced by child care programs is essential for developing effective strategies to increase participation.

MSDE has also received feedback from stakeholders regarding the lack of child care supply for infant and toddler programs as well as Pre-K programs. MSDE knows that we are not serving all eligible children through the CCDF funds and state funds. The statewide supply and demand study will also include focus groups from families to help us better understand where geographically greater supply is needed and what kinds of early childhood programs are needed. This research will enable MSDE to submit an amendment in FY26 with a targeted and specific plan for supply building.

- b. **Infants and toddlers. Describe: Maryland allows for Family Child Care providers to care for up to 4 children under the age of 2 with an Additional Adult. The provider must complete the 45 hour Infant and Toddler course and the Additional Adult must complete the background checks, medicals and some additional training as well.**

MSDE conducted a statewide supply and demand study from birth through age five and received feedback from stakeholders regarding the lack of child care supply for infant and toddler programs, as well as Pre-K programs. MSDE knows that we are not serving all eligible children through the CCDF funds and state funds. The statewide supply and demand study will also include focus groups from families to help us better understand where geographically greater supply is needed and what kinds of early childhood programs are needed. This research will enable MSDE to submit an amendment in FY26 with a targeted and specific plan for supply building.

- c. **Children with disabilities. Describe: Through the Therapeutic / Medically Fragile Child Care Grant, MSDE provides funding to five child care programs throughout Maryland: PACT: Helping Children with Special Needs, World of Care, PACT: Helping Children with Special Needs, Therapeutic Nursery, The Arc of Montgomery County, The Arc of Prince George's County, and The Reginald S. Lourie Center. These programs provide medically based child care and early education services to children with medical diagnoses and those who have developmental delays, physical disabilities, and behavioral issues that require specialized care.**

Also, the Division of Early Childhood Education partners with the Division of Early Intervention in support of providers serving children with special needs. The Division of Early Intervention leads efforts in providing professional development and resources to providers to assist them in ensuring that students have the necessary accommodations and modifications to help them meet success.

- d. Children who receive care during non-traditional hours. Describe: **Families working non-traditional hours from 7 pm to 6 am and on the weekend have the hardest time finding child care mainly because these hours are outside the core hours operated by licensed and regulated early care and educational programs. Also, parents working non-traditional hours also work varying work schedules. To support children from families who need child care while their parents work and to increase the number of quality child care programs rendering services during non-traditional hours: Maryland pays above the base scholarship rate as a recruitment mechanism. Also, the payment of a higher child care scholarship reimbursement rate increases the value of the non-traditional scholarship, thus making higher quality or more expensive child care options more affordable.**
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.**

MSDE is currently increasing efforts to expand access to high quality prekindergarten by recruiting additional programs to participate in Pre-K programming and providing them with technical assistance to improve quality. Low income families, children with disabilities, multi language learners, and children experiencing homelessness are priority for accessing these high quality, publicly funded prekindergarten programs.

Maryland EXCELS and Maryland Accreditation are two programs where Maryland is investing in quality for infants and toddlers, Pre-K, and school age children. Maryland has increased the financial incentives for programs to raise quality. Financial incentives ranging from \$1,000-\$13,500 are available to licensed child care programs that publish a first time or higher quality rating or maintain a quality rating of 4 or 5.

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **Maryland is in the process of beginning to conduct a statewide supply and demand study from birth through age five. Once this study is complete, Maryland will submit a plan implementing strategies based on the findings. Maryland anticipates implementing this plan in 2026-2027.**

Families with approved or pending Temporary Cash Assistance/ Temporary Assistance to Needy Families (TCA/TANF) are approved Child Care Scholarship (CCS) benefits upon the submission of an initial application with job search as an approved activity. Likewise, parents that become unemployed after they were determined eligible to receive CCDF benefits are permitted to maintain eligibility until the subsequent determination, where the family must meet all eligibility requirements in order for the child to be issued a new scholarship. Whether an initial CCS

applicant that is completing job search or a family that becomes unemployed once determined eligible for CCDF benefits, both groups would have access to all licensed or registered child care programs participating in Maryland EXCELS. Thus, the child will be granted the ability to enter or to continue access to higher quality child care while their parent is seeking employment.

For CCS eligible families that access child care by enrolling in programs participating in Maryland EXCELS, concentrated efforts have been made to identify specific areas across Maryland that have higher percentages of poverty and conduct needs assessments of the licensed child care providers to determine resources needed to increase quality ratings. These efforts have included setting goals to increase programs with quality ratings of 1 and 2 to 3 or higher as well as increasing participation in areas of the state that have lower than 50% of eligible licensed programs participating in Maryland EXCELS.

Additionally, MSDE reserves the right to take into consideration geographic distribution and other factors (including, but not limited to poverty) when increasing access to high quality, publicly funded prekindergarten in child care programs. In center-based programs and home-based care programs outside of the publicly funded pre-k system, enrollment is based on space/slot availability.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to [Lead Agencies](#) to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each **Lead Agency** identifies and defines its own categories of care. OCC does not expect **Lead Agencies** to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **Center based child care is offered in a facility other than a residence, and the number of children in care depends on space, materials, equipment, and qualified staff. Child care centers include public child care programs and Letter of Compliance facilities. Letter of Compliance programs are child care programs operated by tax exempt religious organizations in school buildings used exclusively for children who are enrolled in those schools and meet basic health, safety, space and other requirements. Child Care Center COMAR 13A.16.01.02 (15) states: An agency, institution, or establishment that, on a regular schedule for at least 2 days per week and for at least 2 hours per day, or on a 24-hour basis, offers or provides child care to children who do not have the same parentage. A child care center includes: 1. a nonpublic nursery school approved under Education Article, §2-206, Annotated Code of Maryland in which an educational program is offered or provided for children who are 2 years old or older but younger than 5 years old; 2. a facility providing specialized training in a specific discipline or subject that also offers a child-related service such as, but not limited to, transportation, free play, meals or snacks, tutoring or homework sessions; 3. child care operated by a State or local government agency.**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: **Letter of Compliance COMAR 13A.17.01.01(A) Letter of Compliance Facility - means a tax-exempt religious organization that operates a nursery school or child care program in a school building used exclusively for children who are enrolled in that school.**

No.

- b. Identify the family child care providers subject to licensing: **Family child care is offered in the provider's residence. Regulations allow a family childcare provider to care for as many as eight children at any one time dependent on space, materials, equipment, and provider training. There is an additional designation within this category called large family child care homes, which can care for more children, with additional requirements. Family child care is regulated by the Maryland State Department of Education (MSDE). Family child care providers offer care in their own home to one or more children who aren't related to the provider. To ensure a safe environment, Maryland limits the number of children in a**

family child care home: A provider may care for up to eight children with no more than four children under the age of two. There must be one approved adult for every two children under the age of two. The provider’s own children under the age of six are counted within the group of eight. COMAR 13A.15.04.03 (D).

Additionally, there is a category of care, Large Family Child Care Homes. The provider must be a resident of the home and may care for a maximum child care capacity of 12 children. COMAR 13A.18.01.02 (B) (24) Large Family Child Care.

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

c. Identify the in-home providers subject to licensing: **N/A**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **N/A**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

b. License-exempt family child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **N/A**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

c. In-home care (care in the child’s own home by a non-relative). Describe by answering the

questions below.

- i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. **Friends, family neighbors and relatives providing child care in the child’s own home are exempt from licensing requirements.**
- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Maryland has licensed-exempt In-home care (care in the child’s own home by a non-relative) where this exemption type does not endanger the health, safety, and development of children by requiring the following for all licensed-exempt provider types: Criminal Background clearance and Child Protective Service clearance on providers and their associated parties; a collaborative effort of the provider and parent to develop and complete an Emergency Preparedness Plan, Emergency Care and Medication Authorization for each child in care; and the Health & Safety Standards and Child Care Provider Agreement. These providers must earn a passing grade of 80 percent or better on the annual Basic Health & Safety Training; and must complete Cardiopulmonary Resuscitation (CPR) training for all child age groups every two years to earn the Adult, Child and Baby First Aid/ CPR/AED certificate. The care location must pass a health and safety inspection before approval and other inspections (e.g. unannounced inspections) during the year.**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **Children ages birth to 18 months.**
- b. Toddler. Describe: **Children ages 18 months to 24 months.**
- c. Preschool. Describe: **A child who is 2 years of age and older who does not attend kindergarten or a higher grade.**
- d. School-Age. Describe: **A child who is 5 years of age who attends school in grade Kindergarten or higher.**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **1:3**

Group size: **6**

ii. Toddler.

Ratio: **1:3**

Group size: **9**

iii. Preschool.

Ratio: **2 year olds: 1:6; Three to four year olds 1:10**

Group size: **Two year olds: 12; Three to four year olds: 20.**

iv. School-Age.

Ratio: **1:15**

Group size: **30**

v. Mixed-Age Groups (if applicable).

Ratio: A mixed age group with infants or toddlers, the following minimum staffing levels apply: Group includes 1 or 2 infants, maximum group size of 9, with a minimum of 2 staff members; Group includes 3 or more infants, maximum group size of 6, with a minimum of 2 staff members; Group includes 1 or 2 toddlers, maximum group size of 12, with a minimum of 2 staff members; Group includes 3 toddlers, 9, maximum group size of 9, with a minimum of 2 staff members; Group includes 4 or more toddlers, maximum group size of 9, with a minimum of 3 staff members; and Group includes no infants, 1 or 2 toddlers, and 6 or more 2 year olds, maximum group size of 12, with a minimum of 3 staff members.

In a mixed-age group with preschool children: The group size may not exceed 20 children; If the group contains preschool children 3 years old or older, the staff-to-child ratio is 1 to 10; If the group size is 13 to 20 children, the group may not contain more than six 2- year-olds; and If the group contains children who are 2 years old and the group size varies, the following minimum staffing levels apply: Group Composition Group Size Minimum Staffing Level: Group includes one to three 2-year-old children, maximum group size 7 to 10, with a minimum of 1 staff member; Group includes four or more 2-year-old children, maximum group size 7 to 10, with a minimum of 2 staff members; Group includes one to three 2-year-old children, maximum group size 13 to 20, with a minimum of 2 staff members; and Group includes four to six 2-year-old children, maximum group size 13 to 20, with a minimum of 3 staff members.

School-Age Groups: In a group where 3-year-old and 4-year-old children, enrolled in a public or nonpublic school, are mixed with school-age children, the following minimum staffing levels and maximum group size

requirements apply: Group includes up to five children 3 or 4 years old, maximum group size of 30, with a minimum of 1 school-age teacher and 1 assistant or aide; Group includes 6 to 9 children 3 or 4 years old, maximum group size of 30, with a minimum of 1 school-age teacher and 2 assistants or 1 school-age teacher, 1 assistant and 1 aide; Group includes 6 to 9 children, 3 or 4 years old, maximum group size 25, with a minimum of 1 school-age teacher and 1 assistant or aide; and Group includes 10 or more children 3 or 4 years old, maximum group size of 20, with a minimum of 1 preschool teacher and 1 assistant or aide.

Group size: A mixed age group with infants or toddlers, the following minimum staffing levels apply: Group includes 1 or 2 infants, maximum group size of 9, with a minimum of 2 staff members; Group includes 3 or more infants, maximum group size of 6, with a minimum of 2 staff members; Group includes 1 or 2 toddlers, maximum group size of 12, with a minimum of 2 staff members; Group includes 3 toddlers, 9, maximum group size of 9, with a minimum of 2 staff members; Group includes 4 or more toddlers, maximum group size of 9, with a minimum of 3 staff members; and Group includes no infants, 1 or 2 toddlers, and 6 or more 2 year olds, maximum group size of 12, with a minimum of 3 staff members. In a mixed-age group with preschool children: The group size may not exceed 20 children; If the group contains preschool children 3 years old or older, the staff-to-child ratio is 1 to 10; If the group size is 13 to 20 children, the group may not contain more than six 2- year-olds; and If the group contains children who are 2 years old and the group size varies, the following minimum staffing levels apply: Group Composition Group Size Minimum Staffing Level: Group includes one to three 2-year-old children, maximum group size 7 to 10, with a minimum of 1 staff member; Group includes four or more 2-year-old children, maximum group size 7 to 10, with a minimum of 2 staff members; Group includes one to three 2-year-old children, maximum group size 13 to 20, with a minimum of 2 staff members; and Group includes four to six 2-year-old children, maximum group size 13 to 20, with a minimum of 3 staff members.

School-Age Groups: In a group where 3-year-old and 4-year-old children, enrolled in a public or nonpublic school, are mixed with school-age children, the following minimum staffing levels and maximum group size requirements apply: Group includes up to five children 3 or 4 years old, maximum group size of 30, with a minimum of 1 school-age teacher and 1 assistant or aide; Group includes 6 to 9 children 3 or 4 years old, maximum group size of 30, with a minimum of 1 school-age teacher and 2 assistants or 1 school-age teacher, 1 assistant and 1 aide; Group includes 6 to 9 children, 3 or 4 years old, maximum group size 25, with a minimum of 1 school-age teacher and 1 assistant or aide; and Group includes 10 or more children 3 or 4 years old, maximum group size of 20, with a minimum of 1 preschool teacher and 1 assistant or aide.

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

- i. **[x]** Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant:
 - iii. Toddler:
 - iv. Preschool:
 - v. School-Age:
 - vi. Mixed-Age Groups:
- c. Licensed CCDF family child care home providers:
- i. Infant (if applicable)
 - Ratio: **Family Child Care (FCC) 1:2, Large Family Child Care (LFCC) 1:3**
 - Group size: **FCC: 8 children with 2 under age 2 or 8 children with 3 to 4 under age 2, LFCC: 6**
 - ii. Toddler (if applicable)
 - Ratio: **FCC 1:2, LFCC 1:3**
 - Group size: **FCC: 8 with 2 under age 2 or 8 with 3 to 4 under age 2, LFCC: 9**
 - iii. Preschool (if applicable)
 - Ratio: **FCC: 1:8, LFCC: Two year olds 1:6, 3 & 4 year olds 1:10**
 - Group size: **FCC: 8, LFCC: 12**
 - iv. School-Age (if applicable)
 - Ratio: **FCC: 1:8, LFCC: 1:12**
 - Group size: **FCC: 8, LFCC: 12**
 - v. Mixed-Age Groups
 - Ratio: **Family Child Care (FCC): 1:8 or 2:8 if 3 to 4 infants are approved for care.**
 - Large Family Child Care (LFCC):**
 - Groups of Children Younger than 2 Years Old: In a group of children where each child is younger than 2 years old, the following staff/child ratio and maximum group size requirements apply: Infants, 1 to 3 staff/child ratio, with a maximum group size of 6; Toddlers, 1 to 3 staff/child ratio, with a maximum group size of 9; Infants and toddlers with 1 to 2 infants in the group, 1 to 3 staff/child ratio, with a maximum group size of 9; Infants and toddlers with 3 or more infants in the group, 1 to 3 staff/child ratio, with a maximum group size of 6.**
 - Mixed-Age Groups with Children Younger than 2 Years Old: In a group where children younger than 2 years old are mixed with children 2 years old or older, the following minimum staffing levels and maximum group size requirements apply: Includes 1 or 2 children under the age of 2, minimum staffing level of 1, with a maximum group size of 8; Includes 1 or 2 children under the age of 2, minimum staffing level of 2 staff, with a maximum group size of 12; Includes 3 or 4 children under the age of 2,**

minimum staffing level of 2, with a maximum group size of 8; and Includes 3 or 4 children under the age of 2, minimum staffing level of 3, with a maximum group size of 12.

Mixed-Age Groups with Children 2 Years Old or Older: In a mixed age group with children who are 3 years old or older, the staff to child ratio is 1 to 10; and in mixed-age groups of varying sizes that include children who are 2 years old, the following minimum staffing levels apply: Includes one to three 2-year-old children, group size up to 10, with a minimum staffing level of 1; and Includes four or more 2-year-old children, group size up to 12, with a minimum staffing level of 2.

Group size: Family Child Care (FCC): 1:8 or 2:8 if 3 to 4 infants are approved for care.

Large Family Child Care (LFCC):

Groups of Children Younger than 2 Years Old: In a group of children where each child is younger than 2 years old, the following staff/child ratio and maximum group size requirements apply: Infants, 1 to 3 staff/child ratio, with a maximum group size of 6; Toddlers, 1 to 3 staff/child ratio, with a maximum group size of 9; Infants and toddlers with 1 to 2 infants in the group, 1 to 3 staff/child ratio, with a maximum group size of 9; Infants and toddlers with 3 or more infants in the group, 1 to 3 staff/child ratio, with a maximum group size of 6.

Mixed-Age Groups with Children Younger than 2 Years Old: In a group where children younger than 2 years old are mixed with children 2 years old or older, the following minimum staffing levels and maximum group size requirements apply: Includes 1 or 2 children under the age of 2, minimum staffing level of 1, with a maximum group size of 8; Includes 1 or 2 children under the age of 2, minimum staffing level of 2 staff, with a maximum group size of 12; Includes 3 or 4 children under the age of 2, minimum staffing level of 2, with a maximum group size of 8; and Includes 3 or 4 children under the age of 2, minimum staffing level of 3, with a maximum group size of 12.

Mixed-Age Groups with Children 2 Years Old or Older: In a mixed age group with children who are 3 years old or older, the staff to child ratio is 1 to 10; and in mixed-age groups of varying sizes that include children who are 2 years old, the following minimum staffing levels apply: Includes one to three 2-year-old children, group size up to 10, with a minimum staffing level of 1; and Includes four or more 2-year-old children, group size up to 12, with a minimum staffing level of 2.

d. Are any of the responses above different for license-exempt family child care homes?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served.

Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

- i. Infant (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
 - ii. Toddler (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
 - iii. Preschool (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
 - iv. School-Age (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
 - v. Mixed-Age Groups (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
- f. Are any of the responses above different for license-exempt in-home care?
- No.
- Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **One adult and six children present in care at the same time; or one adult and two children younger than 2 years old in care at the same time. In determining the maximum child care capacity of an informal care home, the contractor shall count each resident in the home who is younger than 6 years old as a child in care and include them in the one adult per child ratio.**

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

- a. Licensed center-based care
 - i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Teacher/caregiver qualifications for Infant and Toddler: High school diploma or equivalent; 90 clock hours of approved preservice training; 45 clock hours of approved preservice infant/toddler training; 9 clock hours of approved preservice training in communication; approved ADA compliance training; supporting breastfeeding practices; and 1 year of experience. Minimum age: 19 years old. Completion of the Basic Health & Safety training within 90 days of employment.**

Teacher/caregiver qualifications for Preschool: High school diploma or equivalent;

90 clock hours of approved preservice training; 9 clock hours of approved preservice training in communication; approved ADA Compliance training; supporting breastfeeding training; and 1 year of experience. Minimum age: 19 years old. Completion of the Basic Health & Safety training within 90 days of employment.

Teacher/caregiver qualifications for School Age: High school diploma or equivalent; 90 clock hours of approved preservice training; 9 clock hours of approved preservice training in communication; approved ADA Compliance training; and 400 hours working primarily with school age children. Minimum age: 19 years old. Completion of the Basic Health & Safety training within 90 days of employment.

Please note although current Licensing regulations for qualified teachers state the minimum age requirement is 19 years old, due to a change in legislation, effective July 1, 2024 the minimum age requirement was changed to 18 years old. Licensing is in the process of drafting amendments to their regulations to reflect the change.

Aide: 1) Be 16 years old or older; 2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned; 3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to: a) Proper child supervision; b) Workplace professionalism; and c) Interacting with parents. Completion of the Basic Health & Safety training within 90 days of employment.

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: In a preschool center with infants or toddlers in care, a director, in addition to meeting the requirements of §§B-D of the regulation, as applicable, shall have: 1. 3 semester hours of approved training, or the equivalent, related exclusively to the care of infants and toddlers; and 2. Effective January 1, 2016, approved training in supporting breastfeeding practices.

Directors of Preschool Centers-Specific Requirements: 1) Be at least 21 years old; 2) Hold a high school diploma or equivalent, or have successfully completed at least two courses for credit from an accredited college or university; 3) Have successfully completed 9 clock hours of approved preservice training in communicating with staff, parents, and the public, or at least one academic college course for credit; 3 semester hours or their equivalent of approved administrative training, unless approved as a school-age center director in a center authorized to serve only school-age children; and 3 clock hours of approved training in complying with the Americans with Disabilities Act; 4) Have

successfully completed 6 semester hours or 90 clock hours, or their equivalent, of approved preservice training, or hold the Child Development Associate National Credential that is issued by the Council for Professional Recognition; and 5) Within 6 months of hire, complete a regulation training that is conducted by the Office of Child Care. 6) Completion of the Basic Health & Safety training within 90 days of employment. (b) Caring for preschoolers as a registered family child care provider. B. In a preschool center with 20 or fewer children, a director shall have completed 1 year of experience: 1. Working primarily with preschoolers in a licensed child care center, nursery school, church-operated school, or similar setting; or 2. Caring for preschoolers as a registered family child care provider.

Directors of School-Age Centers-Specific Requirements: A. In a school-age center with a capacity of 60 or fewer children, the director shall have completed at least: (1) 400 hours of experience working under supervision primarily with school-age children in a licensed child care center, public or private school, or a similar setting; or (2) 1 year of experience caring for school-age children as a registered family child care provider. B. In a school age center with a capacity of 61 or more children, the director shall have completed at least: (1) 800 hours of experience working under supervision primarily with school age children in a licensed child care center, public or private school, or similar setting; or (2) 2 years of experience caring for school age children as a registered family child care provider. C. An individual is considered qualified as a director of a school age center if the individual is certified for kindergarten, nursery school through third grade, or grades 1 through 8 by the Department or by the state board of any other state.

Specific Requirements for Directors in Combined Preschool and School-Age Centers: A. A preschool center director may have responsibility for the entire center if the center enrolls both preschoolers and school age children. B. A school age center director may have responsibility for the entire center if the center: (1) Does not enroll any infants or toddlers; and (2) Enrolls five or fewer children younger than kindergarten age. b) Licensed CCDF family child care provider.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Family Child Care Teacher/caregiver qualifications: CPR/First Aid (age appropriate); SIDS (only if caring for children under age 2); 24 clock hours of approved preservice training, medication administration; emergency and disaster planning training; approved ADA Compliance training and Supporting Breastfeeding Practices. Completion of the Basic Health & Safety training within 90 days of employment. A Minimum age: 18 years old.**

Large Family Teacher/caregiver qualifications for Infants and Toddlers: High school diploma or equivalent; 90 clock hours of approved preservice training; 45 clock hours of approved preservice Infant/Toddler training; 9 clock hours of approved preservice training in communication; 1 year of experience; approved ADA Compliance training; and Supporting Breastfeeding Practices. Completion of the Basic Health & Safety training within 90 days of employment. A Minimum age: 18 years old. Large Family Aide/caregiver qualifications for Preschool and School Age: 1) Be 16 years old or older; 2)

Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned; 3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to: a) Proper child supervision; b) Workplace professionalism; and c) Interacting with parents. 4) Completion of the Basic Health & Safety training within 90 days of employment.

- c. Licensed, regulated, or registered in-home care (care in the child’s own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child’s own home) including any variations based on the ages of children in care: **N/A**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. **N/A**
- b. License-exempt home-based child care. **N/A**
- c. License-exempt in-home care (care in the child’s own home). **For License-exempt in-home care (non-relative providers’ care is in the child’s home, relative providers’ care may be in the provider’s home), all providers must be 18 years or older and pass a Criminal Background Check (CBC), both State and Federal, as well as a Child Protective Services Background check (CPC). In addition, they must be CPR certified and pass the Health and Safety Training.**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers’ standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Center and**

Letter of Compliance standards: Child Care Center 13A.16.11.01 and Letter of Compliance 13A.17.11.01 Exclusion for Acute Illness: A. Child care staff shall: (1) Monitor a child for signs and symptoms of acute illness; (2) Notify a child's parent or other designated person upon observing a sign or symptom of acute illness; and (3) Provide temporary isolation for the affected child in a suitably equipped separate area within sight and hearing of an adult. B. Except in centers for children with acute illness, an operator may not admit a child to care or allow a child to remain in care when the child is exhibiting symptoms of acute illness. C. A child may not be readmitted to care after an absence of 3 days or more due to illness without a written statement from the parent or physician that the child may return to a regular schedule.

Child Care Center 13A.16.11.02 and Letter of Compliance 13A.17.11.02 Infectious and Communicable Disease: A. An operator shall immediately transmit to the health officer a report of the name and address of a child or a staff member who appears to be infected with a reportable communicable disease or who has been exposed to a reportable communicable disease as indicated in COMAR 10.06.01.03. B. Except in centers for children with acute illness, an operator may not knowingly admit to care or retain in care a child with a transmissible infection or a communicable disease during the period of exclusion recommended for that infection or disease as shown in the Communicable Disease Summary, as published by the Maryland Department of Health, unless the health officer grants approval for the child to attend child care during that period.

Child Care Center 13A.16.11.03 and Letter of Compliance 13A.17.11.03 Preventing the Spread of Disease: A. A written handwashing procedure approved by the office shall be posted at each sink used for washing hands. B. Hands shall be washed according to the posted approved procedure by a center employee, substitute, volunteer, or child in care at least: (1) After toileting or diapering; (2) Before food preparation or eating; and (3) After an outdoor activity or handling an animal. C. Diapering shall be performed in accordance with a written diapering procedure approved by the office.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care:**
13A.15.05.03 Cleanliness and Sanitation: A. All areas of the home, including food preparation, service, and storage areas shall be maintained in a state of cleanliness so as not to endanger the children's health. B. Paper towels, a trash receptacle, soap, and toilet paper shall be placed within reach of a child capable of using the toilet without assistance. C. Trash, garbage, and wet or soiled diapers shall be disposed of in a clean and sanitary manner. D. After toileting and diapering, before food preparation and eating, after playing outdoors, after handling animals, and at other times when necessary to prevent the spread of disease, the provider or substitute shall: (1) Wash the provider's or substitute's hands thoroughly with soap and warm running water; and (2) Ensure that a child's hands are washed thoroughly, by the provider or by the child, with soap and warm running water. E. To assist in preventing the spread of disease, the provider or substitute shall: (1) Promptly change a child's diaper, clothing, and bedding

when soiled or wet; (2) Follow diapering procedures designed to prevent the transmission of disease, which are established and supplied by the office; and (3) Maintain the surface used for diapering in a clean and sanitary manner. F. If used, portable toilets, also known as potty-chairs, shall be: (1) Placed on a nonabsorbent surface or mat; (2) Located away from food preparation, food service, and eating areas; and (3) Cleaned and sanitized after each use in accordance with procedures established by the office.

13A.15.11.02 Exclusion for Acute Illness: A. The provider or substitute shall: (1) Monitor children for signs and symptoms of acute illness; and (2) Notify immediately a child's parent or other person designated on the child's emergency card upon observing a sign or symptom of acute illness. B. The provider or substitute may not allow a child to enter or remain in care if the child is exhibiting symptoms of acute illness such as, but not limited to: (1) Vomiting; (2) Fever; (3) Seizures; (4) Severe pain; or (5) Diarrhea.

13A.15.11.03 Infectious and Communicable Disease: A provider or substitute may not knowingly care for a child who has a serious transmissible infection or communicable disease during the period of exclusion for that infection or disease shown in the Communicable Disease Summary, as published by the Maryland Department of Health.

Large Family Child Care:

13A.18.11.01 Exclusion for Acute Illness: B. Child care staff shall: (1) Monitor a child for signs and symptoms of acute illness; (2) Notify a child's parent or other designated person upon observing a sign or symptom of acute illness; and (3) Provide temporary isolation for the affected child in a suitably equipped separate area within sight and hearing of an adult. B. Except in centers for children with acute illness, an operator may not admit a child to care or allow a child to remain in care when the child is exhibiting symptoms of acute illness. C. A child may not be readmitted to care after an absence of 3 days or more due to illness without a written statement from the parent or physician that the child may return to a regular schedule.

13A.18.11.02 Infectious and Communicable Disease: A. An operator shall immediately transmit to the health officer a report of the name and address of a child or a staff member who appears to be infected with a reportable communicable disease or who has been exposed to a reportable communicable disease as indicated in COMAR 10.06.01.03. B. Except in centers for children with acute illness, an operator may not knowingly admit to care or retain in care a child with a transmissible infection or a communicable disease during the period of exclusion recommended for that infection or disease as shown in the Communicable Disease Summary, as published by the Maryland Department of Health, unless the health officer grants approval for the child to attend child care during that period.

13A.18.11.03 Preventing the Spread of Disease: A. A written handwashing procedure approved by the office shall be posted at each sink used for washing

hands. B. Hands shall be washed according to the posted approved procedure by a center employee, substitute, volunteer, or child in care at least: (1) After toileting or diapering; (2) Before food preparation or eating; and (3) After an outdoor activity or handling an animal. C. Diapering shall be performed in accordance with a written diapering procedure approved by the office.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The license-exempt provider will promptly change a child's diaper, clothing, and bedding when soiled or wet; Follow diapering procedures designed to prevent the transmission of disease; Maintain the surface used for diapering in a clean and sanitary manner located away from food preparation, food service, and eating areas; Wash hands thoroughly with soap and warm running water; Trash/garbage and wet or soiled diapers shall be disposed of in a clean and sanitary manner; Clean and sanitize after each use in accordance with procedures established by the office; and, Bio contaminants and biohazards shall be disposed of in a clean and sanitary manner.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
N/A
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The license-exempt provider will promptly change a child's diaper, clothing, and bedding when soiled or wet; Follow diapering procedures designed to prevent the transmission of disease; Maintain the surface used for diapering in a clean and sanitary manner located away from food preparation, food service, and eating areas; Wash hands thoroughly with soap and warm running water; Trash/garbage and wet or soiled diapers shall be disposed of in a clean and sanitary manner; Clean and sanitize after each use in accordance with procedures established by the office; and, Bio contaminants and biohazards shall be disposed of in a clean and sanitary manner.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Center and Letter of Compliance standards: Child Care Center 13A.16.11.01 and Letter of Compliance 13A.17.11.01 Exclusion for Acute Illness: A. Child care staff shall: (1) Monitor a child for signs and symptoms of acute illness; (2) Notify a child's parent or other designated person upon observing a sign or symptom of acute illness; and (3) Provide temporary isolation for the affected child in a suitably equipped separate area within sight and hearing of an adult. B. Except in centers for children with acute illness, an operator may not admit a child to care or allow a child to remain in care when the child is exhibiting symptoms of acute illness. C. A child may not be readmitted to care after an absence of 3 days or more due to illness without a written statement from the parent or physician that the child may return to a regular schedule.**

Child Care Center 13A.16.11.02 and Letter of Compliance 13A.17.11.02 Infectious and Communicable Disease: A. An operator shall immediately transmit to the

health officer a report of the name and address of a child or a staff member who appears to be infected with a reportable communicable disease or who has been exposed to a reportable communicable disease as indicated in COMAR 10.06.01.03. B. Except in centers for children with acute illness, an operator may not knowingly admit to care or retain in care a child with a transmissible infection or a communicable disease during the period of exclusion recommended for that infection or disease as shown in the Communicable Disease Summary, as published by the Maryland Department of Health, unless the health officer grants approval for the child to attend child care during that period.

Child Care Center 13A.16.11.03 and Letter of Compliance 13A.17.11.03 Preventing the Spread of Disease: A. A written handwashing procedure approved by the office shall be posted at each sink used for washing hands. **B.** Hands shall be washed according to the posted approved procedure by a center employee, substitute, volunteer, or child in care at least: (1) After toileting or diapering; (2) Before food preparation or eating; and (3) After an outdoor activity or handling an animal. **C.** Diapering shall be performed in accordance with a written diapering procedure approved by the office.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Center 13A.16.03.02 and Letter of Compliance 13A.17.03.04: Child Records: G.** Unless a school-age child attends a school-age program located in the child's school, the operator shall obtain, and maintain at the center, an immunization record showing that: (1) The child has had immunizations appropriate for the child's age which meet the immunization guidelines set by the Maryland Department of Health; (2) The child has had at least one dose of each vaccine appropriate for the child's age before entry and is scheduled to complete the required immunizations; (3) A licensed physician or a health officer has determined that immunization is medically contraindicated according to accepted medical standards; or (4) The parent objects to the child's immunization because it conflicts with the parent's bona fide religious beliefs and practices.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care: 13A.15.03.02A(2)(b) Admission to Care:** The provider may not admit a child to the home for child care or allow a child to remain in care unless the provider has received: (2) Unless the child is temporarily admitted or retained pursuant to §D of this regulation: (b) Evidence, on a form supplied or approved by the office, that the child has had immunizations appropriate for the child's age that meet the immunization guidelines set by the Maryland Department of Health. **13A.15.03.04C(2) Child Records:** During the period of a child's enrollment

and for 2 years after the child's disenrollment, a provider shall maintain a file for each child that includes records of: (2) The child's health assessment, immunizations, and allergies, if any, to include: (a) As required by COMAR 10.11.04.

Large Family Home 13A.18.03.04: Child Records G. Unless a school-age child attends a school-age program located in the child's school, the operator shall obtain, and maintain at the center, an immunization record showing that: (1) The child has had immunizations appropriate for the child's age which meet the immunization guidelines set by the Maryland Department of Health; (2) The child has had at least one dose of each vaccine appropriate for the child's age before entry and is scheduled to complete the required immunizations; (3) A licensed physician or a health officer has determined that immunization is medically contraindicated according to accepted medical standards; or (4) The parent objects to the child's immunization because it conflicts with the parent's bona fide religious beliefs and practices.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License-exempt/informal care only monitors the immunization requirements for non-school-aged children.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Center 13A.16.03.02 and Letter of Compliance 13A.17.03.04: Child Records: G. Unless a school-age child attends a school-age program located in the child's school, the operator shall obtain, and maintain at the center, an immunization record showing that: (1) The child has had immunizations appropriate for the child's age which meet the immunization guidelines set by the Maryland Department of Health; (2) The child has had at least one dose of each vaccine appropriate for the child's age before entry and is scheduled to complete the required immunizations; (3) A licensed physician or a health officer has determined that immunization is medically contraindicated according to accepted medical standards; or (4) The parent objects to the child's immunization because it conflicts with the parent's bona fide religious beliefs and practices.**

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- 5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Center 13A.16.06.06 Directors of Preschool Centers-Specific Requirements: In a preschool center with infants or toddlers in care, a director, in addition to meeting the requirements of §5B of this regulation, as applicable, shall have: (1) 3 semester hours of approved training, or the equivalent, related to the care of infants and toddlers.**

13A.16.08.08 Rest Time Supervision: During a rest period for a group of children who are younger than 2 years old: (1) The required staff/child ratio applicable to that group shall be maintained; and (2) Each staff member assigned to the group shall remain with the children.

13A.16.09.04 Rest Furnishings: A.(4) A crib with a snugly fitting mattress, moisture-proof mattress covering, and tight fitting sheet for each child in the center who is: (a) Younger than 12 months old; F. Soft bedding items, including but not limited to pillows, quilts, comforters, and crib bumpers, may not be used as rest furnishings for a child using a crib. G. A child under 12 months who falls asleep in a furnishing other than a crib shall be moved immediately to an approved sleeping arrangement specified at §A of this regulation.

Letter Of Compliance: Not applicable as they do not serve children under age 2.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care: 13A.15.06.02E(2): Training Requirements Sudden Infant Death Syndrome (SIDS) Training. (a) The office may not approve a request by an applicant or a provider to provide care for a child younger than 24 months old unless the applicant or provider presents evidence of having successfully completed, within 5 years before the date of the request, approved SIDS training. (b) SIDS training may not be used to satisfy the continued training requirements set forth in §B of this regulation.**

13A.15.08.01D Supervision of Resting Children: (1) If a resting or napping child is younger than 2 years old, the provider or substitute shall: (a) Remain within sight and sound of the child; and (b) Observe the child at least every 15 minutes to determine that the child is safe, breathing normally, and in no physical distress. (2) If a resting or napping child is 2 years old or older, the child: (a) May be on a different level of the home from the provider or substitute if: (i) That level is approved by the office for child care use; and (ii) The provider has informed the child's parent that the child is permitted to be on a different level of the home; and (b) Shall be observed by the provider or substitute to ensure the child's safety and comfort at intervals of at least every 15 minutes. (3) If a resting or napping child is in a different room from the provider or substitute and that room can be closed off from the rest of the home by a door, screen, or similar furnishing, the provider or substitute shall ensure that the door, screen, or similar furnishing

remains open so that the view into the room is unobstructed.

13A.15.10.06 Rest Time Safety Unless specified otherwise in writing by the child's physician, a child who: (1) Cannot roll over without assistance shall be placed for sleep on the child's back; or (2) Is younger than 12 months old but can roll over unassisted shall be placed for sleep on the child's back, but may be allowed to adopt whatever position the child prefers for sleep. B. Unless the need for a positioning device that restricts a child's movement while the child is resting is specified in writing by the child's physician, an object or device, including, but not limited to, a strap, wedge, roll, or swaddling, that restricts movement may not be used with a child in a crib, portable crib, playpen, cot, bed, mat, or other rest furnishing.

Large Family Child Care:

13A.18.06.05E(5): Child Care Home Directors: Unless previously approved by the office to direct a child care program serving children younger than 2 years old, have completed 3 semester hours of approved training, or the equivalent, related to the care of children younger than 2 years old;

13A.18.06.06E(2) Family Child Care Teachers: Unless previously qualified by the office to supervise an infant or a toddler: (a) Meet the requirements of §§A and B of this regulation and have completed 3 semester hours of approved training, or the equivalent, related to the care of children younger than 2 years old;

13A.18.08.08 Rest Time Supervision: During a rest period for a group of children who are younger than 2 years old: (1) The required staff/child ratio applicable to that group shall be maintained; and (2) Each staff member assigned to the group shall remain with the children. B. During a rest period for a group of children who are 2 years old or older: (1) The required staff/child ratio applicable to that group shall be maintained until all the children are resting quietly; and (2) Once all the children in the group are resting quietly: (a) At least one family child care teacher or aide assigned to the group shall continue to remain in the room with the children; and (b) Other staff members, if any, assigned to the group may leave the room but shall remain on the premises and within hearing range. C. To determine if a resting child is safe, breathing normally, and in no physical distress: (1) Each resting child shall be observed at intervals of at least every 15 minutes; and (2) A resting child younger than 12 months old shall be observed at least every 15 minutes.

13A.18.09.04 Rest Furnishings A(4) A crib, portable crib, or playpen with a snugly fitting mattress, moisture-proof mattress covering, and tight-fitting sheet for each child in the child care home who is: (a) Younger than 12 months old; F. Soft bedding items, including but not limited to pillows, quilts, comforters, and crib bumpers, may not be used as rest furnishings for a child using a crib, portable crib, or playpen. G. A child under 12 months who falls asleep in a furnishing other than a crib shall be moved immediately to an approved sleeping arrangement specified at §A(4) of this regulation.

13A.18.10.05 Rest Time Safety A. Unless specified otherwise in writing by the child's physician, a child who: (1) Cannot roll over without assistance shall be placed for sleep on the child's back; or (2) Is younger than 12 months old but can roll over unassisted shall be placed for sleep on the child's back, but may be allowed to adopt whatever position the child prefers for sleep. B. Unless the need for a positioning device is specified in writing by a child's physician, a restricting device of any type may not be applied to a resting child.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not have standards for prevention of sudden infant death syndrome and use of safe sleep practices for License-Exempt Informal Care providers. MSDE will need additional time to meet this requirement. The Scholarship Branch will duplicate all the safe sleep/sudden infant death prevention regulations for licensed providers. As a result of the regulation promulgation process, June 2025 is MSDEs anticipated date of compliance.**

Additionally, providers are required to provide the approved and age-appropriate rest furnishings, provide age-appropriate supervision to resting children, and complete visible checks on sleeping.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Center 13A.16.06.06 Directors of Preschool Centers-Specific Requirements: In a preschool center with infants or toddlers in care, a director, in addition to meeting the requirements of §5B of this regulation, as applicable, shall have: (1) 3 semester hours of approved training, or the equivalent, related to the care of infants and toddlers.**

13A.16.08.08 Rest Time Supervision: During a rest period for a group of children who are younger than 2 years old: (1) The required staff/child ratio applicable to that group shall be maintained; and (2) Each staff member assigned to the group shall remain with the children.

13A.16.09.04 Rest Furnishings: A.(4) A crib with a snugly fitting mattress, moisture-proof mattress covering, and tight fitting sheet for each child in the center who is: (a) Younger than 12 months old; F. Soft bedding items, including but not limited to pillows, quilts, comforters, and crib bumpers, may not be used as rest furnishings for a child using a crib. G. A child under 12 months who falls asleep in a furnishing other than a crib shall be moved immediately to an approved sleeping arrangement specified at §A of this regulation.

Letter of Compliance: Not applicable as they do not serve children under age 2.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Center: The medication administration training includes safe and accurate administration of medication, including measuring, proper dosage, purpose of medication and the 6 Rights of Medication Administration. Allergic reaction is also discussed along with the proper administration of Asthma medications and treatment for Anaphylaxis. Participants will practice using the new Epi-pen. Additionally, Maryland requires providers to obtain a Medication Authorization form to be completed and signed by the child's health care professional for all children who are prescribed medication that is to be administered while in child care. Providers are required to review children's forms including a listing of any medications administered to children. Only staff that have successfully completed the training are approved to administer medications as directed by the required medication forms. As well, the approved staff ensure that medication is stored according to COMAR requirements.**

13A.16.03.04(I)(3) Child Records I. The operator shall record or maintain on file:
(3) Child medication records required by COMAR 13A.16.11.04A(1)

13A.16.11.04 Medication Administration and Storage Medication Administration. (1) Medication, whether prescription or nonprescription, may not be administered to a child in care unless: (a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received at the center before the medication is administered; and (b) A licensed health practitioner has approved the administration of the medication and the medication dosage. (2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home. (3) If medication is by prescription, it shall be labeled by the pharmacy or physician with: (a) The child's name; (b) The date of the prescription; (c) The name of the medication; (d) The medication dosage; (e) The administration schedule; (f) The administration route; (g) If applicable, special instructions, such as "take with food"; (h) The duration of the prescription; and (i) An expiration date that states when the medication is no longer useable. B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner. C. Medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated. D.

Recording Requirements. (1) Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record. (2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record. **E. Medication Storage.** (1) Each medication shall be: (a) Labeled with the child's name, the dosage, and the expiration date; (b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and (c) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency or returned to the child's parent upon expiration or discontinuation. (2) All medications shall be stored to make them inaccessible to children in care but readily accessible to each employee designated by the operator to administer medication. **F. Medication Administration Training.** (1) Whenever children in care are present, there shall be at least one center employee present who has completed medication administration training approved by the office. Medication may be administered to a child in care only by an employee who has completed approved medication administration training. **G. Section F of this regulation does not apply if:** (1) The center employs a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or (2) Responsibility for administering medication to children in care is delegated to a center employee by a delegating nurse in accordance with COMAR 10.27.11. **H. Self-Administration of Medication.** (1) Before a child may self-administer medication while in care, the operator shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; (b) In consultation with the child's parent, establish a written procedure for self administration of medication by the child based on the physician's written order; and (c) Authorize the child to self-administer medication. (2) Revocation of Authorization to Self-Administer. (a) An operator may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §H(1)(b) of this regulation. (b) Immediately upon revoking the child's authorization to self-administer medication, the operator shall notify the child's parent of that revocation. (c) The operator shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record. **I. Medical Cannabis.** (1) The administration of medical cannabis by a caregiver to a child who is a qualifying medical cannabis patient is governed by COMAR 10.62.01-10.62.37. (2) The administration of medical cannabis that includes smoking or vaping is prohibited.

Letter of Compliance:

13A.17.03.04 Child Records 13A.17.11.04 Medication Administration and Storage: Medication Administration. (1) Medication, whether prescription or nonprescription, may not be administered to a child in care unless: (a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received at the center before the medication is administered; and (b) A licensed health practitioner has approved the administration of the medication and the medication dosage. (2) A prescription medication may not be administered to a

child unless at least one dose of the medication has been given to the child at home. (3) If medication is by prescription, it shall be labeled by the pharmacy or physician with: (a) The child's name; (b) The date of the prescription; (c) The name of the medication; (d) The medication dosage; (e) The administration schedule; (f) The administration route; (g) If applicable, special instructions, such as "take with food"; (h) The duration of the prescription; and (i) An expiration date that states when the medication is no longer useable. B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner. C. Medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated. D. Recording Requirements. (1) Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record. (2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record. E. Medication Storage. (1) Each medication shall be: (a) Labeled with the child's name, the dosage, and the expiration date; (b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and (c) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency, or returned to the child's parent upon expiration or discontinuation. (2) All medications shall be stored to make them inaccessible to children in care but readily accessible to each employee designated by the operator to administer medication. F. Medication Administration Training. (1) Whenever children in care are present, there shall be at least one center employee present who has completed medication administration training approved by the office. (2) Medication may be administered to a child in care only by an employee who has completed approved medication administration training. G. Section F of this regulation does not apply if: (1) The center employs a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or (2) Responsibility for administering medication to children in care is delegated to a center employee by a delegating nurse in accordance with COMAR 10.27.11. H. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, the operator shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; (b) In consultation with the child's parent, establish a written procedure for self-administration of medication by the child based on the physician's written order; and (c) Authorize the child to self-administer medication. (2) Revocation of Authorization to Self-Administer. (a) An operator may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §H(1)(b) of this regulation. (b) Immediately upon revoking the child's authorization to self-administer medication, the operator shall notify the child's parent of that revocation. (c) The operator shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record. I. Medical Cannabis. (1) The administration of medical cannabis by a caregiver to a child who is a qualifying medical cannabis patient is governed by COMAR 10.62.01~~10.62.37~~. (2) The administration of medical

cannabis that includes smoking or vaping is prohibited.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care (FCC):**
- The medication administration training includes safe and accurate administration of medication, including measuring, proper dosage, purpose of medication and the 6 Rights of Medication Administration. Allergic reaction is also discussed along with the proper administration of Asthma medications and treatment for Anaphylaxis. Participants will practice using the new Epi-pen. Additionally, Maryland requires providers to obtain a Medication Authorization form to be completed and signed by the child's health care professional for all children who are prescribed medication that is to be administered while in child care. Providers are required to review children's forms including a listing of any medications administered to children. Only staff that have successfully completed the training are approved to administer medications as directed by the required medication forms. As well, the approved staff ensure that medication is stored according to COMAR requirements. Family Child Care 13A.15.03.04C(5) Child Records Child medication records as required by COMAR 13A.15.11.04; 13A.15.06.02F(1)(b) Training Requirements F. The office may not approve an application for an initial registration or a continuing registration unless the applicant has completed: (1) Approved training in (b) Medication administration 13A.15.06.03(E)(2) Provider Substitute E. Before allowing a substitute to provide or to assist in providing care, the provider shall orient the substitute to child health and safety matters, including, but not limited to: (2) Medication administration information for each child authorized to receive medication; 13A.15.11.04 Medication Administration and Storage .04 Medication Administration and Storage. A. Medication Administration. (1) Medication, whether prescription or nonprescription, may not be administered to a child in care unless: (a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received by the provider or substitute before the medication is administered; and (b) A licensed health practitioner has approved the administration of the medication and the medication dosage. (2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home. (3) If medication is by prescription, it shall be labeled by the pharmacy or physician with: (a) The child's name; (b) The date of the prescription; (c) The name of the medication; (d) The medication dosage; (e) The administration schedule; (f) The administration route; (g) If applicable, special instructions, such as "take with food"; and (h) The duration of the prescription; and (i) An expiration date that states when the medication is no longer useable. B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner. C. Medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated. D. Recording Requirements. (1) Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record. (2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent

shall be noted in the child's record. E. Medication Storage. (1) Each medication shall be: (a) Labeled with the child's name, the dosage, and the expiration date; (b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and (c) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency, or returned to the child's parent upon expiration or discontinuation. (2) All medications shall be stored to make them inaccessible to children in care but readily accessible to the provider, substitute, or additional adult. F. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, a provider shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; (b) In consultation with the child's parent, establish a written procedure for self administration of medication by the child based on the physician's written order; and (c) Authorize the child to self-administer medication. (2) Revocation of Authorization to Self-Administer. (a) A provider may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §F(1)(b) of this regulation. (b) Immediately upon revoking the child's authorization to self-administer medication, the provider shall notify the child's parent of that revocation. (c) The provider shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record. G. Effective January 1, 2016, medication may be administered to a child in care only by an individual who has completed approved medication administration training, unless: (1) The individual is a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or (2) Responsibility for administering medication to children in care has been delegated to the individual by a delegating nurse in accordance with COMAR 10.27.11. H. Medical Cannabis. (1) The administration of medical cannabis by a caregiver to a child who is a qualifying medical cannabis patient is governed by COMAR 10.62.01-10.62.37. (2) The administration of medical cannabis that includes smoking or vaping is prohibited.

Large Family Child Care (LFCCC):

13A.18.03.04(1)(3) Child Records I. The provider shall record or maintain on file: (3) Child medication records required by COMAR 13A.18.11.04D; 13A.18.11.04 Medication Administration and Storage A. Medication Administration. (1) Medication, whether prescription or nonprescription, may not be administered to a child in care unless: (a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received at the child care home before the medication is administered; and (b) A licensed health practitioner has approved the administration of the medication and the medication dosage. (2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home. (3) If medication is by prescription, it shall be labeled by the pharmacy or physician with: (a) The child's name; (b) The date of the prescription; (c) The name of the medication; (d) The medication dosage; (e) The administration schedule; (f) The administration route; (g) If applicable, special instructions, such as "take with food"; (h) The duration of

the prescription; and (i) An expiration date that states when the medication is no longer useable. B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner. C. Medication shall be administered according to the instructions on the label of the medication container or a registered health practitioner's written instructions, whichever are more recently dated. D. Recording Requirements. (1) Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record. (2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record. E. Medication Storage. (1) Each medication shall be: (a) Labeled with the child's name, the dosage, and the expiration date; (b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and (c) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency, or returned to the child's parent upon expiration or discontinuation. (2) All medications shall be stored to make them inaccessible to children in care but readily accessible to each staff member designated by the provider to administer medication. F. Medication Administration Training. (1) Whenever children in care are present, there shall be at least one child care home staff member present who has completed medication administration training approved by the office. (2) Medication may be administered to a child in care only by a staff member who has completed approved medication administration training. G. The requirements of §F of this regulation shall not apply if: (1) The child care home employs a registered nurse, registered practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or (2) Responsibility for administering medication to children in care is delegated to a staff member by a delegating nurse in accordance with COMAR 10.27.11. H. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, a provider shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; (b) In consultation with the child's parent, establish a written procedure for self administration of medication by the child based on the physician's written order; and (c) Authorize the child to self-administer medication. (2) Revocation of Authorization to Self-Administer. (a) A provider may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §H(1)(b) of this regulation. (b) Immediately upon revoking the child's authorization to self-administer medication, the provider shall notify the child's parent of that revocation. (c) The provider shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record. I. Medical Cannabis. (1) The administration of medical cannabis by a caregiver to a child who is a qualifying medical cannabis patient is governed by COMAR 10.62.01-10.62.37. (2) The administration of medical cannabis that includes smoking or vaping is prohibited.

iii. All CCDF-eligible licensed in-home care. Provide the standard: N/A

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Medication, whether prescription or nonprescription, may not be administered to a child in care unless: (a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form provided by the office, that is received by the provider (b) A licensed health practitioner has approved the administration of the medication and the medication dosage.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Center: The medication administration training includes safe and accurate administration of medication, including measuring, proper dosage, purpose of medication and the 6 Rights of Medication Administration. Allergic reaction is also discussed along with the proper administration of Asthma medications and treatment for Anaphylaxis. Participants will practice using the new Epi-pen. Additionally, Maryland requires providers to obtain a Medication Authorization form to be completed and signed by the child's health care professional for all children who are prescribed medication that is to be administered while in child care. Providers are required to review children's forms including a listing of any medications administered to children. Only staff that have successfully completed the training are approved to administer medications as directed by the required medication forms. As well, the approved staff ensure that medication is stored according to COMAR requirements.**

13A.16.03.04(I)(3) Child Records I. The operator shall record or maintain on file: (3) Child medication records required by COMAR 13A.16.11.04A(1)

13A.16.11.04 Medication Administration and Storage Medication Administration. (1) Medication, whether prescription or nonprescription, may not be administered to a child in care unless: (a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received at the center before the medication is administered; and (b) A licensed health practitioner has approved the administration of the medication and the medication dosage. (2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home. (3) If medication is by prescription, it shall be labeled by the pharmacy or physician with: (a) The child's name; (b) The date of the prescription; (c) The name of the medication; (d) The medication dosage; (e) The administration schedule; (f) The administration route; (g) If applicable, special instructions, such as "take with food"; (h) The duration of the prescription; and (i) An expiration date that states when the medication is no longer useable. B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner. C. Medication shall be administered according to the instructions on the label of the medication container or a licensed health

practitioner's written instructions, whichever are more recently dated. D. Recording Requirements. (1) Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record. (2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record. E. Medication Storage. (1) Each medication shall be: (a) Labeled with the child's name, the dosage, and the expiration date; (b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and (c) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency or returned to the child's parent upon expiration or discontinuation. (2) All medications shall be stored to make them inaccessible to children in care but readily accessible to each employee designated by the operator to administer medication. F. Medication Administration Training. (1) Whenever children in care are present, there shall be at least one center employee present who has completed medication administration training approved by the office. Medication may be administered to a child in care only by an employee who has completed approved medication administration training. G. Section F of this regulation does not apply if: (1) The center employs a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or (2) Responsibility for administering medication to children in care is delegated to a center employee by a delegating nurse in accordance with COMAR 10.27.11. H. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, the operator shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; (b) In consultation with the child's parent, establish a written procedure for self administration of medication by the child based on the physician's written order; and (c) Authorize the child to self-administer medication. (2) Revocation of Authorization to Self-Administer. (a) An operator may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §H(1)(b) of this regulation. (b) Immediately upon revoking the child's authorization to self-administer medication, the operator shall notify the child's parent of that revocation. (c) The operator shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record. I. Medical Cannabis. (1) The administration of medical cannabis by a caregiver to a child who is a qualifying medical cannabis patient is governed by COMAR 10.62.01~~10.62.37~~. (2) The administration of medical cannabis that includes smoking or vaping is prohibited.

Letter of Compliance:

13A.17.03.04 Child Records 13A.17.11.04 Medication Administration and Storage: Medication Administration. (1) Medication, whether prescription or nonprescription, may not be administered to a child in care unless: (a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received at the center before the medication is administered; and (b) A licensed health practitioner has approved the administration of the medication and the

medication dosage. (2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home. (3) If medication is by prescription, it shall be labeled by the pharmacy or physician with: (a) The child's name; (b) The date of the prescription; (c) The name of the medication; (d) The medication dosage; (e) The administration schedule; (f) The administration route; (g) If applicable, special instructions, such as "take with food"; (h) The duration of the prescription; and (i) An expiration date that states when the medication is no longer useable. B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner. C. Medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated. D. Recording Requirements. (1) Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record. (2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record. E. Medication Storage. (1) Each medication shall be: (a) Labeled with the child's name, the dosage, and the expiration date; (b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and (c) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency, or returned to the child's parent upon expiration or discontinuation. (2) All medications shall be stored to make them inaccessible to children in care but readily accessible to each employee designated by the operator to administer medication. F. Medication Administration Training. (1) Whenever children in care are present, there shall be at least one center employee present who has completed medication administration training approved by the office. (2) Medication may be administered to a child in care only by an employee who has completed approved medication administration training. G. Section F of this regulation does not apply if: (1) The center employs a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or (2) Responsibility for administering medication to children in care is delegated to a center employee by a delegating nurse in accordance with COMAR 10.27.11. H. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, the operator shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; (b) In consultation with the child's parent, establish a written procedure for self-administration of medication by the child based on the physician's written order; and (c) Authorize the child to self-administer medication. (2) Revocation of Authorization to Self-Administer. (a) An operator may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §H(1)(b) of this regulation. (b) Immediately upon revoking the child's authorization to self-administer medication, the operator shall notify the child's parent of that revocation. (c) The operator shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record. I. Medical Cannabis. (1) The administration of medical cannabis by a caregiver to a child who is a qualifying medical cannabis patient is

governed by COMAR 10.62.01 and 10.62.37. (2) The administration of medical cannabis that includes smoking or vaping is prohibited.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Center 13A.16.03.04(I)(3) and Letter of Compliance 13A.17.03.02(I)(3): Child Records I. The operator shall record or maintain on file: (3) Child medication records required by COMAR 13A.16.11.04A(1) and 13A.17.11.04.**

Child Care Center 13A.16.11.04A(1)(a) and Letter of Compliance 13A.17.11.04A(1)(a):

Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received by the provider or substitute before the medication is administered;

Child Care Center 13A.16.11.04 and Letter of Compliance 13A.17.11.04 F. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, a provider shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; (b) In consultation with the child's parent, establish a written procedure for self administration of medication by the child based on the physician's written order; and (c) Authorize the child to self-administer medication. or tap here to enter text.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care: 13A.15.03.04C(5) Child Records Child medication records as required by COMAR 13A.15.11.04.**

Large Family Child Care:

13A.18.03.04(I)(3) Child Records I. The provider shall record or maintain on file: (3) Child medication records required by COMAR 13A.18.11.04D.

Family Child Care 13A.15.11.04A(1)(a) and Large Family Child Care

13A.18.11.04A(1)(a): Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received by the provider or substitute before the medication is administered.

Family Child Care 13A.15.11.04 and Large Family Child Care 13A.18.11.04 F. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, a provider shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of

medication; (b) In consultation with the child’s parent, establish a written procedure for self administration of medication by the child based on the physician’s written order; and (c) Authorize the child to self-administer medication.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License - Exempt/Informal Providers: The standard is addressed as the parent authorizes the Informal Provider to administer medication as noted by the healthcare provider. The parent attests that they have administered at least one dose of the medication to the child without adverse effects and certifies they have the legal authority, understand the risk, and do consent to medical treatment by the provider, including the administration of medication for the named child. The Emergency Care & Medication Authorization Form is completed, dated, and signed and is required at the initial application, each informal provider renewal, and at any medical or medication prescription change.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Center 13A.16.03.04(I)(3) and Letter of Compliance 13A.17.03.02(I)(3): Child Records I. The operator shall record or maintain on file: (3) Child medication records required by COMAR 13A.16.11.04A(1) and 13A.17.11.04.**

Child Care Center 13A.16.11.04A(1)(a) and Letter of Compliance 13A.17.11.04A(1)(a): Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received by the provider or substitute before the medication is administered;

Child Care Center 13A.16.11.04 and Letter of Compliance 13A.17.11.04 F. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, a provider shall: (a) Have a written order from the child’s physician and the written request of the child’s parent for the child’s self-administration of medication; (b) In consultation with the child’s parent, establish a written procedure for self administration of medication by the child based on the physician’s written order; and (c) Authorize the child to self-administer medication. or tap here to enter text.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that

address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Providers are required to maintain and review children's records for information pertaining to allergies and asthma including allergy action plans for children with allergies. The regulations also require providers to maintain and post a planned weekly menu of the food and snacks to be served to the children for up to 4 weeks in case of a possible allergic reaction. Additionally, all providers and child care staff are required to complete the Basic Health and Safety training and Emergency Preparedness training which includes information about the prevention of and response to emergencies related to food and allergic reactions.**

Child Care Center 13A.16.03.04D(2) and Letter of Compliance 13A.17.03.04D(2)
Child Records: Unless a parent objects to a child's medical examination because of bona fide religious beliefs and practices, a health assessment of the child shall be provided by the child's parent that: (2) If applicable, includes a statement of allergies

Child Care Center 13A.16.06.05 Staff Records C(1)(a) and Letter of Compliance 13A.17.06.05B(1) Staff Records: During an individual's employment at the center and for 2 years after the date of the individual's last employment there, maintain a record for each individual that includes: (1) The individual's: (a) Training, including initial and yearly basic health and safety training, if required under this subtitle;

Child Care Center 13A.16.10.01A and Letter of Compliance 13A.17.10.01A A. Emergency and Disaster Plan. (1) At least one center employee shall: (a) Complete emergency preparedness training that is approved by the office; and (b) As part of the approved emergency preparedness training, prepare a written emergency and disaster plan for the center.

Child Care Center 13A.16.12.01E and Letter of Compliance 13A.17.12.01E Food Service: E. Menus. An operator shall: (1) Post in a conspicuous place a weekly planned menu of foods and beverages furnished by the center for meals and snacks; and (2) Keep a dated record of food actually served in the center, and to each child on a modified diet, on file for at least 4 weeks, correcting the planned menu if necessary.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Providers are required to maintain and review children's records for information pertaining to allergies and asthma including allergy action plans for children with allergies. The regulations also require providers to maintain and post a planned weekly menu of the food and snacks to be served to the children for up to 4 weeks in case of a possible allergic reaction. Additionally, all providers and child care staff are required to complete the Basic Health and Safety training and Emergency Preparedness training which includes information about the prevention of and response to emergencies related to food and allergic reactions.**

Family Child Care 13A.15.03.04C(2) Child Records: During the period of a child's enrollment and for 2 years after the child's disenrollment, a provider shall maintain a file for each child that includes records of: (2) The child's health assessment, immunizations, and allergies, 13A.15.06.02A(3) & (4) Training Requirements A. Preservice Training. An individual who applies for an initial registration shall: (3) Complete approved training on emergency and disaster planning; (4) Effective January 1, 2020, complete approved basic health and safety training within 90 days of initial registration;

Large Family Child Care:

13A.18.06.05E(3)(d) Child Care Home Directors: E. Except as set forth at §F of this regulation, to qualify as a director in a large family child care home, an individual shall: (3) Have successfully completed: (d) Effective January 1, 2020, approved basic health and safety training within 90 days of employment;

13A.18.06.06B(1)(e) Family Child Care Teachers: To qualify or continue to qualify as a family child care teacher, an individual: (1) Shall hold or have successfully completed: (e) Effective January 1, 2020, approved basic health and safety training within 90 days of employment; 13A.18.06.07A(3)

Aides: An aide shall: (3) Effective January 1, 2020, complete the approved basic health and safety training within 90 days of employment; **Large Family Child Care 13A.18.03.04D(2) Child Records:** Unless a parent objects to a child's medical examination because of bona fide religious beliefs and practices, a health assessment of the child shall be provided by the child's parent that: (2) If applicable, includes a statement of allergies

Large Family Child Care 13A.18.10.01A Emergency and Disaster Plan. (1) The provider or a staff member shall: (a) Complete emergency preparedness training that is approved by the office; and (b) As part of the approved emergency preparedness training, prepare a written emergency and disaster plan for the child care home.

Large Family Child Care 13A.18.12.01I Food Service E. Menus. An operator shall: (1) Post in a conspicuous place a weekly planned menu of foods and beverages furnished by the center for meals and snacks; and (2) Keep a dated record of food actually served in the center, and to each child on a modified diet, on file for at least 4 weeks, correcting the planned menu if necessary.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License-exempt providers are required to maintain each child's Emergency Care and**

Medication Authorization form. This form contains the child’s health emergency and medical information, including known allergies, reactions, and any prescribed medications. License-exempt providers must complete and gain an annual certification from Basic Health & Safety training through our online training or approved the Maryland State Department of Education local trainer’s courses.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Providers are required to maintain and review children's records for information pertaining to allergies and asthma including allergy action plans for children with allergies. The regulations also require providers to maintain and post a planned weekly menu of the food and snacks to be served to the children for up to 4 weeks in case of a possible allergic reaction. Additionally, all providers and child care staff are required to complete the Basic Health and Safety training and Emergency Preparedness training which includes information about the prevention of and response to emergencies related to food and allergic reactions.**

Child Care Center 13A.16.03.04D(2) and Letter of Compliance 13A.17.03.04D(2) Child Records: Unless a parent objects to a child's medical examination because of bona fide religious beliefs and practices, a health assessment of the child shall be provided by the child's parent that: (2) If applicable, includes a statement of allergies

Child Care Center 13A.16.06.05 Staff Records C(1)(a) and Letter of Compliance 13A.17.06.05B(1) Staff Records: During an individual’s employment at the center and for 2 years after the date of the individual’s last employment there, maintain a record for each individual that includes: (1) The individual’s: (a) Training, including initial and yearly basic health and safety training, if required under this subtitle;

Child Care Center 13A.16.10.01A and Letter of Compliance 13A.17.10.01A A. Emergency and Disaster Plan. (1) At least one center employee shall: (a) Complete emergency preparedness training that is approved by the office; and (b) As part of the approved emergency preparedness training, prepare a written emergency and disaster plan for the center.

Child Care Center 13A.16.12.01E and Letter of Compliance 13A.17.12.01E Food Service: E. Menus. An operator shall: (1) Post in a conspicuous place a weekly planned menu of foods and beverages furnished by the center for meals and snacks; and (2) Keep a dated record of food actually served in the center, and to each child on a modified diet, on file for at least 4 weeks, correcting the planned menu if necessary.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following

CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The medication administration training includes safe and accurate administration of medication, including measuring, proper dosage, purpose of medication and the 6 Rights of Medication Administration. Allergic reaction is also discussed along with the proper administration of Asthma medications and treatment for Anaphylaxis. Participants will practice using the new Epi-pen. Additionally, Maryland requires providers to obtain a Medication Authorization form to be completed and signed by the child's health care professional for all children who are prescribed medication that is to be administered while in child care. Providers are required to review children's forms including a listing of any medications administered to children. Only staff that have successfully completed the training are approved to administer medications as directed by the required medication forms. Also, the approved staff ensure that medication is stored according to COMAR requirements.**

**Child Care Center 13A.16.11.04 and Letter of Compliance 13A.17.11.04:
Medication Administration and Storage**

Medication Administration. (1) Medication, whether prescription or nonprescription, may not be administered to a child in care unless: (a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received at the center before the medication is administered; and (b) A licensed health practitioner has approved the administration of the medication and the medication dosage. (2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home. (3) If medication is by prescription, it shall be labeled by the pharmacy or physician with: (a) The child's name; (b) The date of the prescription; (c) The name of the medication; (d) The medication dosage; (e) The administration schedule; (f) The administration route; (g) If applicable, special instructions, such as "take with food"; (h) The duration of the prescription; and (i) An expiration date that states when the medication is no longer useable. B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner. C. Medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated. D. Recording Requirements. (1) Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record. (2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record. E.

Medication Storage. (1) Each medication shall be: (a) Labeled with the child's name, the dosage, and the expiration date; (b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and (c) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency or returned to the child's parent upon

expiration or discontinuation. (2) All medications shall be stored to make them inaccessible to children in care but readily accessible to each employee designated by the operator to administer medication. F. Medication Administration Training. (1) Whenever children in care are present, there shall be at least one center employee present who has completed medication administration training approved by the office. Medication may be administered to a child in care only by an employee who has completed approved medication administration training. G. Section F of this regulation does not apply if: (1) The center employs a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or (2) Responsibility for administering medication to children in care is delegated to a center employee by a delegating nurse in accordance with COMAR 10.27.11. H. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, the operator shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; (b) In consultation with the child's parent, establish a written procedure for self-administration of medication by the child based on the physician's written order; and (c) Authorize the child to self-administer medication. (2) Revocation of Authorization to Self-Administer. (a) An operator may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §H(1)(b) of this regulation. (b) Immediately upon revoking the child's authorization to self-administer medication, the operator shall notify the child's parent of that revocation. (c) The operator shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record. I. Medical Cannabis. (1) The administration of medical cannabis by a caregiver to a child who is a qualifying medical cannabis patient is governed by COMAR 10.62.01-10.62.37. (2) The administration of medical cannabis that includes smoking or vaping is prohibited.

Child Care Center 13A.16.10.01(C) and Letter of Compliance 13A.17.10.01(C): Safety

C. An operator shall post, immediately accessible to each telephone in the facility, a notice stating the: (1) 9-1-1 emergency telephone number to summon fire, police, and rescue services; (2) Facility's name, address, and telephone number; (3) Telephone number of the Child Protective Services unit of the local department of social services; (4) Telephone number of a poison control facility; (5) Name and telephone number of the local health department or a physician to consult about issues regarding health and illnesses; (6) Name and telephone number of the available adult as required by COMAR; and (7) Telephone number of the office.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care 13A.15.11.04 and Large Family Child Care 13A.18.11.04: Medication Administration and Storage .04 Medication Administration and Storage. A. Medication Administration. (1)**

Medication, whether prescription or nonprescription, may not be administered to a child in care unless: (a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received by the provider or substitute before the medication is administered; and (b) A licensed health practitioner has approved the administration of the medication and the medication dosage. (2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home. (3) If medication is by prescription, it shall be labeled by the pharmacy or physician with: (a) The child's name; (b) The date of the prescription; (c) The name of the medication; (d) The medication dosage; (e) The administration schedule; (f) The administration route; (g) If applicable, special instructions, such as "take with food"; and (h) The duration of the prescription; and (i) An expiration date that states when the medication is no longer useable. B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner. C. Medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated. D. Recording Requirements. (1) Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record. (2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record. E.

Medication Storage. (1) Each medication shall be: (a) Labeled with the child's name, the dosage, and the expiration date; (b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and (c) Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency, or returned to the child's parent upon expiration or discontinuation. (2) All medications shall be stored to make them inaccessible to children in care but readily accessible to the provider, substitute, or additional adult. F. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, a provider shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; (b) In consultation with the child's parent, establish a written procedure for self administration of medication by the child based on the physician's written order; and (c) Authorize the child to self-administer medication. (2) Revocation of Authorization to Self-Administer. (a) A provider may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §F(1)(b) of this regulation. (b) Immediately upon revoking the child's authorization to self-administer medication, the provider shall notify the child's parent of that revocation. (c) The provider shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record. G. Effective January 1, 2016, medication may be administered to a child in care only by an individual who has completed approved medication administration training, unless: (1) The individual is a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in

care; or (2) Responsibility for administering medication to children in care has been delegated to the individual by a delegating nurse in accordance with COMAR 10.27.11. H. Medical Cannabis. (1) The administration of medical cannabis by a caregiver to a child who is a qualifying medical cannabis patient is governed by COMAR 10.62.01-10.62.37. (2) The administration of medical cannabis that includes smoking or vaping is prohibited.

Family Child Care 13A.15.10.01(A): Child Safety

(2) Contains: (a) The name of, and contact information for, the local emergency operations center; (b) A list of local emergency services numbers; and (c) The radio station call sign and frequency for the local Emergency Alert System (EAS)

Large Family Child Care 13A.18.10.01(C): Safety

C. A provider shall post, immediately accessible to each telephone in the child care home, a notice stating the: (1) 9-1-1 emergency telephone number to summon fire, police, and rescue services; (2) Child care home's name, address, and telephone number; (3) Telephone number of the protective services unit of the local department of social services; (4) Telephone number of a poison control center; (5) Name and telephone number of the local health department or a physician to consult about issues regarding health and illnesses; (6) Name and telephone number of the available adult as required by COMAR 13A.18.08.02D; and (7) Telephone number of the office.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License-exempt providers must complete and sign the Medication Authorization form with the child's health care professional and parent, giving permission to administer the required medication during care hours.**

Scholarship] Informal Child Care (License-exempt): The informal child care provider submits application documentation required for approval. This type of care addresses all children in care ages 0-13, and up to age 19 years for children with special needs. The Health & Safety and Child Care Provider Agreement contains the standards for the health and safety of children in informal child care requiring both the parent and the provider to initial each standard and to sign agreement acknowledgement.

☒Directions: Read each standard carefully. The parent and the provider must initial each item to document that the standard has been reviewed and is met. All standards must be met to authorize informal child care. ... (Required. EACH item must be initialed by parent and provider.)☒

33. Prevention/response to emergencies due to food and allergic reactions.

Both parent and provider must also sign attesting:

☒Acknowledgement: I have reviewed each standard and acknowledge by my initials that each has been met to ensure the health and safety of each child in care. Further, I have read the Statement of Understanding and attest that I understand my rights and responsibilities.☒

Parent's Statement of Understanding:

25. I will prepare, and keep up-to-date a completed, signed and dated Emergency Care & Medication Authorization (ECMA) form for each child and discuss with my Informal Child Care Provider.

h. This authorization gives the Informal Care Provider permission to administer if needed prescribed medication and care as directed by the healthcare provider.

i. I attest that any prescribed medication has been administered at home to my child at least once and observed that there have been no negative reactions.

j. I will ensure prescribed medications are available during child care and stocked in the Emergency Preparedness Kit (aka Emergency Ready-to-Go-Pack) as appropriate.

k. I will keep the Informal Provider up-to-date regarding any special instructions or prescribed medications,

l. This signature also authorizes the responsible person (Informal Care Provider) to have my child(ren) transported to the nearest hospital in emergencies requiring immediate medical attention.

26. I have provided the provider with a written list (if applicable) of the food(s) to which my child is allergic and steps to be taken in a detailed treatment plan, which includes the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction.

Informal Provider's Statement of Understanding

36. I have obtained from the parent a written list (if applicable) of the food(s) to which my child is allergic and steps to be taken in a detailed treatment plan, which includes the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction.

38. I will discuss and prepare with the parent, and keep up-to-date a completed, signed and dated Emergency Care & Medication Authorization (ECMA) form for each child.

a. The parent's authorization gives me, the informal provider, permission to administer prescribed medication and care as directed by the healthcare provider.

b. The parent has attested that any prescribed medication has been administered at home to their child at least once and observed that there have been no negative reactions.

c. I will ensure prescribed medications are available during child care and stocked in the Emergency Preparedness Kit (aka Emergency Ready-to-Go-Pack) as appropriate.

d. I will discuss with the parent and keep up-to-date regarding any special

instructions or prescribed medications,

g. In emergencies requiring immediate medical attention, the parent's signature authorizes me to take a child(ren) to the nearest hospital emergency room for care. The parent's signature also authorizes me to transport the child(ren) to the hospital.

Providers are also required to meet the standard of completing certificates in Basic Health and Safety Training, without which they cannot be approved.

Emergency Documents are required to be kept readily on-hand in a Ready-to-Go-Pack binder, including the Emergency Preparedness Plan (EPP), Emergency Care and Medical Authorization Forms (ECMA), and any supporting documentation. The EPP includes listing of their emergency telephone numbers including toll-free Poison Control 1-800-222-1222.

Review of standards takes place during care location inspections.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Center 13A.16.11.04 and Letter of Compliance 13A.17.11.04: Medication Administration and Storage Medication Administration. (1) Medication, whether prescription or nonprescription, may not be administered to a child in care unless: (a) Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received at the center before the medication is administered; and (b) A licensed health practitioner has approved the administration of the medication and the medication dosage. (2) A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home. (3) If medication is by prescription, it shall be labeled by the pharmacy or physician with: (a) The child's name; (b) The date of the prescription; (c) The name of the medication; (d) The medication dosage; (e) The administration schedule; (f) The administration route; (g) If applicable, special instructions, such as "take with food"; (h) The duration of the prescription; and (i) An expiration date that states when the medication is no longer useable. B. Topical Applications. A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner. C. Medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner's written instructions, whichever are more recently dated. D. Recording Requirements. (1) Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record. (2) Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record. E.**

Medication Storage. (1) Each medication shall be: (a) Labeled with the child's name, the dosage, and the expiration date; (b) Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician; and (c)

Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency or returned to the child's parent upon expiration or discontinuation. (2) All medications shall be stored to make them inaccessible to children in care but readily accessible to each employee designated by the operator to administer medication. F. Medication Administration Training. (1) Whenever children in care are present, there shall be at least one center employee present who has completed medication administration training approved by the office. Medication may be administered to a child in care only by an employee who has completed approved medication administration training. G. Section F of this regulation does not apply if: (1) The center employs a registered nurse, licensed practical nurse, or medication technician certified by the Maryland Board of Nursing to administer medication to children in care; or (2) Responsibility for administering medication to children in care is delegated to a center employee by a delegating nurse in accordance with COMAR 10.27.11. H. Self-Administration of Medication. (1) Before a child may self-administer medication while in care, the operator shall: (a) Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication; (b) In consultation with the child's parent, establish a written procedure for self administration of medication by the child based on the physician's written order; and (c) Authorize the child to self-administer medication. (2) Revocation of Authorization to Self-Administer. (a) An operator may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by §H(1)(b) of this regulation. (b) Immediately upon revoking the child's authorization to self-administer medication, the operator shall notify the child's parent of that revocation. (c) The operator shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record. I. Medical Cannabis. (1) The administration of medical cannabis by a caregiver to a child who is a qualifying medical cannabis patient is governed by COMAR 10.62.01 and 10.62.37. (2) The administration of medical cannabis that includes smoking or vaping is prohibited.

**Child Care Center 13A.16.10.01(C) and Letter of Compliance 13A.17.10.01(C):
Safety**

C. An operator shall post, immediately accessible to each telephone in the facility, a notice stating the: (1) 9-1-1 emergency telephone number to summon fire, police, and rescue services; (2) Facility's name, address, and telephone number; (3) Telephone number of the Child Protective Services unit of the local department of social services; (4) Telephone number of a poison control facility; (5) Name and telephone number of the local health department or a physician to consult about issues regarding health and illnesses; (6) Name and telephone number of the available adult as required by COMAR; and (7) Telephone number of the office.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **All facilities must comply with all applicable state and local fire, zoning, health, safety and environmental codes, be in good repair, free of health and safety hazards including infestation by insects and rodents; have operable and safe utilities for lighting and heating; hot and cold running water; working, accessible toilet; operable refrigerator, stove, and telephone. In addition, providers are required to use child safety latches and equipment to ensure the indoor and outdoor child care space is free from all hazards including bodies of water, vehicular traffic and other potentially hazardous items.**

13A.16.05.01 Child Care Center and 13A.17.05.01 Letter of Compliance Building Safety: An operator shall provide a building for a center that is: (1) Maintained in good repair; (2) Free from health and safety hazards as identified by the office; and (3) Clean and free from infestation of insects and rodents.

13A.15.05.12C, D & E Child Care Center and Letter of Compliance 13A.17.05.12C, D & E Outdoor Activity Area C. Usable play space may include only the area and the activity equipment approved for use by children in care. D. The activity area shall be free from potential hazards to child health or safety. E. All outdoor activity equipment shall be safe, in good repair, clean, and nontoxic.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All facilities must comply with all applicable state and local fire, zoning, health, safety and environmental codes, be in good repair, free of health and safety hazards including infestation by insects and rodents; have operable and safe utilities for lighting and heating; hot and cold running water; working, accessible toilet; operable refrigerator, stove, and telephone. In addition, providers are required to use child safety latches and equipment to ensure the indoor and outdoor child care space is free from all hazards including bodies of water, vehicular traffic and other potentially hazardous items.**

13A.15.05.01 Family Child Care and 13A.18.05.01 Suitability of the Home The home shall: A. Comply with all applicable State and local fire, zoning, health, safety, and environmental codes; B. Be in good repair; C. Be free of health or safety hazards, including infestation by insects and rodents.

13A.15.05.05 Family Child Care and 13A.18.05.12 Large Family Child Care Outdoor Activity Area Outdoor Activity Area. A. There shall be ample, accessible space for outdoor activity that is free from conditions that may be dangerous to the health or safety of children in care. B. If required by the office, the outdoor activity area shall be enclosed to protect children in care from accessible hazards

such as a heavily trafficked area, a body of water, or environmental hazards.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
N/A
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **MSDE does not have requirements for identification of and protection from building and physical premises hazards for license-exempt Informal Care providers. MSDE will need additional time to meet this requirement. The Scholarship Branch will duplicate all building and physical premises safety hazards regulations for licensed providers. As a result of the regulation promulgation process, June 2025 is MSDEs anticipated date of compliance.**

In the meantime, the vendor inspects the care location to ensure it complies with safety requirements. The specialist checks to ensure the care location is in good repair, free of health and safety hazards, including infestation by insects and rodents; has operable and safe utilities for lighting and heating, hot and cold running water; working, accessible toilet; and an operable refrigerator, stove, and telephone. In addition, providers are required to use child safety latches and equipment to ensure the indoor and outdoor child care space is free from all hazards, including bodies of water, vehicular traffic, and other potentially hazardous items.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All facilities must comply with all applicable state and local fire, zoning, health, safety and environmental codes, be in good repair, free of health and safety hazards including infestation by insects and rodents; have operable and safe utilities for lighting and heating; hot and cold running water; working, accessible toilet; operable refrigerator, stove, and telephone. In addition, providers are required to use child safety latches and equipment to ensure the indoor and outdoor child care space is free from all hazards including bodies of water, vehicular traffic and other potentially hazardous items.**

13A.16.05.01 Child Care Center and 13A.17.05.01 Letter of Compliance Building Safety: An operator shall provide a building for a center that is: (1) Maintained in good repair; (2) Free from health and safety hazards as identified by the office; and (3) Clean and free from infestation of insects and rodents.

13A.15.05.12C, D & E Child Care Center and Letter of Compliance 13A.17.05.12C, D & E Outdoor Activity Area C. Usable play space may include only the area and the activity equipment approved for use by children in care. D. The activity area shall be free from potential hazards to child health or safety. E. All outdoor activity equipment shall be safe, in good repair, clean, and nontoxic.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **13A.15.05.12C, D & E Child Care Center and Letter of Compliance 13A.17.05.12C, D & E Outdoor Activity Area: C. Usable play space may include only the area and the activity equipment approved for use by children in care. D. The activity area shall be free from potential hazards to child health or safety. E. All outdoor activity equipment shall be safe, in good repair, clean, and nontoxic.F. Any pool on the premises of the facility shall be made inaccessible to children in care and have security features, including but not limited to a: (1) Fence that surrounds the pool at least 4 feet in height; (2) Self-closing and self-latching mechanism on the gate, door, or access to the pool; (3) Lock that is operable and secured; and (4) Sensor or alarm in the pool and on the access door.**

**Child Care Center 13A.16.06.05 and Letter of Compliance 13A.18.08.05:
Supervision During Water Activities**

A. An operator shall have prior written approval from a child's parent for the child's participation in a water activity. B. If a wading or swimming area is 4 feet or less in depth, each child engaged in a water activity shall receive continuous supervision by a staff member. C. If the water exceeds 4 feet in depth, there shall be a lifeguard present who: (1) Holds a current certificate of approval for lifeguarding from the American Red Cross, YMCA, or other organization acceptable to the office or the local health department; (2) Is present at waterside during the swimming activity; and (3) Is not included in the required staff/child ratio. D. Except during a swimming lesson conducted by a certified water safety organization, such as the American Red Cross, that is acceptable to the office or the local health department, whenever water is over the chest of a child who cannot swim, the child shall receive one-to-one supervision by a staff member who is in the water with the child.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **13A.15.05.05 Family Child Care and 13A.18.05.12 Large Family Child Care: Outdoor Activity Area: .05 Outdoor Activity Area. A. There shall be ample, accessible space for outdoor activity that is free from conditions that may be dangerous to the health or safety of children in care. B. If required by the office, the outdoor activity area shall be enclosed to protect children in care from accessible hazards such as a heavily trafficked area, a body of water, or environmental hazards. C. Any pool on the premises of the facility shall be made inaccessible to children in care and have security features, including but not limited to a: (1) Fence that surrounds the pool at least 4 feet in height; (2) Self-closing and self-latching mechanism on the gate, door, or access to the pool; (3) Lock that is operable and secured; and (4) Sensor or alarm in the pool and on the access door.**

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not have requirements for identification of and protection from bodies of water for license-exempt Informal Care providers. MSDE will need additional time to meet this requirement. The Scholarship Branch will duplicate all identification and protection from bodies of water regulations for licensed providers. As a result of the regulation promulgation process, June 2025 is MSDEs anticipated date of compliance.**

In the meantime, licensed-exempt providers are required to use child safety latches and equipment to ensure the indoor and outdoor child care space is free from all hazards, including bodies of water.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **13A.15.05.12C, D & E Child Care Center and Letter of Compliance 13A.17.05.12C, D & E Outdoor Activity Area: C. Usable play space may include only the area and the activity equipment approved for use by children in care. D. The activity area shall be free from potential hazards to child health or safety. E. All outdoor activity equipment shall be safe, in good repair, clean, and nontoxic.F. Any pool on the premises of the facility shall be made inaccessible to children in care and have security features, including but not limited to a: (1) Fence that surrounds the pool at least 4 feet in height; (2) Self-closing and self-latching mechanism on the gate, door, or access to the pool; (3) Lock that is operable and secured; and (4) Sensor or alarm in the pool and on the access door.**

Child Care Center 13A.16.06.05 and Letter of Compliance 13A.18.08.05: Supervision During Water Activities

A. An operator shall have prior written approval from a child's parent for the child's participation in a water activity. B. If a wading or swimming area is 4 feet or less in depth, each child engaged in a water activity shall receive continuous supervision by a staff member. C. If the water exceeds 4 feet in depth, there shall be a lifeguard present who: (1) Holds a current certificate of approval for lifeguarding from the American Red Cross, YMCA, or other organization acceptable to the office or the local health department; (2) Is present at waterside during the swimming activity; and (3) Is not included in the required staff/child ratio. D. Except during a swimming lesson conducted by a certified water safety organization, such as the American Red Cross, that is acceptable to the office or the local health department, whenever water is over the chest of a child who cannot swim, the child shall receive one-to-one supervision by a staff member who is in the water with the child.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not have requirements for the identification of and protection from vehicular traffic for licensed providers. MSDE will need additional time to meet this requirement. The Licensing Branch is currently drafting regulations and will send the proposed amendments to the ACF for review and approval, before starting the regulation promulgation process. June 2025 is MSDEs anticipated date of compliance.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **MSDE does not have requirements for the identification of and protection from vehicular traffic for licensed providers. MSDE will need additional time to meet this requirement. The Licensing Branch is currently drafting regulations and will send the proposed amendments to the ACF for review and approval, before starting the regulation promulgation process. June 2025 is MSDEs anticipated date of compliance.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not have requirements for the identification of and protection from vehicular traffic hazards for license-exempt Informal Care providers. MSDE will need additional time to meet this requirement. The Scholarship Branch will duplicate all identification and protection from vehicular traffic regulations for licensed providers, once licensing receives approval of the proposed amendments they are drafting for the ACFs review. June 2025 is MSDEs anticipated date of compliance.**

In the meantime, licensed-exempt providers are required to use child safety latches and equipment to ensure the indoor and outdoor child care space is free from all hazards, including vehicular traffic.
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not have requirements for the identification of and protection from vehicular traffic for licensed providers. MSDE will need additional time to meet this requirement. The Licensing Branch is currently drafting regulations and will send the proposed amendments to the ACF for review and approval, before starting the regulation promulgation process.**

June 2025 is MSDEs anticipated date of compliance.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Center 13.16.07.01 and Letter of Compliance 13A.17.07.01: Prohibition of Abuse, Neglect and Injurious Treatment**

.01 Prohibition of Abuse, Neglect, and Injurious Treatment. An operator, employee, substitute, volunteer, individual residing on the premises of the center, or other individual connected with the center may not subject a child to abuse, neglect, mental injury, or injurious treatment.

Child Care Center 13A.16.17.03 and Letter of Compliance 13A.17.07.03: Child Discipline

A. Child discipline shall be: (1) Appropriate to the age, maturity, and physical condition of the child; and (2) Consistent with the requirements of this chapter. B. The operator, employee, substitute, or volunteer may not: (1) Force a child to eat or drink; (2) Punish a child for refusing to eat or drink; (3) Withhold food or beverages as punishment; or (4) Spank, hit, shake, or use any other means of physical discipline. C. The operator shall: (1) Prepare a written child discipline policy that states the: (a) Discipline methods used at the center; and (b) The circumstances under which the child discipline methods may be applied; (2) Make the child discipline policy available to: (a) The parent of each child in care; (b) A parent who is considering whether to enroll their children; and (c) The office; and (3) Ensure that the child discipline policy is followed by each employee, substitute, volunteer, and other individual connected with the center.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care:**

13A.15.07.01: Prohibition of Abuse, Neglect and Injurious Treatment

.01 Prohibition of Abuse, Neglect, and Injurious Treatment. A child in care may not be subjected to abuse, neglect, mental injury, or injurious treatment as defined in COMAR 13A.15.01.02B.

13A.15.07.03: Applicability to Residents

.03 Applicability to Residents. The requirement set forth in Regulation .01 of this chapter also applies to a resident of the family child care home.

13A.15.07.04: Child Discipline

Child discipline shall be: (1) Appropriate to the age, maturity, and physical

condition of the child; and (2) Consistent with the requirements of this subtitle. B. The provider or substitute may not: (1) Force a child to eat or drink; (2) Punish a child for refusing to eat or drink; (3) Withhold food or beverages as punishment; or (4) Spank, hit, shake, or use any other means of physical discipline.

Large Family Child Care:

15A.18.07.01: Prohibition of Abuse, Neglect and Injurious Treatment

A provider, employee, substitute, volunteer, individual residing on the premises of the child care home, or other individual connected with the home may not subject a child to abuse, neglect, mental injury, or injurious treatment.

13A.18.07.03: Child Discipline

A. Child discipline shall be: (1) Appropriate to the age, maturity, and physical condition of the child; and (2) Consistent with the requirements of this chapter. B. The provider, an employee, substitute, volunteer, or other individual connected to the child care home may not: (1) Force a child to eat or drink; (2) Punish a child for refusing to eat or drink; (3) Withhold food or beverages as punishment; or (4) Spank, hit, shake, or use any other means of physical discipline. C. The provider shall: (1) Prepare a written child discipline policy that states the: (a) Discipline methods used at the child care home; and (b) The circumstances under which the child discipline methods may be applied; (2) Make the child discipline policy available to: (a) The parent of each child in care; (b) A parent who is considering whether to enroll their children; and (c) The office; and (3) Ensure that the child discipline policy is followed by each employee, substitute, volunteer, and other individual connected with the child care home.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not have requirements that address the prevention of shaken baby syndrome and abusive head trauma for license-exempt Informal Care providers. MSDE will need additional time to meet this requirement. The Scholarship Branch will duplicate prevention of shaken baby syndrome and abusive head trauma regulations from the regulations for licensed providers. As a result of the regulation promulgation process, June 2025 is MSDEs anticipated date of compliance.**

In the meantime, licensed-exempt providers take an annual mandatory Health & Safety training that addresses topics that include information about shaken baby

syndrome and signs and symptoms of head trauma. Licensed-exempt providers are required to monitor children for signs of abuse, neglect, and/or maltreatment and report suspected incidences to the child protective service agency. There are no variations based on the ages of children in care.

[Scholarship] Informal Child Care (License-exempt): The informal child care provider submits application documentation required for approval. This type of care addresses all children in care ages 0-13, and up to age 19 years for children with special needs. The Health & Safety and Child Care Provider Agreement contains the standards for the health and safety of children in informal child care requiring both the parent and the provider to initial each standard and to sign agreement acknowledgement.

☑Directions: Read each standard carefully. The parent and the provider must initial each item to document that the standard has been reviewed and is met. All standards must be met to authorize informal child care. ... (Required. EACH item must be initialed by parent and provider.)☑

12. A child in care is not subjected to mistreatment, including any deliberate act that hurts a child physically or emotionally, such as: ...

28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

Both parent and provider must also sign attesting:

☑Acknowledgement: I have reviewed each standard and acknowledge by my initials that each has been met to ensure the health and safety of each child in care. Further, I have read the Statement of Understanding and attest that I understand my rights and responsibilities.☑

Parent's Statement of Understanding:

32. I understand that the Department of Human Services local department of social services' Child Protective Services unit will investigate any complaint of mistreatment, neglect, or abuse that occurs while my child is in care.

Informal Provider's Statement of Understanding

44. I understand that the Department of Human Services local department of social services' Child Protective Services unit will investigate any complaint of mistreatment, neglect, or abuse that occurs while a child is in care.

Providers are also required to meet the standard of completing certificates in Basic Health and Safety Training, without which they cannot be approved.

Review of standards takes place during care location inspections.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Center 13.16.07.01 and Letter of Compliance 13A.17.07.01: Prohibition of Abuse, Neglect and Injurious**

Treatment

.01 Prohibition of Abuse, Neglect, and Injurious Treatment. An operator, employee, substitute, volunteer, individual residing on the premises of the center, or other individual connected with the center may not subject a child to abuse, neglect, mental injury, or injurious treatment.

Child Care Center 13A.16.17.03 and Letter of Compliance 13A.17.07.03: Child Discipline

A. Child discipline shall be: (1) Appropriate to the age, maturity, and physical condition of the child; and (2) Consistent with the requirements of this chapter. B. The operator, employee, substitute, or volunteer may not: (1) Force a child to eat or drink; (2) Punish a child for refusing to eat or drink; (3) Withhold food or beverages as punishment; or (4) Spank, hit, shake, or use any other means of physical discipline. C. The operator shall: (1) Prepare a written child discipline policy that states the: (a) Discipline methods used at the center; and (b) The circumstances under which the child discipline methods may be applied; (2) Make the child discipline policy available to: (a) The parent of each child in care; (b) A parent who is considering whether to enroll their children; and (c) The office; and (3) Ensure that the child discipline policy is followed by each employee, substitute, volunteer, and other individual connected with the center.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **All providers are required to complete the Basic Health and Safety training which includes information about the indicators of abuse and neglect. Providers are required to monitor children for signs of abuse, neglect and/or maltreatment and report suspected incidences to the child protective service agency. Additionally, providers must submit and maintain an age appropriate discipline policy for the children they plan to serve in child care.**

13.16.07.01 Child Care Center and 13A.17.07.01 Letter of Compliance: Prohibition of Abuse, Neglect and Injurious Treatment: .01 Prohibition of Abuse, Neglect, and Injurious Treatment. An operator, employee, substitute, volunteer, individual residing on the premises of the center, or other individual connected with the center may not subject a child to abuse, neglect, mental injury, or injurious treatment.

15A.16.17.02 Child Care Center and 13A.18.07.02 Letter of Compliance Abuse/Neglect Reporting: A. An operator, staff member, employee, substitute, or volunteer who has reason to believe that a child has been: (1) Abused, in a facility or outside of the facility, shall report that belief directly to the Child Protective Services unit of the local department or to a law enforcement agency, as required

under Maryland law; (2) Neglected, in a facility or outside of the facility, shall report that belief directly to the Child Protective Services unit of the local department as required under Maryland law. B. When a child has been subjected to injurious treatment, it shall be reported to the office. C. An operator shall: (1) Instruct the staff to monitor all children daily for signs and symptoms of child abuse and neglect; (2) Instruct staff about their legal obligations to report suspected child abuse or neglect directly to the local department or the appropriate law enforcement agency; and (3) Post, near each telephone in the facility, the telephone numbers of the Child Protective Services unit of the local department and the appropriate law enforcement agency. D. An operator may not require a staff member, employee, substitute, or volunteer to report through the operator or director, rather than directly to the local department or a law enforcement agency, when the staff member has reason to believe that a child has been abused or neglected.

15A.16.17.03 Child Care Center and 13A.18.07.03 Letter of Compliance Child Discipline: A. Child discipline shall be: (1) Appropriate to the age, maturity, and physical condition of the child; and (2) Consistent with the requirements of this chapter. B. The operator, employee, substitute, or volunteer may not: (1) Force a child to eat or drink; (2) Punish a child for refusing to eat or drink; (3) Withhold food or beverages as punishment; or (4) Spank, hit, shake, or use any other means of physical discipline. C. The operator shall: (1) Prepare a written child discipline policy that states the: (a) Discipline methods used at the center; and (b) The circumstances under which the child discipline methods may be applied; (2) Make the child discipline policy available to: (a) The parent of each child in care; (b) A parent who is considering whether to enroll their children; and (c) The office; and (3) Ensure that the child discipline policy is followed by each employee, substitute, volunteer, and other individual connected with the center.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All providers are required to complete the Basic Health and Safety training which includes information about the indicators of abuse and neglect. Providers are required to monitor children for signs of abuse, neglect and/or maltreatment and report suspected incidences to the child protective service agency. Additionally, providers must submit and maintain an age appropriate discipline policy for the children they plan to serve in child care.**

Family Child Care:

13A.15.07.01 Prohibition of Abuse, Neglect and Injurious Treatment: .01 Prohibition of Abuse, Neglect, and Injurious Treatment. A child in care may not be subjected to abuse, neglect, mental injury, or injurious treatment as defined in COMAR 13A.15.01.02B.

13A.15.07.02 Abuse/Neglect Reporting An individual who is responsible for providing care to a child: A. Shall monitor the child for signs and symptoms of child abuse or neglect; and B. If the individual has reason to believe that a child in care has been: (1) Abused, shall report that belief directly to the protective services unit of the local department of social services or to a law enforcement

agency, as required under Maryland law; or (2) Neglected, shall report that belief directly to the protective services unit of the local department of social services as required under Maryland law.

13A.15.07.03 Applicability to Residents .03 Applicability to Residents. The requirement set forth in Regulation .01 of this chapter also applies to a resident of the family child care home.

13A.15.07.04 Child Discipline Child discipline shall be: (1) Appropriate to the age, maturity, and physical condition of the child; and (2) Consistent with the requirements of this subtitle. B. The provider or substitute may not: (1) Force a child to eat or drink; (2) Punish a child for refusing to eat or drink; (3) Withhold food or beverages as punishment; or (4) Spank, hit, shake, or use any other means of physical discipline.

Large Family Child Care:

15A.18.07.01 Prohibition of Abuse, Neglect and Injurious Treatment A provider, employee, substitute, volunteer, individual residing on the premises of the child care home, or other individual connected with the home may not subject a child to abuse, neglect, mental injury, or injurious treatment.

13A.18.07.02 Abuse/Neglect Reporting A. A provider, employee, substitute, or volunteer who has reason to believe that a child has been: (1) Abused, inside or outside of the child care home, shall report that belief directly to the protective services unit of the local department or to a law enforcement agency, as required under Maryland law; or (2) Neglected, inside or outside of the child care home, shall report that belief directly to the protective services unit of the local department as required under Maryland law. B. If a child has been subjected to injurious treatment, it shall be reported to the office. C. A provider shall: (1) Instruct the staff to monitor all children daily for signs and symptoms of child abuse and neglect; (2) Instruct the staff about their legal obligations to report suspected child abuse or neglect directly to the local department or the appropriate law enforcement agency; and (3) Post, near each telephone in the child care home, the telephone numbers of the Child Protective Services unit of the local department and the appropriate law enforcement agency. D. A provider may not require an employee, substitute, or volunteer to report through the provider, rather than directly to the local department or a law enforcement agency, when the employee, substitute, or volunteer has reason to believe that a child has been abused or neglected.

13A.18.07.03 Child Discipline A. Child discipline shall be: (1) Appropriate to the age, maturity, and physical condition of the child; and (2) Consistent with the requirements of this chapter. B. The provider, an employee, substitute, volunteer, or other individual connected to the child care home may not: (1) Force a child to eat or drink; (2) Punish a child for refusing to eat or drink; (3) Withhold food or beverages as punishment; or (4) Spank, hit, shake, or use any other means of physical discipline. C. The provider shall: (1) Prepare a written child discipline policy that states the: (a) Discipline methods used at the child care home; and (b)

The circumstances under which the child discipline methods may be applied; (2) Make the child discipline policy available to: (a) The parent of each child in care; (b) A parent who is considering whether to enroll their children; and (c) The office; and (3) Ensure that the child discipline policy is followed by each employee, substitute, volunteer, and other individual connected with the child care home.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Licensed-exempt providers take an annual mandatory Health & Safety training course on maltreatment. Providers are required to monitor children for signs of abuse, neglect, and/or maltreatment and report suspected incidents to the child protective service agency. There are no variations based on the ages of children in care.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All providers are required to complete the Basic Health and Safety training which includes information about the indicators of abuse and neglect. Providers are required to monitor children for signs of abuse, neglect and/or maltreatment and report suspected incidences to the child protective service agency. Additionally, providers must submit and maintain an age appropriate discipline policy for the children they plan to serve in child care.**

13.16.07.01 Child Care Center and 13A.17.07.01 Letter of Compliance: Prohibition of Abuse, Neglect and Injurious Treatment: .01 Prohibition of Abuse, Neglect, and Injurious Treatment. An operator, employee, substitute, volunteer, individual residing on the premises of the center, or other individual connected with the center may not subject a child to abuse, neglect, mental injury, or injurious treatment.

15A.16.17.02 Child Care Center and 13A.18.07.02 Letter of Compliance Abuse/Neglect Reporting: A. An operator, staff member, employee, substitute, or volunteer who has reason to believe that a child has been: (1) Abused, in a facility or outside of the facility, shall report that belief directly to the Child Protective Services unit of the local department or to a law enforcement agency, as required under Maryland law; (2) Neglected, in a facility or outside of the facility, shall report that belief directly to the Child Protective Services unit of the local department as required under Maryland law. B. When a child has been subjected to injurious treatment, it shall be reported to the office. C. An operator shall: (1) Instruct the staff to monitor all children daily for signs and symptoms of child abuse and neglect; (2) Instruct staff about their legal obligations to report suspected child abuse or neglect directly to the local department or the appropriate law enforcement agency; and(3) Post, near each telephone in the facility, the telephone numbers of the Child Protective Services unit of the local

department and the appropriate law enforcement agency. D. An operator may not require a staff member, employee, substitute, or volunteer to report through the operator or director, rather than directly to the local department or a law enforcement agency, when the staff member has reason to believe that a child has been abused or neglected.

15A.16.17.03 Child Care Center and 13A.18.07.03 Letter of Compliance Child Discipline: A. Child discipline shall be: (1) Appropriate to the age, maturity, and physical condition of the child; and (2) Consistent with the requirements of this chapter. B. The operator, employee, substitute, or volunteer may not: (1) Force a child to eat or drink; (2) Punish a child for refusing to eat or drink; (3) Withhold food or beverages as punishment; or (4) Spank, hit, shake, or use any other means of physical discipline. C. The operator shall: (1) Prepare a written child discipline policy that states the: (a) Discipline methods used at the center; and (b) The circumstances under which the child discipline methods may be applied; (2) Make the child discipline policy available to: (a) The parent of each child in care; (b) A parent who is considering whether to enroll their children; and (c) The office; and (3) Ensure that the child discipline policy is followed by each employee, substitute, volunteer, and other individual connected with the center.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants

Toddlers

Children with disabilities

Children with chronic medical conditions

xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The Basic Health and Safety training module for regarding the safe handling and storage of hazardous materials includes bio-contaminates. Providers must ensure the building/home is free from health and safety hazards and ensure that all potentially hazardous items are stored in an approved manner, as specified in the regulations.**

Child Care Center 13A.16.10.04, Letter of Compliance 13A.17.10.04 and Large Family Child Care 13A.18.10.04 Potentially Hazardous Items: A. An operator shall store all potentially harmful items, including but not limited to the items described in §§B-E of this regulation, in locations which are inaccessible to children in care.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The Basic Health and Safety training module for regarding the safe handling and storage of hazardous materials includes bio-contaminates. Providers must ensure the building/home is free from health and safety hazards and ensure that all potentially hazardous items are stored in an approved manner, as specified in the regulations.**

Family Child Care 13A.15.10.02 Potentially Hazardous Items: The provider shall properly store, and keep inaccessible to the children in care, all potentially harmful items, including, but not limited to, knives, sharp tools, firearms, matches, alcohol, tobacco, cannabis, cannabis edibles, and smoking and vaping paraphernalia and byproducts, petroleum, flammable products, cleaning agents, and poisonous products.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not have requirements that address the handling and storage of hazardous materials for**

license-exempt Informal Care providers. MSDE will need additional time to meet this requirement. The Scholarship Branch will duplicate all handling and storage of hazardous materials regulations for licensed providers. As a result of the regulation promulgation process, June 2025 is MSDEs anticipated date of compliance.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Basic Health and Safety training module for regarding the safe handling and storage of hazardous materials includes bio-contaminates. Providers must ensure the building/home is free from health and safety hazards and ensure that all potentially hazardous items are stored in an approved manner, as specified in the regulations.**

Child Care Center 13A.16.10.04, Letter of Compliance 13A.17.10.04 and Large Family Child Care 13A.18.10.04 Potentially Hazardous Items: A. An operator shall store all potentially harmful items, including but not limited to the items described in §§B-E of this regulation, in locations which are inaccessible to children in care.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Center 13A.16.05.11 and Letter of Compliance 13A.17.05.11 Cleanliness and Sanitation G. Biocontaminants and biohazards shall be disposed of in a clean and sanitary manner.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care 13A.15.05.03G Cleanliness and Sanitation G. Biocontaminants and biohazards shall be disposed of in a clean and sanitary manner. Large Family Child Care 13A.18.05.11 Cleanliness and Sanitation G. Biocontaminants and biohazards shall be disposed of in a clean and sanitary manner.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **MSDE does not have requirements that address the disposal of bio contaminants for license-exempt Informal Care providers. MSDE will need additional time to meet this requirement. The Scholarship Branch will duplicate disposal of bio contaminants regulations for licensed providers. As a result of the regulation promulgation process, June 2025 is MSDEs anticipated date of compliance.**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Center 13A.16.05.11 and Letter of Compliance 13A.17.05.11 Cleanliness and Sanitation G. Biocontaminants and biohazards shall be disposed of in a clean and sanitary manner.**

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The Basic Health and Safety training module regarding transportation safety includes information including the state requirements for the appropriate height weight requirements for car seats and seat belt use and supervision while transporting children. In Family child care, when transporting child care children, the provider must follow Maryland law: Each child is separately secured in a car safety seat or belt and it is appropriate for their height and weight. In center care, unless being transported in a school bus or motor coach, children must be in a car seat or seat belt appropriate for their height and weight. Vehicles used to transport children must comply with applicable state and federal requirements.**

Child Care Center 13A.16.08.01 and Letter of Compliance 13A.17.08.01 E Individualized Attention and Care: E. A child is allowed to travel to or from school or a school transportation site without adult supervision only if: (1) The child is in the first or a higher grade; and (2) The child's parent and the operator agree in writing that the child can travel safely without adult supervision.

Child Care Center 13A.16.08.06 and Letter of Compliance 13A.17.08.06 Supervision During Transportation: When child transportation is conducted to or from: A. The center by the center operator, there shall be at least one adult, who has successfully passed federal and State criminal background checks and a review of child and adult abuse and neglect records pursuant to COMAR 13A.16.07.06D, other than the driver present in the vehicle if: (1) More than eight preschoolers are being transported as a group; or (2) At least one child is being transported and the driver of the vehicle is not: (a) A center employee; or (b) The parent of a child in care who is authorized by the operator to assist in transporting children in care; or B. An off-site activity by an independent contractor or a local school district and at least one child in care is being transported, the center operator shall ensure that there is at least one adult other than the driver present in the vehicle.

Child Care Center 13A.16.10.06 and Letter of Compliance 13A.17.10.05 Transportation: A. Unless being transported in a licensed school bus or contract motor coach, each child who is transported in a vehicle while in care shall be

separately secured in a child car seat or seat belt which is appropriate for the child's age and weight, as specified by Maryland law. B. A vehicle used to transport a child in care shall comply with all applicable State and federal safety requirements.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The Basic Health and Safety training module regarding transportation safety includes information including the state requirements for the appropriate height weight requirements for car seats and seat belt use and supervision while transporting children. In Family child care, when transporting child care children, the provider must follow Maryland law: Each child is separately secured in a car safety seat or belt and it is appropriate for their height and weight. In center care, unless being transported in a school bus or motor coach, children must be in a car seat or seat belt appropriate for their height and weight. Vehicles used to transport children must comply with applicable state and federal requirements.**

Family Child Care 13A.15.03.04B(3) Child Records: B. Before the provider or substitute permits a child to: (3) Be transported in a vehicle by the provider or substitute, the provider shall obtain written permission from the child's parent to transport the child; 13A.15.10.05 Transportation Safety: If children are transported in a vehicle while in care, the provider or substitute shall ensure that, as specified by Maryland law: A. Each child in care is separately secured in a child car seat or seat belt; and B. Each child car seat or seat belt is appropriate for the age and weight of the child using it. 13A.15.08.02D Off-Site Supervision: A child in care may not travel to or from school or a school transportation site without adult supervision unless the child is in the first or a higher grade.

Large Family Child Care:

13A.18.08.01 E Individualized Attention and Care E. A child is allowed to travel to or from school or a school transportation site without adult supervision only if: (1) The child is in the first or a higher grade; and (2) The child's parent and the operator agree in writing that the child can travel safely without adult supervision.

Large Family Child Care 13A.18.08.06 Supervision During Transportation: When child transportation is conducted to or from: A. The center by the center operator, there shall be at least one adult, who has successfully passed federal and State criminal background checks and a review of child and adult abuse and neglect records pursuant to COMAR 13A.16.07.06D, other than the driver present in the vehicle if: (1) More than eight preschoolers are being transported as a group; or (2) At least one child is being transported and the driver of the vehicle is not: (a) A center employee; or (b) The parent of a child in care who is authorized by the operator to assist in transporting children in care; or B. An off-site activity by an independent contractor or a local school district and at least one child in care is being transported, the center operator shall ensure that there is at least one adult other than the driver present in the vehicle.

13A.18.10.06 Transportation: A. Unless being transported in a licensed school bus or contract motor coach, each child who is transported in a vehicle while in care shall be separately secured in a child car seat or seat belt which is appropriate for

the child's age and weight, as specified by Maryland law. B. A vehicle used to transport a child in care shall comply with all applicable State and federal safety requirements.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not have requirements for appropriate precautions in transporting children for license-exempt Informal Care providers. MSDE will need additional time to meet this requirement. The Scholarship Branch will duplicate all the supervision during transportation and transportation safety regulations for licensed providers. As a result of the regulation promulgation process, June 2025 is MSDEs anticipated date of compliance.**

In the meantime, license-exempt providers must follow Maryland law, which states the following: Each child should be separately secured in a car safety seat or belt, and it is appropriate for their height and weight.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The Basic Health and Safety training module regarding transportation safety includes information including the state requirements for the appropriate height weight requirements for car seats and seat belt use and supervision while transporting children. In Family child care, when transporting child care children, the provider must follow Maryland law: Each child is separately secured in a car safety seat or belt and it is appropriate for their height and weight. In center care, unless being transported in a school bus or motor coach, children must be in a car seat or seat belt appropriate for their height and weight. Vehicles used to transport children must comply with applicable state and federal requirements.**

Child Care Center 13A.16.08.01 and Letter of Compliance 13A.17.08.01 E Individualized Attention and Care: E. A child is allowed to travel to or from school or a school transportation site without adult supervision only if: (1) The child is in the first or a higher grade; and (2) The child's parent and the operator agree in writing that the child can travel safely without adult supervision.

Child Care Center 13A.16.08.06 and Letter of Compliance 13A.17.08.06 Supervision During Transportation: When child transportation is conducted to or from: A. The center by the center operator, there shall be at least one adult, who has successfully passed federal and State criminal background checks and a review of child and adult abuse and neglect records pursuant to COMAR 13A.16.07.06D, other than the driver present in the vehicle if: (1) More than eight preschoolers are being transported as a group; or (2) At least one child is being transported and

the driver of the vehicle is not: (a) A center employee; or (b) The parent of a child in care who is authorized by the operator to assist in transporting children in care; or B. An off-site activity by an independent contractor or a local school district and at least one child in care is being transported, the center operator shall ensure that there is at least one adult other than the driver present in the vehicle.

Child Care Center 13A.16.10.06 and Letter of Compliance 13A.17.10.05

Transportation: A. Unless being transported in a licensed school bus or contract motor coach, each child who is transported in a vehicle while in care shall be separately secured in a child car seat or seat belt which is appropriate for the child's age and weight, as specified by Maryland law. B. A vehicle used to transport a child in care shall comply with all applicable State and federal safety requirements.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Center: 13A.16.10.02 A. At all times, including during an off-site activity, at least one child care teacher or the director shall be present who holds a current certificate indicating successful completion of approved: (1) Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved;. B. A center with an approved capacity of more than 20 children shall have in attendance, in a ratio of at least one staff member for every 20 children present, staff members who are currently certified in approved first aid and CPR as specified at §A of this regulation. C. Whenever a child in care is being transported under center auspices to or from the center, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle if the driver is an employee of the center. D. §C of this regulation does not apply if the driver of the vehicle is a parent of a child in care who is designated by the center operator to assist in transporting children in care.**

Letter of Compliance:

13A.17.10.02 First Aid and CPR At all times, including during an off-site activity, at least one individual who is responsible for supervision of children shall be present who holds a current certificate indicating successful completion of approved: Basic first aid training through the American Red Cross, or a program with equivalent standards; and B. A facility with an approved capacity of more than 20 children shall have in attendance, in a ratio of at least one staff member for every 20 children present, staff members who are currently certified in approved first aid and CPR as specified in §A of this regulation. C. Whenever a child in care is being transported under child care facility auspices to or from the facility, there

shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle if the driver is an employee of the center.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care:**
13A.15.06.02A & D Training Requirements A. Preservice Training. An individual who applies for an initial registration shall: (1) Hold a current certificate indicating successful completion of training in approved: (a) Basic first-aid through the American Red Cross, or a program with equivalent standards; D. Current certification in approved basic first aid and CPR training as specified in §A(1)(a) and (b) of this regulation shall be maintained at all times by: (1) The provider; and (2) If applicable, the additional adult.

Large Family Child Care:
13A.18.10.02 First Aid and CPR A. At all times, including during an off-site activity, at least one family child care teacher or the provider shall be present who holds a current certificate indicating successful completion of approved:(1) Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the child care home is approved; and (2) Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the child care home is approved.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Licensed-Exempt Providers must provide proof of successfully completing requirements for Adult/Infant CPR/AED and First Aid.** (a) Basic first-aid class which covers the required Health & Safety training through our approved the Maryland State department of Education local trainers' courses; and (b) Cardiopulmonary resuscitation (CPR) through the American Heart Association, or a program with equivalent standards.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Center:**
13A.16.10.02 A. At all times, including during an off-site activity, at least one child care teacher or the director shall be present who holds a current certificate indicating successful completion of approved: (1) Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved;. B. A center with an approved capacity of more than 20 children shall have in attendance, in a ratio of at least one staff member for every 20 children present, staff members

who are currently certified in approved first aid and CPR as specified at §A of this regulation. C. Whenever a child in care is being transported under center auspices to or from the center, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle if the driver is an employee of the center. D. §C of this regulation does not apply if the driver of the vehicle is a parent of a child in care who is designated by the center operator to assist in transporting children in care.

Letter of Compliance:

13A.17.10.02 First Aid and CPR At all times, including during an off-site activity, at least one individual who is responsible for supervision of children shall be present who holds a current certificate indicating successful completion of approved: Basic first aid training through the American Red Cross, or a program with equivalent standards; and B. A facility with an approved capacity of more than 20 children shall have in attendance, in a ratio of at least one staff member for every 20 children present, staff members who are currently certified in approved first aid and CPR as specified in §A of this regulation. C. Whenever a child in care is being transported under child care facility auspices to or from the facility, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle if the driver is an employee of the center.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Center: 13A.16.10.02 A.** At all times, including during an off-site activity, at least one child care teacher or the director shall be present who holds a current certificate indicating successful completion of approved: (1) Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved; and (2) Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved. B. A center with an approved capacity of more than 20 children shall have in attendance, in a ratio of at least one staff member for every 20 children present, staff members who are currently certified in approved first aid and CPR as specified at §A of this regulation. C. Whenever a child in care is being transported under center auspices to or from the center, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle if the driver is an employee of the center. D. §C of this regulation does not apply if the driver of the vehicle is a parent of a child in care who is designated by the center operator to assist in transporting children in care.

Letter of Compliance:

13A.17.10.02 A. At all times, including during an off-site activity, at least one individual who is responsible for supervision of children shall be present who holds a current certificate indicating successful completion of approved: Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the facility is approved. B. A facility with an approved capacity of more than 20 children shall have in attendance, in a ratio of at least one staff member for every 20 children present, staff members who are currently certified in approved first aid and CPR as specified in §A of this regulation. C. Whenever a child in care is being transported under child care facility auspices to or from the facility, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle if the driver is an employee of the center.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care:**

13A.15.06.02A & D Training Requirements A. Preservice Training. An individual who applies for an initial registration shall: (1) Hold a current certificate indicating successful completion of training in approved: (b) Cardiopulmonary resuscitation (CPR) through the American Heart Association, or a program with equivalent standards, appropriate for each age group approved for care in the home; D. Current certification in approved basic first aid and CPR training as specified in §A(1)(a) and (b) of this regulation shall be maintained at all times by: (1) The provider; and (2) If applicable, the additional adult.

Large Family Child Care:

13A.18.10.02 A. At all times, including during an off-site activity, at least one family child care teacher or the provider shall be present who holds a current certificate indicating successful completion of approved: (1) Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the child care home is approved; and (2) Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the child care home is approved. B. Whenever a child in care is present, there shall be at least one staff member, or the provider, present who is currently certified in approved first aid and CPR as specified at §A of this regulation. C. Whenever a child in care is being transported under child care home auspices to or from the child care home, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Licensed-**

Exempt Providers must provide proof of successfully completing requirements for Adult/Infant CPR/AED and First Aid. (a) Basic first-aid class which covers the required Health & Safety training through our approved the Maryland State department of Education local trainers' courses; and (b) Cardiopulmonary resuscitation (CPR) through the American Heart Association, or a program with equivalent standards.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Center:**
13A.16.10.02 A. At all times, including during an off-site activity, at least one child care teacher or the director shall be present who holds a current certificate indicating successful completion of approved: (1) Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved; and (2) Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved. **B.** A center with an approved capacity of more than 20 children shall have in attendance, in a ratio of at least one staff member for every 20 children present, staff members who are currently certified in approved first aid and CPR as specified at §A of this regulation. **C.** Whenever a child in care is being transported under center auspices to or from the center, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle if the driver is an employee of the center. **D.** §C of this regulation does not apply if the driver of the vehicle is a parent of a child in care who is designated by the center operator to assist in transporting children in care.

Letter of Compliance:

13A.17.10.02 A. At all times, including during an off-site activity, at least one individual who is responsible for supervision of children shall be present who holds a current certificate indicating successful completion of approved: Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the facility is approved. **B.** A facility with an approved capacity of more than 20 children shall have in attendance, in a ratio of at least one staff member for every 20 children present, staff members who are currently certified in approved first aid and CPR as specified in §A of this regulation. **C.** Whenever a child in care is being transported under child care facility auspices to or from the facility, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle if the driver is an employee of the center.

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible

providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **13A.16.17.02 Child Care Center and 13A.18.07.02 Letter of Compliance: Abuse/Neglect Reporting: C. An operator shall: (1) Instruct the staff to monitor all children daily for signs and symptoms of child abuse and neglect.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care 13A.15.07.02: Abuse/Neglect Reporting: An individual who is responsible for providing care to a child: A. Shall monitor the child for signs and symptoms of child abuse or neglect.**

Large Family Child Care 13A.18.07.02: Abuse/Neglect Reporting C. A provider shall: (1) Instruct the staff to monitor all children daily for signs and symptoms of child abuse and neglect

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License-exempt providers sign an agreement annually stating they would report any case of abuse or neglect directly to the Child Protective Unit at the Local Department of Social Services or to a law enforcement agency, as required under Maryland law; because children in care should not be subjected to abuse, neglect, mental injury, or injurious treatment.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **13A.16.17.02 Child Care Center and 13A.18.07.02 Letter of Compliance: Abuse/Neglect Reporting: C. An operator shall: (1) Instruct the staff to monitor all children daily for signs and symptoms of child abuse and neglect.**

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **13A.16.17.02 Child Care Center and 13A.18.07.02: Letter of Compliance Abuse/Neglect Reporting: A. An operator, staff member, employee, substitute, or volunteer who has reason to believe that a child has been: (1) Abused, in a facility or outside of the facility, shall report that belief directly to the Child Protective Services unit of the local department or to a law enforcement agency, as required under Maryland law; (2) Neglected, in a facility or outside of the facility, shall report that belief directly to the Child Protective Services unit of the local department as required under Maryland law. B. When a child has been subjected to injurious treatment, it shall**

be reported to the office. C. An operator shall: (2) Instruct staff about their legal obligations to report suspected child abuse or neglect directly to the local department or the appropriate law enforcement agency; and(3) Post, near each telephone in the facility, the telephone numbers of the Child Protective Services unit of the local department and the appropriate law enforcement agency. D. An operator may not require a staff member, employee, substitute, or volunteer to report through the operator or director, rather than directly to the local department or a law enforcement agency, when the staff member has reason to believe that a child has been abused or neglected.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care:**
13A.15.07.02 Abuse/Neglect Reporting An individual who is responsible for providing care to a child: B. If the individual has reason to believe that a child in care has been: (1) Abused, shall report that belief directly to the protective services unit of the local department of social services or to a law enforcement agency, as required under Maryland law; or (2) Neglected, shall report that belief directly to the protective services unit of the local department of social services as required under Maryland law.

Large Family Child Care:
13A.18.07.02 Abuse/Neglect Reporting A. A provider, employee, substitute, or volunteer who has reason to believe that a child has been: (1) Abused, inside or outside of the child care home, shall report that belief directly to the protective services unit of the local department or to a law enforcement agency, as required under Maryland law; or (2) Neglected, inside or outside of the child care home, shall report that belief directly to the protective services unit of the local department as required under Maryland law. B. If a child has been subjected to injurious treatment, it shall be reported to the office. C (2) Instruct the staff about their legal obligations to report suspected child abuse or neglect directly to the local department or the appropriate law enforcement agency; and (3) Post, near each telephone in the child care home, the telephone numbers of the Child Protective Services unit of the local department and the appropriate law enforcement agency. D. A provider may not require an employee, substitute, or volunteer to report through the provider, rather than directly to the local department or a law enforcement agency, when the employee, substitute, or volunteer has reason to believe that a child has been abused or neglected.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **N/A**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License-exempt providers must report suspected child abuse and neglect directly to child protective services and or law enforcement as required by Maryland Law.**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **13A.16.17.02 Child Care Center and 13A.18.07.02: Letter of Compliance Abuse/Neglect Reporting: A. An operator, staff member, employee, substitute, or volunteer who has reason to believe that a child has been: (1) Abused, in a facility or outside of the facility, shall report that belief directly to the Child Protective Services unit of the local department or to a law enforcement agency, as required under Maryland law; (2) Neglected, in a facility or outside of the facility, shall report that belief directly to the Child Protective Services unit of the local department as required under Maryland law. B. When a child has been subjected to injurious treatment, it shall be reported to the office. C. An operator shall: (2) Instruct staff about their legal obligations to report suspected child abuse or neglect directly to the local department or the appropriate law enforcement agency; and(3) Post, near each telephone in the facility, the telephone numbers of the Child Protective Services unit of the local department and the appropriate law enforcement agency. D. An operator may not require a staff member, employee, substitute, or volunteer to report through the operator or director, rather than directly to the local department or a law enforcement agency, when the staff member has reason to believe that a child has been abused or neglected.**

Summer Camps are regulated by the Maryland Department of Health and are not eligible for CCDF funds.

- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe:
- ii. Access to physical activity. Describe:
- iii. Caring for children with special needs. Describe:
- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe:

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[x]	[x]	[x]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[x]
f. Prevention of shaken baby syndrome, abusive	[x]	[x]	[x]

head trauma and child maltreatment			
g. Emergency preparedness and response planning and procedures	[x]	[x]	[x]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[x]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[x]
j. Pediatric first aid and pediatric CPR (age-appropriate)	[x]	[x]	[x]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[x]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[x]	[x]	[x]

- m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not cover the immunization grace period and religious exemption requirements for pre-service/orientation training for all CCDF-funded provider types. MSDE will need additional time to meet this requirement. Pre-service/orientation training for both Licensed providers and Licensed Exempt Informal Care providers will be revised to include the immunization grace period and religious exemption requirements. However, content has already been added to the Basic Health & Safety training regarding the requirements. MSDE will send revisions and changes regarding this requirement to the ACF for review and feedback. In addition, immunization exemption requirements need to be added to the family child care regulations for licensed providers and the Scholarship Branch will duplicate the requirements for license exempt informal care providers. June 2025 is MSDEs anticipated date of compliance.**
- n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not conduct does not conduct annual inspections for compliance with the full complement of required health and safety standards for all licensed programs (Family Child Care, Child Care Centers, Letters of Compliance, and Large Family Child Care Home providers). MSDE will need additional time to meet this requirement. MSDE is currently drafting the inspection reports for all four provider types and will send the proposed drafts to the ACF for review and approval, before implementing the new inspection reports. December 2025 is MSDEs anticipated date of compliance.**

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Currently, Maryland issues a license/registration for a two-year period and requires an annual unannounced inspection every 12 months. A mandatory review can be conducted during the first 12 months and the full review during the second 12 months of the two-year licensing cycle. A mandatory inspection includes the monitoring and review of selected regulations that have an immediate impact on the health and safety of children. Maryland is in the process of revising the inspection reports to ensure compliance with the ACF standards that are required to be monitored annually.**

No. If no, describe:

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The Licensing Branch is responsible for inspecting the Family Child Care, Large Family Child Care, Child Care Centers and Letter of Compliance facilities.**
- b. Licensed CCDF family child care providers
 - i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
 Yes.
 No. If no, describe:
 - ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
 Annually.
 More than once a year. If more than once a year, describe:
 Other. If other, describe: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not conduct does not conduct annual inspections for compliance with the full complement of required health and safety standards for all licensed programs (Family Child Care, Child Care Centers, Letters of Compliance, and Large Family Child Care Home providers). MSDE will need additional time to meet this requirement. MSDE is currently drafting the inspection reports for all four provider types and will send the proposed drafts to the ACF for review and approval, before implementing the new inspection reports. December 2025 is MSDEs anticipated date of compliance.**
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
 Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Currently, Maryland issues a license/registration for a two-year period and requires an annual unannounced inspection every 12 months. A mandatory review can be conducted during the first 12 months and the full review during the second 12 months of the two-year licensing cycle. A mandatory inspection includes the monitoring and review of selected regulations that have an immediate impact on the health and safety of children. Maryland is in the process of revising the inspection reports to ensure compliance with the ACF standards that are required to be monitored annually.**
 No. If no, describe:
 - iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **The Licensing Branch is responsible for inspecting the Family Child Care, Large Family Child Care, Child Care Centers and Letter of Compliance facilities.**
- c. Licensed in-home CCDF child care providers
 - i. Does your Lead Agency license CCDF in-home child care (care in the child's own

home) providers?

No.

Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **N/A**

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **N/A**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers

- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **N/A**

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections

for license-exempt center-based CCDF providers. **N/A**

- b. License-exempt CCDF family child care providers
 - i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
 - Annually.
 - More than once a year. If more than once a year, describe:
 - Other. If other, describe: **N/A**
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **N/A**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **Licensed-exempt/informal providers (both relative and non-relative adhere to the same requirements in Maryland). The care location must pass an annual Health and Safety Inspection.**

Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not conduct annual inspections for compliance with the full complement of required health and safety standards for license-exempt Informal Care providers. MSDE will need additional time to meet this requirement. Once the informal care electronic inspection forms have been developed and technical assistance from the ACF is received on licensed providers inspection reports, the Scholarship Branch will revise their inspection report. Please note license-exempt informal care provider inspections forms will remain the same annually, as opposed to having the two inspection type forms that licensed providers currently complete. All proposed revisions/changes to the licensed-exempt informal care provider inspection report, per TA, will be shared with the ACF for review and feedback. December 2025 is MSDEs anticipated date of compliance.

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **MSDE's Division of Early Childhood, Office of Child Care Scholarship TO Contractor inspects care locations of all licensed- Exempt providers (Relative and Non-Relative).**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider’s failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

a. Does the Lead Agency post:

- i. Pre-licensing inspection reports for licensed programs.
- ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
- iii. Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
- iv. Other. Describe: **Licensed Programs:**
Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not post the initial inspections for Licensed Providers. MSDE will need additional time to meet this requirement. Currently, modifications to the Electronic Licensing Information System (ELIS) are being made so that the Initial inspections for child care providers will post on Checkccmd.org within thirty days of receiving their registration or license. August 2025 is MSDEs anticipated date of compliance.

License-Exempt Informal Care:

Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE needs to improve the process of posting monitoring and inspection reports for license-exempt Informal Care providers on the consumer education website. MSDE will need additional time to meet this requirement. MSDE is currently in the requirement phase of establishing a fillable inspection form for Informal Providers, which will be aligned (a similar format design) with the form that is currently used for the monitoring and tracking of licensed providers. Once the PDF is accessible for use, the corrective actions for Informal Providers would also be posted through the consumer education website (checkccmd.org). January 2025 is MSDEs anticipated date of full compliance.

b. Check if the monitoring and inspection reports and any related plain language summaries include:

- i. Date of inspection.

- ii. Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **All health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider are prominently displayed on checkccmd.org. Inspection reports also have a mandatory fillable field located at the top of the first page, specifically for fatalities and serious injuries, so that it stands out and is easily seen upon review.**
- iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **The Summary of Corrections (SOC) form was released as a new form, to be completed as part of the electronic inspection process for the Licensing Branch. The form reflects all corrections made on site/at the time of inspection or the plan of correction discussed at the time of the inspection, by both parties (Licensing specialist and child care provider), for further implementation at a required future date. The form is then displayed on the consumer education website: checkccmd.org.**
- iv. A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain:
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted: **Licensed Programs: <https://www.checkccmd.org/> License Exempt Informal Care: <https://earlychildhood.marylandpublicschools.org/informal-child-care-monitoring-inspections>**
 - ii. Identify the Lead Agency’s established timeline for posting monitoring reports and describe how it is timely: **Licensed Programs: Inspection reports are posted within 30 days of the inspection date. Supervisors monitor reports using the Summary of Findings Not Reviewed report and ensure they are reviewed and posted in accordance within the 30 day time frame unless there is an extenuating circumstance in which the supervisor is working with the provider to assess compliance with the violation, or to make a determination as to whether the violation should be overturned.**

License Exempt Informal Care: Inspection reports are posted manually on the website as a PDF, once every month.
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
 Yes.
 No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
 Yes.

No. If no, describe:

- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

Yes.

No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **Job qualifications are established by the Maryland Department of Budget and Management and require applicants to meet standards for education and experience. Maryland has three levels for licensing inspectors - Licensing Specialist Trainee, Licensing Specialist and Licensing Specialist Lead. The trainee position is the entry level position requiring no previous experience. A trainee must complete initial, on-going training, and a full year under supervision in conducting inspections before becoming a Licensing Specialist. Requirements for the position include: Education: Possession of a bachelor's degree in child development, education, social work or psychology from an accredited college or university. Experience: Trainee - None Licensing Specialist and Licensing Specialist Lead - One year of experience inspecting, licensing and monitoring child care centers, family child care homes and non-public nursery schools. Notes: 1. Possession of an associate's degree in early childhood development, teacher education, sociology or psychology and two years' work experience inspecting, licensing and monitoring child care centers, family (day) child care homes and non-public nursery schools may be substituted for the bachelor's degree. 2. The above requirements are set by the MSDE in accordance with Education Article, Section 2-104. All licensing staff receive initial and on-going training on all aspects of the job, including comprehensive customer service training, working with diverse populations and licensing procedures and protocols. All licensing staff are required to complete the Basic Health and Safety training and the annual updates; staff are required to print the certificate of completion as part of their personnel file. Initial training includes 10-14 days of new hire training and ongoing training includes 2 full days a year, weekly and monthly regional office training sessions, state wide licensing branch training sessions and division wide training sessions. Additionally, licensing specialists both trainee and non-trainee positions are constantly learning as they perform the duties of the job and encounter new or atypical situations and incidents that occur. The initial and ongoing training includes training of policies, procedures and guidance for all types of child care and for children ages birth through 12. Licensing Specialists are hired as trainees for a one year period. OCC requires all trainees to complete new hire training as well as on-site training in the regional offices. OCC provides ongoing training through monthly staff meetings, all staff meetings and yearly professional development days. OCC is in the process of hiring a Licensing Training Coordinator who will be responsible for creating a uniform new hire training program.**

Scholarship: The informal provider inspectors are provided in-service health and safety training

from the Lead Agency. Monthly meetings are held which address health and safety requirements, inspections, and specific case scenarios.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **MSDE monitors the ratio of licensing inspectors to child care providers to ensure a sufficient number of inspectors are available to conduct inspections in a timely manner. Ratios vary across Maryland based on population density and travel time considerations. The ratios of licensing specialists to child care facilities (centers and family child care homes) range from 1:62 to 1:101. The current ratio of inspectors to child care providers has been sufficient for inspectors to conduct effective inspections on a timely basis. However, the agency continues to evaluate the need to increase the number of inspectors based on fluctuations in the provider and facility populations and increased needs in other areas of licensing. Currently, OCC has 102.5 Licensing Specialists for 6,788 providers. The caseload reports in CCATS provides the breakdown of cases assigned to each Licensing Specialist. This report is reviewed on a monthly basis.**

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety (BHS) training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance. In addition, updates are communicated to providers through newsletters, email blasts and virtual information sessions.**

The BHS Training Topics include the following:

1. Infant and child first aid and CPR
2. Prevention and control of infectious diseases, including immunizations
3. Safe sleep practices and prevention of sudden infant death syndrome
4. Prevention of shaken baby syndrome, abusive head trauma, and child abuse and neglect
5. Recognition, reporting, and prevention of child abuse and neglect

6. Medication administration, consistent with standards for parental consent
7. Prevention of and response to emergencies caused by food and allergic reactions
8. Emergency preparedness and response for natural disasters and other events
9. Handling, storage, and disposal of hazardous materials
10. Indoor and outdoor safety, including protecting children from hazards, bodies of water, and traffic
11. Safety when transporting children, if applicable
12. Child development

Child Care Centers 13A.16.03.05C(1)(a) During an individual’s employment at the center and for 2 years after the date of the individual’s last employment there, maintain a record for each individual that includes: The individual’s: Training, including initial and yearly basic health and safety training, if required under this subtitle.

Child Care Center: 13A.16.10.02 A. At all times, including during an off-site activity, at least one child care teacher or the director shall be present who holds a current certificate indicating successful completion of approved: (2) Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the center is approved.

Letter of Compliance: 13A.18.10.02 A. At all times, including during an off-site activity, at least one family child care teacher or the provider shall be present who holds a current certificate indicating successful completion of approved: (1) Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the child care home is approved; and (2) Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the child care home is approved. B. Whenever a child in care is present, there shall be at least one staff member, or the provider, present who is currently certified in approved first aid and CPR as specified at §A of this regulation. C. Whenever a child in care is being transported under child care home auspices to or from the child care home, there shall be at least one adult present in the vehicle who is currently certified in approved CPR and first aid. This requirement may be met by the driver of the vehicle.

- b. License-exempt child care centers: **Maryland does not have any License-exempt child care centers that receive CCDF.**
- c. Licensed family child care homes: **Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety (BHS) training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance. In addition, updates are communicated to providers through newsletters, email blasts and virtual information sessions.**

The BHS Training Topics include the following:

1. Infant and child first aid and CPR
2. Prevention and control of infectious diseases, including immunizations
3. Safe sleep practices and prevention of sudden infant death syndrome

4. Prevention of shaken baby syndrome, abusive head trauma, and child abuse and neglect
5. Recognition, reporting, and prevention of child abuse and neglect
6. Medication administration, consistent with standards for parental consent
7. Prevention of and response to emergencies caused by food and allergic reactions
8. Emergency preparedness and response for natural disasters and other events
9. Handling, storage, and disposal of hazardous materials
10. Indoor and outdoor safety, including protecting children from hazards, bodies of water, and traffic
11. Safety when transporting children, if applicable
12. Child development

Family Child Care: 13A.15.06.02B and D Training Requirements Continued Training. A provider shall successfully complete: The health and safety training, as required by the office, by the end of each 12-month period measured each calendar year; D. Current certification in approved basic first aid and CPR training as specified in §A(1)(a) and (b) of this regulation shall be maintained at all times by: (1) The provider; and (2) If applicable, the additional adult.

Large Family Child Care:

13A.18.03.03E Program Records Document that the health and safety training, as required by the office, was updated by the end of each 12-month period, measured from the date of initial registration. **Large Family Child Care 13A.18.10.02 A.** At all times, including during an off-site activity, at least one family child care teacher or the provider shall be present who holds a current certificate indicating successful completion of approved: (1) Basic first aid training through the American Red Cross, or a program with equivalent standards, which is appropriate to all child age groups for which the child care home is approved; and (2) Cardiopulmonary resuscitation (CPR) training through the American Heart Association, or a program with equivalent standards, which is appropriate to all child age groups for which the child care home is approved.

- d. License-exempt family child care homes: **Maryland does not have any License-exempt family child care homes that receive CCDF.**
- e. Regulated or registered in-home child care: **License Exempt in-home providers are required to complete the Basic Health and Safety Annual Update for the calendar year and attend Basic Health and Safety training each year.**

The BHS Training Topics include the following:

1. Infant and child first aid and CPR
2. Prevention and control of infectious diseases, including immunizations
3. Safe sleep practices and prevention of sudden infant death syndrome
4. Prevention of shaken baby syndrome, abusive head trauma, and child abuse and neglect
5. Recognition, reporting, and prevention of child abuse and neglect

6. Medication administration, consistent with standards for parental consent
 7. Prevention of and response to emergencies caused by food and allergic reactions
 8. Emergency preparedness and response for natural disasters and other events
 9. Handling, storage, and disposal of hazardous materials
 10. Indoor and outdoor safety, including protecting children from hazards, bodies of water, and traffic
 11. Safety when transporting children, if applicable
 12. Child development
- f. Non-regulated or registered in-home child care: **N/A**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers

eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective

staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not meet the Interstate Sex Offender Registry (SOR) check requirements for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years. MSDE will require additional time to meet this requirement. MSDE is currently working on a Statement of Work (SOW) to go to Maryland State Police (MSP) and the Department of Public Safety and Correctional Services (DPSCS). Then MSP and DPSCS will need to sign off on agreements amongst themselves, upon receipt of MSDEs SOW. Once all agreements have been made, MSDE anticipates moving forward in the process of obtaining interstate SOR clearances. December 2025 is MSDEs anticipated date of compliance.**

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not meet the Interstate Sex Offender Registry (SOR) check requirements for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years. MSDE will require additional time to meet this requirement. MSDE is currently working on a Statement of Work (SOW) to go to Maryland State Police (MSP) and the Department of Public Safety and Correctional Services (DPSCS). Then MSP and DPSCS will need to sign off on agreements amongst themselves, upon receipt of MSDEs SOW. Once all agreements have been made, MSDE anticipates moving forward in the process of obtaining interstate SOR clearances. December 2025 is MSDEs anticipated date of compliance.**

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check. **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not meet the Interstate Sex Offender Registry (SOR) check requirements for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years. MSDE will require additional time to meet this requirement. MSDE is currently working on a Statement of Work (SOW) to go to Maryland State Police (MSP) and the Department of Public Safety and Correctional Services (DPSCS). Then MSP and DPSCS will need to sign off on agreements amongst themselves, upon receipt of MSDEs SOW. Once**

all agreements have been made, MSDE anticipates moving forward in the process of obtaining interstate SOR clearances. December 2025 is MSDEs anticipated date of compliance.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following

crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.

- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

Yes.

No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

Yes.

No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **Every adult associated with a child care program, whether it is a licensed or Informal Care program, is required to submit a notarized Release of Information form to the OCC to allow for the child abuse and neglect clearance to be completed through the Department of Human Services data system. This information is then used to determine if the associated party is suitable for employment, based on if they have convicted or child abuse or neglect. If an associated party is considered suitable for employment, meaning there is no history of child maltreatment, the determination can result in the approval of a registration or employment. If an individual is not suitable for employment, an enforcement action such as a denial, suspension and/or revocation will take place to disqualify them from care.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **Any adult associated with a child care program, whether it is a licensed or Informal Care program (all provider types), is required to submit a notarized Release of Information form to MSDE (OCC) to determine which states should be contacted for the child abuse and neglect clearance(s). Please note each state has a different process for obtaining child and abuse neglect clearances. MSDE licensing staff refer to the National Center on Subsidy Innovation and Accountability (NCSIA) link (<https://childcareta.acf.hhs.gov/resource/child-care-subsidy-criminal-background-check-contact-list-0>), which has all the states and their agency contacts for abuse and neglect clearances listed. Once the information is received from the state(s) in question, the information is then used to determine if the associated party**

is suitable for employment, based on if they have been convicted of child abuse or neglect. If an associated party is considered suitable for employment, meaning there is no history of child maltreatment, the determination can result in the approval of a registration or employment. If an individual is not suitable for employment, an enforcement action such as a denial, suspension and/or revocation will take place to disqualify them from care.

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No. Describe:

- iv. Get completed in a timely manner.

Yes.

No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

Yes.

No. If no, describe:

- b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe:

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe:

- d. In-state child abuse and neglect registry.

Yes.

No. If no, describe:

- e. Name-based national Sex Offender Registry (NCIC NSOR).

Yes.

No. If no, describe:

f. Interstate criminal background check, as applicable.

Yes.

No. If no, describe:

g. Interstate Sex Offender Registry check, as applicable.

Yes.

No. If no, describe: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not meet the Interstate Sex Offender Registry (SOR) check requirements for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years. MSDE will require additional time to meet this requirement. MSDE is currently working on a Statement of Work (SOW) to go to Maryland State Police (MSP) and the Department of Public Safety and Correctional Services (DPSCS). Then MSP and DPSCS will need to sign off on agreements amongst themselves, upon receipt of MSDEs SOW. Once all agreements have been made, MSDE anticipates moving forward in the process of obtaining interstate SOR clearances. December 2025 is MSDEs anticipated date of compliance.**

h. Interstate child abuse and neglect registry check, as applicable.

Yes.

No. If no, describe:

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

Yes.

No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

Yes.

No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

Yes.

No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **MSDE does not respond to background checks from other states; however, we link states requesting background check information to our website, which lists how to obtain the information. In summary, the Maryland Department of Public Safety and Correctional Service's (DPSCS) Criminal Justice Information System (CJIS) responds to requests for criminal background checks and sex offender registry checks from other states, while the Department of Human Services (DHS) responds to requests for child abuse and neglect background check requests from other states.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

Yes. If yes, describe the current policy.

No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members:

<https://earlychildhood.marylandpublicschools.org/fingerprinting>

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

i. Agency name

ii. Address

iii. Phone number

iv. Email

v. Website

- vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. Is the State a National Fingerprint File (NFF) State?
 - x. Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe: **N/A**
- c. Interstate sex offender registry (SOR) check:
- i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. If not all boxes above are checked, describe: **N/A**
- d. Interstate child abuse and neglect (CAN) registry check:
- i. Agency name
 - ii. Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. Address
 - iv. Phone number
 - v. Email
 - vi. Website
 - vii. Instructions
 - viii. Forms
 - ix. Fees
 - x. If not all boxes above are checked, describe: **N/A**

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
- i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe: **MSDE has funded the implementation of the following workforce advancement programs to recruit and retain qualified teachers:**
 - Registered Apprenticeship Program
 - No cost CDA training bundle
 - CDA Credential Teacher Alternative Certification
 - Child Care Providers Registered Apprenticeship Program
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Maryland State Department of Education launched the Maryland Child Care Workforce Follow-Up Survey on August 24, 2024. The online survey was designed and administered by the University of Virginia (UVA), and will help MSDE to better understand the experiences and challenges of early caregivers in Maryland and to help retain child care employees in their jobs.**

The Enhanced Child Care Support and Teacher Retention Award (ECSTRA) Program seeks to help stabilize the early childhood educator workforce by directing American Rescue Plan Act (ARPA) funds directly to educators who remain in key child care roles, in the form of additional retention bonuses. The ECSTRA program is inspired by a similar program in Virginia, the Teacher Recognition Program, which reduced teacher turnover rates by 50% in child care centers. Findings from the ECSTRA program will help to inform these and other questions, both for MSDE and for other policy contexts.

In the last legislative session, Maryland passed Md. Code Ann., Educ. § 7-1A-08, as amended by Chapter 165 of 2024. Maryland is tasked with developing an early childhood educator career ladder is a structured framework aimed at elevating the profession of early childhood education. This career ladder will align staff qualification in child care, publicly funded-Pre-K, Maryland Child Care Credential program. This new career ladder is modelled after the National Association for the Education of Young Children’s Power to the Profession and is also inclusive of credit for prior learning and skills. In FY 2026, Maryland will implement this new career ladder with bonuses to ensure that educator have funding for professional learning opportunities.

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **MSDE does not provide benefits, but we will explore the possibility of partnering with external stakeholders to support providers in finding the aforementioned resources within the State.**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Infant and Early Childhood Mental Health Support Services (IECMHSS) program is designed to prevent, identify, treat, and reduce the impact of social, emotional, and other mental health problems among children from birth through 5 years old. The child care workforce is offered training, along with onsite mentoring and coaching to assist with developing and employing appropriate strategies in working with children and families. They are increasing the confidence and competence of staff in working with children displaying challenging behaviors which will lead to continuity of child care services for the child and family. In addition, MSDE approved trainers provide professional development for the child care providers in the areas of self-care and preventing burnout.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers’ recruitment and retention of the child care workforce. **Maryland State Department of Education received 3 million in funding from the General Assembly's budget to support child care providers with degree attainment through the Child Care Career and Professional Development Fund (CCPDF). 24 Institutions of Higher Education (IHEs) will participate in the program, supporting approximately 400 child care providers pursuing a college degree. Over the next three years, the program forecast a 10% increase in recruitment and a graduation rate of approximately 80 students yearly with an Associate of Arts and Science, Associate of Arts in Teaching and Bachelor of Arts or Science in Early Childhood Education and Elementary Education.**

The Child Care Career and Professional Development Fund also supports Harford Community College with a Registered Child Care Apprenticeship program to increase cohort 3 up to 10 students, cohort 4 up to 16 students and cohort 5 up to 30 students in FY 25.

Maryland State Department of Education plan on developing guidance and a process for approved curriculum across all early learning settings. High quality and free professional learning will be rolled out in the fall to support the early childhood field, birth to Pre-K, with implementation of the new standards. The Maryland State Department of Education

is also in the process of developing Pre-K 4 Science Standards to align with the Next Generation Science Standards. An alignment document for the Early Learning Standards will be released and will show the learning trajectories from birth through Pre-K and will show the connection to the College and Career Ready Standards.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **Maryland Family Network (MFN) and the Maryland Child Care Resource Network (MCCRN) will schedule cohorts throughout FY25 of family child care providers to participate in the All Our Kin Family Child Care Business training series. This intensive learning series provides both training professional development and opportunities to connect with peers and apply the information in a practical way within their business. With additional funding from a Small Business Administration (SBA) federal earmark, MFN and the CCRCs will also be providing additional materials and resources to support successful completion and implementation. To support the child care centers, the CCRC will continue to partner and/or promote the strengthening business practices training series which the Quality Assurance Specialist (QAS) provides in connection to Maryland EXCELS initiatives. Finally, MFN will be coordinating several individual learning opportunities for the child care community focused on retirement, investment planning, benefits, and other relevant topics for small business owners in the child care field. These contributions will be in collaboration with philanthropic partners. An MFN staff member and a CCRC coach will attend the Opportunities Exchange business/shared services conference in order to identify additional resources and opportunities to support the Maryland ECE community with strengthening business practices. The State Advisory Council is updated on these efforts as needed.**
- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
- i. Fiscal management.
 - ii. Budgeting.
 - iii. Recordkeeping.
 - iv. Hiring, developing, and retaining qualified staff.
 - v. Risk management.
 - vi. Community relationships.
 - vii. Marketing and public relations.
 - viii. Parent-provider communications.
 - ix. Use of technology in business administration.
 - x. Compliance with employment and labor laws.
 - xi. Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **Maryland's vendor for Child Care Scholarship provides translation services for child care providers and parents participating in the scholarship system. The Child Care Scholarship Application is available in Spanish and a mock-up is available in 10 other languages. The Maryland State Department of Education's website is available in non-English languages. Bilingual translators and translation services are available through the Child Care Scholarship vendor and community-based partnerships. Some Licensing and Scholarship forms are translated into Spanish. Maryland State Department of Education's website also provides translation services for other languages upon request. The Scholarship Program requires every Non-relative Informal Provider to complete a 3-hour online or 6-hour in person Basic Health & Safety training annually. These trainings are offered in Spanish from Penn State.**
- b. Providers and staff who have disabilities: **MSDE employs several strategies to eliminate barriers and provide the necessary support for child care providers and staff with disabilities to fully participate in the child care scholarship system:**

Accessible Online Resources: All websites and online platforms used by the Division are designed to be accessible, in compliance with Section 508 of the Rehabilitation Act to ensure that providers and staff with disabilities can easily access critical information, apply for subsidies, and engage with training and professional development opportunities. This includes features such as keyboard navigation, high color contrast, descriptive URLs, consistent navigation across pages, and structured content that improves usability for all users, including those with disabilities.

Collaborative Partnerships: The Division partners with state and local programs and associations focusing on disability-related topics and issues. These partnerships help identify barriers faced by providers with disabilities and develop tailored strategies to support their participation. Collaborations with IDEA Part B, Section 619, and Part C providers and agencies are also essential in ensuring that providers with disabilities receive the support they need to deliver high-quality care.

Access to Specialized Services: The Division ensures the availability of and access to specialized services, including mental health support, behavioral specialists, and therapists.

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **Based on responses from trainers, child care professionals, and the Maryland Knowledge and Competency Framework workgroup, recommendations were made to: Make the document user friendly and easier to navigate by having it be electronically interactive. Provide a cohesive sense of expectations. Provide accessible language. Provide objectives, goals, and examples of progression. Provide real-life examples of the competencies for each level. Decrease the skill levels from 5 to 3 that clearly provide a definition for each level. Clearly indicate how various stakeholders could benefit from using this document such as child care professionals, child care trainers, higher education professionals and policy makers. Update the resources to ensure they are current and based on best practices.**

Updates to the professional development framework included:

- Decreased the skill level from 5 levels (Novice, Intermediate, Competent, Proficient, Advanced) to 3 levels (Level 1, Level 2, Level 3).
- Added a section on the benefits to stakeholders.
- Added real-life examples for each standard.
- Updated the resources to ensure that they were current and based on best practices.
- Updated the Guiding Principles.
- Updated titles to the Domains:
 - Family-Educator Partnerships and Community Connections (replaced Family Engagement & Community Partnerships)
 - Child Observation, Documentation and Assessment (replaced Observation, Screening & Other Assessments)
 - Inclusion of Children with Disabilities (replaced Special Needs)
- Removed the following Domain titles:
 - Effective Interactions (competencies were dispersed throughout the other domains)
 - Program Administration (competencies were moved under the Professionalism domain)
- Added the following Domain:
 - Developmentally, Culturally and Linguistically Appropriate Teaching Practices

The framework has not reached the level for review by the Advisory Board.

No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: **This resource was developed in collaboration with the Maryland State Department of Education, a review team of Maryland child care trainers, child care educators, higher education professionals, child care associations, and WestEd, a nonpartisan research, development, and service agency, that works with education and other communities to promote excellence, achieve equity, and improve learning for children, youth, and adults.**

The review team made up of stakeholders that included Maryland child care trainers, child care educators, higher education professionals, child care associations, and WestEd, a nonpartisan research, development, and service agency, that works with education and other communities to promote excellence, achieve equity, and improve learning for children, youth, and adults, met from February 9, 2023 to April 30, 2023 and reviewed the current professional development framework. Each domain was reviewed, and recommendations were made concerning the layout of the document, titles used for the domains, consolidation and additions of domains, providing real-life examples, decreasing the competencies levels from 5 to 3, updating the resources, and aligning the competencies with other state and national standards including the Maryland Early Learning Standards. The changes that occurred can be found in the 6.2.1a response.

No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency’s framework for training and professional development addresses the following required elements:
 - i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **Maryland Competency Standards for Early Childhood and School-Age Professionals, aligns with the Professional Standards and Competencies for Early Childhood Educators of the National Association for the Education of Young Children (NAEYC) and is adapted for the state of Maryland. The intended audience of the Maryland Competency Standards for Early Childhood and School- Age Professionals is the Maryland early childhood and school-age workforce, the professionals who work with or on behalf of children and their families. This workforce includes: Early childhood professionals (serving children birth through age 8) School-age professionals (serving children ages 5 through 12 years) Those who train, educate and advocate for the Maryland early childhood and school- age workforce Maryland Competency Standards for Early Childhood and School-Age Professionals consist of eight domains/core of knowledge: Child Development Family-Educator Partnerships and Community Connections Child Observation, Documentation and Assessment Developmentally, Culturally and Linguistically Appropriate Teaching Practices Curriculum and Environment Professionalism Inclusion of Children with Disabilities Health, Safety and Nutrition.**
 - ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Maryland Child Care Credentialing program is a career pathway that recognizes and**

promotes a professional development lattice that emphasizes life-long learning and professional development. This model encourages an individual to build knowledge and skills in a cumulative manner from introductory training to advanced level education. It is a quality initiative program that recognizes child care providers for exceeding the requirement of State licensing and registration regulations. Training at the beginner level addresses basic understanding and practices; training for the higher levels addresses higher level thinking and problem solving. The progression of professional development reflects research and best practices to meet the needs of infants and toddlers, preschool, and school age children that aligns to foundational and specialized competencies to improve the quality and stability of the child care workforce. Providers are required to take training in areas that address child development in all domains and cultural competencies. The Maryland Child Care Credential outlines six core of knowledge domains (child development; curriculum; special needs; professionalism; community; and health, safety, and nutrition) and addresses the promotion of social, emotional, physical, and cognitive development of children. There are seven staff credential levels and four administrator levels. Each level recognizes an early childhood professional's achievement of a specified amount of training, experience, and engagement in professional activities. The Maryland Child Care Credential Program is not funded for FY25, but MSDE anticipates the program being funded again in FY26.

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **There is an active Early Childhood Advisory Council (ECAC), as well as local Early Childhood Advisory Council's in each jurisdiction throughout Maryland. The ECAC is composed of early childhood educators, policy makers, and community advocates from across the state. The purpose of the ECAC is to coordinate efforts among early care and education programs, conduct needs assessments concerning early childhood education and development programs and develop a statewide strategic report regarding early childhood education and care. There is a very robust communication loop among the state and local Early Childhood Advisory Councils (LECACs) and it informs the Division of Early Childhood's decision-making and planning. LECACs serve as local governance entities by leveraging resources, coordination, and collaboration to support local early childhood system development that aligns with statewide goals and priorities. The Office of Child Care (OCC) Advisory Council helps shape and guide the goals and operations of the office by reviewing proposed regulations related to the care of children, recommending policy priorities, and identifying issues of importance to child care providers and consumers. The Council consists of at least 25 members, but no more than 30 members. The State Superintendent appoints members to the council, representing geographically diverse jurisdictions across the state. The intended audience of the professional development framework is the Maryland early childhood and school-age workforce, the professionals who work with or on behalf of children and their families. This workforce includes:**
- Early childhood professionals (serving children birth through age 8)
 - School-age professionals (serving children ages 5 through 12 years)

- Those who train, educate and advocate for the Maryland early childhood and school-age workforce

Examples of the intended audience include teachers, assistant teachers, family child care providers, program directors, higher-education faculty, trainers, professional association leaders, policymakers and resource specialists. Members of The Office of Child Care Advisory Council and the State Early Care Advisory Council participated in workgroups in revisioning the framework. The councils will review the final draft of the framework and provide any additional feedback.

- iv. **Articulation.** For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **A significant number of Maryland’s public high schools have the 90 hour Early Child Care training articulation agreements with the two year colleges. The Associate of Arts in Teaching (AAT) is a fully articulated degree between two and four year colleges. The AAT transfers up to 64 credit hours, satisfying all lower-division teacher education program outcomes without further review by Maryland's 4-year public and independent institutions.**

Child Development Associate: The Child Development Associate does not require an articulation agreement. The Child Development Associate is accepted by the Community Colleges for any student who has received an official Child Development Associate Certificate from the Council for Professional Recognition. Students must be either a noncredit or credit student to receive Credit for Prior Learning. Community College will accept high school student's Child Development Associate's without an articulation agreement. High school students can submit their Child Development Associate Certificates to receive the 6 college credits. As per an articulation agreement with Notre Dame of Maryland University (see 4-year articulation below), Notre Dame of Maryland University will accept the Credit for Prior Knowledge from Montgomery College Students.

Montgomery County Public Schools articulations: Montgomery County Public Schools Area Supervisors review state/federal requirements to develop proposed curriculum to MC Montgomery County Public Schools contacts Montgomery College Deans to coordinate meetings to discuss the framework of the articulated curriculum pathway Upon Montgomery County Public Schools and Montgomery College agreement, legal counsel reviews for both organizations Once legal approves, the signature process begins and is completed (Office of Superintendent Montgomery County Public Schools; Office of the President Montgomery College) Annual form submission from Montgomery County Public Schools to Montgomery College at the end of each Montgomery County Public Schools school year is submitted to address potential changes for the next academic year.

4-year articulations: Four-year institution or Montgomery College initiates proposal to formalize an articulated partnership Representatives from each institution, meet to discuss the academic pathway for the partnership and the

Montgomery College Articulation and Transfer department completes drafts of the academic pathway plan and articulation agreement, which is sent to four-year institution for final comments/edits. Once academic pathway plan and articulation agreement reach departmental approval at both institutions, the documents are sent to the legal counsel for both organizations. Once legal approves, the signature process begins and is completed (signatures vary per agreement). The articulation agreement and pathway are good for a term of five years. If minor changes are required during that time period, updates and addendums can be made via departmental approval at both institutions. If major changes are required, both institutions complete the original process again to create a new academic pathway and articulation. Anne Arundel, Montgomery, Carroll Community College, and others are offering credit for prior learning to community students beginning a college degree program with their Child Development Associate. Crosswalks completed show the courses that most align with the Child Development Associate are Introduction to Early Childhood Education and Nutrition, Health and Safety totaling 6 semester hours. Several high schools have adopted the Child Development Associate for the Career Technology Education program, these are the courses that will articulate, when an articulation agreement has been signed by the designated authorities. Child Growth and Development and the Curriculum/Methods course will no longer articulate and will need to be taken for credit. New articulation agreements will have to be developed for all 2-year colleges who previously articulated the 90 hours. Any courses taken at a high school level, will have to be transcribed on the Community College transcript before they could be accepted by the 4-year institution, and a new articulation agreement signed between the community college and the receiving 4-year university. The high school and community college articulation agreement may need to be made available before the 4-year college will accept any high school credits. If the Child Development Associate courses mentioned above show up for college credit on the transcript, then they can be accepted, but only a finite number of transfer courses can be accepted. For example, at Towson, the registrar stops counting at 64 transferred credits. Depending on the students' program, the student can help determine which of their courses they want to have transferred. University of Maryland Eastern Shore will take up to 70 credits from the community college if it is requested, and the advisor and student may help choose which courses to transfer. Maryland State Department of Education/High Schools must redefine the industry standard to the Child Development Associate. Currently, there is minimal movement for the Child Development Associate in places where the 90 hours is still accepted and fully entrenched as the entry level requirement. High school students must be able to fully complete their original plan of study before Child Development Associate becomes standardized. Colleges will move on this once they see high schools following the Child Development Associate program of study. Competency testing must be put in place to receive credit for Child Development Associate course work. Credit for prior learning can be developed if standardized with competency-based testing. Quality, equity, and rigor of the Child Development Associate coursework must be aligned with the courses for which students receive credit. Credit for prior learning can be given for internships if colleges can be assured of the quality of the placement and given assessment of student progress in

internships. Can the Child Development Associate Council supply this? If students' experiential hours are at a licensed, accredited childcare, they can provide mentors with three Professional Activity Units (according to the current Professional Activity Units acceptance) or something commensurate to public school student teaching mentors to provide equity and fairness. The minimum requirement for Teacher's Assistants in publicly funded Pre-K is now a high school diploma. What you could say is the minimum requirement for TA in Public Pre-k will be a CDA beginning in 2027-2028. This needs to be publicized. There should be some clear communication of the Child Development Associate as the industry standard to replace the 90 hours (Locally created program) and the timeline for implementation Coppin State University has an articulation agreement with Baltimore City Community College for Elementary and Special Education.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **MSDE released several workforce surveys, including the Market Rate and the Cost of Care Survey, which will provide the agency the data on existing wages and benefits available to the workforce. The data collected will identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served). Maryland is exploring a feasibility plan for an early care and education workforce registry.**
- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **As funding is available, Maryland will invest in the following programs:**

The Maryland Child Care Credentialing Program: The Maryland Child Care Credentialing Program provides a staff achievement bonus paid to the participating provider upon the completion of continued training, professional activity and one year of continued employment. Staff bonuses are paid one time only at levels 2, 3, and 4 and Administrator level 1. Staff Levels 4+, 5 and 6 and Administrator Levels 2, 3, and 4 are paid yearly.

Training Vouchers/Reimbursements Training Vouchers/Reimbursements are available to providers participating in the Credentialing program at Level Two or higher.

The Child Care Career and Professional Development Fund: The Child Care Career and Professional Development Fund is a tuition free program for child care providers to obtain a college education at participating colleges/universities in Maryland.

The Child Care Quality Incentive Grant Program: The Child Care Quality Incentive Grant Program awards funds to child care centers and family child care providers to enhance the quality of child care provided to children. Programs are encouraged to purchase approved materials, equipment, and supplies that create or enhance stimulating learning environments that help children develop physically, socially, emotionally, and cognitively. Programs are eligible for an

Incentive Grant award once every 3 years.

The Family Child Care Provider Direct Grant Fund Program: The Family Child Care Provider Direct Grant Fund Program provides reimbursements to family child care providers for expenses necessary to achieve or maintain compliance with the requirements of Child Care Licensing. Providers are eligible for a one-time Provider Grant award. Provider Grant funds are income based and dispersed monthly.

Child Development Associate program: Funding is available to support providers to obtain the Child Development Associate (CDA) Credential from the Council for Professional Recognition. The CDA is a credential that early childhood educators can earn to demonstrate certain competencies and, in turn, can help them advance their careers. The CDA credential is carefully administered to ensure that those who earn it know how to put important ECE understandings into practice. CDA educators know how to nurture the emotional, physical, intellectual, and social development of children.

Child Care Apprenticeship: According to an MSDE report in July of 2022 (<https://www.marylandpublicschools.org/stateboard/Documents/2022/0726/TabGBlueprintAndDataDeepDiveTeacherPipelineAndDiversity.pdf>), teacher attrition in Maryland averaged 10% per Local Education Agency. In 2022 alone, Maryland lost 5,516 teachers to voluntary resignation, education related employment, retirement, termination, leaves of absence, other employment opportunities and death. Because the Child Care Apprenticeship program is a virtual coursework option, students from across Maryland have the opportunity to participate and enter the child education workforce. And, they can transfer the skills they learn from the apprenticeship program into the CCCPDF program at many community colleges in Maryland, preparing them to work in teaching. Nationally, over a ten-year period between the 2008-2009 and 2018-2019 school year, the number of people completing a teacher-education program declined by roughly a third. Additionally, according to Data USA (<https://datausa.io/profile/soc/childcare-workers?employment-ot-filter=genderEOT>), the child care workforce had an average annual decrease of almost 5% between 2014 and 2020, but demand for child care has risen since 2014. Now is the time to rebuild the workforce to get students certified in child education programs. The Child Care Apprenticeship program at HCC offers gateways to higher education paths in teaching and child care should a student choose to extend their time in college. But this apprenticeship also provides enough training and certification for apprentices to branch out on their own to higher paying jobs or running their own centers, contributing to the needs of a much in demand workforce. The successful development and implementation of the Childcare Apprenticeship program is creating teacher apprenticeship opportunities for Harford Community College and the community it serves. Specifically, the program is creating opportunities for Harford Community College to support the childcare industry in Harford County and beyond by training apprentices and providing certificates to become a lead teacher. Within the context of success, childcare centers across the county and beyond continue reaching out to the college indicating interest in joining the

apprenticeship program. Furthermore, apprentices in the program are seeking information beyond the 18-month program, especially with respect to articulating 21 credits to Harford Community College for a degree in Teacher Education or participating in CCCPDF. The increase in inquiring about the opportunities beyond the program is also related to the cohort growth from 13 (Cohort 1) to 22 (Cohort 2). Finally, we are creating collaborative opportunities across the state - opportunities that have the potential to create professional pathways for teachers statewide. Maryland EXCELS requires programs at Quality Rating 3 to submit an incremental salary scale that is based on education and experience and at levels 4 and 5 to include a description of employee benefits. This information is not analyzed for pay rates or types of benefits but rather that a salary scale and statement of benefits are in place.

b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

i. Continuing education unit trainings and credit-bearing professional development. Describe: **The Division of Early Childhood requires child care providers to complete a specified number of required trainings in specific domain areas to meet continuing education requirements for licensing. Providers participating in the Maryland Child Care Credentialing program are required to take a specific number of required trainings to maintain the credentialing level. Providers participating in the Child Care Career and Professional Development Fund are required to complete a specific number of coursework hours yearly toward an associate, bachelor's, and master's degree in early childhood education. The Maryland Child Care Credential Program is not funded for FY25, but MSDE anticipates the program being funded again in FY26.**

ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **All MSDE approved trainers and training organizations are required to align training objectives and content with the competencies found in the Maryland Competency Standards for Early Childhood and School- Age Professionals. Maryland higher education institutions are encouraged to utilize the Standards when developing child care coursework.**

iii. Other. Describe:

No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **The Maryland Competency Standard for Early Childhood and School-Age Professionals supports and improves the quality of the workforce by:**
- **Providing coherent structure.**

- Informing the course of study.
- Giving guidance in the definition of child care credentials and certifications, helping to enhance and stabilize the workforce.
- Presenting comprehensive descriptions of the skills, knowledge, and competencies.
- Reflecting on the broad differences in racial and cultural heritage, language, health, and family situations.
- Recognizing that all children and youth, including those with special needs, special healthcare needs, and/or developmental delays or disabilities, possess potential for learning.
- Building on developmentally appropriate teaching and assessment practices.
- Bolstering efforts to improve family engagement.
- Supporting the work of community agencies and organizations.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Maryland Child Care Credentialing program is a career pathway that recognizes and promotes a professional development lattice that emphasizes life-long learning and professional development. This model encourages an individual to build knowledge and skills in a cumulative manner from introductory training to advanced level education. It is a quality initiative program that recognizes child care providers for exceeding the requirement of State licensing and registration regulations. The Maryland Child Care Credential Program is not funded for FY25, but MSDE anticipates the program being funded again in FY26.**

Training at the beginner level addresses basic understanding and practices; training for the higher levels addresses higher level thinking and problem solving. The progression of professional development reflects research and best practices to meet the needs of infants and toddlers, preschool, and school age children that aligns to foundational and specialized competencies to improve the quality and stability of the child care workforce. Providers are required to take training in areas that address child development in all domains and cultural competencies.

The Maryland Child Care Credential outlines six core of knowledge domains (child development; curriculum; special needs; professionalism; community; and health, safety, and nutrition) and addresses the promotion of social, emotional, physical, and cognitive development of children. There are seven staff credential levels and four administrator levels. Each level recognizes an early childhood professional's achievement of a specified amount of training, experience, and engagement in professional activities. The Maryland Child Care Credentialing Program provides a staff achievement bonus paid to the participating provider upon the completion of continued training, professional activity and one year of continued employment. Staff bonuses are paid one time only at levels 2, 3, and 4 and Administrator level 1. Staff Levels 4+, 5 and 6 and Administrator Levels 2, 3, and 4 are paid yearly.

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory

structure? There is an active Maryland Early Childhood Advisory Council (ECAC), as well as local Early Childhood Advisory Council's in each jurisdiction. The ECAC is composed of early childhood educators, policy makers, and community advocates from across the state. The purpose of the ECAC is to coordinate efforts among early care and education programs, conduct needs assessments concerning early childhood education and development programs and develop a statewide strategic report regarding early childhood education and care. There is a very robust communication loop among the state and local Early Childhood Advisory Councils (LECACs), and it informs the Division of Early Childhood's decision-making and planning. LECACs serve as local governance entities by leveraging resources, coordination, and collaboration to support local early childhood system development that aligns with statewide goals and priorities. The Office of Child Care (OCC) Advisory Council helps shape and guide the goals and operations of the office by reviewing proposed regulations related to the care of children, recommending policy priorities, and identifying issues of importance to child care providers and consumers. The Council consists of at least 25 members, but no more than 30 members. The State Superintendent appoints members to the council, representing geographically diverse jurisdictions across the state.

Currently, the Council is focused on two priority areas: Communication / Public Awareness and Workforce Development. In the fall of 2024, the council will focus on revising the Maryland Credential Child Care program which will also include the development of a career ladder for the early childhood workforce. Career pathways will align with licensing roles and be inclusive of all staff in a licensed program and family child care providers.

Maryland did not apply for the Birth-to-Five grant.

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **Articulation agreements include the policies to encourage, facilitate, and monitor the acceptance of course credit across 2- and 4-year institutions. Articulation agreements have been cost-effective for the early childhood workforce. Providers who complete the first 2 years of education at a community college result in significant personal savings. Maryland State Department of Education has an agreement with private universities participating in the Child Care Career and Professional Development Fund that aligns the cost of tuition to State universities for providers transferring from a 2-year college to 4-year universities. The agreement has allowed providers from low-income communities to attend private universities located within their communities resulting in highly qualified and diverse teachers who possess the knowledge base to educate and nurture Maryland's young children.**

Registered Early Childhood Apprenticeship Programs:

Registered early childhood apprenticeship programs are vital for building a well-qualified and sustainable early childhood education workforce. These programs combine on-the-job training with classroom instruction, allowing participants to earn while they learn and gain practical experience under the guidance of experienced mentors. By offering a structured pathway to credentials and career advancement, apprenticeship programs help address workforce shortages, improve educator retention, and ensure that early childhood professionals are well-prepared to support young children's development and learning.

Additionally, they contribute to raising the overall quality of early childhood education by aligning workforce skills with industry standards. Harford Community College's Child Care Apprenticeship program is a registered apprenticeship that gives Maryland residents the opportunity to work in the child care field while they learn. The 18-month program is designed to be completed while working full-time in a licensed Maryland child care facility. The accomplishments of the apprenticeship program highlight the students in Cohort One completing their 18-month apprenticeship program on June 30th, 2024. This accomplishment will allow participants to put theory into practice. The apprenticeship continues with additional Cohorts 2 and 3 with completion dates of December 2024 and July 2025, respectively. There are nine students who have completed the coursework associated with the 18-month Child Care Apprenticeship program, and 38 students who are in the process of completing it. In the 2023-2024 school year, 51 youth apprentices gained hands-on experience working in the Early Childhood Educator industry across the state of Maryland. Notably, 12 of these apprentices honed their skills at The Nest in Wicomico County during the 2023-2024 school year and are on track to earn their CDA this December. These efforts, supported by MSDE's \$12.2 million Maryland Works grant, enabled The Nest to evolve into a full-service, fully functioning childcare center with sustainable funding. In the upcoming 2024-2025 school year, 12 more youth apprentices will begin their journey, working toward earning their credentials, following in the footsteps of the first cohort. This initiative is a key part of our broader efforts to prepare students for successful careers while addressing critical workforce needs in the state.

In addition, Maryland applied for a U.S. Department of Labor grant and is seeking funding to support additional Early Childhood Registered Apprenticeship programs including, the Johns Hopkins University/ASPIRE program, Youth Apprenticeship at Worcester County Public Schools, and the University of Maryland.

Child Development Associate Credential Fund:

The Child Development Associate (CDA) is a foundational means of career advancement in early childhood education. It provides a clear and direct route to building competence in the profession by working to assist early childhood educators in demonstrating the knowledge needed for career advancement. Early childhood educators are supported in receiving competencies for center-based preschool, infant and toddler programs, as well as family child care homes. In Maryland, the CDA has been offered at no-cost to early childhood educators through the use of State General Funds and American Rescue Plan Act funds. As of June 30, 2024, through a grant from MSDE the Council for Professional Recognition provided 974 participants with the funding to earn or renew the Child Development Associate credential. The funds were instrumental in assisting children to thrive in environments led by skilled early childhood educators. Currently, MSDE is exploring how to leverage state-funded scholarship programs at Maryland Higher Education Commission (MHEC) to continue to fund this essential program Career and Technical Education Early Childhood Programs Career and Technical Education (CTE) early childhood programs that culminate in a Child Development Associate (CDA) credential are crucial for preparing high school students for careers in early childhood education. These programs provide students with both foundational knowledge and hands-on experience in child development, teaching strategies, and classroom management. Earning a CDA through a CTE program not only gives students a valuable nationally recognized credential but also sets them on a clear path toward further education and career opportunities in

the field. By equipping students with practical skills and an industry-recognized credential, these programs help to meet the growing demand for qualified early childhood educators and contribute to the overall quality of early learning environments. Upon graduation, these high school students can work as paraprofessional or assistant teachers in a private provider or LEA Pre-K program. Increasingly, institutions of higher education are accepting the CDA as a stackable credential for both the AA and BA in early childhood or in a related field.

Maryland Higher Education Commission Approved Institutions of Higher Education with Early Childhood Programs:

Several postsecondary institutions in Maryland offer early childhood education opportunities. Using information from MHEC's Academic Program Inventory, Workforce Development Sequences, and active private career schools, there are 34 entities offering 89 MHEC-approved programs related to early childhood education. MHEC has shared this information in their plan's appendix.

Additional Early Childhood Workforce Needs:

After attaining additional state funding, Maryland needs to develop a workforce registry to provide valuable data on the demographics, qualifications, and career trajectories of the early childhood workforce. This information is essential for policymakers, researchers, and program administrators to make informed decisions about where to allocate resources and how to support workforce development. By analyzing registry data, MSDE and other stakeholders can identify gaps in training, education, and workforce supply, allowing for targeted interventions to address these issues. Once there is a clear understanding of the credentials and degrees already attained by the incumbent workforce, MSDE will be able to create key performance indicators to support the field to move up the career ladder by improving their qualifications. MSDE has had meetings with other states, the National Workforce Registry Alliance and the Council for Professional Recognition to begin developing a framework for a workforce registry and to scale up access to the CDA, which is an entry level credential and a low-cost option for LEA assistant teachers to attain the necessary qualifications for their role. Once funding is attained, MSDE will create an ECE workforce dashboard for all stakeholders to access and will launch another CDA credential grant.

In FY 25, MSDE is partnering with Child Trends to better understand the early childhood workforce needs through a series of surveys. MSDE is also leveraging survey data produced by Johns Hopkins University on the early childhood workforce.

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **MSDE recently released the Market Rate and**

the Cost of Care Survey will provide the agency the data on existing wages and benefits available to the workforce. The data collected will identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served). The analysis of the workforce data will be completed September 15, 2024.

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **The Lead Agency has not set a minimum or living wage as a floor for all child care staff. MSDE provides a one-time bonus to the members of the early childhood workforce who participate in the Maryland Child Care Credential program. The Maryland Child Care Credential Program is not funded for FY25, but MSDE anticipates the program being funded again in FY26.**

in FY6, MSDE anticipates restarting bonuses in alignment with the career ladder. Program's participating in Maryland EXCELS in Maryland EXCELS who publish a first time or higher quality rating or maintain a quality rating of 4 or 5 are eligible for Maryland EXCELS bonuses. Bonuses available in FY25 range from \$1,000.00-\$13,500.00 based on program type and licensed capacity. These bonuses can be used to support employee benefits including compensation. It is expected that funding for Maryland EXCELS bonuses will be available through at minimum FY27.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **13A.16.06.05 Directors of All Child Care Centers- General Requirements C: A director shall:**
1. According to the individual's professional development plan, complete approved continued training, at the rate of at least 12 clock hours per full year of employment as a director, that consists of a:
 - (a) Minimum of 6 clock hours of core of knowledge training; and
 - (b) Maximum of 6 clock hours of elective training.

13A.16.06.09 Child Care Teachers in Preschool Centers: C. A child care teacher in a preschool center shall:

1. According to the individual's professional development plan, complete approved continued training, at the rate of at least 12 clock hours per full year of employment as a child care teacher, that consists of a:
 - (c) Minimum of 6 clock hours of core of knowledge training; and
 - (d) Maximum of 6 clock hours of elective training.

13A.16.06.10 Child Care Teachers in School Age Centers: C. A child care teacher in a school age center shall:

i. According to the individual's professional development plan, complete approved continued training, at the rate of at least 12 clock hours per full year of employment as a child care teacher, that consists of a:

1. Minimum of 6 clock hours of core of knowledge training; and
2. Maximum of 6 clock hours of elective training.

13A.16.06.11 Assistant Child Care Teacher: C. An assistant child care teacher in a school age center shall:

1. According to the individual's professional development plan, complete approved continued training, at the rate of at least 6 clock hours per full year of employment as an assistant child care teacher, that consists of a:

1. Minimum of 3 clock hours of core of knowledge training; and
2. Maximum of 3 clock hours of elective training.

13A.16.06.12 Aides: B. An aide in a child care center shall:

1. According to the individual's professional development plan, complete approved continued training, at the rate of at least 6 clock hours per full year of employment as a child care aide, that consists of a:

- (a) Minimum of 3 clock hours of core of knowledge training; and
- (b) Maximum of 3 clock hours of elective training.

Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not have requirements that address required hours of ongoing training for Letter of Compliance (LOCs) programs. MSDE will need additional time to meet this requirement. The LOC regulations will duplicate some of the requirements from the other subtitles for licensed providers. As a result of the regulation promulgation process, June 2025 is MSDEs anticipated date of compliance.

b. License-exempt child care centers: **N/A**

c. Licensed family child care homes: **Family Child Care 13A.15.06.02 Training Requirements (B2) Continued Training.**

A provider shall successfully complete: During the first year of registration, 18 clock hours of approved training specified by the office; and by the end of each 12-month period after the first full year of registration, a

total of 12 clock hours of approved continued training that consists of:

- (a) At least 6 clock hours of core of knowledge training; and
- (b) Not more than 6 clock hours of elective training.

Large Family Child Care Home, 13A.18.06.05 Child Care Home Director:

A Director shall (2) According to the professional development plan, complete approved continued training, at the rate of at least 12 clock hours per full year of service as a director, that consists of a:

- (a) Minimum of 6 clock hours of core of knowledge training; and
- (b) Maximum of 6 clock hours of elective training.

13A.18.06.06 Family Child Care Teachers (D.), A family child care teacher in a child care home shall:

According to the individual's professional development plan, complete approved continued training, at the rate of at least 12 clock hours per full year of employment as a child care teacher, that consists of a:

1. Minimum of 6 clock hours of core of knowledge training; and
2. Maximum of 6 clock hours of elective training.

13A.18.06.07 Aides

A. An aide shall: (4), According to the individual's professional development plan, complete approved continued training, at the rate of at least 6 clock hours per full year of employment as a child care aide, that consists of a:

1. Minimum of 3 clock hours of core of knowledge training; and
2. Maximum of 3 clock hours of elective training;

- d. License-exempt family child care homes: **N/A**
- e. Regulated or registered in-home child care: **N/A**
- f. Non-regulated or registered in-home child care: **License-Exempt/Informal Providers are required to complete 4 hours of ongoing training annually, which includes a 1 hr update required as of June 2024.**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable).

Maryland does not have any Indian Tribes or Tribal organizations receiving CCDF Funds.

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians?

MSDE approved trainers provide professional development that aligns with The Maryland Knowledge and Competency Framework for Child and Youth Care Professionals. The framework:

- Provides coherent structure and content for the professional development of Maryland's child and youth care workforce;
- Informs the course of study that child and youth care professionals follow as they pursue courses of study in higher education institutions;
- Gives guidance in the definition of child care credentials and certifications, helping to enhance and stabilize the workforce;
- Presents comprehensive descriptions of the skills, knowledge, and competencies that child and youth care professionals need to support learning and professional development across program types, ensuring that children; and youth (prenatally through adolescence) and their families receive services targeted to their

unique developmental needs;

-Reflects the broad differences in racial and cultural heritage, language, health, and family situations that constitute the diversity of the State of Maryland;

-Recognizes that all children and youth, including those with special needs, special health care needs, and/or developmental delays or disabilities, possess potential for learning;

-Builds on developmentally appropriate teaching and assessment practices;

-Bolsters efforts to improve family engagement;

-Strengthens professional development and post-secondary education programs; and

-Supports the work of community agencies and organizations to provide appropriate and effective services to children, youth, and families.

Training is available for providers who specifically care for infants and toddlers and school-age children. In fact, much of our training covers all ages. Also, the content of the trainings available are applicable to all diversities and populations.

The Child Care Scholarship (CCS) branch provides trainings in English and Spanish, with visuals and very basic language to increase understanding for License-Exempt/Informal Providers.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **MSDE trainers conduct training on Developmental Screening, as well as training about the ASQ-3 and ASQ Online, Brigance, Best Beginning, and Speed DIAL-4. Currently, the training provided only focuses on the use of the tools. Effective July 1, 2022, all providers serving children under the age of three years old, must notify parents on an annual basis of the Maryland Infant and Toddler Program via a brochure on the Agency's website. The brochure describes the program and has contact information for all regions of the state. The brochure may be accessed at the following link:**

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/infant_and_toddler_program_brochure_final.pdf.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency’s early learning and developmental guidelines are:
- i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency’s early learning and developmental guidelines.
- i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency’s early learning and developmental guidelines most recently updated and for what reason? **The Early Learning standards were most recently revised 2023-2024 to align with current research, ensure they are culturally and linguistically appropriate, unbiased, and address all learners. The NEW Early Learning Standards from Birth through Age 3 were developed by an extensive workgroup of national experts, state Division of Early Childhood staff, and local community stakeholders in the field of Early Childhood. The standards beginning at Prekindergarten 4 were developed by the Maryland State Department of Education and are approved as part of the Maryland College and Career Ready Standards for PreK-12. The early learning standards are research-based, culturally and linguistically appropriate, begin at birth, listed on a continuum and aligned with kindergarten entry. They will be released to the public on April 9, 2024.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **<https://earlychildhood.marylandpublicschools.org/maryland-early-learning-standards>**

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The new Early Learning Standards aim to offer a shared set of goals and developmental indicators for children from birth through kindergarten entry. They provide clear guidance for educators, empowering them to create developmentally appropriate environments**

and learning experiences that foster crucial skills, concepts, and behaviors in children. The standards identify developmental milestones and benchmarks for students and the aim is to promote fluid communication between educators, providers, and parents in order to provide experiences that prepare young learners for success in both school and life.

MSDE is in the process of developing committees to approve early childhood curriculum and high-quality instructional materials that are aligned with the Blueprint and the College and Career Readiness standards. MSDE is also creating resources to empower families to use these standards effectively. Lastly, MSDE is developing a professional learning and training rollout plan to support teachers with the implementation of these new standards.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **We systematically integrate parental perspectives from the Maryland State Department of Education's Child Care Scholarship customer service survey to enhance the program. Additionally, feedback from parents and providers gathered through interactions with the customer service line is diligently used to implement improvements. This approach promotes a consistent continuum of care and streamlines the accessibility of benefits.**

In an effort to support continuous quality improvement and expand access to high quality child care. The Maryland EXCELS standards are under a process of review and revision. The revised standards which will be approved in FY25 and implemented in FY26 will look at program type, ease of participation, workforce development, and pathways to quality. Parent's have access to the Maryland EXCELS Find a Program Directory where they can identify programs that are eligible to receive scholarship reimbursement.

In addition, the agency is in the process of conducting a supply and demand study, birth to age five, to better understand the needs of families, and access gap both in infant toddler and preschool age care to make informed decision in resource allocation that best meets the needs of families.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **The feedback heard during the community engagement sessions held during May-June 2024 provided valuable insights into the challenges that underserved populations face in accessing high-quality care. These sessions emphasized the significant barriers experienced by priority populations, including non-English speaking families or multilingual learners, immigrant families, families with children with disabilities, families receiving child care financial assistance, families in child care deserts, migrant or asylum seeking families, and families in rural areas. These findings include: Technology Challenges especially for individuals with limited access to and familiarity with digital platforms hinder families' ability to find and apply for child care. Families and providers stated that they can benefit from regional/local support systems put in place to support families with navigation of search for child care and the child care scholarship program. Feedback also emphasized that the lack of reliable transportation options prevents some families from reaching child care facilities. The financial burden of child care remains a significant obstacle for some families. In addition, language barriers, particularly for some non-English speaking families, impede communication and access to services. Some providers have had trouble adjusting to prospective payment or advance payment, including the true up process.**

Feedback also highlighted the significant challenges in attracting and retaining a qualified child care workforce. Key issues identified include: access to high-quality training and ample support for some providers expressed frustration with inadequate training and support systems. A huge barrier to recruiting and retaining qualified workforce are low wages, lack of benefits, which result in financial instability for the workforce. This coupled with the high demands of the job, and high requirements for credentialing and a lack of recognition in terms of how the profession is perceived, contribute to burnout and frustration among some providers.

Some Spanish-speaking child care owners specifically cited challenges in getting licensed or maintaining their businesses due to lack of responsiveness and clarity from the State and insufficient resources available in Spanish. For example, one provider highlighted difficulties in receiving support from the food program due to language barriers, leading to confusion and inconvenience.

Some participants emphasized the need for stronger partnerships between government agencies, local organizations, and child care providers to enhance communication, transparency, and accountability. Specific recommendations include developing a Unified Data Collection Systems, creating systems to support collaboration and information sharing among stakeholders, incentivizing innovation by encouraging innovative approaches to improve child care services and to receive credentials, aligning the workforce with school systems by integrating the school system to build off of early childhood education to ensure continuity of care and supports that aligns with a child's development and history. Feedback also emphasized and encouraged the state to strengthen the Continuous Quality Improvement system, expanding on existing surveys to assess and identify areas for improvement in the child care landscape.

MSDE Initiatives for Improving Quality:

MSDE is exploring a longitudinal data system that includes children receiving child care scholarships. This system would give each of these children a student ID number that follows them through their matriculation in public schools.

MSDE has developed a structured career ladder for early childhood educators to elevate the profession. This career ladder will align staff qualifications across licensing, Pre-K, and the child care credential program. Maryland is modeling its approach on the National Association for the Education of Young Children's (NAEYC) "Power to the Profession" career ladder, while also incorporating additional pathways to recognize prior learning, skills, and experience. A work group of early childhood stakeholders will convene in January 2025 to review the career ladder, offer feedback, and make implementation recommendations. The career ladder will go into place on July 1, 2025. After the career ladder is solidified, Maryland will begin to explore a recommended compensation and benefits scale for the early childhood workforce.

Maryland EXCELS: In FY26 revised Maryland EXCELS standards will be implemented to support programs with the participation in and achieving quality ratings in Maryland EXCELS. Resources such as in person/virtual professional development, increased site visits, and new tutorials will be available to support increased quality improvement and programs quality ratings.

Licensing: In addition to ensuring child care community has access to telephonic, written and on-site interpretation and translation services; Licensing staff will ensure to better communicate and explain that the services mentioned are available to them at no cost.

Early Learning and Instruction: The Office of Early Learning and Instruction is in the process of developing professional learning modules to provide Pre-K educators with access to on-demand resources to enhance their teaching practices and instructional strategies. These modules will be designed to offer practical, research-based information that educators can apply in their classrooms to support student development and engagement. Pre-K Support Specialists will utilize these modules as a resource to guide and support teachers in addressing various instructional challenges and fostering a positive, inclusive learning environment for young learners. Expand the PUSH to Pre-K initiative to provide additional technical assistance and support to meet the high-quality Pre-K standards and participate in the state’s publicly funded Pre-K grant programs.

Child Care Scholarship: Child Care Scholarship Branch supports the improvement of quality for children eligible for CCDF benefits by working closely with Maryland EXCELS and the Maryland’s Licensing Branch to ensure that communications from the CCS Branch to parents and providers reflects the health, safety, and quality standards being implemented by the Division of Early Childhood, as directed by CCDF regulations and ACF guidance.

Family Support Services and Head Start Collaboration: The Office of Family Support Services and Head Start Collaboration supports quality improvement initiatives through fostering strong partnerships with family serving organizations and establishing regular communication channels for stakeholders, providers, and families. To increase family and community engagement, the Office proposes a family member position on The State's Early Childhood Advisory Council (ECAC) and the Office of Child Care (OCC) Advisory Council. This will drive meaningful improvements in child care quality and effectiveness by including parent voices in the continuous quality initiatives offered through the Division of Early Childhood.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State’s or Territory’s need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available.
<https://earlychildhood.marylandpublicschools.org/quality-progress-report-qpr-maryland>
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality

improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.

- i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **To support training and professional development of the early childhood workforce, funding is required to develop the workforce registry; continue and develop new registered apprenticeship programs; continue alternative certification programs, the CDA Training Bundle, and the finalization of the Maryland Competency Standards and Framework; and restructure the Maryland Child Care Credential Program.**

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The new Early Learning Standards aim to offer a shared set of goals and developmental indicators for children from birth through kindergarten entry. They provide clear guidance for educators, empowering them to create developmentally appropriate environments and learning experiences that foster crucial skills, concepts, and behaviors in children. success in both school and life.**

MSDE is in the process of developing committees to approve early childhood curriculum and high-quality instructional materials that are aligned with the Blueprint and the College and Career Readiness standards. MSDE is also creating resources to empower families to use these standards effectively. Lastly, MSDE is developing a professional learning and training rollout plan to support teachers with the implementation of these new standards.

- iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Maryland EXCELS standards for all four program types (child care center, family child care, school-age only, public pre-kindergarten) are being revised based on stakeholder feedback and national trends.**

- iv. Improving the supply and quality of child care services for infants and toddlers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Increased Family Child Care capacity through the GOFCC grant program. It is designed to attract individuals to get registered and develop business practices thus increasing the supply of infant/toddler care. The Maryland Child Care Resource Network (MCCRN) provides specialized training and technical assistance related to the care of infants and toddlers.**

- v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **MSDE awarded a contract to Maryland Family Network (MFN) to oversee the operations of the Maryland Child Care Resource Network (MCCRN). The Maryland Child Care Resource and Referral Network has twelve sites located throughout Maryland that help provide statewide information and referral services to assist families with finding licensed child care that meets their needs. MFN provides leadership and management of the Maryland Child Care Resource and Referral Network including grant management, training, technical assistance, support, program and fiscal monitoring, evaluation, and development of training modules and technical assistance strategies. The primary goal of the MCCRN is to address the needs of parents seeking quality early care and education programs and to improve capacity building among licensed child care providers. This includes strategic management support as well as leadership development for licensed child care providers that participate in Maryland EXCELS. Maryland EXCELS is Maryland's Quality Rating and Improvement System. Maryland EXCELS is a voluntary quality rating and improvement system available for license child care centers, registered family and large family child care homes, school-age only programs, and Public Prekindergarten programs to participate in. Programs receiving child care scholarship reimbursement are required to participate in Maryland EXCELS.**

MFN also provides centralized LOCATE: Child Care services for the State through telephone counseling and web-based programs. LOCATE: Child Care accesses a database containing all regulated child care in the 24 jurisdictions throughout Maryland. This database includes all registered family child care providers, licensed full day child care centers, Head Start programs, private nursery schools, kindergartens, PreK programs, and school age programs. Services are provided statewide and reflect the needs of all children, including those from low-income families, children with disabilities and special health care needs, English Language Learners, and children with developmental or mental health concerns. MFN and the MCCRN continued to provide training and professional development opportunities to the ECE educators both individually and collaboratively. This included hosting several conferences and symposiums, presenting at state association conferences, and expanding opportunities based on the needs and interests of the educator community. Training continued to be offered on virtual platforms, with some jurisdictions expanding in-person opportunities based on local interest and needs. During FFY23, MFN and the CCRCs conducted 1,294 training workshops, issued 19,279 certificates, across a total of 4,707 training hours.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

- vii. Evaluating and assessing the quality and effectiveness of child care services within

the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

viii. Accreditation support.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments.

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **To improve the quality of child care services, MSDE is currently developing transition planning tools and resources to support early childhood transitions with an emphasis on transitioning to kindergarten. These resources will be widely available to all providers and programs.**

Maryland is using State Funds to support all the activities listed above.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The State's Early Childhood Advisory Council (ECAC) and the Office of Child Care (OCC) Advisory Council contains a broad range of state and local stakeholders, comprised of members of the early care and education communities as well as local government, including Maryland Head Start Association (MHSA), Maryland State Family Child Care Association (MSFCCA), Maryland State Child Care Association (MSCCA), Local Education Agencies (LEAs), Department of Human Services (DHS), Maryland Department of Health (MDH), State Interagency Coordinating Council (SICC) representatives and the Maryland Developmental Disabilities Council. A member of the Division of Early Childhood (DEC) at MSDE, who helps set the agenda, coordinate logistics, and facilitate discussion, staffs the ECAC. Items discussed affect early care and education from prenatal to age eight and are aligned to the purpose of the State ECAC, which are to (a) coordinate efforts among early childhood care and education programs, (b) Conduct needs assessment concerning early childhood education and development programs, and (c) develop a strategic report regarding early childhood education and care. Coordination with the above agencies increases avenues for providers and families to gain meaningful updates and information and improves the Lead Agencies ability to gather important insight from the field through the coordinating bodies. This includes ensuring opportunities for families and providers to have their voices heard such as surveys, and listening sessions are shared more broadly and in a format that is most applicable and accessible such as during times of day and in languages that are most applicable.**

Coordination between Maryland's Early Childhood Advisory Council (ECAC) and the Office of Child Care (OCC) has yielded significant progress in expanding accessibility and continuity of child care services, particularly for working families.

One key result of this collaboration has been the enhancement of the mixed-delivery Pre-K system, which includes family child care providers, community-based organizations, and public schools, under the Blueprint for Maryland's Future. By aligning efforts across these sectors, the State ECAC and OCC have been able to ensure that more children, especially those from low-income and underserved communities, have access to full-day services that support their developmental needs while accommodating the schedules of working parents.

Additionally, this coordination has led to streamlined processes for families to transition between different types of care, such as from part-time to full-day programs or from Pre-K to before- and after-school care, which is often where Child Care Scholarship funds are used. These efforts have been supported by the integration of various funding sources, including state and federal grants, to subsidize the cost of care and make it more

affordable for families. As a result, the state has seen an increase in the continuity of care, reducing disruptions in children's learning and development.

Through ongoing collaboration, the ECAC and OCC continue to work towards a more seamless early childhood education system that meets the diverse needs of Maryland's families, ensuring all children can succeed.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved:
- Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.
- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Division of Early Childhood and the Division of Early Intervention and Special Education Services are both located at MSDE and collaborate and establish policies and practices for all child care related services for infants, toddlers and preschool-age children with disabilities. Coordination through the State Interagency Coordinating Council (SICC) enables provision of joint professional development to enhance providers' abilities to understand and support children's development in core concepts, skills and behaviors necessary for kindergarten entry and school success. Joint professional development also enhances the ability of providers for seamless transitions into new early childhood settings and increases the quality of care for vulnerable populations. There is a provision in the Child Care Scholarship program for providers serving children with disabilities to receive additional funds to better support the needs of children. This collaboration center's family's needs as they transition from one system (Early Intervention) to the next preschool and kindergarten ensuring minimal interruptions in services and relevant information to support families as they navigate the supports available to them.**
- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start Collaboration Office is in the Division of Early Childhood, allowing coordination across Head Start and other early childhood programs. Working closely with federal partners, the Maryland Head Start Association, local Head Start and Early Head Start programs, and other workgroups that serve families and their children the Collaboration Director supports the ongoing collaboration and alignment of services for family and community engagement, continuity of care for children, and comprehensive services and supports for family well-being. Coordination to expand accessibility and continuity of child care services yield positive results for families and early childhood programs. Head Start and Early Head Start programs offer full-day, expanded-hour, or expanded-year programs to accommodate various family needs and work schedules by using state funding. Coordination of services with state and local agencies leads to an integrated service approach that ensures children's developmental needs are met and seamless transition services are provided**

reducing disruptions in care and learning for children and stress for families.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Maryland Department of Health serves on many of the same Councils and workgroups on which MSDE staff are members. The goal of all of the workgroups is to provide better outcomes for children as they relate to child physical and mental health, inclusion, and educational opportunities for child care professionals. The Department of Health also participated in the State-wide needs assessment and development of the state's 5-year strategic plan for prenatal to age 8, Maryland Ready - Maryland Ready - A Path to School Readiness and Success. The strategic plan can be found here: <https://strategicplan.marylandpublicschools.org/>.**

The coordination between the Maryland State Department of Education (MSDE), the Maryland Department of Health (MDH), the Office of Child Care Advisory Council, and the State Early Childhood Advisory Council has significantly enhanced accessibility and continuity of care for children in early childhood programs. By aligning resources and initiatives, these entities have expanded the availability of full-day services, particularly benefiting low-income and underserved families. This collaboration has enabled more children to access consistent, high-quality child care and Pre-K throughout the day, reducing the need for parents to rely on multiple care arrangements.

Additionally, the integration of health, early education, and child care services has ensured that children receive comprehensive support that addresses their developmental, social-emotional, and physical health needs. This coordination has been particularly impactful for children with disabilities, medically fragile children, or those from vulnerable populations, who now have access to more cohesive and tailored care. Furthermore, the collaborative efforts have facilitated smoother transitions for children between different types of care, such as moving from part-time to full-day programs or transitioning from Pre-K with Child Care Scholarship before- and after-care programs, ensuring stable learning environments essential for their development.

Supporting working families has been a central focus of this collaboration. The development of more flexible child care options, including extended hours and mixed-delivery models, provides families with the flexibility to choose care arrangements that align with their work schedules and meet their children's developmental needs. Through joint funding strategies, including leveraging state and federal funds in both MSDE and MDH, these coordinated efforts have also made early childhood programs more affordable for low income families. This has been achieved through increased subsidies, low copayments, and the integration of multiple state and federal funding streams to reduce the cost burden on families. As a result, Maryland's early childhood system is better equipped to support the needs of working families, promoting greater access to continuous, high-quality care that fosters children's development and well-being.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **A representative from the Department of Human Services serves on the Early Childhood Advisory Council and the Office of Child Care Advisory Council. Members of both Councils share information**

relevant to child care scholarship employment services and workforce development. The Department of Human Services also participated in the State-wide needs assessment and development of the 5-year strategic plan, Maryland Ready - Maryland Ready - A Path to School Readiness and Success. The strategic plan can be found here, Page 24 of 397: <https://strategicplan.marylandpublicschools.org/>

MSDE collaborates with other state agencies to support the early childhood workforce. Maryland continues to create pathways for the incumbent and prospective early childhood workforce. MSDE has worked closely with the Maryland Higher Education Commission and the Maryland Department of Labor. Four new early childhood registered apprenticeships were started through this partnership using American Rescue Plan Act funds. MSDE continues to look for additional funding to sustain these programs. In addition, MSDE and MHEC are working closely with early childhood stakeholders to develop a new career ladder in alignment with the National Association for the Education of Young Children's Power to the Profession. Once this new career ladder is developed, clear pathways will be shared with the early childhood workforce and the staff qualification between child care and state-funded Pre-K will be aligned in order to simplify the current credentialing system. In addition, \$450,000 in state funding was allocated to the Growing Opportunities for Family Child Care. This state investment is geared toward increasing the number of family child care providers. The coordination between various agencies has been essential to supporting the early childhood workforce. A well-supported and highly skilled workforce is better able to serve young children and meet the needs of working families.

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **MSDE is the State agency responsible for public education, including prekindergarten; however, there is coordination among the various departments within the agency to support public education. The Office of Early Learning and Instruction in the Division of Early Childhood (DEC) oversees prekindergarten, including the expansion of a mixed-delivery universal Pre-K program. This Office of Early Learning and Instruction works closely with the Office of Teaching and Learning and the Office of Child Care (OCC) to support local education agencies, Head Start programs, family child care homes, and center-based programs as well as other program types in the state prekindergarten program. The Office of Early Learning and Instruction conducts monthly ECE Content Collaborative meetings with local education agencies to share best practices, work through problems of practice and share updates in support with the mixed-delivery system. As a result of these collaborative meetings, district leaders gain insight, receive feedback and create action plans in support of moving their work forward.**

Licensing: The Licensing Branch frequently provides regulation and licensing updates regarding the licensed child care to the other branches/workflows in DEC. Licensing also ensures providers are made aware of the opportunities to participate and offer public PreK through email blasts, information sessions and Tuesday Tidbits. Licensing ensures that the programs are licensed to provide care beyond the 6-hour instructional day to meet the needs of families. In addition, licensing will coordinate to conduct joint inspections and investigations with the other branches as needed.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Division of Early Childhood's Office of Child Care - Child Care Licensing branch is responsible for licensing/registering child care providers throughout Maryland. Both the Licensing Branch oversees thirteen regional licensing offices to provide initial and annual inspections, respond to complaints and enforce regulations. The Assistant State Superintendent and the Executive Director work closely with the Licensing Branch Chief and the thirteen regional licensing managers on policies and procedures impacting child care licensing.**

In addition, the Licensing branch often connects the other branches/workflows in DEC with the child care providers, as needed or/and upon request. Licensing branch serves as a liaison to provide valuable updates and initiatives to the provider and families, as well as provide feedback and recommendations to the other DEC branches/workflows, when received from the stakeholders. Licensing also aligns various regulations with the other branches/workflows to ensure continuity of child care services, in order to meet the needs of the providers and families.

- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **MSDE's Office of School and Community Nutrition Program administers the Child and Adult Care Food Program (CACFP). The Office of Child Care (OCC) has a Memorandum of Understanding (MOU) with the Office of School and Community Nutrition Program (OSCNP) and coordinates to provide training, assistance and access to the CACFP. The two divisions coordinate on accountability measures and to reduce provider burden. The OCC also provides the OSCNP with a listing of all licensed/registered providers so that the OSCNP can validate licensure information for the providers who wish to participate in the Program.**

Licensing: The regional offices provide a monthly list of providers to the food program and opportunities for the food program to provide training to both licensing staff and providers during staff meetings and information sessions. In addition, both agencies share information regarding providers and families to ensure the child care needs of the providers and families are being met. The Licensing Branch works with MSDE Food and Nutrition Program to receive the USDA CACFP updates and update the meal and menu plan and related resource document on the website. The OCC [1214] Emergency Form has section for the Food and Nutrition program to capture children participating in the food program and their attendance, provider reimbursement and education, and training regarding the program. The free summer meal program is promoted through news letter and the DEC website.

Scholarship: In addition, the CACFP can use technology made available via the Child Care Provider Portal to confirm which children determined eligible for CCDF benefits are also eligible for opportunities made available by the Food Program. Data made available via the Child Care Provider Portal expands a child's access to the benefits provided by the Food and Nutrition Program by enabling the case manager to have access to the information needed to determine a child's eligibility.

Early Learning and Instruction: The Prekindergarten Grantees are required to serve at

least one meal per day that meets the CACFP Meal Pattern Requirements. Grantees are referred to the USDA CACFP for resources and additional information on nutrition and meal planning.

Maryland EXCELS: Maryland EXCELS Administrative Policies and Procedures standards at quality ratings of 3, 4, and 5 include participation in CACFP.

- j. **McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: In coordination with the McKinney-Vento State coordinators for homeless education, Maryland State Department of Education (MSDE) provides guidance to Lead Agencies and providers as to how to support children and families experiencing homelessness. For example, guidance was provided to inform the Local Education Agencies (LEAs) that families experiencing homelessness do not need to provide proof of income for Pre-K enrollment. Pre-K programs must enroll all four-year- old applicants who are experiencing homelessness (COMAR §13A.06.02.03.A). Three-year- old children experiencing homelessness also are automatically eligible for Pre-K (COMAR§13A.06.02.03.C(1)). This categorical eligibility means that families experiencing homelessness do not have to provide evidence of income for Pre-K enrollment. A completed eligibility questionnaire, a note from the McKinney-Vento liaison or designated Pupil Personnel Worker (PPW), or any other record that the family has been determined to be experiencing homelessness replaces proof of income. Notarized letters from the family cannot be requested, as such a requirement would create a barrier to the child’s enrollment in Pre-K. Currently, a McKinney-Vento Outreach Toolkit is under development, which will consist of videos, PSAs, brochures, fliers, and a social media campaign. In addition, MSDE is developing online courses for a variety of LEA and program staff, which will be released on a rolling basis starting by May 2024. As a result of coordination with the McKinney-Vento State Coordinators, we ensure that all homeless students receive prioritized enrollment as Tier I students into Pre-K.**

Child Care Scholarship (CCS) Program:

In accordance with the federal McKinney Vento Act, MSDE offers an immediate 90-day emergency CCS within 5 business days, based upon the documented activity needs of families experiencing homelessness and that submit a completed CCS Application along with the minimum requirements: proof of state residency and proof of activity (employment, - work, training, and school). Continuity of care and full services is increased by giving the parent 5 months to complete the eligibility process required to be issued 24-month scholarships. The CCS Program has a McKinney Vento Liaison that coordinates with state educational agencies and local educational agencies that help families experiencing homelessness and that need child care assistance for children ages 13 and under age 19. By way of coordinated communications efforts, meetings, conferences, phone calls and emails, the MSDE CCS Program makes a continuous effort to bring awareness about the McKinney Vento Act and the emergency 90-day scholarship to the state educational agencies, local educational agencies, and various other agencies within

the state of Maryland. This coordinated effort increases equal access to quality child care by enabling children to access child care during a period of high stress for their parents while their parents gather all the documents required to meet all eligibility requirements. The development of a referral process and by embedding the McKinney Vento Act's definition of homelessness within the CCS Application increases the identification of families that might otherwise have their CCS application denied due to the inability to provide all CCDF eligibility documentation at the point of initial application submission. The provision of CCDF benefits for 24 months increases access and continuity of benefits to children enrolled in early childhood programs.

Licensing: The Licensing Branch serves as a liaison between the providers, families and other branches within the Office of Child Care. This may include drafting/revising regulations to ensure alignment with other branch regulations and/or initiatives, opportunities to present to licensing staff and/or providers during monthly meetings, exchanging information, and/or coordinating inspections and investigations. Licensing also started joining Head Start Associations meeting to provide updates and answer questions from the providers. Licensing will be presenting information to providers including how to support families experiencing homelessness.

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **Child Care Scholarship (CCS):**
The CCS Program coordinates with the Department of Human Services, TANF division to expedite the processing of Child Care Scholarship Applications for customers that receive or have pending Temporary Cash Assistance Applications and/or are experiencing homelessness in order to expedite equal access to quality child care for children in high-risk situations. The coordination results in customers having their CCS application approved within 5 days and for the number of hours documented as the parent being engaged in an approved activity. The provision of CCDF benefits for 24-months increasing access and continuity of benefits to children enrolled in early childhood programs.
- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The Maryland Department of Health (MDH) and the local departments of social services under the Department of Human Services (DHS) serve as access points for these programs. MSDE staff, and representatives from the MDH and the DHS serve together on the Early Childhood Advisory Council (ECAC) and the Office of Child Care (OCC) Advisory Council and have mutual goals to improve outcomes for children. The agencies collaborate on initiatives that affect Maryland's families and children. As a result, ongoing guidance and support is provided to childcare programs and the families enrolled. The coordinated efforts amongst agencies also help to inform families and child care staff where to find resources regarding health insurance, immunizations, and Tuberculosis screenings. In addition, MSDEs health inventory Form [1215] links families to MDH for any questions or concerns they may have in relation immunizations and screenings.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The Maryland Department of Health (MDH) and MSDE**

representatives serve together on numerous committees and councils, including the Infant and Early Childhood Mental Health (IECMH) Leadership Committee, to coordinate an efficient provision of services that affect mutual customer bases, such as Infant and Early Childhood Mental Health. Strategies and promising practices to address family and child mental health, including aligning comprehensive services, seamless transitions, and improving the workforce and availability of high-quality care, are discussed during the Office of Child Care (OCC) Advisory Council and the Early Childhood Advisory Council (ECAC) meetings.

MSDE has issued targeted grants to support access to high quality child care for children and families need therapeutic child care and infant early childhood mental health consultation in child care programs across the state. Based on the need across the state a larger investment is needed to meet the current demand for these supports.

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **Maryland State Department of Education (MSDE) coordinates efforts with the Statewide Coordinating Entity for the Maryland Child Care Resource Network (MCCRN). The Statewide Coordinating Entity and the MCCRN provide services, training and technical assistance to child care providers and early childhood educators. Many of these trainings focus on children and their transitions from child care to PreK/Kindergarten and transitions that occur naturally throughout the day in their child care program. The MCCRN also offers coaching and technical assistance to providers in developing action plans based on training they receive. The Office of Child Care's (OCC) Training Approval Coordinator ensures all training and other professional learning organizations offer meets State and federal requirements. The Training Coordinator also meets with the Statewide Coordinating Entity, the MCCRN, and other approved training organizations to discuss training needs and requirements. The Training Coordinator and staff conducts quarterly Trainers' Meetings to discuss any updates and to provide train-the-trainer sessions for topics that need to be available to the provider community. Maryland EXCELS offers consumer education to families through short online videos on how to find child care, determine what a quality program is, and understand if a program is the right fit for their child.**

By ensuring that the State Coordinating Entity (SCE) is well connected to MSDE branches, data systems, and other stakeholders and partners, the SCE is able to provide comprehensive family resource and referral services to those seeking early care and education opportunities in Maryland. The SCE maintains a database of all licensed child care in Maryland, including PreK programs operated within school systems, in order to identify child care programs which meet the needs of all families, including those with adults in the workplace. This database is the foundation for connecting families to quality care and includes a broad expanse of information about programs, beyond what is available through the licensing system, to support families in identifying the most appropriate care for their child.

Furthermore, local education agencies (LEAs) and private providers work together to ensure that all teachers have access to professional development. There is also collaboration in support of students transitioning from pre-k to kindergarten to ensure

that both parents and students are prepared and have the information needed to help them to be successful in their new educational setting.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Office of Child Care (OCC) coordinates with the Maryland Out of School Time (MOST) Network through the OCC Advisory Council on items of interest to both. This can include input from the after-school provider community concerning regulations, legislative initiatives, training and professional development and other shared goals. In fact, MSDE previously hosted a school age workgroup, which provided feedback regarding regulations that were specific to school age programs. One of the suggestions from the workgroup pertained to aligning the CPR/FA certification requirements with the staff/child ratios for school age programs. As a result, Licensing is working on amending the regulations to allow school age programs to allow 1 certified staff to each group of 30 children, as opposed to the current standard of 1:20.**
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **Maryland State Department of Education (MSDE) partners with Maryland's Department of Emergency Management (MDEM) on issues related to child safety, such as making the local Emergency Operations Centers (EOC) aware of the child care provider community and the impact any emergency can have upon children in those settings. A Division of Early Childhood (DEC) representative serves on MSDE's Continuity of Operations Planning Committee and three of MSDE's thirteen essential functions are Office of Child Care related. Those functions are: 1. Process and investigate child care related complaints 2. Respond to Criminal Justice Information Systems indicators for arrest of child care providers; and 3. Enforcement actions against child care providers. All of these functions are deemed essential by MSDE for protecting the health and safety of Maryland's children in out-of-home child care settings. The Division of Early Childhood worked closely with the MSDE representative to MDEM.**
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
 - i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **In the future, based on available funding, MSDE will issue grants to non-profit Early Head Start- Child Care (EHS-CC) Partnership grantees, utilizing Child Care Scholarship (CCS) funding to pay for the cost of care for children enrolled in those programs. This will allow the grantees to braid different funding sources to improve quality. The grantees are located in, and serve, different geographical areas of Maryland. Based on available funds, MSDE will also award additional grants to these entities, using infant and toddler funding, to provide coaching services to the providers in the EHS-CC Partnership to improve quality ratings within the Maryland EXCELS Quality Rating and Improvement System (QRIS). Funds may also be used to purchase learning materials and supplies to improve the quality of care.**

- ii. State/Territory institutions for higher education, including community colleges. Describe:
- iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
- iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH) partner to provide home visiting in Maryland. MDH coordinates the Federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant and the Division of Early Childhood (DEC) administers the State-funded home visiting program. MDH representatives serve on the Early Childhood Advisory Council (ECAC) and the Office of Child Care (OCC) Advisory Council. Representatives from the DEC serves on the Home Visiting Coordinating Council.**
- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:
- vi. State/Territory agency responsible for child welfare. Describe:
- vii. Child care provider groups or associations. Describe:
- viii. Parent groups or organizations. Describe:
- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe: **Office of Head Start- Early Head Start Child Care partnership funding.**

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **The purpose of combining child care scholarship payments (from CCDF, Mandatory and Matching) with Early Head Start Child Care partnership grant fund is to extend to full working day programing, enhance and align quality of services and link comprehensive services to children in child care.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: **Maryland General Funds**

No.

- b. Does the Lead Agency use donated funds to meet match requirements?
 Yes. If yes, identify the entity(ies) designated to receive donated funds:
- i. Donated directly to the state.
 - ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
- No.
- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:
- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
 - The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
 - The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
 - If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.
- Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.
- If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?
- Yes.
- No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the

families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **Maryland State Department of Education (MSDE) awarded a contract to Maryland Family Network (MFN) to oversee the operations of the Maryland Child Care Resource Network (MCCRN). This network consists of twelve sites located throughout Maryland, providing statewide information and referral services to help families find licensed child care that meets their needs. MFN provides leadership and management for the MCCRN, which includes grant management, training, technical assistance, support, program and fiscal monitoring, evaluation, and development of training modules and technical assistance strategies.**

The primary goal of the MCCRN is to support parents seeking quality early care and education programs and to enhance the capacity of licensed child care providers. This involves strategic management support and leadership development for providers participating in Maryland EXCELS. MFN also manages centralized LOCATE: Child Care services for the state, offering telephone counseling and web-based programs. LOCATE: Child Care maintains a database of all regulated child care providers across Maryland's 24 jurisdictions, including: registered family child care providers, licensed full-day child care centers, Head Start programs, private nursery schools, kindergartens, Pre-K programs, school-age programs.

Services are provided statewide and reflect the needs of all children, including those from low-income families, children with disabilities and special health care needs, English Language Learners, and children with developmental or mental health concerns.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The collaboration between Maryland State Department of Education (MSDE) and public and private community organizations is crucial in advancing the goals of the Child Care Development Fund (CCDF). These partnerships aim to build and support capacity, improve coordination between state and local agencies, and engage the business and philanthropic communities in early care and education.**

MSDE works with public and private community organizations to enhance capacity and foster coordination. These efforts connect state agencies with local early childhood councils, promoting the importance of early care and education. The collaboration with businesses and philanthropic entities helps identify service delivery needs and additional resources to support CCDF goals.

Through these partnerships, MSDE identifies gaps in the current delivery systems for children birth to five years old and develops programs to address these gaps. MSDE partners with five community organizations to provide medically based child care and early education services for children with medical diagnoses, developmental delays, physical disabilities, and behavioral issues requiring specialized care. These organizations include:

- 1) PACT: Helping Children with Special Needs World of Care**
- 2) PACT: Helping Children with Special Needs Therapeutic Nursery**
- 3) The Arc of Montgomery County**
- 4) The Lourie Center for Children’s Social & Emotional Wellness**
- 5) The Arc of Prince George’s County**

These programs offer early intervention therapies, including speech, occupational, and physical therapies, mental health services, social-emotional support, medical/healthcare services, and family support in an inclusive, high-quality early learning environment.

MSDE partners with Ready at Five, a private organization dedicated to comprehensive school readiness for all Maryland children. This partnership disseminates early education and kindergarten readiness information, fosters community engagement, and raises awareness of early care and education.

MSDE collaborates with higher education institutes to meet CCDF goals. A notable partnership is with Johns Hopkins University (JHU), which administers the Quality Rating Improvement System (QRIS) Maryland EXCELS. This system recognizes and supports child care programs in achieving

and maintaining quality standards.

To support parents seeking quality early child care and education programs, and to build capacity among child care professionals, MSDE partners with Maryland Family Network (MFN), the Statewide Coordinating Entity for Maryland’s Child Care Resource Network (MCCRN). This partnership provides:

- 1) Resource and referral services for families seeking child care
- 2) Training and technical assistance for child care providers
- 3) Parenting skill development through Patty Centers Family Support Services

These unique public-private partnerships work together to advance an integrated early childhood system and leverage existing services to improve outcomes for children and families.

MSDE has a Memorandum of Understanding (MOU) with the Regional Economic Studies Institute (RESI) at Towson University to provide data research and technical services. This state-agency-to-academic-institution relationship leverage’s RESI’s expertise to support CCDF goals by providing necessary data for the State Plan, Quality Progress Report, expenditure forecasting, legislative requests, and other tasks outlined in the MOU.

MSDE is developing an MOU with Maryland Philanthropy Network on a statewide supply and demand study, birth to age five. In addition, MSDE has a longstanding partnership with Child Trends to conduct various studies and analyses to support implementation improvements.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **MSDE developed a new plan in 2023, which will be implemented and followed by the entire agency, not just the Division of Early Childhood. These updates were made to reflect the current state of continuing operations, post COVID. Further updates are being made to reflect organizational changes and MSDE anticipates the plan will be available by December 2025.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:
 - State human services agency.
 - State emergency management agency.
 - State licensing agency.

- State health department or public health department.
- Local and State child care resource and referral agencies.
- State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- ii. The plan includes guidelines for the continuation of child care subsidies.
- iii. The plan includes guidelines for the continuation of child care services.
- iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - Procedures for evacuation.
 - Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.
 - Procedures for accommodations of children with chronic medical conditions.
- vi. The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe: **Per ACF Preliminary Notice of Possible Non-Compliance, 01/2023: MSDE does not have standards for emergency preparedness and response planning that include all the components for all CCDF-funded provider types. MSDE will need additional time to meet this requirement. MSDE intends to develop a new plan which will be implemented and followed by the entire agency, not just the Division of Early Childhood. As a result, the initial anticipated date of compliance of April 2025 will need to be extended to December 2025.**
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/relocation_of_child_care_facilities_in_the_event_of_a_disaster.pdf

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can

support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency’s hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **Parents can submit a complaint by contacting the appropriate regional child care office. Complaints are accepted via telephone, website, email, or letter and may be anonymous. The contact information for the regional offices can be found on the Maryland State Department of Education website. Parents or providers that call the CCS Vendor are given the toll-free number of the Department of Human Services (1-800-917-7383) and their website (<https://dhs.maryland.gov/child-protective-services/reporting-suspected-childabuse-or-neglect/>) to report complaints. Also, parents and providers can get information for filing a complaint on Money4ChildCare.Com (<https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/regional-licensing-offices>).**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The website has a language translator feature that offers translation in 11 different languages: Amharic, Arabic, Chinese, French, Persian, Spanish, Urdu, Vietnamese, Yoruba, and English. The languages were chosen based on analytics of the most used languages in Maryland. Parents or providers can request translation services on the money4childcare.org website.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The Maryland Child website has been designed to provide equal access, navigation, and an equal experience to resources for persons with diverse abilities through the simplicity of the design and development of the website. To verify (across automation and manual assurance checks), the following tools have been utilized across modern browsers such as Edge, Firefox, and Chrome and older browsers such as Internet Explorer: Screen Readers: NVDA and JAWS WAVE (Web Accessibility Evaluation Tool)**

Accessible Name & Description Inspector (ANDI) Color Contract (ColorZilla and TGPI) Monitoring tools such as SiteImprove Our overall goal is to ensure the website is perceivable, operable, understandable, robust, and conform to the Web Content Accessibility Guidelines (WCAG) standards for accessibility and usability.

- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

Yes. If yes, describe: **Complaints are received and then screened by the applicable regional licensing office for regulatory concerns. If there is a regulatory concern, the complaint is entered into the Child Care Administration Tracking System (CCATS) immediately and assigned for investigation. Complaint investigations are initiated within 2 working days and require an on-site inspection. If a complaint is confirmed (substantiated), the provider or operator must submit a corrective action plan to the agency. The time frame for the corrections is determined by the non-compliance of the regulation and the scope of the correction needed. For example, if a provider is required to install child-proof devices, the corrections would be expected to be completed immediately or within 24-48 hours if they need to purchase hardware or materials. In the meantime, the License Specialist will document how the provider will meet the regulation until the correction is completed. The provider is required to submit proof of the corrections with photographs, and if needed, the License Specialist will conduct a follow-up to verify corrections were made.**

The Record of Complaint must be completed within 30 days of the initial report. Depending on the investigation findings, on-site follow-up inspections may occur as necessary to assess compliance with violations that require the corrective action plan. Monitoring inspections are not part of the complaint process. The initial complaint inspection may have subsequent follow-up visits but not monitoring visits. Note: CCATS is a database for all child care providers, including informal child care providers.

No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **All complaint records are maintained in the Child Care Administration Tracking System (CCATS). After supervisory review and approval, substantiated complaints are posted on the Check Child Care Maryland Website.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **All complaint records are maintained in the Child Care Administration Tracking System (CCATS). After supervisory review and approval, substantiated complaints are posted on the Check Child Care Maryland Website.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and

procedures, including licensing child care providers;

- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency's consumer education website homepage:
<https://marylandchild.org/>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 Yes.
 No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
 Yes.
 No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers:
<https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-centers#slideshow>
<https://earlychildhood.marylandpublicschools.org/child-care-providers/family-child-care-providers#slideshow>
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:
<https://earlychildhood.marylandpublicschools.org/regulations>
- Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
<https://earlychildhood.marylandpublicschools.org/fingerprinting>
- Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

Yes.

No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://marylandexcels.org/directory/> and <https://www.checkccmd.org/>.

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:

License-exempt center-based CCDF providers.

License-exempt family child care CCDF providers.

License-exempt non-CCDF providers.

Relative CCDF child care providers.

Other (e.g., summer camps, public pre-Kindergarten). Describe: **MSDE does not regulate summer camps or day camps. The afterschool programs are licensed under the category of Child Care Center and/or Letter of Compliance.**

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Willingness to accept CCDF certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i. All licensed providers. Describe:
 - ii. License-exempt CCDF center-based providers. Describe:
 - iii. License-exempt CCDF family child care providers. Describe:
 - iv. License-exempt, non-CCDF providers. Describe:
 - v. Relative CCDF providers. Describe:
 - vi. Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
- i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe: **The Prekindergarten website shares a variety of information in support of high quality pre-k. For example, the Prekindergarten Expansion**

Grant application is currently live. This is a competitive grant program administered by the Division of Early Childhood at the Maryland State Department of Education (MSDE). It provides funding for local education agencies (LEAs) and child care providers to administer high-quality prekindergarten and school readiness services throughout the State for children and their families in alignment with The Blueprint for Maryland’s Future. The purpose of the grant is to broaden availability and expand access to high-quality prekindergarten educational programming and school readiness services for three- year-old and four-year-old students from families with household incomes up to 300% of Federal Poverty Level (FPL). For Fiscal Year 2025 funding only, Tier I families include Tier II children with disabilities and children who speak a home language other than English. Tier II children are between 300% and 600% of FPL. Additionally, the website outlines the “definition of high-quality pre-kindergarten.” This definition applies to publicly-funded prekindergarten. High-Quality Preschool Program means an early learning program that includes structural elements that are evidence-based and nationally recognized as important for ensuring program quality, including at a minimum¹ (a) High staff qualifications, including a teacher holding a State certification for teaching in early childhood education or a bachelor's degree in any field pursuing residency through a State approved alternate pathway, which includes coursework, clinical practice, and evidence of knowledge of content and pedagogy relating to early childhood; as well as a teacher assistant with an AA in Early Childhood, CDA, or enrolled in a program to obtain these credentials (b) High-quality professional development for all staff (must be 15 hours of early childhood PD); (c) A child-to-instructional staff ratio of no more than 10 to 1; (d) A class size of no more than 20 with, at a minimum, one teacher in each classroom with high staff qualifications as outlined in paragraph (a) of this definition; (e) A Full-Day program (6.5 hours); (f) Inclusion of children with disabilities to ensure access to and full participation in all opportunities; (g) Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State Early Learning and Development Standards, for at least the year prior to kindergarten entry; (h) Individualized accommodations and supports so that all children can access and participate fully in learning activities (i) Instructional staff salaries are commensurate with the salaries and benefits of local PreK-12 instructional staff; (j) Program evaluation to ensure continuous improvement; (k) On-site or accessible Comprehensive Services for children and community partnerships that promote families' access to services that support their children's learning and development; and (l) Evidence-based health and safety standards.

- b. For what types of child care providers is quality information available?
 - i. Licensed CCDF providers. Describe the quality information: **Workforce Advancement opportunities** – training and professional development, Program Accreditation, Maryland EXCELS participation, Early Learning Standards
 - ii. Licensed non-CCDF providers. Describe the quality information: **Workforce Advancement opportunities** – training and professional development, Program Accreditation, Maryland EXCELS participation, Early Learning Standards

- iii. License-exempt center-based CCDF providers. Describe the quality information:
- iv. License-exempt FCC CCDF providers. Describe the quality information:
- v. License-exempt non-CCDF providers. Describe the quality information:
- vi. Relative child care providers. Describe the quality information:
- vii. Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and licensing status.
 - iii. The total number of substantiated instances of child abuse in child care settings.
 - iv. The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **All child care provider types are required to submit reports of any serious injuries and/or deaths of children while in child care to the licensing offices or to the Informal Provider Team. The report can be obtained from the parent, the child care provider/informal provider, the licensing specialist/Informal Provider team, Department of Human Resources or other government entities. Reports can also be submitted by telephone, email and mail.**

The data from the reports obtained is aggregated (from Licensing and Informal

Care) and posted on the Maryland State Department of Education (MSDE) website.

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **The Maryland Department of Human Services (DHS) determines whether reported child abuse is indicated (Substantiated) or unsubstantiated. Per the Maryland Code of Family Law, "Indicated" means a finding that there is credible evidence, which has not been satisfactorily refuted, that abuse, neglect, or sexual abuse did occur.**
- iii. The definition of “serious injury” used by the Lead Agency for this requirement: **A serious injury is an injury that requires medical attention from a healthcare provider. Death in child care is the death of a child that occurred while the child was in care. A serious injury or death is not necessarily related to licensing violations.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **https://marylandchild.org/wp-content/uploads/2024/02/Serious-Injuries-Deaths-Child-Abuse-Report_2021-2023_final.pdf**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
 Yes.
 No.
 Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information:
<https://www.marylandfamilynetwork.org/for-providers/find-your-child-care-resource-center>

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?
 Yes.
 No.
- b. Provide the direct URL/website link to this information:

<https://marylandchild.org/contact-us/>,
<https://earlychildhood.marylandpublicschools.org/contact-us>,
https://provider.childcareportals.org/s/?language=en_US, and
<https://family.childcareportals.org/>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale.

<https://earlychildhood.marylandpublicschools.org/families/child-care-scholarship-program/child-care-scholarship-rates> (*Use Downloads for Formal, Informal, and Unconditional Rates) and <https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The Maryland State Department of Education maintains a website with information tailored to parents, the general public, and child care providers. This website includes resources such as eligibility checklists, FAQs, an application portal, interactive maps of child care providers, and links to additional support services.**

The Maryland State Department of Education uses direct communication channels, such as email newsletters, social media outreach, and phone calls, to keep child care providers and parents updated with important information, announcements, and reminders. The Maryland State Department of Education attends outreach events, workshops, and informational sessions in collaboration with community organizations, schools, and local agencies to engage directly with parents, the general public, and child care providers.

Furthermore, the Maryland State Department of Education collaborates with partner

organizations, such as local government agencies, Local Education Agencies (LEAs), advocacy groups, and child care associations, to extend the reach of its messaging and connect with specific communities or demographics that may benefit from child care services.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe: **The Lead Agency provides the consumer statement to families via the Division of Early Childhood website, child care providers/programs and the child care resource centers. The consumer statement includes the eight required elements.**

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **As a Maryland State Department of Education (MSDE) resource, the Maryland Families Engage website was designed to help build a community of support for those who care for and work with children. The database of resources contains links to child development, family engagement initiatives, mental health, nutrition, literacy and more. You can sort these resources by topics and share your findings with families, friends and colleagues. Additionally, on the MSDE website are numerous resources linked to provide parents, providers and the general public with information on research, best practices concerning children’s development and information about successful parent and family engagement. Specifically, the website informs families about how to access Pre-K, Family Support Centers (Patty Centers), Judy Centers, Child Care Scholarship, Finding Child Care and Family Engagement. MSDE provides information about best practices on child development using several modes of communication and dissemination. Information is provided on the Division of Early Childhood website and is updated frequently. MSDE provides a digital newsletter to parents and guardians of young children. The consumer education website includes information on child development and healthy eating. The Division of Early Childhood has a robust listserv, a bi-weekly newsletter (Tuesday Tidbits) to disseminate information, research, and best practices concerning children’s development as well as parent and family engagement activities and opportunities.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **Links to information on the Infant and Early Childhood Mental Health are on the Division of Early Childhood website. Written materials are available from the Infant and Early Childhood Mental Health service providers and the Maryland Child Care Resource and Referral Network. The Social and Emotional Foundation for Early Learning website includes resources for parents, and free Infant and Early Childhood Mental Health Consultation Services are available upon request.**

The provider community attends many State conferences where the Division of Early Childhood

actively participates with resource tables and breakout sessions. In addition, the Division provides financial assistance for these conferences, which include training and information on social-emotional development and early childhood mental health strategies and services. Many local counties also have conferences that address these topics, which the Division supports financially or through the Early Childhood Advisory Council.

The Division of Early Childhood has a robust listserv, a parent digital newsletter, a bi-weekly digital newsletter (Tuesday Tidbits), and a quarterly newsletter (Impact) to disseminate information on MSDE's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age. The Division of Early Childhood provides information on the Infant and Early Childhood Mental Health (IECMH) program. This information is provided on the website and written materials are available from the IECMH service providers and the Maryland Child Care Resource and Referral Network. MSDE partners with University of Maryland School of Social Work to provide Social and Emotional Foundations for Early Learning training and resources. Resources are available for parents and free mental health consultation services upon request. Information is also included in the bi-weekly digital newsletter ☐ Tuesday Tidbits to inform families of policies and best practices in social and emotional health. Topics include understanding your child's social and emotional health, identifying services and resources, early intervention and support models based on research and best practices.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **The policy statement is a short document that states suspension and expulsion are detrimental and should only be used as a last resort; programs should have a written policy describing alternatives to suspension and expulsion and, in addition, have support for training staff. The guidance document contains an introduction to the importance of eliminating suspension and expulsion, definitions of suspension and expulsion, the importance of families, the need for a well-trained workforce, and resources for further guidance. Members of the workgroup participated in a Roundtable held by the Maryland State Child Care Association and the National Association for the Education of Young Children in August 2017 to share the policy with participants. The policy includes children ages birth through 13 and is written for childcare programs that serve all ages. Child care programs participating in Maryland's mixed-delivery PreK program are forbidden from suspending or expelling students, except in rare circumstances.**
- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **Maryland State Department of Education policies on the prevention and suspension and expulsion of children states that early care and education programs, including child care programs for all ages, shall not expel or suspend a child from care, unless it is the last resort where there are extraordinary circumstances based on a determination of a serious safety threat that cannot otherwise be reduced or eliminated by the provision of reasonable modifications. Suspension and expulsion practices are banned in our child care and education programs for young learners (pre-kindergarten through second grade)**

passed by the Senate Bill 651/House Bill 425 (Bill), except in cases where the student would create an imminent risk of serious harm as determined by an administrator in consultation with a mental health professional. Additionally, Child Care Programs must ensure that discipline policies comply with Federal civil rights laws.

Child Care Programs shall also not limit the amount of services provided to a child (including denying outdoor time, withholding food, using food as a reward/punishment, or limiting the hours or days of availability of care). The Maryland Guidelines for State Code of Discipline provides several key principles for fostering supportive environments in programs for children and families.

These guidelines emphasize the importance of:

- Creating a positive, safe, and welcoming environment conducive to learning.
- Demonstrating respect and courtesy towards children, parents/guardians, and program staff.
- Being well-informed about discipline policies, regulations, and resources and ensuring the community is also informed.
- Addressing disproportionality in discipline and ensuring fair, consistent, and equitable enforcement regardless of individual characteristics.
- Maintaining open and timely communication with parents/guardians in accessible language.
- Cultivating a sense of community where parents feel involved and informed about program events and activities.
- Fostering relationships and collaboration among program staff to create a connected learning community.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
- Yes.
- No. If no, describe:
- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
- Yes.
- No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
- Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The Maryland State Department of Education is the lead agency for the Center for Disease Control's Learn the Signs Act Early initiative. The Division of Early Childhood partners with the Office of Early Intervention and Special Education to distribute the Center for Disease Control's Milestones Tracker information, as well as additional materials to promote awareness among parents and child care programs and providers about the critical importance of early identification, screening, and referral resources. The Maryland State Department of Education also developed, and is in the process of distributing, a document with the scholarship approval packet to parents receiving child care scholarships. Information about developmental screenings is available on the Division of Early Childhood website. Providers are strongly encouraged to conduct developmental screenings for enrolled children. Developmental screenings are not a regulatory requirement. Information is provided to providers and families regarding best practices as it relates to developmental screening and the importance of administering them. It is 'best practice' to administer and share the results with families to ensure that proper referrals are made if appropriate and to understand their child's present level of development and how to continue supporting them along the developmental continuum. Effective July 1, 2022, all providers serving children under the age of three years old, must notify parents on an annual basis of the Maryland Infant and Toddler Program via a brochure on the Agency's website. The brochure describes the program and has contact information for all regions of the state. The brochure may be accessed at the following link:**
- https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/infant_and_toddler_program_brochure_final.pdf**
- No. If no, describe:
- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.
- Yes.
- No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability by ensuring separation of duties, record reviews, and quality assurance reviews. The lead agency uses a centralized vendor to complete the authorization of child care benefits. In turn, the lead agency staff complete record reviews, monitors the quality of the work performed by the vendor and provides technical guidance to the vendor. Likewise, the lead agency uses manual and automated processes to ensure program compliance and integrity. Oversight and the implement of controls are as established as follows:**

1. Assignment of authority and responsibilities related to program integrity are divided between the Quality Assurance teams of the lead agency and the vendor authorizing child care scholarship benefits on behalf of the lead agency.
2. Delegation duties are separated through the separation of duties and user roles within the Child Care Administrative Tracking System (CCATS).
3. Coordination of activities are addressed by the lead agency providing technical assistance, training, record review and quality assurance reviews of the work completed by the vendor.
4. Communication between fiscal and program staff are heavily relied upon to ensure spending targets and provider payments are made timely and in accordance with Maryland's State Plan.
5. Segregation of duties are controlled by the approval of access to the Child Care Tracking System.
6. Establishment of checks and balances to identify potential fraud risks are completed multiple level record reviews completed by the lead agency and the vendor. Cases with errors are flagged for review and correction.
7. Other activities that support program integrity involve the use of automation to identify conflicts in reported attendance and investigations of suspected fraud reported by the vendor, customers, or staff.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Division of Early Childhood has grant specialists that oversee and monitor the grants and contracts. The grants specialist also completes monitoring visits throughout the year. Management, including the Office of Fiscal Operation and Accountability, reviews and signs off on all contracts and grants. In the release of any request for proposal, allowable and unallowable expenditures are listed. The grant/contract monitor then reviews invoices to ensure that any requests for payment fall within the allowable charges. Signed assurances are enforced in case of misappropriation.**
- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **During the review of a grant proposal and proposed budget. The Division of Early Childhood (DEC) ensures that the project scope is specific and is only allowed if adequate cost, historical, or unit pricing data is available to establish a fixed amount award based on a reasonable estimate of actual cost. Upon approval, the DEC creates an expenditure tracking sheet for each award that aligns with the approved budget. The sub-recipients must submit receipts and/or a general ledger that supports the breakdown of actual expenditures reflected on the invoice. The DEC only reimburses the payment if the sub-recipients submit all required documentation and receipt of evidence of acceptable performance within a given period of performance. Also, the DEC performs routine desk audit and routine subrecipient monitoring to ensure reasonable and allowable costs are met.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The Division of Early Childhood (DEC) has established robust processes and procedures to ensure accurate and timely preparation of required state and federal fiscal reports. Through close collaboration with the Office of Fiscal Operation and Accountability within the Maryland State Department of Education (MSDE), DEC utilizes both the Statewide accounting tool Financial Management Information System (FMIS) and an internal reporting tool "IBM COGNOS Impromptu." These tools are employed to**

generate routine and impromptu reports for analysis of funding balances and other financial activities related to grants and contracts. Monitoring of these tools occurs on a daily, weekly, and monthly basis to ensure comprehensive oversight of all finance-related activities. Additionally, the DEC finance team conducts professional development sessions for internal program staff and external stakeholders, offering guidance on documentation and funding utilization in strict accordance with prescribed regulations and guidelines.

- d. Other. Describe: **The Fiscal team of Division of Early Childhood (DEC) works very closely with the Office of Fiscal Operation and Accountability withing the Maryland State Department of Education (MSDE) to ensure that the use of grant funds is accurately received, recorded, and managed appropriately. MSDE uses the Statewide accounting tool known as Financial Management Information System (FMIS), as well as an internal Google-based system to create, issue, and track grant award notices and contracts. These tools are monitored daily to track activities related to grants and contracts. DEC has implemented and managed uniform invoice verification processes to provide financial oversight for all grants and contracts. DEC checks the invoice to ensure that expenditures are aligned with the approved budget and are properly supported by receipt and/ or ledgers from the sub-grantees and/or vendors. Any inconsistencies are discussed with the sub-grantees and/or vendors until an acceptable solution is obtained.**

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The Division of Early Childhood has established clear guidelines and procedures for budgeting, spending, and accounting related to CCDF expenditures. This includes ensuring compliance with federal regulations and guidelines, as well as transparency and accountability in financial transactions.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Division of Early Childhood measures and tracks the results of their fiscal management practices through regular audits/comprehensive desk audits, financial reports, and performance indicators. DEC utilizes tools such as budget variance analysis, expenditure tracking systems, and internal controls to monitor spending patterns, identify potential areas of improvement, and assess the overall financial health of the program.**
- c. How the results inform implementation. Describe: **The results of these fiscal management practices inform implementation by providing valuable insights into the efficiency and effectiveness of CCDF expenditures. For example, if audits reveal instances of overspending or misallocation of funds, the DEC can take corrective actions such as revising budgets, providing additional training to staff/sub-grantees, or implementing stronger internal controls to prevent future occurrences. Similarly, if financial reports indicate areas of underutilization or unmet needs, the DEC can reallocate resources to better meet the needs of eligible families and improve program outcomes.**
- d. Other. Describe: **The DEC conducts regular risk assessments to identify potential financial risks and implementing strategies to mitigate them. Also, the DEC engages in ongoing communication and collaboration with stakeholders, including child care providers, advocacy groups, and government agencies, to ensure alignment with broader goals and**

priorities related to early childhood education and care.

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Maryland State Department of Education, Child Care Scholarship Monitor is responsible for approving or ending user roles within CCATS (Child Care Administrative Tracking System), which helps reduce risks. Likewise, CCATS keeps an internal audit trail of all transactions with the system. The MSDE Quality Assurance staff and the vendor are responsible for completing Comprehensive Program Reporting System Reviews (CPRS) to determine authorization accuracy and to identify program integrity issues and risks.**
- b. The frequency of each risk assessment. Describe: **Comprehensive Program Reporting System Reviews (CPRS) are completed throughout the month. User roles are approved or denied upon notification from the lead agency vendor or lead agency staff.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The Maryland State Department of Education uses risk assessment results to inform where the program needs to change policies and procedures to improve authorization accuracy, increase consistency with the implementation of policies, and to reduce program integrity risks. Risk assessments also inform which program enhancements are needed to reduce program barriers for parents and child care providers.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The Maryland State Department of Education uses the following line of questioning to determine if the risk assessment processes is effective: Did the procedures put in place after the identification of the risk reduce or eliminate the identified risk moving forward? If not, what additional modifications are needed?**
- e. Other. Describe: **The Maryland State Department of Education uses extensive Service Level Agreement (SLA) Reviews to determine if the vendor is authorizing services timely and in accordance with established policies and procedures; what technical assistance is needed; and to assess if policy and procedures are being properly interpreted and implemented.**

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **The Maryland State Department of Education (MSDE), Child Care Scholarship (CCS) Branch, provides technical assistance and program integrity data training to the CCS vendor and Lead Agency**

staff who support the administration of the CCDF program. The Lead Agency provides training to the Department of Human Services and to the Maryland Office of Refugees and Asylees on policies and procedures required to approve our common customers with expedited CCDF benefits. The CCS vendor received initial technical assistance from the Lead Agency based on the Task Order Contract and continues to receive ongoing technical assistance or training so that the CCS vendor can train their staff based on the following staffing roles and requirements: case managers, customer service, and payment processing. Staff working for the Lead Agency receive ongoing technical assistance or training based upon the following staffing roles and requirements: quality assurance reviewers, provider payment liaisons, case record reviews, customer service, extended customer service, informal provider approval, dual language support or CCDF compliance. The vendor uses Communications that provide steps, processes and/or print screens to train new and ongoing staff. The Child Care Scholarship Branch and the vendor meet 2-4 times per week to address work required to administer the CCDF program and/or program integrity. During these meetings, a **SCRUM** format is used where staff report on the following: **What was completed yesterday? What are you working on today? Do you have any blockers?** Based on the answer(s) provided, training or technical support is provided. The Lead Agency holds a Status meeting with the vendor at least 1-4 times per month to review CCDF administration outcomes and provide technical assistance and training, as needed. Subcontractors receive training from the CCS vendor on the completion of their assigned duties, for example, scanning and forwarding of documents through the appropriate paperless workflows. The Lead Agency meets with the CCS vendor to provide the training and technical assistance required to complete future enhancements for the Child Care Scholarship Portal and the Child Care Provider Portal. The Lead Agency provides Program Integrity data training for new and continuing Lead Agency staff by teaching staff how to complete record reviews and service level agreement reviews.

- ii. Describe how staff training is evaluated for effectiveness: **The Lead Agency evaluates the training for all staff who administer the CCDF program by examining the accuracy of CCDF authorization and payment processing. If random case review or record review indicate nominal or no errors, we consider that training was successful, if random case review or record review indicate inconsistent application of policies, errors, or deficiencies, then we consider training unsuccessful and seek to provide technical assistance to achieve greater success. Consistent implementation of policy and procedures and few administrative errors is how the Child Care Scholarship Branch evaluates if training provided to staff was effective.**
- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Review of program integrity data shapes the development of future policy and identifies the need for immediate programmatic changes or system enhancements, i.e., Child Care Scholarship Family Portal or Child Care Provider Portal. Likewise, the review of program integrity data helps to identify program strengths, weaknesses, and unintended consequences.**

- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
- i. Describe the training for providers around CCDF program requirements and program integrity: **The Maryland State Department of Education (MSDE) provides monthly listening sessions, open office hours, and direct communication through emails regarding program changes and requirements. MSDE works with community partners to establish broader communication regarding the training needs and concerns of child care providers. Child care providers are provided with electronic communication through the Child Care Provider Portal. The MSDE Division of Early Childhood has monthly informational sessions with child care stakeholders.**
 - ii. Describe how provider training is evaluated for effectiveness: **The training for providers is evaluated based on provider feedback and positive responses. For example, if we had a 40% rate of improperly submitted invoices, provided training on "How to Submit a Proper Invoice," and the following month, the rate of improperly submitted invoices was at 4%, we would consider this training successful. In this same example, we use automation to track the number of improper invoices, determine what caused the invoice to be improper, and determine if the provider needs to submit an email with steps to correct it. Eventually, we implemented technology that prevents providers from submitting improper invoices. The training for providers is also evaluated by the increase in positive behavior or the shift in understanding.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Maryland State Department of Education (MSDE) reviews program integrity data to determine the effectiveness or deficiencies of training provided to staff supporting CCDF approvals. For example, if program integrity review indicates a consistent error in the calculation of a checkwriter request for an underpayment or the misapplication of an income disregard for a case authorized CCDF benefits: technical guidance is provided to the vendor and the vendor may be asked to provide a revised Communication to ensure the corrections are provided to the applicable staff. Likewise, for example, if program integrity data indicates a program weakness, we provide technical assistance based upon the findings, a Communication is developed to address the deficiency, and we determine if the error noted can be addressed through automation. An example of using program integrity data to address provider training and program integrity needs is our 25% Invoice Audits, which enables the Lead Agency to determine if providers need training on the completion of an invoice, reduction of licensing violations, record keeping.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness

of its internal controls: **The Maryland State Department of Education utilizes the triennial error rate results to evaluate the effectiveness of the internal controls by using the scoring and deficiencies cited to determine if additional measures need to be put in place to improve quality assurance and authorization accuracy. The score and deficiencies cited within the triennial error rate are shared with the error rate review team and quality assurance reviewers and the vendor processing CCDF benefits on behalf of the Maryland State Department of Education. shared within the Lead Agency. The purpose for reviewing the triennial error rate results is to improve quality assurance evaluation approaches, reflections on what can be changed to better support or improve processes from the conclusion to the beginning of the next triennial error rate review and to determine future action steps, monitoring, etc.**

- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Child Care Scholarship (CCS) Branch conducts random monthly case reviews to determine the effectiveness of its internal controls. The results of the reviews are forwarded to the Lead Agency and the vendor and technical assistance, or training are developed based on the findings and to reduce repeat findings. The Lead Agency also uses audit and random record review to determine if providers are operating in compliance with the Provider Statement of Understanding and to determine if the CCS vendor is authorizing benefits in accordance with state and federal requirements.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Maryland State Department of Education (MSDE) shares an overview of the information with the Quality Assurance (QA) team and the MSDE Child Care Scholarship (CCS) Vendor to improve training, internal controls, and to reduce repeat findings. The information is used to understand what resulted in the error or findings and to determine the level of effort and/or cost to increase program integrity or policy/procedure implementation.**

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. **The January 2023 Federal Monitoring visit did not determine any weaknesses with Maryland's CCDF internal controls.**
- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **An Intentional Program Violation (IPV) is where a customer submits fraudulent or altered documents, falsifies information on applications or records, falsifies Maryland residency, fails to report all requested information or submitting other documents that enable a customer to receive benefits or monetary gains in which they are ineligible to receive. An IPV results of a customer obtaining benefits or monetary gain to which they are not entitled and results in overpayment in child care benefits. Likewise, an IPV may result in an Administrative Disqualification Hearing, the initiation of a repayment agreement, or even criminal prosecution. The identification of IPV informs Maryland of procedures that may need to be modified or enforced differently to reduce or identify similar violations moving forward. The Lead Agency uses monthly random record reviews to identify Intentional program violations and based on a recent analysis, 501 cases were reviewed, and 0 intentional program violations were noted.**
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **An Unintentional Program Violation (UPV) is any violation submitted based on human error and where case review eliminates intentional misconduct. UPVs can be committed by a customer or a case manager. UPVs that result in a customer obtaining benefits or monetary gain to which they are not entitled and result in an overpayment in child care benefits will be collected from the customer. The identification of UPVs informs Maryland of the need to examine practices to determine if changes in procedures could reduce similar violations or errors moving forward. The Lead Agency uses monthly random record reviews to identify unintentional program violations and based on a recent analysis, 501 cases were reviewed, and 0 unintentional violations were noted.**
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Agency errors normally result from misinterpretation or mis-implementation of policy. If an agency error results in an overpayment or underpayment, the payment is made to address the underpayment and the overpayment is collected. Identification of agency errors is used to inform training or the implementation of procedures to identify and reduce similar errors more easily. The Lead Agency uses monthly random record reviews to identify Intentional program violations and based on a recent analysis, 501 cases were reviewed, and 9 agency errors were noted and flagged to correct and/or to provide technical assistance to the case manager.**
- b. Run system reports that flag errors (include types).

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Maryland does not have a report that flags intentional, unintentional, or program errors but uses a combination of Child Care Administrative Tracking System (CCATS) and Salesforce system reports to identify the specified error types. As a result of the system reviews, if any error is noted, funds are collected or paid, or the case is referred to the Child Care Scholarship (CCS) Program investigator for review. All identified program errors inform Maryland if procedure modifications are needed and what type of guidance needs to be provided to staff or the vendor.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Maryland does not have a report that flags intentional, unintentional, or program errors but uses a combination of Child Care Administrative Tracking System (CCATS) and Salesforce system reports to identify the specified error types. As a result of the system reviews, if any error is noted, funds are collected or paid, or the case is referred to the Child Care Scholarship (CCS) Program investigator for review. All identified program errors inform Maryland if procedure modifications are needed and what type of guidance needs to be provided to staff or the vendor.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Maryland does not have a report that flags intentional, unintentional, or program errors but uses a combination of Child Care Administrative Tracking System (CCATS) and Salesforce system reports to identify the specified error types. As a result of the system reviews, if any error is noted, funds are collected or paid, or the case is referred to the Child Care Scholarship (CCS) Program investigator for review. All identified program errors inform Maryland if procedure modifications are needed and what type of guidance needs to be provided to staff or the vendor.**
- c. **[x]** Review enrollment documents and attendance or billing records.
- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Scholarship enrollment is completed through the child care family and provider portals. The childcare provider portal will only allow one provider to be selected for each child care scholarship enrollment. As a part of Maryland's two-step attendance verification, parents must approve the attendance through the child care family portal. Any intentional errors that result in a dispute with attendance or where a customer does not respond, the invoice is selected for a program integrity audit. Providers with identified violations are required to upload their sign-in and sign-out sheets to validate the child's attendance; any discrepancies will result in an overpayment that will need to be repaid by the childcare provider. If it is suspected that the violation is intentional or a possible fraud violation, the case will be referred to the Child Care Scholarship (CCS) Investigator. The outcome of the case could result in the child care provider or customer being removed from participation in the Child Care Scholarship Program Having a two-step authentication process informs better practices by encouraging both parents and providers to carefully document attendance invoices submitted as part of their billing records. The Lead Agency uses monthly random record reviews to identify intentional program**

violations and based on a recent analysis, 501 cases were reviewed, and 0 intentional program violations were noted. The activities described inform better practices by enabling the Lead Agency to address potential fraud more timely and to determine if other programmatic procedures need to be put in place to reduce or identify similar events in the future.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The child care providers submit their invoices through the child care provider portal. Scholarship enrollment is completed through the child care family and provider portals. The system will only allow one provider to be selected for each child care scholarship enrollment. As a part of Maryland's two-step attendance verification, parents must approve the attendance through the child care family portal. Any intentional errors that result in a dispute with attendance or where a customer does not respond, the invoice is selected for a program integrity audit. Providers with identified violations are required to upload their sign-in and sign-out sheets to validate the child's attendance; any discrepancies will result in an overpayment that will need to be repaid by the childcare provider. If the case review indicates an unintentional program violation, the Child Care Scholarship (CCS) Program will collect the overpayment and will determine if modifications to program procedures are needed to reduce similar errors in the future. Having a two-step authentication process informs better practices by encouraging both parents and providers to carefully document attendance invoices submitted as part of their billing records. . The Lead Agency uses monthly random record reviews to identify unintentional program violations and based on a recent analysis, 501 cases were reviewed, and 0 unintentional program violations were noted. The activities described inform better practices by enabling the Lead Agency to more timely address the technical assistance needs of the CCS vendor and to determine if other programmatic procedures need to be put in place to reduce or identify similar events in the future.**
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **MSDE audits the service level agreement that the vendor must meet to be compliant with the contract. These service-level agreements look at thousands of transactions for program accuracy. In addition, MSDE conducts Comprehensive Program Reviews (CPRS) where a random selection of cases approved for Child Care Scholarship (CCS) benefits are audited. Any agency-identified errors during both reviews must be corrected, and/or the overpayment must be addressed to collect monetary damages. Identified errors are used to inform what technical guidance is needed to reduce errors similar errors moving forward. The Lead Agency uses monthly random record reviews to identify unintentional program violations and based on a recent analysis, 501 cases were reviewed, and 9 agency errors were noted. The activities described inform better practices by enabling the Lead Agency to more timely address the technical assistance needs of the CCS vendor, correct the error if applicable and to determine if other programmatic procedures need to be put in place to reduce or identify similar events in the future.**
- d. Conduct supervisory staff reviews or quality assurance reviews.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Maryland State Department of Education (MSDE) conducts supervisory staff reviews or quality assurance reviews of the work authorized by the vendor to identify intentional program violations. The vendor is required to complete a first-level review on all child care scholarship applications and a random selection of cases to have a second-level supervisory review completed. MSDE completes a supervisory review of a random selection of cases authorized by the vendor. As a result of the supervisory and quality assurance reviews, if any error is noted: the error is corrected; funds are collected or paid, if applicable; or the case is referred to the Child Care Scholarship (CCS) Program investigator for review. All identified program errors inform Maryland if procedure modifications are needed and what type of guidance needs to be provided to staff or the vendor. The Lead Agency uses CCS supervisory reviews to identify intentional program violations and case manager errors. In reviewing 1,118 cases during a monthly case review, 0 intentional program violations were noted. The activities described inform better practices by enabling the Lead Agency to more timely address the technical assistance needs of the CCS vendor, correct errors if applicable and to determine if other programmatic procedures need to be put in place to reduce or identify similar events in the future.**

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Maryland State Department of Education conducts supervisory staff reviews or quality assurance reviews of the work authorized by the vendor to identify unintentional program violations. The vendor is required to complete a first-level review on all child care scholarship applications and a random selection of cases to have a second-level supervisory review completed. Maryland State Department of Education (MSDE) completes a supervisory review of a random selection of cases authorized by the vendor. As a result of the supervisory and quality assurance reviews, if any error is noted: the error is corrected; funds are collected or paid, if applicable; or the case is referred to the Child Care Scholarship (CCS) Program investigator for review. All identified program errors inform Maryland. The Lead Agency uses CCS supervisory reviews to identify unintentional program violations and case manager errors. In reviewing 1,118 cases during a monthly case review, 0 unintentional program violations were noted. The activities described inform better practices by enabling the Lead Agency to more timely address the technical assistance needs of the CCS vendor, correct errors if applicable and to determine if other programmatic procedures need to be put in place to reduce or identify similar events in the future.**

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Maryland State Department of Education (MSDE) conducts supervisory staff reviews or quality assurance reviews of the work authorized by the vendor to identify agency. The vendor is required to complete a first-level review on all child care scholarship applications and a random selection of cases to have a second-level supervisory review completed. MSDE completes a supervisory review of a random selection of cases authorized by the vendor. As a result of the supervisory and quality assurance reviews, if any error is noted: the error is corrected; funds are collected or paid, if applicable; or the case is referred**

to the Child Care Scholarship (CCS) Program investigator for review. All identified program errors inform Maryland. The Lead Agency uses CCS supervisory reviews to identify intentional program violations and case manager errors. In reviewing 1,118 cases during a monthly case review, 38 program errors were noted. The activities described inform better practices by enabling the Lead Agency to more timely address the technical assistance needs of the CCS vendor, correct errors if applicable and to determine if other programmatic procedures need to be put in place to reduce or identify similar events in the future.

- e. Audit provider records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Maryland State Department of Education (MSDE) performs the program attendance audit, which selects a random number of all invoices submitted bi-weekly. If the system automation indicates a conflict in the attendance reported by the parent and the provider, the child care provider is required to submit sign-in and sign-out sheets to validate the provider records. As a result of auditing the provider record, if an intentional program violation or any error is noted: the error is corrected; funds are collected or paid, if applicable; or the case is referred to the Child Care Scholarship (CCS) Program investigator for review. All identified program errors inform Maryland. The CCS vendor completes a 25% review of paid invoices and reviews the child care provider sign-in and sign-out sheets to determine intentional program violations, during the review of the analysis of a 25% Invoice audit, the findings were as follows: 944 invoices were selected, 818 invoices passed the audit, 135 failed the audit (intentional/unintentional), 0 agency errors were noted, and the amount of the repayment due to audit failure was \$208,247.94.**
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Maryland State Department of Education (MSDE) performs the program attendance audit, which selects a random number of all invoices submitted bi-weekly. If the system automation indicates a conflict in the attendance reported by the parent and the provider, the child care provider is required to submit sign-in and sign-out sheets to validate the provider records. As a result of auditing the provider record, if an unintentional program violation or any error is noted: the error is corrected; funds are collected or paid, if applicable; or the case is referred to the Child Care Scholarship (CCS) Program investigator for review. All identified program errors inform Maryland. The CCS vendor completes a 25% review of paid invoices and reviews the child care provider sign-in and sign-out sheets to determine intentional program violations, during the review of the analysis of a 25% Invoice audit, the findings were as follows: 944 invoices were selected, 818 invoices passed the audit, 135 failed the audit (intentional/unintentional), 0 agency errors were noted, and the amount of the repayment due to audit failure was \$208,247.94.**
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Maryland State Department of Education performs (MSDE) the program attendance audit, which selects a random number of all**

invoices submitted bi-weekly. If the system automation indicates a conflict in the attendance reported by the parent and the provider, the child care provider is required to submit sign-in and sign-out sheets to validate the provider records. As a result of auditing the provider record, if a program violation or any error is noted: the error is corrected; funds are collected or paid, if applicable; or the case is referred to the Child Care Scholarship (CCS) Program investigator for review. All identified program errors inform Maryland. The CCS vendor completes a 25% review of paid invoices and reviews the child care provider sign-in and sign-out sheets to determine intentional program violations, during the review of the analysis of a 25% Invoice audit, the findings were as follows: 944 invoices were selected, 818 invoices passed the audit, 135 failed the audit (intentional/unintentional), 0 agency errors were noted, and the amount of the repayment due to audit failure was \$208,247.94.

- f. Train staff on policy and/or audits.
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Staff are trained in how to look for the implementation of policy when auditing a record for accuracy. Staff are trained to use a combination of methods to audit case records. Such as, Service Level Agreement (SLA) case audits, record review (Comprehensive Program Reporting Systems) and how to use system generated reports (Child Care Administrative Tracking System and Salesforce Reporting) to identify intentional audit, unintentional and policy errors. If any error is noted during a case audit, the case is to be addressed through the appropriate over/underpayment processes and corrected based upon policy. If policy violation appears to be an Intentional Program Violation or possible fraud, the case is referred to the Child Care Scholarship (CCS) Program Investigator for review. All identified audit and policy errors inform the CCS Program of the need for procedure modifications or additional training needed by the staff or vendor. For example, monthly, the Lead Agency randomly reviews a sample of data for thousands of customer transactions completed by the CCS vendor to determine if the provision of customer service, case management, and payment processing was done timely and correctly. The CCS Vendor is responsible for completing transactions at a certain percentage of accuracy or an assessment penalty is made for each transaction not in compliance and the CCS vendor's invoice is reduced by the penalty amount. During a recent analysis of 25 service level agreements, 0 intentional program violations were noted.**
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Staff are trained in how to look for the implementation of policy when auditing a record for accuracy. Staff are trained to use a combination of methods to audit case records. Such as, Service Level Agreement case audits, record review (Comprehensive Program Reporting Systems) and how to use system generated reports (Child Care Administrative Tracking System and Salesforce Reporting) to identify intentional audit, unintentional and policy errors. If any error is noted during a case audit, the case**

is to be addressed through the appropriate over/underpayment processes and corrected based upon policy. If policy violation appears to be an Intentional Program Violation or possible fraud, the case is referred to the Child Care Scholarship Program Investigator for review. All identified audit and policy errors inform the Child Care Scholarship Program of the need for procedure modifications or additional training needed by the staff or vendor. For example, monthly, the Lead Agency randomly reviews a sample of data for thousands of customer transactions completed by the CCS vendor to determine if the provision of customer service, case management, and payment processing was done timely and correctly. The CCS Vendor is responsible for completing transactions at a certain percentage of accuracy or an assessment penalty is made for each transaction not in compliance and the CCS vendor's invoice is reduced by the penalty amount. During a recent analysis of 25 service level agreements, 0 unintentional program violations were noted.

- iii. [x] Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Staff are trained in how to look for the implementation of policy when auditing a record for accuracy. Staff are trained to use a combination of methods to audit case records. Such as, Service Level Agreement (SLA) case audits, record review (Comprehensive Program Reporting Systems) and how to use system generated reports (Child Care Administrative Tracking System and Salesforce Reporting) to identify intentional audit, unintentional and policy errors. If any error is noted during a case audit, the case is to be addressed through the appropriate over/underpayment processes and corrected based upon policy. If policy violation appears to be an Intentional Program Violation or possible fraud, the case is referred to the Child Care Scholarship Program Investigator for review. All identified audit and policy errors inform the Child Care Scholarship (CCS) Program of the need for procedure modifications or additional training needed by the staff or vendor. For example, each month the Lead Agency randomly reviews a sample of data for thousands of transactions completed by the CCS vendor to determine if the provision of customer service, case management, and payment processing was done timely, correctly and in accordance with the Task Order Contract. The CCS Vendor is responsible for completing transactions at a certain percentage of accuracy or an assessment penalty is made for each transaction not in compliance and the CCS vendor's invoice is reduced by the penalty amount. During a recent analysis of 25 service level agreements, the following program errors were noted: timely processing of CCS application requires a 98% accuracy rate of 100% of the cases reviewed, the CCS vendor processed 677 cases timely and 26 cases untimely, resulting in a 96.16% service level agreement compliance rate; timely issuance of scholarships requires a 98% accuracy rate of 10% of the cases reviewed, the sample size resulted in 111 scholarships being processed timely and 26 scholarships being processed late, resulting in a 76.58% service level agreement compliance rate; timely approval or denial of a customer requesting to become an informal child care provider requires a 100% accuracy rate of 100% of the cases reviewed, the CCS vendor processed 24 cases timely and 2 cases untimely, resulting in a 91.67% service level agreement compliance rate. Based on the CCS vendor not complying with 3 of the 25 Service Level Agreement categories, the**

total amount of the service level agreement penalty assessment was \$56,250. Thus, the CCS vendor's invoice was reduced by \$56,250.

- g. Other. Describe the activity(ies):
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Office of the Inspector General (OIG), State Attorney's Office, and the Office of Administrative Hearing (OAH).**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
 - ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Maryland Department of Education (MSDE) coordinates to resolve any alleged allegations received from outside agencies. Maryland investigates the allegations to determine if there is reasonable suspicion and violation of program policies. If required, works with other agencies to resolve all findings. Recent analysis of a case where the Lead Agency coordinated with the OAG Fraud Unit resulted in a plea deal with a customer that operated a theft scheme involving multiple child care programs between 2015 and 2024. The customer will receive 3 years in prison and be ordered to pay restitution to MSDE of \$2,670,987.76.**
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Once misspent funds are discovered, recoveries are made as a result of the individual(s) signing a repayment agreement or through court ordered restitutions. Recent analysis of a case where the Lead Agency coordinated with the OAG Fraud Unit resulted in a plea deal with a customer that operated a theft scheme involving multiple child**

care programs between 2015 and 2024. The customer will receive 3 years in prison and be ordered to pay restitution to MSDE of \$2,670,987.76.

- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Once misspent funds are identified, the customer can enter a repayment agreement. If a customer fails to repay the funds, the lead agency refers individuals for collections through the Maryland State Central Collection Unit (CCU), which recovers monies by way of tax intercepts. Recent analysis did not result in tax intercept due to fraud.**
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **If the identification of misspent funds is reported by child care providers, customers, staff, licensing specialist, the customer service hotline, system or data reporting/review or the vendor, the case is reviewed by Child Care Scholarship (CCS) Program staff or referred to the Child Care Scholarship Program Investigator. The CCS Program will complete actions required to collect the misspent funds via restitution orders through the court, repayment agreements, or through the State Central Collection Unit (CCU). The data or documentation used to approve or pay for services assists with the investigation and the recovery of funds by enabling the CCS investigator to substantiate the alleged findings. Recent analysis of 25% of monthly invoices submitted to the CCS vendor resulted in 135 invoices of the 944 reviewed failing the audit test and resulting in repayment agreements totaling \$208,247.94 being sent to the child care providers that failed the Invoice Audit.**
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The Child Care Scholarship (CCS) Investigator will coordinate with the quality assurance team or other staff to investigate allegations and will refer substantiated cases for payment recoupment or the court. Based on a previous analysis completed by the CCS Investigator resulted in an overpayment discovery of \$71,839.90.**
 - viii. Other. Describe the activities and the results of these activities:
- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?
- No.
- Yes.
- If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.
- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of

these activities based on the most recent analysis:

- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Identified misspent funds are recovered because of the individual(s) signing a repayment agreement. Customers that do not sign the repayment agreement will have the funds collected through the court system or tax intercept. Recent analysis resulted in a child care program receiving payment beyond the dates in which the child was enrolled. As a result, the child care provider was sent a Repayment Agreement in the amount of \$2,610.83.**
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Misspent funds resulting from an unintentional program violation can be recouped through the True-Up process. The True-Up process reduces future child care payments. Funds can also be recouped through a repayment agreement. Recent analysis resulted in a provider being paid 1,304.88 for services not rendered to three children that stopped attending after the Advance Payment was made. During the Advance Payment reconciliation process (True-Up), the provider's subsequent invoice was reduced to collect the amount owed and a Repayment Agreement was sent to cover the balance that could not be collected due to an insufficient payment amount.**
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Misspent funds not collected through future payments, or a repayment agreement, will be referred for collections through the Maryland State Central Collection Unit (CCU) which recovers monies by way of tax intercepts. Recent analysis resulted in 136 child care providers that will have \$208,247.94 collected through tax intercept, if they do not enter into a repayment agreement within 90 days after being sent the repayment amount.**
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **Identifying improper payment may result from record reviews completed by the vendor, or the Maryland State Department of Education (MSDE) and/or investigations completed by the Child Care Scholarship (CCS) Program Investigator. All parties work together as a quality assurance unit. The identification of misspent funds will require the completion of a repayment agreement or system updates to reduce future provider payments. Based on a previous analysis completed by the CCS Investigator resulted in an overpayment discovery of \$71,839.90.**
- viii. Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

No.

Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **If the results of a Comprehensive Program Reporting System (CPRS) review or any other type of quality assurance audit indicates an overpayment, the child care provider has the right to enter into a repayment agreement (unless the funds will be automatically reduced through subsequent payments.) Recent analysis of CPRS and other quality assurance reviews did not result in the recovery of funds by establishing repayment plans.**

iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **If the results of a Comprehensive Program Reporting System (CPRS) review or any other type of quality assurance audit indicate an overpayment, some overpayments are automatically reduced through future payments. The provider will be notified in writing if the payment is to be recouped through a repayment agreement. A recent analysis of CPRS and other quality assurance reviews did not result in the reduction of subsequent provider payments.**

v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the

results of these activities based on the most recent analysis: **The process to disqualify a customer begins with notice of intentional program violation disqualification located on the Child Care Scholarship (CCS) Program Application. If the vendor receives information that a customer or a provider may have committed an intentional program violation, the vendor will: refer the information to the CCS Investigator. The investigator may conduct an investigation of the suspected intentional program violators, prepare a report on the completed investigation showing the methods used to obtain information, make the report available to the Division or refer the customer or the provider to the local State's Attorney, if the alleged facts in the case meet the guidelines established by the State's Attorney for prosecution. A Supervisory Review is completed before providing advanced written notification that a customer or a provider may waive the customer's or provider's right to an administrative disqualification hearing. The vendor shall ensure that a supervisor: reviews the evidence against the customer or the provider; and determines whether the evidence warrants scheduling of a disqualification hearing. The vendor shall allow a customer or a provider to waive the customer's or the provider's right to an administrative disqualification hearing; or refer the customer or the provider, as applicable, to the Office of Administrative Hearings (OAH) for an administrative disqualification hearing. A Waiver Hearing is completed when the vendor decides to allow a customer or a provider to waive the customer's or the provider's right to an administrative disqualification hearing, the vendor shall notify the customer or the provider in writing. The notice shall include: a summary of the charge against the customer or the provider and the evidence to support it; information regarding the administrative disqualification hearing including: a statement that the customer or the provider may waive the right to an administrative disqualification hearing; the date the vendor will refer the case to the OAH for a hearing if the vendor has not received the signed waiver, which is not later than 20 calendar days after the mailing of the notice; the requirement that the customer or the provider shall sign the waiver; a statement that the customer or the provider has the right to remain silent and that anything the individual says or signs concerning the charge may be used in future administrative or judicial proceedings; and a statement that signing the waiver will result in disqualification and reduce or terminate services for the customer or the provider; an opportunity for the customer or the provider to admit to the facts presented by the CCS Branch; a statement that the disqualified customer or provider is responsible for repayment of any overpayment received; a statement that a hearing does not preclude the State or federal government from prosecuting the customer or the provider for the intentional program violation in a civil or criminal court; and the name and telephone number of the person to contact for additional information. If the local State's Attorney decides that a case does not warrant prosecution, the vendor shall refer the case to the OAH for an administrative disqualification hearing. If the local State's Attorney does not act on a referred case within 30 calendar days, the referral shall be withdrawn, and the case shall be referred to the OAH for an administrative disqualification hearing. The vendor may not initiate an administrative disqualification hearing: against a customer or a provider whose case is being referred by the State's Attorney for prosecution; or after the State's Attorney or a court of appropriate jurisdiction has taken any**

action against the customer or the provider in a case arising out of the same or related circumstance. Imposition of Disqualification Penalties is implemented if the vendor receives a signed waiver of the right to an administrative disqualification hearing. The vendor shall apply the disqualification penalty at the beginning of the next service period. If the vendor does not receive a signed waiver of the right to an administrative disqualification hearing within 20 calendar days of providing advance notification, the vendor shall refer the individual to the OAH for a hearing. The referral shall include identifying case information; a summary of the alleged intentional program violation; copies of the vendor's supporting documentation; and documentation that the customer or the provider has been previously disqualified for an intentional program violation; or convicted by a court of fraud involving the Child Care Scholarship (CCS) Program. A pending disqualification hearing does not affect the customer's or the provider's right to be certified and participate in the program. The vendor shall terminate or reduce the services if: the customer or the provider returns the signed waiver to the vendor; the customer or the provider fails to request a hearing and continuation of benefits after notice of termination or reduction; the decision of the vendor is upheld upon disposition of an intentional program violation hearing; and the State's Attorney Office's final disposition of a referred proceeding is received. A customer or a provider who has waived the right to an administrative disqualification hearing or was found to have committed an intentional CCS Program violation is ineligible to participate in the Child Care Scholarship Program as follows: for the first violation, the customer or the provider may not receive any CCS Program payments for 6 months from the date payment was denied or until the customer or provider makes full restitution to the CCS Program, whichever is earlier; for the second violation, the customer or the provider may not receive any CCS Program payments for 12 months from the date the payment was denied or until the customer or the provider makes full restitution to the CCS Program, whichever is earlier; for the third violation, the customer or the provider shall be permanently barred from receiving Child Care Scholarship Program payments and shall pay restitution to the CCS Program; and for a determination of an intentional program violation based on a customer's or a provider's conviction in a federal or state court on charges that the person misrepresented the location of his or her residence in order to obtain services from two or more states, the customer or the provider is not eligible to receive CCS Program services or payments for 10 years from the finding. The disqualification period begins with the service period after which the customer or the provider is sent written notification of the disqualification: upon disposition of an intentional program violation hearing if the decision of the vendor is upheld; when a waiver is signed; or upon final disposition of any proceeding referred to the local State's Attorney Office. Once a disqualification penalty has been imposed, the period of disqualification continues uninterrupted until the earlier of full repayment of the benefit; or completion of the time period. Before imposing the sanction, the CCS Branch shall provide written notice to the customer or the provider of the effective disqualification date, the reason for imposing the sanction, the payment that the applicant, customer, or provider was receiving, and the date on which the customer may reapply, or the provider may begin offering service because the disqualification period has expired. If a customer or the provider has been

disqualified, the vendor shall send the customer or the provider a demand letter for restitution, which shall include the amount owed, the reason for the claim, and the period of time A customer may request an appeal if the vendor denies, suspends, reduces, or terminates assistance; fails to act with reasonable promptness on a period of time a request for adjustment of assistance; imposes sanctions on a recipient; or recovers an overpayment in assistance. Vendor: The vendor shall send written notice of any adverse action in writing: to the customer and a provider denied payment for committing an intentional program violation. Notice of any adverse action shall include the: decision; basis for the decision; specific regulation supporting the decision; right to request an appeal; method by which an appeal may be requested; right to be represented in an appeal by a lawyer, relative, friend, or other individual; and availability of any free legal services. Based on a previous analysis completed by the CCS Investigator that resulted in the discovery of fraud, the customer will not be permitted to participate in the CCS Program until the overpayment discovery of \$71,839.90 is settled.

- ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **The process to disqualify a child care provider begins with the Child Care Scholarship (CCS) terms of agreements completed by a provider when a child is enrolled for CCS Program. If the vendor receives information that a customer or a provider may have committed an intentional program violation, the vendor may: refer the information to the CCS Program Investigator. The investigator may conduct an investigation of the suspected intentional program violators; prepare a report on the completed investigation showing the methods used to obtain information; make the report available to the Division; or refer the customer or the provider to the local State’s Attorney if the alleged facts in the case meet the guidelines established by the State’s Attorney for prosecution. The vendor shall allow a customer or a provider to waive the customer’s or the provider’s right to an administrative disqualification hearing; or refer the customer or the provider, as applicable, to the Office of Administrative Hearings (OAH) for an administrative disqualification hearing. A Supervisory Review is completed before providing advanced written notification that a customer or a provider may waive the customer’s or provider’s right to an administrative disqualification hearing, the vendor shall ensure that a supervisor: reviews the evidence against the customer or the provider; and determines whether the evidence warrants scheduling of a disqualification hearing. A Waiver Hearing is completed when the vendor decides to allow a customer or a provider to waive the customer’s or the provider’s right to an administrative disqualification hearing, the vendor shall notify the customer or the provider in writing. The notice shall include: a summary of the charge against the customer or the provider and the evidence to support it; information regarding the administrative disqualification hearing including: a statement that the customer or the provider may waive the right to an administrative disqualification hearing; the date the vendor will refer the case to the OAH for a hearing if the vendor has not received the signed waiver, which is not later than 20 calendar days after the mailing of the notice; the requirement that the**

customer or the provider shall sign the waiver; a statement that the customer or the provider has the right to remain silent and that anything the individual says or signs concerning the charge may be used in future administrative or judicial proceedings; and a statement that signing the waiver will result in disqualification and reduce or terminate services for the customer or the provider; an opportunity for the customer or the provider to admit to the facts presented by the CCS Branch; a statement that the disqualified customer or provider is responsible for repayment of any overpayment received; a statement that a hearing does not preclude the State or federal government from prosecuting the customer or the provider for the intentional program violation in a civil or criminal court; and the name and telephone number of the person to contact for additional information. If the local State's Attorney decides that a case does not warrant prosecution, the vendor shall refer the case to the OAH for an administrative disqualification hearing. If the local State's Attorney does not act on a referred case within 30 calendar days, the referral shall be withdrawn, and the case shall be referred to the OAH for an administrative disqualification hearing. The vendor may not initiate an administrative disqualification hearing: against a customer or a provider whose case is being referred by the State's Attorney for prosecution; or after the State's Attorney or a court of appropriate jurisdiction has taken any action against the customer or the provider in a case arising out of the same or related circumstance. Imposition of Disqualification Penalties is implemented if the vendor receives a signed waiver of the right to an administrative disqualification hearing. The vendor shall apply the disqualification penalty at the beginning of the next service period. If the vendor does not receive a signed waiver of the right to an administrative disqualification hearing within 20 calendar days of providing advance notification, the vendor shall refer the individual to the OAH for a hearing. The referral shall include identifying case information; a summary of the alleged intentional program violation; copies of the vendor's supporting documentation; and documentation that the customer or the provider has been previously disqualified for an intentional program violation; or convicted by a court of fraud involving the CCS Program. A pending disqualification hearing does not affect the customer's or the provider's right to be certified and participate in the program. The vendor shall terminate or reduce the services if: the customer or the provider returns the signed waiver to the vendor; the customer or the provider fails to request a hearing and continuation of benefits after notice of termination or reduction; the decision of the vendor is upheld upon disposition of an intentional program violation hearing; and the State's Attorney Office's final disposition of a referred proceeding is received. A customer or a provider who has waived the right to an administrative disqualification hearing or was found to have committed an intentional CCS Program violation is ineligible to participate in the CCS Program as follows: for the first violation, the customer or the provider may not receive any CCS Program payments for 6 months from the date payment was denied or until the customer or provider makes full restitution to the CCS Program, whichever is earlier; for the second violation, the customer or the provider may not receive any CCS Program payments for 12 months from the date the payment was denied or until the customer or the provider makes full restitution to the CCS Program, whichever is earlier; for the third violation, the customer or the provider shall be permanently barred from receiving CCS Program

payments and shall pay restitution to the Child Care Scholarship Program; and for a determination of an intentional program violation based on a customer's or a provider's conviction in a federal or state court on charges that the person misrepresented the location of his or her residence in order to obtain services from two or more states, the customer or the provider is not eligible to receive Child Care Scholarship (CCS) Program services or payments for 10 years from the finding. The disqualification period begins with the service period after which the customer or the provider is sent written notification of the disqualification: upon disposition of an intentional program violation hearing if the decision of the vendor is upheld; when a waiver is signed; or upon final disposition of any proceeding referred to the local State's Attorney Office. Once a disqualification penalty has been imposed, the period of disqualification continues uninterrupted until the earlier of full repayment of the benefit; or completion of the time period. Before imposing the sanction, the CCS Branch shall provide written notice to the customer or the provider of the: effective disqualification date; reason for imposing the sanction; payment that the applicant, customer, or provider was receiving; and date on which the customer may reapply, or the provider may begin offering service because the disqualification period has expired. If a customer or the provider has been disqualified, the vendor shall send the customer or the provider a demand letter for restitution, which shall include: the amount owed; the reason for the claim; and the period of time covered by the claim. A customer may request an appeal if the vendor denies, suspends, reduces, or terminates assistance; fails to act with reasonable promptness on an application for, or a request for adjustment of assistance; imposes sanctions on a recipient; or recovers an overpayment in assistance. The vendor shall send written notice of any adverse action in writing: to the customer; and to a provider who is denied payment for committing an intentional program violation. Notice of any adverse action shall include the: decision; basis for the decision; specific regulation supporting the decision; right to request an appeal; method by which an appeal may be requested; right to be represented in an appeal by a lawyer, relative, friend, or other individual; and availability of any free legal services. Recent analysis did not result in any parents or providers being disqualified to receive CCDF funds.

- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **If a decision is made on a case to refer it for criminal prosecution to any state or federal agency, the case will be sent to the prosecutor's office in which the offense was committed (except if the case sent to a federal agency) for judicial review. If the local jurisdiction or federal agency accepts the case for prosecution, the office of childcare will forward any documentation that the prosecutor or federal agency may require. If the local jurisdiction or federal agency declines to prosecute the case, then the Intentional Program Violation (IPV)/Administrative Disqualification Hearing process will move forward. If a person is found guilty or pleads guilty in a court of law, a restitution order will be filed by the judge, and this restitution order can be used in lieu of an IPV to sanction the individual. If the individual is found not guilty or the court or the prosecutor decides to stop any further prosecution of the case, the IPV/Administrative Disqualification process can move forward. The Administrative**

Disqualification Hearing is held by an administrative law judge of the Office of Administrative Hearings to determine if an IPV has occurred for which disqualification is a sanction or criminal prosecution. A customer or a provider who has waived the right to an administrative disqualification hearing or was found to have committed an intentional Child Care Scholarship Program (CCS) violation is ineligible to participate in the CCS Program as follows: for the first violation, the customer or the provider may not receive any CCS Program payments for 6 months from the date payment was denied or until the customer or provider makes full restitution to the CCS Program, whichever is earlier; for the second violation, the customer or the provider may not receive any CCS Program payments for 12 months from the date the payment was denied or until the customer or the provider makes full restitution to the CCS Program, whichever is earlier; for the third violation, the customer or the provider shall be permanently barred from receiving CCS Program payments and shall pay restitution to the CCS Program; and for a determination of an intentional program violation based on a customer's or a provider's conviction in a federal or state court on charges that the person misrepresented the location of his or her residence in order to obtain services from two or more states, the customer or the provider is not eligible to receive CCS Program services or payments for 10 years from the finding.

The disqualification period begins with the service period after which the customer or the provider is sent written notification of the disqualification: Upon disposition of an intentional program violation hearing if the decision of the contractor is upheld; When a waiver is signed; or upon final disposition of any proceeding referred to the local State's Attorney Office. Once a disqualification penalty has been imposed, the period of disqualification continues uninterrupted until the earlier of full repayment of the benefit or completion of the time period. Before imposing the sanction, the Child Care Scholarship Branch shall provide written notice to the customer or the provider of the: effective disqualification date; reason for imposing the sanction; payment that the applicant, customer, or provider was receiving; an date on which the customer may reapply or the provider may begin offering service because the disqualification period has expired. If a customer or the provider has been disqualified pursuant to this regulation, the contractor shall send the customer or the provider a demand letter for restitution, which shall include: the amount owed; the reason for the claim; the period of time covered by the claim; the procedure for paying the claim; the right to request renegotiation of any repayment schedule if the customer's or the provider's economic circumstances change; and (6) The requirement to: sign the repayment notice to indicate agreement to make restitution; select the method of payment; and return the repayment notice within 30 calendar days of the date of the notice. The customer or the provider may request a hearing before the OAH if the individual disagrees with the amount of the overpayment or the method of repayment. Recent analysis of a case where the Lead Agency coordinated with the OAG Fraud Unit resulted in a plea deal with a customer that operated a theft scheme involving multiple child care programs between 2015 and 2024. The customer will receive 3 years in prison and be ordered to pay restitution to MSDE of \$2,670,987.76.

- iv. Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		