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Child Care and Development Fund (CCDF) Plan

for

State/Territory **Maryland**

FFY 2019–2021

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, 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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Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Pub. L. 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for state and territory grantees. In September 2016, the final rule was released. The final rule makes regulatory changes to the CCDF program based on the CCDBG Act of 2014. These changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable, child care for low-income children; and enhance the quality of child care and the early childhood workforce.

The Plan is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule. The Preprint provides a tool for states and territories to describe to ACF their progress on the following sections:

1. Define CCDF Leadership and Coordination With Relevant Systems
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Families
5. Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements and deadlines.

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site 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. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

1 Define CCDF Leadership and Coordination With Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Coordination with child care resource and referral (CCR&R) systems are explained, and Lead Agencies outline the work they have done on their disaster preparedness and response plans.

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 appended hereto (658D; 658E(c)(1)).

Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D (a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: **Maryland State Department of Education (MSDE)**

Street Address: **200 W. Baltimore Street**

City: **Baltimore**

State: **Maryland**

ZIP Code: **21201**

Web Address for Lead Agency: **<http://www.marylandpublicschools.org>**

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **Karen**

Lead Agency Official Last Name: **Salmon**

Title: **State Superintendent of Schools**

Phone Number: **410-767-0462**

Email Address: **karen.salmon2@maryland.gov**

Who is the 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. ACF 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, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Jennifer

CCDF Administrator Last Name: Nizer

Title of the CCDF Administrator: Director, Office of Child Care

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address:

City:

State:

ZIP Code:

Phone Number: 410-767-7128

Email Address: jennifer.nizer@maryland.gov

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: Tabatha "TJ"

CCDF Co-Administrator Last Name: Bennett

Title of the CCDF Co-Administrator: Special Projects Coordinator

Address of the CCDF Co-Administrator (if different from the Lead Agency):

Street Address:

City:

State:

ZIP Code:

Phone Number: 410-767-6786

Email Address: tabatha.bennett@maryland.gov

Description of the role of the Co-Administrator: Provides backup and support to the State Administrator as needed. Responsible for implementing and overseeing the background check requirements of the 2016-2018 State Plan.

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 it retains overall responsibility for the administration of the program (658D (b)). 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.

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 (98.16(i) (3)). Check one.

- ☐ **All program rules and policies are set or established at the state or territory level.**
- ☐ Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

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). If checked, identify the entity and describe the type of eligibility policies the local entity (ies) can set.
- ☐ Other. Describe .

Sliding-fee scale is set by the:

- ☐ State or territory
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity (ies) can set.
- ☐ Other. Describe .

Payment rates are set by the:

- ☐ State or territory
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity (ies) can set.
- ☐ Other. Describe .

Other. List other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply.

a) Who conducts eligibility determinations?

- ☐ **CCDF Lead Agency**
- ☐ **Temporary Assistance for Needy Families (TANF) agency. Determines eligibility for TANF customers only.**
- ☐ Other state or territory agency
- ☐ Local government agencies, such as county welfare or social services departments
- ☐ Child care resource and referral agencies

- ☐ Community-based organizations
 - ☐ Other. The Maryland State Department of Education (MSDE) issued a contract for these services. The local departments of social services (LDSS), under the oversight of the Maryland Department of Human Services (DHS), determine eligibility for temporary cash assistance customers only.
- b) Who assists parents in locating child care (consumer education)?
- ☐ CCDF Lead Agency
 - ☐ TANF agency
 - ☐ Other state or territory agency
 - ☐ Local government agencies, such as county welfare or social services departments
 - ☐ Child care resource and referral agencies
 - ☐ Community-based organizations
 - ☐ Other. Parents receive information in a variety of ways, including MSDE's website (GIS mapping tool), Maryland EXCELS.org (providers published in the State's quality rating and improvement system) and referral to LOCATE: Child Care, a service provided by MSDE's resource and referral network contractor.
- c) Who issues payments?
- ☐ CCDF Lead Agency
 - ☐ TANF agency.
 - ☐ Other state or territory agency.
 - ☐ Local government agencies, such as county welfare or social services departments.
 - ☐ Child care resource and referral agencies.
 - ☐ Community-based organizations.
 - ☐ Other. MSDE has established a contract with a vendor who initiates payments through our Child Care Administrative Tracking System (CCATS). The Maryland Comptroller's Office issues the payments.

What processes will the Lead Agency use to monitor administrative and implementation responsibilities performed by agencies other than the Lead Agency as indicated above, such as through written agreements or monitoring and auditing processes (98.11(a)(3))? Describe those processes and any indicators or measures used to assess performance. MSDE has a contract with a single vendor and Memorandum of Understanding (MOU) with the 23 LDSS offices to authorize Child Care Subsidy (CCS) Services on behalf of the Lead Agency MSDE. Both the vendor and the LDSS are required to complete a monthly quality assurance review of 3-6 cases per case manager per month. The Child Care Subsidy branch (CCSB) conducts a random secondary review of these cases throughout the year. The CCSB monitors cases to determine accuracy of authorization based upon CCS policies and the absence of Improper Authorization of Payments (IAP) that result in overpayments or underpayments. In addition, the CCSB conducts random annual reviews of cases to ensure all entities are authorizing services based upon established policies and procedures. During the annual review, error rates approaching 5% indicate the need for additional technical assistance to keep Maryland below a statewide error rate of 10%.

Lead Agencies must assure 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 must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate. **MSDE owns the core system, CCATS, and has demonstrated the system to other States who have expressed an interest. MSDE can make the system's custom code and software available to other States if requested.**

Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally-identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally-identifiable information. **The Maryland Department of Information Technology (DoIT) provides policy and oversight related to this type of information. The policy for protection of confidential and personally-identifiable information is posted at <http://doit.maryland.gov/cybersecurity/Documents/Maryland%20DOIT%20Public%20and%20Confidential%20Information%20Policy%20v1.0.pdf>**

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of units of general purpose local government—(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.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) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

Describe the Lead Agency's consultation in the development of the CCDF plan.

- a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments. **Representatives of local government serve on the Office of Child Care (OCC) Advisory Council. They receive electronic copies of the State Plan; there is at least one face-to-face meeting with them to discuss the State's submission and to**

solicit their feedback, and suggestions on the draft plan. In addition, by serving on the OCC Advisory Council, local government representatives meet with the State every three months, to advise the OCC and to discuss items of interest to them as they relate to child care.

The State's Early Childhood Advisory Council (ECAC) contains a broad range of state stakeholders, including local government. They receive electronic copies of the State Plan; there is at least one face-to-face meeting with them to discuss the State's submission and to solicit their feedback, and suggestions on the draft plan.

Describe how the Lead Agency consulted with the State Advisory Council. The ECAC receives an electronic copy of the State Plan. A portion of at least one of the regularly scheduled meetings is set-aside to discuss the development and submission of the State Plan.

- b) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. N/A
- c) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

- MSDE's Division of Special Education and Early Intervention (DSE/EIS)
- Maryland Department of the Environment (MDE)
- Maryland Higher Education Commission (MHEC)
- Maryland Department of Commerce
- Maryland Developmental Disabilities Council
- Maryland State Fire Marshal
- Deans and Directors of Two and Four Year Colleges
- Maryland Consortium of Two and Four Year Colleges
- Head Start State Collaboration Director
- Maryland Head Start Association
- MSDE's Community Nutrition Programs Branch
- Department of Health (MDH)
- State Interagency Coordinating Council for Infants and Toddlers
- Maryland Department of Human Services (DHS) - TANF services
- The U.S. Department of Defense, through the Military Child Care Liaison Project, works with MSDE to assist in identifying current state efforts, priorities, and quality initiatives that impact the ability of military families to access high quality off-installation child care services in their communities
- Maryland Family Network (MFN) – Under contract with MSDE, MFN is the statewide coordinating entity (SCE) for Maryland's child care resource and referral network (MCCRNR)

- Maryland Association for the Education of Young Children (MD AEYC)
- Maryland State Child Care Association (MSCCA)
- Maryland State Family Child Care Association (MSFCCA)
- Maryland After School Association
- Service Employees International Union (SEIU)
- Local Education Agencies
- Ready at Five
- Maryland Association of Public Library Administrators
- Maryland State Libraries
- Business Community - Leadership in Early Childhood Care and Education
- Maryland State Education Association (MSEA)
- Department of Disabilities
- Philanthropic Institute
- Maryland Association of Elementary School Principals (MAESP)
- Local Government Agency Child Service Provider
- MD Chapter of American Academy of Pediatrics
- MD Council for American Private Education
- Maryland Association of Board of Education
- Home Visiting Alliance
- Advocate for Homeless Children
- Non-Public PreKProvider
- Local Management Board
- MD PTA
- Local Community Action Agency
- Child School Health Services

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 (658D(b)(1)(C); 98.16(f)).

Reminder: Lead Agencies are required to 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. At a minimum, this description must include:

- a) Date(s) of notice of a public hearing. **April 16, 2018.** *Reminder:* Must be at least 20 calendar days prior to the date of the public hearing.

- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include specific website links if used to provide notice. **The OCC Advisory Council, public school early learning coordinators, the ECAC, the Head Start Association and others who requested the Plan, received email notification and a copy of the draft document. Notice was posted on the agency website at: <http://earlychildhood.marylandpublicschools.org/ccdf>.**
- c) Date(s) of the public hearing(s). **May 7, 2018.** *Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.
- d) Hearing site(s) or method(s), including how geographic regions of the state or territory were addressed. **MSDE, 200 W. Baltimore Street, Baltimore MD 21201.**
- e) How the content of the Plan was made available to the public in advance of the public hearing(s). **MSDE distributed email copies of the plan and posted it on the website. <http://earlychildhood.marylandpublicschools.org/ccdf>**
- f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? **MSDE reviewed and considered all comments received. If someone suggested revisions to the Plan that MSDE could make, the changes were made.**

Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)).

- a) Provide the website link to where the plan, any plan amendments, and/or waivers are available. **<http://earlychildhood.marylandpublicschools.org/ccdf>**
- b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.
 - ☐ Working with advisory committees. Describe: **MSDE's Division of Early Childhood Development (DECD) participates in several advisory committees/councils. Everyone received email copies of the plan.**
 - ☐ Working with child care resource and referral agencies. Describe: **The SCE for the MCCRRN, received an email copy of the Plan. They also distributed copies of the Plan to the MCCRRN.**
 - ☐ Providing translation in other languages. Describe: **DECD's website allows translation into several different languages and the Plan was made available on the website.**
 - ☐ Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe: **MSDE has a Facebook page and a Twitter account. Notifications that the Plan was available were posted and also informed people who to contact to receive a copy.**
 - ☐ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe: **MSDE made the Plan available on the website and emailed copies of it to several Advisory groups. A parent representative serves on the OCC Advisory Council.**
 - ☐ Other. Describe:

1.4 Coordination With Partners To Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

Describe how the Lead Agency coordinates the provision of child care services with the following programs 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 (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes entities required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school; enhancing and aligning the quality of services; linking comprehensive services to children in child care settings; or developing the supply of quality care for vulnerable populations. Check who you will coordinate with and describe all that apply.

- ☐ (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process: **Local government representatives serve on the OCC Advisory Council and the ECAC. Items of interest to local government agencies, or of interest to MSDE, are discussed during those meetings. If the entities determine that collaboration on a project will yield better results for children and families, they form sub-workgroups for further discussion.**
- ☐ (REQUIRED) 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 goals and process: **A member of DECD, who helps set the agenda and guide the conversations, staffs the ECAC. Items discussed affect early care and education from prenatal to age 8.**
 - ☐ Does the Lead Agency have official representation and a decision-making role in the State Advisory Council (or similar coordinating body)?
 - ☐ No
 - ☐ **Yes**
- ☐ (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted:

 - ☐ **N/A—There are no federally recognized Indian tribes and/or tribal organizations in Maryland.**
- ☐ (REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with

Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool).

Describe the coordination goals and process: DECD and DSE/EIS collaborate and establish policies and practices for all child care related services for infants and toddlers with disabilities. This enables the provision of joint training to enhance providers' abilities to help children develop the thinking, language, numeracy, early literacy, and social and physical skills necessary for school success.

- ☐ (REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process: This position is located in the Collaboration and Program Improvement Branch within the DECD. The OCC consults with the Branch Chief responsible for this function on all program initiatives and opportunities. The Head Start State Collaboration Director shares that information with all of the Head Start and Early Head Start agencies.
- ☐ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process: MDH 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.
- ☐ (REQUIRED) State agency responsible for employment services/workforce development. Describe the coordination goals and process: A representative from DHS serves on the ECAC and the OCC Advisory Council. Members of both Councils share information relevant to Child Care Subsidy employment services and workforce development.
- ☐ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (PreK). Describe the coordination goals and process: MSDE is the lead agency for administering the CCDF. DECD/OCC is one of the Divisions within MSDE. Staff members participate in many of MSDE's internal workgroups to discuss the provision of child care services and how those services impact a child's later school years.
- ☐ (REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process: The DECD's Child Care Licensing branch is responsible for licensing/registering child care providers throughout Maryland. Both the Branch Chief for Licensing and the Director, Office of Child Care, work closely together on initiatives that impact child care.
- ☐ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process: MSDE's Community Nutrition Programs Branch (CNPB) administers the CACFP. The OCC coordinates with the CNPB to provide training, assistance and access to the CACFP program. OCC also provides CNPB with a listing of all licensed/registered providers so that CNPB can conduct outreach to the provider community about the CACFP.
- ☐ (REQUIRED) 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 goals and process:

OCC's CCSB has a staff person assigned to the Homeless Advocacy Workgroup. That staff person shares information relevant to the provision of services to this population. The goal is to strengthen services provided to, and advocate for, homeless families. In addition, an advocate for homeless children is an appointed position on the ECAC to strengthen the coordination of services for the education of young children experiencing homelessness.

- (REQUIRED) State/territory agency responsible for employment services and workforce development. Describe the coordination goals and process: A DHS representative serves on the ECAC and the OCC Advisory Council. The agencies work to coordinate and improve services for children, improve employment opportunities for families and coordinate workforce development activities at the State level, such as shared training opportunities across both agencies.
- (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and process: Maryland DHS has a representative on the OCC Advisory Council and the ECAC. The agencies coordinate the provision of services, including eligibility determination for TANF customers.
- (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process: The MDH and the LDSS under DHS serve as access points for these programs. MSDE, MDH and DHS representatives serve together on the ECAC and the OCC Advisory Council and have mutual goals to improve outcomes for children. The agencies collaborate on initiatives that affect Maryland's families and children.
- (REQUIRED) State/territory agency responsible for mental health. Describe the coordination goals and process: MDH and MSDE representatives serve together on numerous committees and councils to coordinate an efficient provision of services that affect our mutual customer bases, such as Early Childhood Mental Health. Other topics of interest to both agencies are discussed during the OCC Advisory Council meetings and the ECAC.
- (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process: MSDE coordinates efforts with the SCE for the MCCRRN. The SCE and the MCCRRN provide services, training and technical assistance to child care providers and early childhood educators. The OCC's training approval coordinator ensures all training these organizations offer meets State and federal requirements. The training coordinator also meets with the SCE, the MCCRRN and other approved training organizations to discuss training needs and requirements.
- (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: OCC coordinates with the Maryland After School Association through the OCC Advisory Council on items of interest to both. This can include, but is not limited to, input from

the after-school provider community concerning regulations, legislative initiatives, training and professional development and other shared goals.

- ☐ (REQUIRED) Agency responsible for emergency management and response. Describe the coordination goals and process: MSDE partners with Maryland's Emergency Management Agency (MEMA) on issues related to child safety, such as making the local Emergency Operations Centers (EOC's) aware of the child care provider community and the impact any emergency can have upon children in those settings.

A DECD representative serves on MSDE's Continuity of Operations Planning Committee and three of MSDE's thirteen essential functions are OCC related. Those functions are:

1. Process and investigate child care related complaints
2. Respond to Criminal Justice Information Systems (CJIS) indicators for arrest of child care providers; and
3. Enforcement actions against child care providers.

All of these functions are deemed essential by MSDE and DECD for protecting the health and safety of Maryland's children in out-of-home child care settings.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

- ☐ State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: DECD issued grants to three non-profit Early Head Start-Child Care Partnership grantees, utilizing Child Care Subsidy funding to pay for the cost of care for children enrolled in those programs. This allows the grantees to braid different funding sources to improve quality. The three grantees are located in, and serve, different geographical areas of Maryland.
- ☐ State/territory institutions for higher education, including community colleges. Describe: DECD participates in meetings of the Deans and Directors of Two and Four Year Colleges and the Maryland Consortium of Two and Four Year Colleges. Efforts include coursework collaboration and alternative pathways for non-traditional students.
- ☐ Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: DHS representatives serve on the ECAC and the OCC Advisory Council.

A representative from the Maryland Developmental Disabilities Council participates on both the OCC Advisory Council and the State ECAC.

MSDE's DSE/EID coordinates the State Interagency Coordinating Council. MSDE's CCDF State Administrator is a regular participant in those meetings.

- ☐ State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: MSDE and MDH partner together on the Home

Visitation grant and representatives of both agencies serve on the ECAC and the OCC Advisory Council.

- ☐ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Describe: **MDH administers the Healthy Kids Program in Maryland. The Nurse Consultant for the OCC Licensing Branch participates in meetings with MDH.**
- ☐ State/territory agency responsible for child welfare. Describe: **DHS representatives serve on the State ECAC and the OCC Advisory Council.**
- ☐ State/territory liaison for military child care programs. Describe: **DECD and the SState liaison for military child care programs coordinate services and professional development opportunities.**
- ☐ Provider groups or associations. Describe:

MD Association for the Education of Young Children

MD State Child Care Association,

MD State Family Child Care Association

MD After School Association

Service Employees International Union (SEIU)

Maryland Head Start Association

- ☐ Parent groups or organizations. Describe: **The OCC Advisory Council has a mandated position for a “user of child care services”.**
- ☐ Other. Describe:

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

Optional Use of Combined Funds: States and territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory 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 or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between the Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of

the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

- ☐ **No.**
- ☐ Yes. If yes, describe at a minimum:
- How you define “combine”
 - Which funds you will combine
 - Your purpose and expected outcomes for combining funds, 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
 - How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?
 - How are the funds tracked and method of oversight

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care services to expand the availability of child care while using public PreK funds as no more than 20 percent of the state’s or territory’s maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for PreK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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 do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the child care program (98.55(f)).

Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

Note: The Lead Agency must check at least public and/or private funds as matching, even if PreK funds also will be used.

- ☐ N/A—The territory is not required to meet CCDF matching and MOE requirements
- ☐ Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
- ☐ If checked, identify the source of funds: Maryland General Revenue

- If known, identify the estimated amount of public funds that the Lead Agency will receive: **\$ 43,550,000.00**
- ☐ Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

If checked, are those funds:

- ☐ donated directly to the State?
- ☐ donated to a separate entity(ies) designated to receive private donated funds?

If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$

- ☐ State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with PreK expenditures (not to exceed 30 percent): **30%**
 - If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its PreK and child care services:
 - **The State funds public PreK with grant funds. The grant funds cover the 6.5 hour core instructional day and CCS is used to fund wrap around and extended day child care services for income eligible families.**

The State coordinates public PreK and child care services to expand the availability of child care by providing various options for service delivery including center-based care, family child care, Head Start, and public school PreK. These options exist in all of Maryland's 24 jurisdictions.

Publicly funded PreK slots have increased each year for the last three years with plans for adding additional slots in subsequent years. Publicly funded PreK is supported by grant funds and is free to a range of income eligible families up to 300% of the Federal Poverty Guidelines. To expand the availability of high quality child care options, PreK programs supported by grant funds are required to meet specific high quality standards.

- If known, identify the estimated amount of PreK funds that the Lead Agency will receive for the matching funds requirement: **\$9,322,000.00**

Describe the Lead Agency efforts to ensure that PreK programs meet the needs of working parents: **Many Maryland elementary schools work collaboratively with qualified vendors to provide on-site before and after school child care for families requiring care for their child during the hours when school is not in session and during the summer months. School age child care is available at many locations in every Maryland jurisdiction.**

- ☐ **State expenditures for PreK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,**

The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

- ☐ No
☐ Yes

Describe the Lead Agency efforts to ensure that PreK programs meet the needs of working parents: **Publicly funded PreK programs meet the needs of working families by providing various options for service delivery including center-based child care, family child care, Head Start, and school-based PreK. These program options provide safe, nurturing, and academically rich environments for PreK children. This high quality programming provides critical support for children and connects families to resources. Publicly funded prekindergarten is supported by grant funds and is free to a range of income eligible families up to 300% of the Federal Poverty Guidelines. To meet the needs of working families, CCS provides financial assistance to income eligible families by reducing the cost of wrap around and extended-day services for PreK children. MSDE has also funded community-based programs to ensure a diverse delivery system that meets the needs of children and their families.**

Estimated percentage of the MOE Fund requirement that will be met with PreK expenditures (not to exceed 20 percent): **20%**

- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its PreK and child care services to expand the availability of child care: **Maryland coordinates public PreK and child care services to expand the availability of child care by providing various options for service delivery including center-based, family child care, Head Start, and school-based PreK. Publicly funded PreK is supported by grant funds and is free to a range of income eligible families up to 300% of the Federal Poverty Guidelines. To expand the availability of high quality child care options, PreK programs supported by grant funds are required to meet high quality standards. CCS provides financial assistance to income eligible families by reducing the cost of wrap around and extended-day child care services for children enrolled in publicly funded PreK.**
- If known, identify the estimated amount of PreK funds that the Lead Agency will receive for the MOE Fund requirement: **\$4,660,000.00**

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private 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) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships 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, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

Identify and describe the entities with which and the levels at which the state/territory is partnering (level—state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)). **MSDE awarded a contract to Johns Hopkins University/Center for Technology in Education (JHU/CTE), to, develop and administer MSDE's QRIS, Maryland EXCELS;**

JHU/CTE has a similar partnership for young children with special needs, MSDE Accreditation and MSDE's Comprehensive Assessment System.

JHU/CTE's Maryland EXCELS program coordinators work with child care facilities in achieving higher levels of quality to expand access to high quality care to low income families.

Ready at Five promotes early care and education in all settings and annually disseminates kindergarten assessment information to child care providers and provides information for parents. In addition, the organization and DECD co-host two School Readiness Symposia and a Family Engagement Summit each year for early childhood educators. Ready at Five promotes family engagement text, e-mail, and video-based activities and educational programming. Together with DECD, the organization works with the business and philanthropic community to promote the importance of early care and education and engage them in activities to identify areas of service delivery needs and resources

MSDE, in collaboration with community partners, provides resource and referral services for families who are seeking child care services, provides training and technical assistance to child care providers (applicants and existing providers) and works with young families to build their parenting skills through family support centers.

1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, 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) (658E(c)(3)(B)(iii); 98.52).

- 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 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 State;
- 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 state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use section 7.6 to address how quality set-aside funds, if applicable, are used to support a statewide CCR&R system.

Does the Lead Agency fund a system of local or regional CCR&R organizations?

- ☐ No. The state/territory does not fund a CCR&R system and has no plans to establish one.
- ☐ **Yes. The state/territory funds a CCR&R system. If yes, describe the following:**
- a) What services are provided through the CCR&R system?
- **Providing statewide information and referral services, including offering guidelines for finding quality early care and education programs and providing assistance to families with finding child care that meets their needs; and**
 - **Providing statewide services in the 12 Child Care Licensing Regions in Maryland, including professional development and improving program quality, which meet Maryland requirements to improve capacity building among all licensed child care providers. Services include strategic support as well as leadership development to all licensed child care providers that enroll in Maryland EXCELS.**
 - **Data collection on services provided resource and referral, training and rates from providers for the purpose of the market rate survey**
 - Early childhood mental health - **In Maryland, the Early Childhood Mental Health Consultation project is both child/family focused and classroom/program focused. This hybrid model allows consultants to focus on specific child behaviors**

while working with teachers to improve the overall quality of the classroom environment.

- Family engagement - Maryland's CCRRNs provides "Strengthening Families Parent Cafés". These are guided conversations designed to share the collective knowledge of families and build a network of community support among them. These events promote family well-being and connect families to their peers and to the community by fostering social connections and parental resilience. Furthermore, Parent Cafés can support the development of families as leaders and child advocates by engaging parents, child care professionals, and other community members in conversations about the needs of families, how to meet those needs, and the role each neighbor can play in strengthening families and communities. In Maryland, MCCRRN staff are trained as Facilitators to conduct Parent Cafés for parents and providers of children from birth to age five, based on five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

- b) How the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated. MSDE issued a contract to a Statewide Coordinating Entity (SCE) to oversee the operations of the MCCRRN. The MCCRRN and the SCE provide statewide information and referral services to assist families with finding regulated child care that meets their needs.

The SCE provides grant management, training, technical assistance, support, monitoring, and evaluation of services to the MCCRRN. The primary goal of the MCCRRN 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.

The SCE provides leadership and management of the MCCRRN including grant management, training, technical assistance, support, program and fiscal monitoring, evaluation, and development of training modules and technical assistance strategies. The SCE 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, school age programs, and summer camps. 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.

- Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must 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 that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body: **MSDE follows the principles of the Maryland Emergency Management Agency (MEMA) and the Emergency Alert System (EAS). MEMA ensures that Maryland families, communities, and key stakeholders are provided the tools they need to prepare for, mitigate against, respond to, and recover from the consequences of emergency and disaster events. MEMA coordinates the Maryland Continuity of Operations Plan (COOP) and assists State and local government with COOP planning. MSDE coordinates its emergency and disaster activities with those of the following agencies:**

- **Maryland Emergency Management Agency**
- **Children’s Disaster Services (CDS) - Church of the Brethren**
- **Department of Homeland Security**
- **American Red Cross**
- **American Red Cross Safe and Well**
- **Department of Human Services**
- **Department of Health**
- **Project Security Blanket:**
- **Child Care Aware**
- **Center for Disease Control**
- **American Academy of Pediatrics**
- **Local Fire and Police Departments**

Describe how the Statewide Disaster Plan includes the Lead Agency’s guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a

disaster: MSDE, in cooperation with its vendor for Child Care Subsidy services, developed a Continuity of Operations Plan (COOP) that covers continuing payments for Child Care Subsidy services.

Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services: In the event of a temporary re-location of providers, the child care center license will be temporarily on hold until either the provider returns to the original facility, remains in the temporary location, or moves to another permanent location. Family child care providers must submit a “Resumption of Service” application to receive approval for an alternate location.

- a. Upon receipt of notification that the provider will remain at the alternative location, licensing staff will conduct an on-site assessment within five (5) days. The “Temporary Operating Standards for Recovery” (Form TOS2) will be used to assess the status of the facility.
- b. If the facility is in compliance with the standards, the Licensing staff will issue a “6-Month Letter of Authorization”
- c. If there are unmet standards, the licensing staff will assist the provider in developing an acceptable plan of correction and a schedule for verifying correction of the standards as soon as possible.
- d. The OCC will maintain the existing License or Registration for the original location.
- e. Information regarding the alternate location will be maintained in the child care facility’s file.

Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions: The Code of Maryland Regulations (COMAR) governing child care in Maryland requires all licensed and registered child care providers to develop emergency preparedness plans outlining procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, and accommodation for children of all age groups in care to include children with special needs.

Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—emergency preparedness training and practice drills as required in 98.41(a)(1)(vii): COMAR requires all licensed and registered child care providers to train staff and volunteers on the plan, conduct practice drills at least twice a year, and to update the plan annually.

Provide the link to the website where the statewide child care disaster plan is available:

http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/relocation_of_child_care_facilities_in_the_event_of_a_disaster.pdf

2 Promote Family Engagement Through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to “promote involvement by parents and family members in the development of their children in child care settings” (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children’s development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

Describe how the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language: **DECD's microsite (<http://earlychildhood.marylandpublicschools.org>) is a responsive website that provides information on a number of early childhood topics in HTML format to allow for translation with the website's Google translator. The site translates content from English to 11 other languages including Arabic, Simplified and Traditional Chinese, French, German, Hindi, Italian, Korean, Russian, Spanish and Vietnamese. Interpretation services are available for phone calls and orientation sessions.**

The MCCRRN has access to a Language Line Telephone interpretation service that is available for non-English speakers. They also provide statewide counseling services via a 1-800 telephone line. An on-site Spanish speaking referral specialist is available for Spanish speakers. Voicemail and email are available 24 hours a day, seven days a week.

Describe how the Lead Agency or partners provide outreach and services to eligible families with a person(s) with a disability: **THE SCE assists with outreach and services to eligible families who have children with disabilities. That service, LOCATE: Child Care, enables families to find child care programs specifically geared toward children with special needs, and Spanish-speaking families, either via telephone or online.**

MSDE also partners with DHS and the Developmental Disabilities Council (<http://www.md-council.org/>), the MCCRRN, and community based organizations to reach eligible persons with disabilities through the disbursement of information via print media, in-person presentations, and interviews (phone and in-person). The MCCRRN employs referral specialists with special needs backgrounds. These specialists are available to assist families with children with disabilities birth through 21 years of age. Voicemail and email are available 24 hours a day, seven days a week.

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). 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 (98.16; 98.32).

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 file a complaint by contacting their regional child care office. Complaints are accepted in person, via telephone, fax, email or letter and may be anonymous. Parents may search the website, www.checkCCMD.org, to view a licensed sites most recent inspection reports and see if there are any noncompliances. DECD is currently updating this website to ensure ADA compliance, with guidance from the appropriate MSDE division.**

Describe the Lead Agency's process for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring: **Complaints are screened in the regional licensing office for regulatory concerns, entered into CCATS, and assigned for investigation. Complaint investigations are initiated within 48 hours and require an on-site inspection. The Record of Complaint must be completed within 30 days of the initial report. Monitoring will occur depending on the findings of the investigation.**

Describe the Lead Agency's process for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring: **Non-CCDF providers are subject to the same requirements listed above. In addition, if OCC discovers an illegally operating facility, an investigation is opened and a site visit is conducted within five (5) days (within 48 hours if children are allegedly at risk). The OCC must determine if illegal care is occurring through interviews with the facility and obtaining parent information to verify if care is illegal. If parent information is not available, the OCC gives the provider copies of a parent verification letter for them to give to the parents. Parents are asked to submit that to the regional office. If OCC makes a determination of**

illegal care, a cease and desist letter is issued to the provider and follow up procedures are implemented as necessary. The OCC, after consultation with the Maryland Office of the Attorney General (OAG) staff, may issue a Civil Citation in some instances of illegal child care.

Certify by describing how the Lead Agency maintains a record of substantiated parental complaints: **All complaint records are maintained in CCATS. After supervisory review and approval, substantiated complaints are posted on www.CheckCCMD.org. DECD initiated posting the record of complaints on December 12, 2017.**

Maryland is also in the process of developing a new Consumer Education website that will be hosted on the Maryland Families Engage website. This will be a one-stop-shop for families to access many services. This site will also include a link to www.CheckCCMD.org

Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: **The Guide to Regulated Child Care is available at www.CheckCCMD.org. DECD started posting confirmed complaints on December 12, 2017.**

LOCATE: Child Care is a computerized resource and referral database operated by the SCE. Providers and parents can access LOCATE: Child Care services for free. Staff who work with LOCATE: Child Care are available Monday thru Friday. An internet-based service is available 24/7. The SCE works with DECD to ensure all programs on the LOCATE: Child Care database are operating in good standing with the regulations governing child care.

Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved are considered substantial changes and CCDF Plan Amendments will be required.

Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible: **The DECD microsite is easy to use. It provides users with multiple ways to locate information, including a**

search bar, main menu bar, side bar menus, and hyperlinked text. Users can find information based on their role (family, provider, educator, partner, etc...). DECD is making plans to combine the Consumer Education website with the Maryland Families Engage website currently in development to increase access to families with State and national resources.

Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): DECD's microsite provides information on a number of early childhood topics in HTML format to allow for translation with the website's Google translator. The site translates content from English to 11 other languages including Arabic, Simplified and Traditional Chinese, French, German, Hindi, Italian, Korean, Russian, Spanish and Vietnamese. Interpretation services are available for phone calls and orientation sessions.

Describe how the website ensures the widest possible access to services for persons with disabilities: DECD contracts with the SCE to assist with outreach and services to eligible families who have children with disabilities. The LOCATE: Child Care service provided by the SCE enables families to find child care programs specifically geared toward children with special needs, and Spanish-speaking families, either via telephone or online.

MSDE also partners with the DHS and the Developmental Disabilities Council (<http://www.md-council.org/>), the MCCRN, and community based organizations to reach eligible persons with disabilities through the disbursement of information via print media, in-person presentations, and interviews (phone and in-person). The MCCRRN employs referral specialists with special needs backgrounds. These specialists are available to assist families who have children with disabilities birth through 21 years of age. Voicemail and email are available 24 hours a day, seven days a week.

Lead Agency processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6: <http://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/resource-documents/licensing-manuals>. Maryland does not exempt any providers from licensing requirements with the exception of relative or informal child care providers. Informal providers offer care for a child in the child's own home.
- b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2: <http://earlychildhood.marylandpublicschools.org/child-care-providers/enforcement-actions-and-appeals>
- c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1

and 5.4.6:

http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/criminal_background_requirements_and_process.pdf

List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. Providers caring for children to whom they are related do not need to be included. The list of providers should be searchable by ZIP Code.

- a) Provide the website link to the searchable list of child care providers:
<http://geodata.md.gov/mdcc/> and
<http://earlychildhood.marylandpublicschools.org/families/finding-child-care/early-care-and-education-program-lists>
<https://www.marylandexcels.org>
- b) Which providers are included in the searchable list of child care providers:
 - ☐ **Licensed CCDF providers**
 - ☐ **Licensed non-CCDF providers**
 - ☐ License-exempt center-based CCDF providers
 - ☐ License-exempt family child care (FCC) CCDF providers
 - ☐ License-exempt non-CCDF providers
 - ☐ Relative CCDF child care providers
 - ☐ Other. Describe: **Letter of Compliance Facilities and Nursery Schools**
- c) Describe what information is available in the search results. Specify if the information is different for different types of providers: **The lists include name, phone number, license number, capacity, street, town, and county. Centers and Letter of Compliance facilities also include street number. The website includes a listing of non-public nursery schools with MSDE approved educational programs, accredited family child care providers and accredited early care and school-age programs.**

Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

- a) How does the Lead Agency determine quality ratings or other quality information to include on the website?
 - ☐ **Quality rating and improvement system**
 - ☐ **National accreditation**
 - ☐ Enhanced licensing system
 - ☐ **Meeting Head Start/Early Head Start requirements**
 - ☐ Meeting prekindergarten quality requirements

☐ **Other. Describe: MarylandState Accreditation**

b) For what types of providers are quality ratings or other indicators of quality available?

- ☐ Licensed CCDF providers. Describe the quality information: **The QRIS website (Maryland EXCELS) includes: Type of Program (Center/Family Child Care) QRIS Quality Rating, Additional Achievements, provider's website (if available), License #, Quality Ratings in each QRIS content area, and the phone number for each provider.**
- ☐ Licensed non-CCDF providers. Describe the quality information: **The QRIS website (Maryland EXCELS) includes: Type of Program (Center/Family Child Care,) QRIS Quality Rating, Additional Achievements, provider's website (if available), License #, Quality Ratings in each QRIS content area, and the phone number for each provider.**
- ☐ License-exempt center-based CCDF providers. Describe the quality information:
- ☐ License-exempt FCC CCDF providers. Describe the quality information:
- ☐ License-exempt non-CCDF providers. Describe the quality information:
- ☐ Relative child care providers. Describe the quality information:
- ☐ Other. Describe:

Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include 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. The reports must be in plain language 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 reports when available.

Certify by describing:

- a) How monitoring and inspection reports are in plain language. Include a website link to a sample monitoring report, or if reports are not in plain language, describe how plain-language summaries are used to meet the regulatory requirements. Include a link to a sample report and summary. **The website www.CheckCCMD.org has a link: Search for Child Care Inspection Results. It details provider-specific information about the health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). The monitoring inspection results are presented in regulatory and plain language and include the date the non-compliance was corrected.**

DECD's website provides a description of health and safety requirements and licensing or regulatory requirements for child care providers, and the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. The website is consumer-friendly, allowing multiple ways to search for information. DECD's website is available in numerous languages and may be translated by clicking on the desired language.
- b) How monitoring and inspection reports and/or their plain-language summaries prominently display any health and safety violations, including any fatalities or serious injuries. **Incidents of serious child injuries and fatalities are documented on the electronic licensing inspection forms and posted on the www.CheckCCMD.org public portal.**

- c) The process for correcting inaccuracies in reports. **Supervisors must review all inspections within 30 days. Spelling and grammatical errors are sent to the specialist for corrections. If an incorrect regulation was cited, the provider is contacted and informed of the correction, and their right to a review of findings. If a specialist did not address a regulatory area that should have been addressed, the specialist must return to the facility, conduct a follow-up inspection, address the regulation, and have the provider re-sign the inspection report. The specialist should note on the inspection that the inspection was modified, the date of modification, note the added regulation, and indicate the inspection was re-signed. A revised copy is sent to the provider with information regarding a right to review.**
- d) The process for providers to appeal the findings in the reports, including the time requirements. **At the end of each inspection the provider is informed of their right to "Request a Review of Findings". The specialist must note on the Summary of Findings that the provider requested a review. If the provider request a review of findings, the supervisor must be informed when the specialist returns to the regional office. The supervisor must contact the provider and conduct a review by phone or in person within 10 days of the request.**
- e) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe. **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 set period.**
- f) How many years of reports that the state/territory posts on its website, if any, beyond the required minimum of 3 years, where available (98.33(a)(4)(iv)) **Three years of inspection report data is posted on line**
- g) The policy for removing reports after a certain amount of time has passed (e.g., after 7 years). **Inspection reports are on a rolling three year posting cycle. Currently, the reports will no longer display once they reach the three year anniversary date of the inspection.**
- h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.
 - ☐ License-exempt non-CCDF providers
 - ☐ Relative child care providers
 - ☐ Other. Describe:

Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. The information on serious injuries and deaths should be organized by category of care and licensing status, however, Lead Agencies are not required to breakdown the instances of substantiated child abuse by category of care and licensing status.

Certify by providing:

- a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity. **Family Child Care: 13A.15.03.05**

- Notifications.** The provider or substitute shall: **A. Within 24 hours of its occurrence, notify the office of:** (1) The death of a child, if the child died: (a) While in the care of the provider or substitute; or (b) Of a contagious disease; and (2) Any injury to a child that occurs while the child is at the family child care home in the care of the provider or substitute that results in: (a) The child being treated by a medical professional; (b) The child being admitted to a hospital; or (c) The death of the child; B. If a child has an injury or accident while in attendance: (1) Report immediately to the child's parent any serious injury or accident; and (2) Report any non-serious injury or accident to the child's parent on the same day it occurs. Child Care Centers: 13A.06.03.06D.C. Notify or require that a staff member notify the office within 24 hours of: (1) The death of a child if the child died while at the center; (2) The death of a child enrolled at the center if the child died of a contagious disease; and (3) An injury to a child that occurs while the child is at the center or on a field trip which results in the child's being: (a) Treated by a medical professional; or (b) Admitted to a hospital; D. If a child has an injury or accident while in attendance, notify the child's parent: COMAR 13A.16.01-.19 Child Care Centers (as amended effective July 20, 2015) For Informational Purposes Only 15 (1) Immediately, if the child's injury is serious; or (2) Within the same day, about any other injury and each accident which may result in injury.
- b) The definition of “substantiated child abuse” used by the Lead Agency for this requirement. Findings of substantiated child abuse are made by the local departments of social services Child Protective Services units. A finding of “substantiated abuse” means one, or more, of the following was found to have occurred:
- Physical injury not (necessarily visible) of a child under circumstances that indicate that a child’s health or welfare is harmed or at substantial risk of being harmed.
 - The failure to give proper care and attention to a child, leaving a child unattended where the child’s health or welfare is harmed or a child is placed in substantial risk of harm.
 - An act or acts involving sexual molestation or exploitation whether physical injuries are sustained or not.
 - Identifiable and substantial impairment of a child’s mental or psychological ability to function.
 - Finding credible evidence that has not been satisfactorily refuted that physical abuse, neglect or sexual abuse occurred.
- c) The definition of “serious injury” used by the Lead Agency for this requirement. An injury, other than a fatal injury, which occurs at the child care facility, during child care hours or during the course of a child care related activity that results in treatment by a medical professional or admission to a hospital.
- d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted www.CheckCCMD.org

The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: **LOCATE: Child Care staff provide information to parents searching for child care options. Parents also receive information from MSDE's regional licensing offices, the SCE, the MCCRRN, and the LDSS when applying for CCS. DECD's website (<http://earlychildhood.marylandpublicschools.org/>) provides information to parents on licensing and regulation and access to the Child Care Subsidy program through the parent 'portal'.**

The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information: **DECD's website includes links to Maryland EXCELS. Also included are links to LOCATE: Child Care and the MCCRRN. Additional links are included in all sections related to families, consumer education and information regarding Maryland's accreditation program and early childhood curriculum standards. Additionally, families have access to licensing information through www.CheckCCMD.org. There are several ways for families to contact DECD through the "Contact Us" button. This allows families and providers to contact us through email or by phone.**

Provide the website link to the Lead Agency's consumer education website. **MSDE requested a waiver for this requirement in September 2017. Development of this piece of our website is still in progress.**

National Website and Hotline

The CCDBG Act of 2014 required the U.S. Department of Health and Human Services to establish a national website at ChildCare.gov, which includes a ZIP Code-based search of available child care providers, provider-specific information about the quality of care and health and safety compliance, referrals to local CCR&R organizations, and information about Child Care Subsidy programs and other financial supports available to families (658L(b)). Lead Agencies must also provide a description of how they will respond to complaints submitted through the national website and hotline (98.16(hh)).

Describe how the Lead Agency responds to complaints submitted through the national website and hotline regarding both licensed and license-exempt child care providers. **Complaints received through the National Website and Hotline will be reviewed by the Branch Chief, Child Care Licensing. The Branch Chief will forward the complaint to the appropriate regional office for follow-up.**

Identify the designee responsible for receiving and responding to complaints submitted through the national website and hotline. **Louis Valenti, Branch Chief, Child Care Licensing.**

Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care

providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.5.1 through 2.5.4, certify by describing:

How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state PreK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. **DECD's website (<http://earlychildhood.marylandpublicschools.org/families/finding-child-care>) includes links to Maryland EXCELS, the Head Start Association, the child care mapping tool (an online GIS application developed primarily to help parents in need of child care services locate those services in relation to their homes or to local public schools. LOCATE: Child Care, and Finances, which includes information about the Child Care Subsidy program.**

The partnerships formed to make information about the availability of child care services available to families. **The intake staff at LOCATE: Child Care, customer service representatives for Child Care Subsidy, and LDSS staff offer information about resources and programs available and provide referral contact information as appropriate.**

How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description, include at a minimum what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

- ☐ Temporary Assistance for Needy Families program: **Families are informed of TANF programs through written materials, website resources, conversations with the MCCRRN and LOCATE: Child Care staff.**
- ☐ Head Start and Early Head Start programs: **Maryland awarded a contract to a vendor to provide eligibility determination services for the Child Care Subsidy program. Customers who contact the vendor are informed of Head Start and Early Head Start programs. Families also receive information through written materials and website resources. LOCATE: Child Care also provides information to families.**
- ☐ Low Income Home Energy Assistance Program (LIHEAP): **DHS uses a universal application form for human services programs. Families are informed of other programs for which they may be eligible through MSDE's Child Care Subsidy program vendor. Families are also provided information concerning this program when they contact LOCATE: Child Care.**
- ☐ Supplemental Nutrition Assistance Programs (SNAP) Program: **DHS uses a universal application form for human services programs. Families are informed of other programs for which they may be eligible through the MSDE's Child Care Subsidy**

program vendor. Families are also provided information concerning this program when they contact LOCATE: Child Care.

- ☐ Women, Infants, and Children Program (WIC) program: **Families are informed through written materials, website resources, information disseminated through child care providers, and community partners. Families are also provided information concerning this program when they contact LOCATE: Child Care.**
- ☐ Child and Adult Care Food Program (CACFP): **Information concerning the CACFP is disseminated by child care licensing offices, , and the MCCRRN**
- ☐ Medicaid and Children’s Health Insurance Program (CHIP): **DHS uses a universal application form for human services programs. Families are informed of other programs for which they may be eligible through MSDE’s vendor for Child Care Subsidy services. Families are also provided information concerning this program when they contact LOCATE: Child Care.**
- ☐ Programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA): **Families are informed of the IDEA through written materials and website resources.**

Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children’s development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information. **Information is posted on the DECD website and conferences are held throughout the year to provide information pertaining to research and best practices. Approved training, provided by the MCCRRN and the approved trainer network must include sharing information on best practices.**

MSDE co-hosts School Readiness Symposia with Ready at Five two times each year for providers. MSDE provides support to the SCE in offering courses on multiple early care and education topics. In addition, with MSDE’s direction, Ready at Five and the SCE help develop and distribute materials to families regarding child development and early learning.

MSDE has also been co-hosting annual Family Engagement Conferences with Ready at Five for both providers and families and is currently developing a new Maryland Families Engage website that will act as a resource hub for providers and families for family engagement information.

Describe how information on the Lead Agency’s policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information. **Links to information on Early Childhood Mental Health (ECMH) are on the DECD website. Written materials are available from ECMH service providers and the MCCRRN.**

Describe the Lead Agency's 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 (98.16(ee)), including how those policies are shared with families, providers, and the general public.

The Preventing Suspension and Expulsion Workgroup was formed in the fall of 2016. Workgroup members included representatives from DECD, DSE/EIS, the Maryland Developmental Disabilities Commission and other partners. The workgroup met over the course of several months to draft and edit a Policy Statement and a Guidance Document for the Prevention of Suspension and Expulsion in Early Care and Education Programs. The two documents were posted on the DECD website in June of 2017.
<http://earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care>.

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 supports 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 NAEYC in August of 2017 to share the policy with participants. Further publicity for the policy is being planned.

Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the 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 Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA), in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include 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 (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

Certify by describing:

- a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)). **Information is available on the DECD website. All providers receiving CCDF funds must participate in Maryland EXCELS. These providers develop a list of resources to share with families which can include information on developmental screening services. The Maryland EXCELS standards contain best practice concerning developmental screening which states: Developmental screenings are conducted on all children (Birth through age 5) within 90 days of enrollment and at scheduled intervals as determined by MSDE; results are shared with families, and referrals are made when appropriate.**

- b) The procedures for providing information on and referring families and child care providers to the 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 Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.) **If the screening indicates one or more areas of concern, providers should meet with the parents/guardians in private to discuss the score. Providers should ask the parent if they would like a referral for the child to the Maryland Infants and Toddlers Program, Child Find, Early Childhood Mental Health offices, or the child’s pediatrician for a re-screen.**
- c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. **MSDE gives information on developmental screenings to parents receiving a subsidy as part of the intake process.**
- d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. **If the screening indicates one or more areas of concern, providers should meet with the parents/guardians in private to discuss the score. Providers should ask the parent if they would like a referral for the child to the Maryland Infants and Toddlers Program, Child Find, Early Childhood Mental Health offices, or the child’s pediatrician for a re-screen.**
- e) How child care providers receive this information through training and professional development. **DECD provided free online training and the MCCRRN provided face-to-face training.**
- f) Provide the citation for this policy and procedure related to providing information on developmental screenings. **DECD is promulgating this regulation. The following link provides additional information about Maryland’s developmental screening process. <http://earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care/developmental-screening>**

2.3 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

Certify by describing:

- a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement. **COMAR requires child care providers to give a parent specified information concerning consumer education on child care and how to file a complaint against a child care provider.**
- b) What is included in the statement, including when the consumer statement is provided to families.

As part of the admission process, the operator shall:

(1) Give the parent, or advise the parent how to obtain information that is supplied by the office concerning:

(a) Consumer education on child care;

(b) How to file a complaint against the child care center; and

(2) Provide documentation that the requirements of §C(1) of this regulation have been met.

- c) Provide a link to a sample consumer statement or a description if a link is not available. **OCC regulations require that providers give parents the “Guide to Regulated Care” brochure. It may be found online at: <http://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/parentbrochuremsdedecember2007.pdf>**

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families’ work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family’s contribution to the child care payment.

3.1 Eligible Children and Families

At the time when eligibility is determined, 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 for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

Eligibility criteria based on a child's age

- a) The CCDF program serves children from **two** (weeks/months/years) to **twelve** years (through age 12). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?
 - ☐ No
 - ☐ Yes, and the upper age is **18** (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical or mental incapacity: **a child under the age of 19 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. This definition applies for the purposes of payment and for prioritizing services.**
- c) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision (658P(3); 658E(c)(3)(B))?
 - ☐ **No**
 - ☐ Yes, and the upper age is (may not equal or exceed age 19).
- d) How does the Lead Agency define the following eligibility terms?
 - "residing with": A child must reside with the parent, legal guardian, or person *in loco parentis* and intend to remain in Maryland during the time period of requested services.**
 - "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.**

Eligibility criteria based on reason for care

- a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:
 - "Working": In a public or private work setting. There is no requirement for a minimum number of hours.**
 - "Job training" Training includes undergraduate college, an accredited vocational program, or a publicly funded training program.**
 - "Education": Any type of instructional program, except for post-college graduate programs, approved by DECD.**

“Attending job training or education” (e.g. number of hours, travel time): **Any type of undergraduate training or educational program. There is no requirement for a minimum number of hours. Travel time is allowed from the child care setting to the approved activity and back.**

- b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?
- ☐ No. If no, describe the additional work requirements:
 - ☐ Yes. If yes, define the job-search time limit, keeping in mind a minimum of 3 months is required to be provided when a parent experiences a non-temporary loss or cessation of eligible activity: Job search is limited to parents in an approved FIA activity. **Eligible parents experiencing a non-temporary loss or cessation of an eligible activity may job search for up to three months from the end date of the approved activity. The parent must gain an approved activity within three months. Loss of cessation does not include breaks between educational terms (vouchers are not discontinued for periods of non-participation, work or training/education, that are less than 3 months)**
 - ☐ Does the Lead Agency consider engaging in a job search or seeking employment an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination (must provide a minimum of 3 months)?
 - ☐ No.
 - ☐ Yes. If yes, describe the policy or procedure.
Job search is limited to parents in an activity approved by DHS's Family Investment Administration (FIA). If a parent is experiencing a non-temporary loss or cessation at redetermination, the parent may job search up to three months from the end date of the approved activity. If the parent gains an approved activity within the three months, the parent will complete the 12 month eligibility.
- c) Does the Lead Agency provide child care to children in protective services?
- ☐ **No.**
 - ☐ Yes. If yes:
 - i. Please provide the Lead Agency’s definition of “protective services”:
Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency’s definition of protective services for CCDF purposes. 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 protective services definition above.
 - ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?
 - ☐ **No**
 - ☐ Yes
 - iii. 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 (658E(c)(5))?
 - ☐ **No**

- iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?
- ☐ Yes
- ☐ **No**
- ☐ Yes

Eligibility criteria based on family income

- a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

(a) "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.

(b) "Gross income" includes, but is not limited to:

(i) Wages, salary, and, as specified at Regulation .03F(8)(a) of this chapter, income from self-employment;

(ii) Commissions, tips, and bonuses;

(iii) Dividends and interest;

(iv) Social Security benefits, including disability and survivors benefits;

(v) Pensions and annuities;

(vi) Estate income;

(vii) Military entitlements, bonuses, and allowances;

(viii) Rental income;

(ix) Unemployment and Workers' Compensation; and

(x) Alimony and child support.

- b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).
- c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)). **N/A**

	(a)	(b)	(c)	(d)
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Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum "Entry" Income Level if Lower Than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	\$ 4,768	\$4,053	\$1,547	32%
2	\$ 6,235	\$5,300	\$2,023	32%
3	\$7,703	\$6,548	\$2,499	32%
4	\$ 9,170	\$7,795	\$2,975	32%
5	\$10,637	\$9,041	\$3,451	32%

Reminder: 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 (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

- d) SMI source and year <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>. Year – **2017**
- e) What was the date that these eligibility limits in column (c) became effective? **January 1, 2002**
- f) Provide the citation or link, if available, for the income eligibility limits.
<http://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-subsidy-program>

Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

- a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). **There is a check box on the Child Care Subsidy application for applicants to certify that their assets do not exceed \$1,000,000.**
- 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, please identify the policy or procedure:

Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Examples include partnering with Head Start, prekindergarten, or other high-quality programs to create a package of arrangements that accommodates parent's work schedules; providing more intensive case management for families with children with multiple risk factors; and including in the eligibility determination process a question about whether a child has an Individualized Education Program or Individual Family Service Plan. Describe the

Lead Agency's policies and procedures that take into consideration children's development and learning and that promote continuity of care when authorizing child care services. **Maryland considers children's development and learning by not terminating a customer's child care services and allowing child care vouchers to continue for three months when a parent experiences a temporary cessation of an approved activity. Maryland does not end child care authorization based upon a parent not meeting the eligibility requirements of another eligibility program. Once a child is authorized for child care services, the Maryland CCS is delinked from all other income eligibility programs.**

Graduated phase-out of assistance.

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the Child Care Subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing 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
- 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 low-income family
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers 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 shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)).

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

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

☐ N/A—The Lead Agency sets its initial eligibility level at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

☐ The Lead Agency sets the second eligibility threshold at 85 percent of SMI.

Describe the policies and procedures. **Maryland's graduated phase-out allows parents to gain income above the initial income scale (61% of SMI up to 85% of SMI). Maryland will apply a hold-harmless rule to parents with income subject to the graduated phase out period. Benefits will not be reduced below the previous determination between redetermination periods.**

Provide the citation for this policy or procedure. **Maryland has implemented this policy at the case management level. If CCATS denies a customer's application for being over the income guidelines, the case manager manually determines if the customer's income at redetermination is below 85% of the SMI. If the customer's income is below 85% of the SMI, child care services continue until the next redetermination or until the parent reports income in excess of 85% of the SMI. Maryland will add the continuing eligibility scale to CCATS and plans are in place to have the system updated to address the graduated phase-out scale by June 2019.**

☐ The Lead Agency sets the second eligibility threshold 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.

- Provide the second eligibility level for a family of three:
- Describe how the second eligibility threshold:
 - i. Takes into account the typical household budget of a low-income family:
 - ii. 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:
 - iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:
 - iv. Provide the citation for this policy or procedure:

b) Does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

☐ **No**

☐ Yes

If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.

If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)

☐ No.

☐ Yes. Describe:

Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)).

Describe the Lead Agency's policy related to the fluctuation in earnings requirement, including how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments. **Maryland averages three months of income to take into consideration fluctuation in earnings and a temporary increase in income that could result in a monthly income exceeding 85% of SMI. Parents are encouraged to report changes in income that could result in increased subsidy benefits because of a decrease in gross household income.**

Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

- ☐ Applicant identity. Describe: **Identification is collected at initial determination on each family member included in the household count. Family can submit any form of government issued document as proof of identity.**
- ☐ Applicant's relationship to the child. Describe: **Proof of the Applicant's relationship to the child is collected at initial determination and any time there is an addition to the household count. The family may submit birth certificates, adoption paperwork or any other official documentation that establishes the relationship of the applicant to the child.**
- ☐ Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: **Information is collected at initial determination or any time a child is added to the household count.**
- ☐ Work. Describe: **Information is collected at initial and continued determinations. Parent must provide 3 months of pay stubs or employment verification. Parents unable to provide 3 months of income verification because of new employment or any other valid reason may provide employment verification along with the number of available check stubs. Verification of work must include wage per hour, hours worked per week and work schedule.**
- ☐ Job training or educational program. Describe: **Information is collected at initial and continued determinations. Verification of training and educational programs must include begin and end date of program, hours per week and schedule.**
- ☐ Family income. Describe: **Information is collected at initial and continued determinations. Parents must provide proof of both earned and unearned income.**
- ☐ Household composition. Describe: **Information is collected at initial determination and any time there is a change in household composition. Proof of household composition**

is normally the birth certificate of each child in the household or documentation that establishes the relationship of the parent to the child.

- ☐ Applicant residence. Describe: Information is established at initial and continuing redeterminations. Parents may submit a current utility bill, driver's license that has the same address as the physical address on the Child Care Subsidy application, lease or mortgage that was signed within the last 90 days or a lease or mortgage with a current utility bill if signed in excess of 90 days.
- ☐ Other. Describe: Proof of immunization for non-school aged children using informal care is collected at initial determination.

Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- ☐ Time limit for making eligibility determinations. Describe length of time MSDE's vendor for CCS must process all applications within 10 days of receipt of all documentation required to establish eligibility.
- ☐ Track and monitor the eligibility determination process
- ☐ Other. Describe The parent has 30 days from the submission of the Child Care Subsidy application to supply all documentation necessary to determine eligibility and either approve, or deny, the application. MSDE's vendor has 10 days, or less, to process the application once all required documentation is received.
- ☐ None

Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

- a) Identify the TANF agency that established these criteria or definitions: **DHS**
- b) Provide the following definitions established by the TANF agency:
 - "Appropriate child care": Child care that meets the parents' 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.

- “Reasonable distance”: Based on available transportation, a parent would be expected to travel to the child care provider for no more than one hour each way.
 - “Unsuitability of informal child care”: Informal care that does not meet the standards established by Maryland statute and COMAR governing the CCS program.
 - “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.
- c) How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
- ☐ In writing
 - ☐ Verbally
 - ☐ Other. Describe: Customers are advised of TANF work requirements and penalties for non-compliance in a variety of formats including written and verbal. They receive information at the initial interview, when meeting with work program vendors and at redetermination. Customers are advised of the requirements, including any exceptions they may meet. Customers who have an exception to work requirements would not have a penalty for non-compliance.

Provide the citation for the TANF policy or procedure: COMAR 07.03.03.07-- Employment and Education Requirements

3.2 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note: 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) (98.2).

Describe how the Lead Agency will prioritize or target child care services for the following children and families.

- a) How does the Lead Agency define “children with special needs” and include a description of how services are prioritized 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 age 19.
- b) How does the Lead Agency define of “families with very low incomes” and include a description of how services are prioritized: Maryland defines families of very low incomes as families eligible for TANF. Families receiving TANF are given the highest priority. Families transitioning off of 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 CCS services ended, if the current budget could not support all children served.

- c) Describe how services are prioritized for children experiencing homelessness, as defined by the CCDF: **Primary consideration within a service priority shall be given to a family requiring CCS Program services for a child with a disability or evidence of homelessness.**
- d) Describe how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)): **Families receiving TANF are given the highest priority. Families transitioning off of TANF are the second highest priority. Families at risk of becoming dependent on TANF are the third priority.**

Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

- e) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. **Parents experiencing homelessness are issued a 60 day voucher to allow for time to gather the required documentation to determine eligibility.**

COMAR 13A.16.03.02F and 13A.15.09.02DR. Temporary Admission to Care. (1) An operator may temporarily admit or retain a child in care if: (a) The child is homeless; or (b) The child's parent is unable to provide the health-related records specified in Regulation .04D, E, G, or H of this chapter. (2) For a child to be temporarily admitted or retained in care, the parent 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; (b) Receive a required immunization; (c) Acquire evidence of age-appropriate immunizations on a form approved by the office; or (d) Reconstruct a lost health record. (3) The date of the appointment required by §F(2) of this regulation may not be later than 20 calendar days after the date the child was temporarily admitted or retained. (4) An operator shall exclude from care a child who has been temporarily admitted or retained in care if the parent fails to provide evidence of the required health-related information within 3 business days after the date of the appointment made pursuant to §F(2) of this regulation.

- a) Describe the procedures to conduct outreach for children experiencing homelessness (as defined by the CCDF) and their families. **Providers receive a quarterly newsletter, PARTNERS, that provides information on programs and resources to families. The MCCRRN DECD's regional licensing offices provide training and information on resources available to families. State child care associations hold yearly conferences where agencies provide information and training. Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, MSDE's quality rating and improvement system, requires participants to develop a resource list for families.**

DECD provides a grant to the United Way and providers who serve medically fragile children to provide outreach to homeless families. The grant to United Way for Central Maryland provides a community model that addresses self-sufficiency and addresses items such as health to housing.

DECD also collaborates with Head Starts that give priority placement and outreach services to families experiencing homelessness.

DECD intends to explore the following suggestions made by its stakeholder groups:

- **Sending regional emails informing the provider community and others of the importance of supporting the educational development of homeless children**
- **Establishing its own partnerships with organizations already in established partnerships with community partners such as:**
 - **ARC-Nany Newman**
 - **Volunteers of America**
 - **Catholic Charities**
 - **211**
- **Conducting outreach to the local school systems to inform them of the availability of the Child Care Subsidy program for eligible children, including those who are homeless.**

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

Lead Agencies must establish a grace period that allows homeless children 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 immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note: Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

- a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:
 - Children experiencing homelessness (as defined by CCDF). **Families have 60 days to comply with immunization requirements for non-school age children using licensed/regulating care or informal care.**

Provide the citation for this policy and procedure. **MSDE is promulgating the regulations to address this. It is currently being addressed at the case management level to avoid penalizing children by not being able to serve them during the promulgation process. MSDE anticipates revisions to COMAR by June 30, 2018.**

Children who are in foster care. **N/A**

Provide the citation for this policy and procedure. **N/A**

- b) 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 (98.41(a)(1)(i)(C)(4)). **MSDE is the agency responsible for child care licensing.**
- c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?
 - ☐ No.
 - ☐ Yes. Describe: **MSDE provides a 60 day grace period for children with parents pursuing court-ordered child support, children with parents in pending TANF status, and non-school age children needing proof of immunization documentation to attend informal care.**

3.3 Protection for Working Families

12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, 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; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; any changes in age, including turning 13 years old during the 12-month eligibility period; and any changes in residency within the state, territory, or tribal service area.

- a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a

temporary change in activity. **MSDE issues 12 month vouchers for all children eligible to receive CCS services. Parents are asked to report any changes in income (exceeding 85% of SMI, non-temporary change in activity, additional child, lower copayment, etc.) so MSDE can process those changes.**

- b) How does the Lead Agency define “temporary change?” **The parent is no longer engaged in the approved activity as required to authorize CCS services and has not gained or resumed the activity within three (3) months.**
- c) Provide the citation for this policy and/or procedure. **MSDE is promulgating the regulations to address this. It is currently being addressed at the case management level to avoid penalizing children by not being able to serve them during the promulgation process. MSDE anticipates revisions to COMAR by June 30, 2019.**

Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent’s *non-temporary* loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent’s eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent’s non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

- a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent’s non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?
 - ☐ No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent’s *non-temporary* loss of work or cessation of attendance at a job training or educational program.
 - ☐ **Yes**, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent’s non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

Provide a summary describing the Lead Agency’s policies and procedures for discontinuing assistance due to a parent’s non-temporary change: **Parents with a non-temporary loss of work or cessation of eligible activity will continue to receive child care vouchers for three (3) months. If the parent becomes re-engaged, care will continue for the established determination period.**

Describe what specific actions/changes trigger the job-search period. **Parents reporting cessation of an eligible activity, a government agency, or other entity, making MSDE aware may trigger the job-search period after MSDE confirms the end date.**

How long is the job-search period (must be at least 3 months)? **Three months.**

Provide the citation for this policy or procedure. **MSDE is promulgating the regulations to address this. It is currently being addressed at the case management level to avoid penalizing children by not being able to serve them during the promulgation process. MSDE anticipates revisions to COMAR by June 30, 2019.**

- b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

- ☐ Not applicable.
- ☐ 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.

Define the number of unexplained absences identified as excessive: **10 consecutive business days without the knowledge of the provider or the inability of DECD to contact the family.**

Provide the citation for this policy or procedure:

- ☐ A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: **COMAR 13A.14.06.03.A.1**
- ☐ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. . Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure **"Intentional program violation" means an intentional 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 CCS payments or for increasing or preventing a reduction of the amount of assistance. COMAR 13A.14.06.02.33**
- ☐ Change reporting during the 12-month eligibility period

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the

option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

- a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

- ☐ No
☐ **Yes**

- b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- ☐ Additional changes that may impact a family's eligibility during the 12-month period. Describe: **Parents are required to report a change in household composition.**
- ☐ Changes that impact the Lead Agency's ability to contact the family. Describe **Parents are required to report a change in mailing address and phone number and a change in residency outside of Maryland.**
- ☐ Changes that impact the Lead Agency's ability to pay child care providers. Describe: **MSDE notifies parents and child care providers if there is a reduction in CCS services and if there is an extended problem that affects payment processing.**

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

- c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- ☐ **Phone**
- ☐ **Email**
- ☐ Online forms
- ☐ Extended submission hours
- ☐ Other. Describe: **Customers may email, mail, fax, or drop information off at the LDSS offices.**

- d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless

the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report. **Families are allowed to report all changes.**
- ii. Provide the citation for this policy or procedure. **COMAR 13A.14.06.03.G**

Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents in families receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and that information 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, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination.

Describe the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. List relevant policy citations **MSDE does not require a face-to-face interview for parents to: submit documentation, report changes, apply for Child Care Subsidy services, or at redeterminations. Customers may submit all documentation by mail, email, fax or in person. MSDE policy requires the customer to report changes. How the customer reports those changes is at their discretion. COMAR 13A.14.06.03.G.**

a) How are families allowed to submit documentation for redetermination? Check all that apply.

- ☐ **Mail**
- ☐ **Email**
- ☐ Online forms
- ☐ **Fax**
- ☐ In-person
- ☐ Extended submission hours
- ☐ Other. Describe: **Customers may submit applications by mail, email, fax or in-person at LDSS offices. If the LDSS has extended hours, the customer may submit the CCS application for processing or ask MSDE to forward the information to its vendor for CCS services.**

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies *only* to families in their initial/entry eligibility period. See section 3.1.4 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

Provide the CCDF co-payments in the chart below according to family size for one child in care.

- a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest "Entry" Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest "Entry" Income Level 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)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	\$3.00	\$0.01 for the first child	2% per child	\$34,332	\$57.22 for the first child	2% per child
2	\$3.00	\$0.01 for the first child	2% per child	\$44,896	\$74.83 for the first child	2% per child
3	\$3.00	\$0.01 for the first child	2% per child	\$55,459	\$92.43 for the first child	2% per child
4	\$3.00	\$0.01 for the first child	2% per child	\$66,023	\$110.00 for the first child	2% per child
5	\$3.00	\$0.01 for the first child	2% per child	\$76,586	\$127.60 for the first child	2% per child

- b) What is the effective date of the sliding-fee scale(s)? January 1, 2017

- c) Provide the link to the sliding-fee scale:
<http://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-subsidyprogram>
- d) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)). **N/A**

How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

- ☐ The fee is a dollar amount and:
- ☐ 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 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: **The family size and gross income is compared to the sliding fee scale to determine the subsidy level for the family. The subsidy level is then compared to the co-payment chart to determine the family's contribution. Subsidy levels and copayments vary by jurisdiction based on the cost of living in that area. The co-payment is collected by the child care provider on a regular schedule determined by the child care provider. If the contractor is notified that the co-payment is not being paid, the case is closed.**
- ☐ The fee is a percent of income and:
- ☐ 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 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:

Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder – Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

- ☐ No.
- ☐ Yes, check and describe those additional factors below.
- ☐ Number of hours the child is in care. Describe: **MSDE reimburses based upon the units of care authorized.**
- ☐ Lower co-payments for a higher quality of care, as defined by the state/territory.
Describe:
- ☐ Other. Describe:

The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- ☐ No, the Lead Agency does not waive family contributions/co-payments.
- ☐ Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is **\$20,420 (ACF 2017 poverty level)**.
- ☐ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.
MSDE does not include TANF and SSI amounts when calculating the family's gross household income. COMAR 13A.06.02.28 c. (i-xxvi)
- ☐ Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation.
MSDE does not include TANF and SSI amounts when calculating the family's gross household income. COMAR 13A.06.02.28 c. (i-xxvi)

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 (98.45(b)(5))?

- ☐ No.
- ☐ **Yes.** If yes:
 - a) 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 promotes affordability and access for families? **MSDE's reimbursement rate does not cover the cost of care for providers with rates above the 20th percentile of the MRS.**
 - b) Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families. **MSDE does not collect this type of data.**
 - c) Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees. **Maryland jurisdictions serving the greatest number of children receiving CCS vouchers have a higher number of participating facilities than the state average (of centers and family care providers) of 83%. For example, Baltimore City - child care centers - 92%, family child care homes - 90%; Prince George's County - child care centers - 91%, family child care homes - 72%; and Baltimore County - child care centers - 92%, family child care homes - 71%. These percentages indicate the number of child care programs receiving or able to accept CCS payment.**
 - d) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds? Check all that apply.

- ☐ Limit the maximum co-payment per family. Describe: **Based upon the CCDBG Reauthorization, Maryland plans to limit co-pay to 2% of the gross family income per child receiving child care and upon the number of units issued. Co-pay is not applied to the 4th child, or any additional children after the 4th.**
- ☐ Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.
- ☐ Minimize the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.5. Describe: **MSDE has implemented a graduated phase-out to assist parents with not paying the full cost of child care once their income exceeds 60% of the State Median Income. Services will not terminate until the parent’s income exceeds 85% of the SMI. Income from 61-85% of the SMI are on the graduated phase-out scale for continuing eligibility. The same rules apply to the continuing scale as the initial income scale.**
- ☐ Other. Describe:

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family’s needs. Parents have the option to choose from center-based care, family child care or care provided in the child’s own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care.

4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)). The child care

voucher for parents who indicate they are choosing formal (licensed/registered) care, the voucher indicates the amount of subsidy reimbursement by provider type. The voucher also indicates the parental copayment and the name of the child and the parent.

Describe how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- ☐ Certificate that provides information about the choice of providers
- ☐ Certificate that provides information about the quality of providers
- ☐ **Certificate not linked to a specific provider, so parents can choose any provider**
- ☐ **Consumer education materials on choosing child care**
- ☐ **Referral to child care resource and referral agencies**
- ☐ Co-located resource and referral in eligibility offices
- ☐ **Verbal communication at the time of the application**
- ☐ Community outreach, workshops, or other in-person activities
- ☐ Other. Describe: **Parents are informed about the option to choose any type of legal care they would like, including providers operating through grants or contracts, by consumer education specialists, help desk representatives or social services case managers. Documentation is given to parents upon receiving a voucher that informs them about the types of available care. Information is provided to parents about the requirement to select a Maryland EXCELS participating program and the ways to access that information.**

Child care services available through grants or contracts.

- a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? *Note:* Do not check “yes” if every provider is simply required to sign an agreement to be paid in the certificate program.
- ☐ No. If no, skip to 4.1.4.
 - ☐ Yes. If yes, 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: **The voucher lists the payment rates for the various care types. The parent is also provided with access to resource and referral information that informs them of the various types of care.**
 - ☐ The type(s) of child care services available through grants or contracts: **Grants for all day services provided by Early Head Start/Child Care Partnership (EHS/CCP) sites are available. The grantees determine eligibility using the criteria established in CCS regulations.**
 - ☐ The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers): **Early Head Start/Child Care Partnership sites.**

- ☐ The process for accessing grants or contracts: **MSDE awarded three grants to the entities participating in the federal Early Head Start/Child Care Partnership program.**
 - ☐ How rates for contracted slots are set through grants and contracts: Rates are set by the State based upon the area of the State in which the programs are located. **Programs follow CCS program guidelines.**
 - ☐ How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality: **Programs must have been awarded a federal Early Head Start/Child Care Partnership grant.**
 - ☐ If contracts are offered statewide and/or locally: Grants are awarded based upon the location of the Early Head Start/Child Care Partnership entities.
- b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.
- ☐ Programs to serve children with disabilities
 - ☐ Programs to serve infants and toddlers
 - ☐ Programs to serve school-age children
 - ☐ Programs to serve children needing non-traditional hour care
 - ☐ Programs to serve homeless children
 - ☐ Programs to serve children in underserved areas
 - ☐ Programs that serve children with diverse linguistic or cultural backgrounds
 - ☐ Programs that serve specific geographic areas
 - ☐ Urban
 - ☐ Rural

Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). The provider must sign a document that indicates willingness to allow parent access to their child(ren) at any time. State child care licensing regulations require that each family child care home and child care center permit the parent of a child in care to have access, without prior notice, to the child at any time during the program's operating hours and to freely observe all areas of the facility that are used for child care. Licensing regulations also require the provider to post, and make available to parents, a pamphlet entitled "A Parent's Guide to Regulated Child Care" that contains information on rights and responsibilities of parents, including the right to visit the facility without prior notification at any time their child is there.

As a condition of receiving payment from the Child Care Subsidy program, a legally operating informal provider agrees to allow the same access to the child in care and to the facility as required of regulated programs. Information about the right of access is explained in the Informal Provider Health and Safety packet given to all parents and providers who choose to use informal care. Parents and providers must sign and return a signature page indicating they have read and understand the information.

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- ☐ No.
- ☐ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - ☐ Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
 - ☐ Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe: **Provider must be 18.**
 - ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
 - ☐ Restricted to care by relatives. Describe:
 - ☐ Restricted to care for children with special needs or a medical condition. Describe:
 - ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: **In home care providers must complete the same health and safety certification as relative providers and are subject to monitoring visits to ensure compliance with health and safety standards.**
 - ☐ Other. Describe: **Care is limited to the child's home. In home providers must meet criminal background clearance requirements, CPS clearance requirements and minimum training requirements.**

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (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 and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note – Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.

- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care—such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up-to-date data.
- Describe the estimated reporting burden and cost to conduct the approach.

Please identify the methodology(ies) used below to assess child care prices and costs.

- ☐ **MRS**
- ☐ Alternative methodology. Describe:
- ☐ Both. Describe: **Maryland is currently using a market rate survey (MRS). We are in the planning phase of developing a Hybrid-Methodology using a MRS and the actual cost of care (by provider type and geographical region) to determine the true cost of higher quality care within Maryland.**

Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors prior to developing and conducting the MRS or alternative methodology.

Describe how the Lead Agency consulted with the:

- a) State Advisory Council or other state-designated cross-agency body: **MSDE met with the ECAC and asked volunteers representing various child care advisory groups to focus on different areas of the State Plan.**
- b) Local child care program administrators:
- c) Local child care resource and referral agencies: **MSDE met with representatives of the SCE and the MCCRRN, and asked volunteers to focus on different areas of the State Plan.**
- d) Organizations representing caregivers, teachers, and directors: **MSDE met with representatives of Maryland's child care provider associations and national associations,**

and asked volunteers to focus on different areas of the State Plan. Members interested in CCS met separately and discussed market rates, child care costs and alternative rate setting.

- e) Other. Describe: **Representatives of SEIU, the union representing family child care providers, were also asked to participate in the discussions.**

Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods. MSDE provides MFN with information on all licensed and registered child care facilities. MFN enters rate information gathered through an annual questionnaire into their provider database. Providers also may update rate information on the MFN website or over the phone with LOCATE: Child Care staff. MFN provides that rate information, collected over a 24-month period, to MSDE for analysis.

Each year, regulated providers are asked to update their information via the questionnaire. Follow up phone calls are made to gain information from providers who have not returned the questionnaire and for clarification when needed. Counselors, when making referrals, also update information by providers, either on-line or via phone calls to MFN's provider support line. Updating rate information is an ongoing, continuous process. The goal is accurate, reasonably current, rate information on the whole population of providers.

Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

- a) Geographic area (e.g., statewide or local markets). Describe: **Information is gathered from the statewide listing of licensed providers.**
- b) Type of provider. Describe: **All regulated providers.**
- c) Age of child. Describe: **If the requested age grouping is multi-year (e.g. the age group, "infant" is 0-11 months and 12-24 months) fees are processed as follows: fees for each year are summed, then divided by the number of non-zero values. For example, if a provider reports fees of \$125.00 dollars for 0-11 months and \$100 dollars for 12-24 months, then the averaged fee for 0-24 months would be \$112.5 (\$125+\$100 = \$225, divided by 2 equals \$112.5).**
- d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level. **N/A**

After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of

quality. The Lead Agency must make the report with these results 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.

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). MSDE will post the information on its website and email it to members of the state ECAC and the OCC Advisory Council.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). **January 2017.**
- b) Date the report containing results was made widely available—no later than 30 days after the completion of the report. **January 2017.**
- c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. **Once the MRS is complete, MSDE will post the results at:**
http://earlychildhood.marylandpublicschools.org/system/files/filedepot/24/2018_maryland_child_care_market_rate_survey.pdf
- d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report. **MSDE will ask members of the ECAC, the OCC Advisory Council, and other interested groups to comment on the report and to specifically address how the subsidy reimbursement rate will impact programs providing both higher-quality care and continuity of care.**

Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates *at least* every 3 years.

Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. If the Lead Agency conducted an MRS (only or in combination with an alternative methodology), also report the percentiles based on the most recent MRS. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based 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. Please use the most populous geographic region (area serving highest number of CCDF children).

- a) Infant (6 months), full-time licensed center care in the most populous geographic region
Rate **\$192** per **week** unit of time (e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: **29th**
- b) Infant (6 months), full-time licensed FCC home in the most populous geographic region
Rate **\$144** per **week** unit of time (e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: **26th**

- c) Toddler (18 months), full-time licensed center care in the most populous geographic region
Rate **\$192** per **week** unit of time (e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: **29th**
- d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region
Rate **\$144** per **week** unit of time (e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: **26th**
- e) Preschooler (4 years), full-time licensed center care in the most populous geographic region
Rate **\$114** per **week** unit of time (e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: **5th**
- f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region
Rate **\$108** per **week** unit of time (e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: **15th**
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate **\$114** per **week** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile of most recent MRS: **11th**
- h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region
Rate **\$108** per **week** unit of time (e.g., hourly, daily, weekly, monthly)
Percentile of most recent MRS: **29th**
- i) Describe how part-time and full-time care were defined and calculated. **Three (3) units (30 hours or more per week).**
- j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). **July 1, 2017**
- k) Provide the citation or link, if available, to the payment rates.
- l) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

- ☐ Differential rate for *non-traditional hours*. Describe: **Additional costs that 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.
- ☐ Differential rate for *children with special needs*, as defined by the state/territory. Describe: **For a child with a disability/special needs, the payment rates of Regulation 13A.14.06.11 apply except if the service provider offers documentation that the cost for 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 CCS branch for approval of a higher payment not to exceed the annual allocated amount.**
- ☐ Differential rate for *infants and toddlers*. Describe:
- ☐ Differential rate for *school-age programs*. Describe:
- ☐ Differential rate for *higher quality*, as defined by the state/territory. Describe: **MSDE approves a higher differential for child care providers who achieve a Quality Rating of 3 through 5 in Maryland EXCELS. The differential exceeds the payment rates in §§B-D of Regulation 13A.14.06.11. An additional percentage is added to the base reimbursement rate as indicated below.**

Tiered Reimbursement Percentages for Maryland EXCELS Quality Rated Child Care Facilities

Family Child Care Home

Child younger than 24 months old (Level 3 - 11%) (Level 4 - 22%) (Level 5 - 29%)

Child 24 months old or older (Level 3 - 10%) (Level 4 - 21%) (Level 5 - 28%)

Child Care Center

Child younger than 24 months old (Level 3 - 22%) (Level 4 - 37%) (Level 5 - 44%)

Child 24 months old or older (Level 3 - 10%) (Level 4 - 19%) (Level 5 - 26%

(Level 3 - 22%) (Level 4 - 37%) (Level 5 - 44%)

- ☐ Other differential rates or tiered rates. Describe:
- ☐ Tiered or differential rates are not implemented.

4.3 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

- a) Describe how a choice of the full range of providers pursuant to 98.30(e)(1) is made available; the extent to which child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.
Maryland families have access to a full range of child care provider types, if they can pay the out-of-pocket expense not covered by the approved subsidy amount and the required parental co-pay. For many Maryland families, the approved subsidy amount and the difference owed to the provider above subsidy reimbursement limits the range of accessible care. Maryland's current rate average statewide reimbursement is at the 11th percentile of the January 2017 MRS. Maryland's Governor has approved provider reimbursement rates to the 20th percentile at minimum of the current MRS per CCS payment. The increase is expected to begin July 1, 2018. Maryland will complete a new MRS by June 30, 2018. Legislation proposed during Maryland's 2018 Session plans to increase the percentile of subsidy reimbursement at minimum per CCS payment region to 30% SMI, 45% SMI, and 60% SMI over a three-year period from SFY2020 to SFY2022. MSDE must wait on the Governor signs, vetos, or lets this legislation pass into law without his signature before Maryland implements the additional proposed reimbursement increases.
- b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology Maryland's current rate reimburses at the 11th percentile of the January 2017 MRS. Maryland's payment rates are not adequate based on the cost of child care in Maryland. Maryland will increase provider payment rates July 1, 2018 to the 20th percentile at minimum per CCS payment region based upon the January 2017 MRS. Maryland will complete a new MRS by June 30, 2019. Legislation proposed during Maryland's 2018 Session plans to increase the percentile of subsidy reimbursement to at minimum per CCS payment region to 30% SMI, 45% SMI, and 60% current MRS over a three-year period from SFY2020 to SFY2022. MSDE must wait on the Governor to decide if he will sign, veto, or lets this legislation pass into law without his signature before Maryland implementing the additional proposed reimbursement increases.
- c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF. Maryland's current rate reimburses at the 11th percentile of the January 2017 MRS. Based on the percentage of subsidy reimbursement, Maryland's current reimbursement rate only allows for 11% or less of the child care market to meet health, safety, quality, and staffing requirements under CCDF. Maryland will increase provider payment rates per payment region to at minimum the 20th percentile of the current MRS by July 2018. MSDE will complete a new MRS by June 30, 2018. Current legislation is being considered to gradually increase the percentile of subsidy reimbursement over a three-year period.
- d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality.
MSDE pays a differential rate for providers participating in Maryland EXCELS at levels 3-5.
- e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable (response provided in 3.4.6) Co-pays are capped at 2% of the gross household income per child and families do not have a co-pay for the 4th or subsequent children.

- f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers. **Maryland's payment practices support equal access to a range of child care providers by reducing the out-of-pocket expenses that parents have to pay above the parental co-pay and the subsidy reimbursement. Maryland pays the highest subsidy reimbursement with the lowest co-payment to parents receiving TANF.**
- g) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.
- ☐ Geographic area. Describe: **Payment is based on the geographical region of the provider and as established by the MRS.**
 - ☐ Type of provider. Describe: **Licensed child care centers, registered family child care homes, large family homes, Letter of Compliance facilities, and informal care.**
 - ☐ Age of child. Describe: **Payment rates differ based on the age of the child.**
 - ☐ Quality level. Describe: **Providers participating in Maryland EXCELS who have reached levels 3-5 receive a differential rate above the subsidy reimbursement rate.**
 - ☐ Other.
- h) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access:
- ☐ Payment rates are set at the 75th percentile or higher of the most recent survey. Describe:
 - ☐ Feedback from parents, including parent surveys or parental complaints. Describe:
 - ☐ Other. Describe: **Providers participating in Maryland EXCELS who have reached levels 3-5 receive a differential rate above the subsidy reimbursement rate.**

Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, 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 (658E(c)(2)(S); 98.45(I)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to 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 establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

Certify by describing the payment practices that the Lead Agency has implemented for all CCDF child care providers,

- a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
 - ☐ Paying prospectively prior to the delivery of services. If implemented describe the policy or procedure. [REDACTED]
 - ☐ Paying within no more than 21 calendar days of the receipt of a complete invoice for services. If implemented describe the policy or procedure. **Completed invoices are processed within three days of receipt.**
- b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by:
 - ☐ Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure. [REDACTED]
 - ☐ Providing full payment if a child attends at least 85 percent of the authorized time. If implemented describe the policy or procedure. **If child attends any portion of the day, full payment is issued.**
 - ☐ Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure. **Maryland allows up to 60 days of absence per calendar year.**
 - ☐ Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. [REDACTED]
- c) Reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies, which must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)). [REDACTED]
 - ☐ Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). **Pay is based on units of care per day (up to three (3) hours, 3-6 hours, or 6 or more hours.**
 - ☐ Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. **Provider registration fees are established by the provider and vary widely based on type of care and location.**

Maryland does not collect this information nor does its CCATS system have the capacity to gather this information.

Based upon available funding in FY17, Maryland paid \$200.00 per subsidy child enrolled prior to the fall to assist parents with provider registration fees.

- d) 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. Describe: **Providers are paid in accordance with the amount on the child care voucher. Providers are paid in accordance with the Statement of Understanding that both the parent and provider sign upon enrollment of the child with the provider. The Statement of Understanding also provides the appeal process. State staff investigate any disputes concerning payment inaccuracies and resolve these within 30 days. Complicated cases may require longer to determine the resolution.**
- e) 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. Describe: **When there is a change in circumstance that affects the eligibility status, the provider is sent a notification at least 5 days before the reduction of services.**
- f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: **Provider payment inaccuracies and disputes are resolved by MSDE's CCS vendor customer service staff and DECD staff. DECD staff investigate any disputes concerning payment inaccuracies and resolve them within 30 days. Complicated cases may require longer for resolution.**

Do payment practices vary across regions, counties, and/or geographic areas?

☐ **No, the practices do not vary across areas.**

☐ Yes, the practices vary across areas. Describe:

4.4 Supply-Building Strategies To Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

For each of the following types of providers, identify any shortages in the supply of quality child care providers, the data sources used to identify shortages, and the method of tracking progress to support equal access and parental choice.

- a) Children in underserved areas:
- b) Infants and toddlers:
- c) Children with disabilities (include the Lead Agency definition in the description): **These families are given priority equal to families receiving TANF. This keeps them out of frozen status and allows their cases to be completed ahead of other low income families. The**

provider is also eligible for a higher provider reimbursement if they have a child with documented special needs.

- d) Children who received care during non-traditional hours: **MSDE pays an additional percentage to encourage providers to accept CCS children who need care during non-traditional hours.**
- e) Other. Please describe any other shortages in the supply of high-quality providers.

Based on the analysis in 4.6.1, describe what method(s) is used to increase supply and to improve quality for the following.

- a) Infants and toddlers. Check all that apply.
- ☐ **Grants and contracts (as discussed in 4.1.3)**
 - ☐ Family child care networks
 - ☐ Start-up funding
 - ☐ **Technical assistance support**
 - ☐ Recruitment of providers
 - ☐ **Tiered payment rates (as discussed in 4.3.2)**
 - ☐ Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
 - ☐ Other. Describe:
- b) Children with disabilities. Check all that apply.
- ☐ Grants and contracts (as discussed in 4.1.3)
 - ☐ Family child care networks
 - ☐ Start-up funding
 - ☐ Technical assistance support
 - ☐ Recruitment of providers
 - ☐ **Tiered payment rates (as discussed in 4.3.2)**
 - ☐ Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
 - ☐ Other. Describe: **These families are given priority equal to families receiving TANF. This keeps them out of frozen status and allows their cases to be completed ahead of other low income families.**
- c) Children who receive care during non-traditional hours. Check all that apply.
- ☐ Grants and contracts (as discussed in 4.1.3)
 - ☐ Family child care networks
 - ☐ Start-up funding
 - ☐ Technical assistance support
 - ☐ Recruitment of providers
 - ☐ Tiered payment rates (as discussed in 4.3.2)
 - ☐ Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging

- ☐ Other. Describe: MSDE pays an additional percentage to encourage providers to accept child care subsidy children who need care during non-traditional hours.

d) Other. Check and describe:

- ☐ Grants and contracts (as discussed in 4.1.3). Describe:
- ☐ Family child care networks. Describe:
- ☐ Start-up funding. Describe:
- ☐ Technical assistance support. Describe:
- ☐ Recruitment of providers. Describe:
- **Tiered payment rates (as discussed in 4.3.2) Payments are tiered for those programs/providers participating in Maryland EXCELS, MSDE's QRIS.**
- ☐ Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging. Describe:
- ☐ Other. Describe:

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.

- a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment? **MSDE defines areas with significant concentration of poverty as the regional area with the highest population of children from families receiving Temporary Cash Assistance (TCA) and who are eligible for CCS Services. Baltimore City has the highest average with the concentration almost triple that of the second highest region (Baltimore County). Poverty is also defined as a family that has an income less than or equal to 50% of SMI (FFY2001, SFY2002) for their family size.**
- b) 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 high-quality programs. **Maryland provides multiple entry points where CCS applicants can submit and or receive assistance with the completion of the application throughout Baltimore City. Parents receiving TCA are not subject to a wait list, the application process is expedited, and the parent can receive services if job searching and in an approved FIA activity. Maryland intends to explore suggestions made by its stakeholders to:**
 - **Provide a differential payment above the subsidy amount for Priority 1 parents that choose a Maryland EXCELS Level 3, 4 or 5 provider in areas that have a significant concentration of poverty and unemployment.**
 - **Provide a differential payment amount above the Maryland EXCELS differential for providers that serve Priority 1 customers.**
 - **Provide a differential subsidy payment amount for parents that select a Maryland EXCELS Level 3, 4, or 5 providers in Baltimore City.**

5 Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to child care services in the state/territory. States and territories may allow licensing exemptions, but they must describe how such exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care. Lead Agencies also must certify that there are in effect health and safety requirements applicable to providers serving CCDF children. These health and safety requirements 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 to ensure that providers are complying with the health and safety requirements.

This section covers licensing requirements, health and safety requirements and training, and monitoring and enforcement procedures to ensure that child care providers comply with licensing and health and safety requirements (98.16(n)) as well as exemptions (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)). Criminal background check requirements are included in this section (98.16(o)).

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of CCDF providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.409(a)(2)(iv)).

To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). COMAR 13A.15.02.01A. Requirement to Be Registered. (1) Except as provided under §A(2) of this regulation, an individual may not operate a family child care home unless: (a) Both the individual and the home meet the requirements for registration set forth in this subtitle; and (b) The individual possesses a valid certificate of registration. (2) A family child care home is not required to be registered if the provider: (a) Is a relative of each child; (b) Is a friend of each child's parent or legal guardian and the care is provided on a nonregular basis of less than 20 hours a month; or (c) Has received the care of the child from a child placement agency licensed by DHS.

13A.16.02.01A.

Requirement to be licensed. A person, organization, agency, corporation, or other entity which operates a child care center, as defined in this chapter, is required to be licensed or to hold a letter of compliance in accordance with this subtitle or with COMAR 13A.17, as applicable.

B. Nursery School or Child Care Center Operated by a Tax-Exempt Religious Organization.

(1) Except as provided by §B(2) or (3), as applicable, of this regulation, a tax-exempt religious organization that wishes to operate a nursery school or a child care center shall apply to become licensed, and shall meet all applicable requirements, under this subtitle.

(2) If the tax-exempt religious organization plans to operate a nursery school or a child care center in a school building that exclusively serves children who are enrolled in that school, the organization may apply for a:

(a) Child care center license under this subtitle; or

(b) Letter of compliance under COMAR 13A.17.

(3) In a nursery school or child care center located in a school building exclusively for children enrolled in that school and operated by a tax-exempt religious organization, the following regulations of this subtitle do not apply:

(a) COMAR 13A.16.03.05C(1) and (2) concerning staff records;

(b) COMAR 13A.16.06.05—.12 concerning professional qualifications and training requirements for child care staff and the director, principal, or administrator of the program; and

(c) COMAR 13A.16.09.01, .03B(1) and (2), and .03C concerning the program.

Which providers in your state/territory are subject to licensing under this CCDF category? Check all that apply and provide a citation to the licensing rule.

Center-based child care. Provide a citation: COMAR 13A.16.01.02(15) 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; and

(3) child care operated by a State or local government agency.

Provide a citation 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.

- ☐ Family child care. Provide a citation: **COMAR 13A.15.01.02(B)(14) Care given to a child younger than 13 years old or to a developmentally disabled person younger than 21 years old in place of parental care for less than 24 hours per day, in a residence other than the child's residence, for which the provider is paid in cash or in kind. The maximum capacity of a Family Child Care Home is 8.**

Registered Large Family Child Care Home. Provide a citation: **-COMAR 13A.18.01.02(B)(24) A family child care home approved by the OCC to operate with a maximum child care capacity of 9 - 12 children.**

- ☐ In-home care. Provide a citation: [REDACTED]

Are any providers in your state/territory that fall under this CCDF category exempt from licensing (98.40(2)(i) through (iv))? If so, describe exemptions based on length of day, threshold on the number of children in care, or any other factors applicable to the exemption.

- ☐ Center-based child care. If checked, describe the exemptions. [REDACTED]
- ☐ Family child care. If checked, describe the exemptions. [REDACTED]
- ☐ In-home care. If checked, describe the exemptions. **Maryland exempts only in-home and relative care from licensing requirements. Each setting, the child's home or the relative home, must meet health and safety standards set by MSDE Maryland. The care provider attests to the standards. Maryland has a very small number of non-relatives providing care in the child's own home. Non-relative in-home care is subject to inspection for compliance with health and safety standards and training requirements.**

Describe how any exemptions identified above do not endanger the health, safety, or development of children in:

- a) Center-based child care if checked in 5.1.3. [REDACTED]
- b) Family child care if checked in 5.1.3e. [REDACTED]
- ☐ In-home care if checked in 5.1.3. **Each setting, the child's home or the relative home, must meet health and safety standards set by MSDE. The care provider attests to the standards. Maryland has a very small number of non-relatives providing care in the child's own home. Non-relative in-home care is subject to inspection for compliance with health and safety standards and training requirements.**

5.2 Health and Safety Standards and Requirements for CCDF Providers

Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size

limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories.

a) Licensed CCDF center-based care

1. Infant

- How does the State/territory define infant (age range): **6 weeks to 18 months**
- Ratio: **3:1**
- Group size: **6**
- Teacher/caregiver qualifications: **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.**

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.

2. Toddler

- How does the State/territory define toddler (age range): **18 to 24 months**
- Ratio: **3:1**
- Group size: **9**
 - Teacher/caregiver qualifications: : **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 breast feeding practices; and 1 year of experience. Minimum age: 19 years old.**

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.

3. **Preschool**

- How does the State/territory define preschool (age range): means **A child who: (a) Is 2 years old or older; and (b) Does not attend kindergarten or a higher grade**
- Ratio: **Ratio is 1:6 for 2's and 1:10 for 3's/4's.**
- Group size: **12 for 2's and 20 for 3's/4's**
 - Teacher/caregiver qualifications: **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 practices; and 1 year of experience. Minimum age: 19 years old**

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.**

4. **School-age**

- How does the State/territory define school-age (age range): **5 years of age and older**
- Ratio: **15:1**
- Group size: **30**
 - Teacher/caregiver qualifications: **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.**

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.**

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers.
6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

(1) A mixed age group with infants or toddlers, the following minimum staffing levels apply:

Group Composition Maximum Group Size Minimum Staffing Level

Group includes 1 or 2 infants, 9 maximum group size, 2 minimum staff members

Group includes 3 or more infants 6 maximum group size, 2 minimum staff members

Group includes 1 or 2 toddlers 12 maximum group size, 2 minimum staff members

Group includes 3 toddlers 9 maximum group size, 2 minimum staff members

Group includes 4 or more toddlers 9 maximum group size, 3 minimum staff members

Group includes no infants, 12 maximum group size, 3 minimum staff members 1 or 2 toddlers, and 6 or more 2 year olds

2) In a mixed-age group with preschool children:

(a) The group size may not exceed 20 children;

(b) If the group contains preschool children 3 years old or older, the staff-to-child ratio is 1 to 10;

(c) If the group size is 13 to 20 children, the group may not contain more than six 2-year-olds; and

(d) 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, 7 to 10 1 staff member

Group includes four or more 2 year old children 7 to 10 2 staff members

Group includes one to three 2 year old children 13 to 20 2 staff members

Group includes four to six 2 year old children 13 to 20 3 staff members

(3) 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 Composition Maximum Group Size Minimum Staffing Level

Group includes up to five children 3 or 4 years old 30 1 school-age teacher and 1 assistant or aide

Group includes 6 to 9 children 3 or 4 years old 30 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 25 1 school-age teacher and 1 assistant or aide

Group includes 10 or more children 3 or 4 years old 20 1 preschool teacher and 1 assistant or aide

7. Describe the director qualifications for licensed CCDF center-based care.

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.

Directors of Preschool Centers-Specific Requirements. A. In a preschool center with infants or toddlers in care, a director, in addition to meeting the requirements of §§B-D of this 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.

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.

C. In a preschool center with 21 to 40 children, a director shall have completed:

(1) Either:

(a) 30 semester hours of college coursework that has not less than 20 semester hours specifically in early childhood education; or

(b) 60 semester hours from an accredited institution of higher learning; and

(2) 2 years of experience:

(a) Working under supervision primarily with preschoolers in a licensed child care center, nursery school, church-operated school, or similar setting; or

(b) Caring for preschoolers as a registered family child care provider.

D. In a preschool center with more than 40 children, a director shall have:

(1) Attained:

(a) An associate's degree with a minimum of 15 semester hours of approved course working early childhood education; or

(b) A bachelor's degree in any field; and

(2) Completed 2 years of experience:

(a) Working under supervision primarily with preschoolers in a licensed child care center, nursery school, church-operated school, or similar setting; or

(b) Caring for preschoolers as a registered family child care provider.

E. An individual is considered qualified as a director of any size preschool center when that individual:

(1) Has completed 1 year of experience:

(a) Working primarily with preschoolers in a licensed child care center, nursery school, church-operated school, or similar setting; or

(b) Caring for preschoolers as a registered family child care provider; and

(2) Has received either:

(a) Approval by the Department as a teacher for early childhood education, including nursery school through third grade, and has 6 semester hours in early childhood education; or (

b) Certification by the Department or by any other state for early childhood education, including nursery school through third grade.

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

1. Infant

- How does the State/territory define infant (age range): **6 weeks to 18 months**
- Ratio: **8 children with 2 children under the age of two**
- Group size: **8:2. When approved, may care for four children under the age of two with an additional adult**
- Teacher/caregiver qualifications: **CPR/First Aid; SIDS; 24 clock hours of approved preservice training, medication administration; emergency and disaster planning training; approved ADA Compliance training and Supporting Breastfeeding Practices. Minimum age: 19 years old.**

2. Toddler

- How does the State/territory define toddler (age range): **18 to 24 months**
- Ratio: **2:1**

- Group size: 8 children with 2 children under the age of two
- Teacher/caregiver qualifications: 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; and 1 year of experience. Minimum age: 19 years old
- 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 unto 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.

3. Preschool

- How does the State/territory define preschool (age range): A preschooler is defined as a child who is 2 years old or older and does not attend kindergarten or a higher grade.
- Ratio: 8:1
- Group size: 8:1
 - Teacher/caregiver qualifications: High school diploma or equivalent; 90 clock hours of approved preservice training; 9 clock hours of approved preservice training in communication; and 1 year of experience. Minimum age: 19 years old.

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.

4. School-age

- How does the State/territory define school-age (age range): 5 years of age and older
- Ratio: 8:1

- Group size: 8
 - Teacher/caregiver qualifications: High school diploma or equivalent; 90 clock hours of approved preservice training; 90 clock hours of approved preservice training in communication; and 1 year of experience.
Minimum age: 19 years old.

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.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes.

c) In-home CCDF providers:

1. Describe the ratios. 1:6
2. Describe the group size. 1:6
3. Describe the threshold for when licensing is required. N/A
4. Describe the maximum number of children that are allowed in the home at any one time. An informal child care home may not have more than six children (whether present at the same time or not), unless children are from a single family unit as documented in the CCS Case Record. The CCS program will not pay non-relative informal providers for more than six children on the CCCS program, regardless if the children are present at the same time or at varying times, unless the children are from a single family as documented in the CCS case record.
5. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size. The child count of the informal provider shall include all children of the informal provider that are under the age of 13.
6. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day. May not have more than two children younger than 2 years old in care at the same time.

Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note – This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

- ☐ Prevention and control of infectious diseases (including immunization)
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc. **The topics covered in this section of the Basic Health and Safety Training titled, “Prevention and Control of Infectious Disease” include Handwashing, Universal Precautions, Immunizations and Record Keeping, Pathogens, Exclusion and Remittance, FAQ’s and Resources. State and national resources are provided throughout the training that pertains to each section covered. Emphasis is placed on the differences between Maryland regulations around Health and Safety and Best Practices. Supervision is emphasized throughout all topic areas of the full training. The topics of this Section are aligned to Maryland’s Knowledge and Competency Framework for Child and Youth Care Professionals (HSN-1N.a; HSN.1-N.e; HSN-7-N.a; HSN-5-N.e). The content can be obtained as part of a 3-hour online training or a 5-hour face-to-face training.**
 - List the citation for these requirements. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)**
 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **There is no variation by category. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers.**
 - Describe any variations based on the age of the children in care. **There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age**
 - Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement.**

Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Sudden infant death syndrome training is a Maryland regulation requirement for all family child care providers, and at least one child care teacher, or the director in a child care center, one individual in a Letter of Compliance facility, and the provider or staff member in a large family home. The topics covered in the section of the Basic Health and Safety Training titled, "Prevention of Sudden Infant Death Syndrome (SIDS)" includes: Back to Sleep, Safe Sleeping Practices, Crib Environments, Medical Needs for Alternative Positions and Supervision Practices. Both State and National resources are provided throughout the training that pertains to each section covered. The training emphasizes the differences between Maryland regulations around Health and Safety and Best Practices. The content can be obtained both as part of a 3-hour online training or a 5-hour face-to-face training. Family providers and center staff who work with infants and toddlers are required to complete an approved SIDS training, which includes safe sleep practices and crib safety.**
- List the citation for these requirements. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3).**
- **Current COMAR: 13A.15.06.02A(c); 13A.16.09C(1)(a); 13A.18.06.05E(5); 13A.06.06E(1).**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **There is no variation by category. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers**
- Describe any variations based on the age of the children in care. **The content of this section is specific to Infants/Toddlers in care.**
- Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement.**

Administration of medication, consistent with standards for parental consent

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The topics covered in this section of the Basic Health and Safety Training titled, "Medication Administration" include: Authorization Forms, Documentation, Safe Storage, Administration by Trained Staff, Emergent Issues and Resources. A 6-hour Medication Administration training is already a regulation requirement for all Family Child Care Providers and at least one program staff during program operation at all times. This section of the training is refresher information for those already obtaining the 6-hour training based on areas of great importance. State and National resources are provided throughout the training that pertain to each section covered. Emphasis is also placed on the differences between Maryland regulations around Health and Safety and Best Practices. Supervision is emphasized throughout all topic areas of the full training. The content can be obtained both as part of a 3-hour online training or a 5-hour face to face. Medication Administration is already a Maryland**

regulation for family child care providers, at least one employee of a child care center, Letter of Compliance facility or a large family child care home.

- List the citation for these requirements. Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)
- Current COMAR: 13A.15.02A(4)(c); 13A.16.11.04F; 13A.17.11.04F; 13A.18.11.04F.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There is no variation by category. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers.
- Describe any variations based on the age of the children in care. There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age. Any considerations based on age are discussed for each age group.
- Describe if relatives are exempt from this requirement. Relatives are exempt from this requirement.

Prevention of and response to emergencies due to food and allergic reactions

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) The topics covered in this section of the Basic Health and Safety Training titled “Asthma and Food Allergy Emergencies” include: Allergy Action Plans, Asthma Action Plans, Signs and Symptoms, Calling 9-1-1, Parent Notification and Documentation. State and National resources are provided throughout the training that pertain to each section covered. Emphasis is also placed on the differences between Maryland regulations around Health and Safety and Best Practices Supervision is emphasized throughout all topic areas of the full training. The content can be obtained both as part of a 3-hour online training or a 5-hour face to face training.
- List the citation for these requirements. Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There is no variation by category. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers). All family providers need the training. Only center staff who administer medication must be trained.
- Describe any variations based on the age of the children in care. There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age.

- Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement.**

Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The topics covered in this section of the Basic Health and Safety Training titled “Building and Physical Premises Safety” include: Indoor Safety, Outdoor Safety, Traffic Considerations and Unattended Children in Vehicle. State and National resources are provided throughout the training that pertain to each section covered. Emphasis is also placed on the differences between Maryland regulations around Health and Safety and Best Practices. Supervision is emphasized throughout all topic areas of the full training. The topics of this section are aligned to Maryland’s Knowledge and Competency Framework for Child and Youth Care Professionals (HSN.1-l.a; HSN.2-n.a). The content can be obtained both as part of a 3-hour online training or a 5-hour face to face training.**
- List the citation for these requirements. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **There is no variation by category. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers.**
- Describe any variations based on the age of the children in care. **There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age.**
- Describe if relatives are exempt from this requirement. **Relative and informal providers are required to promote the health, safety and well-being of all children in their care. They sign a health and safety checklist and are required to have a cleared Criminal Background Check and Child Protective Service clearance.**

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

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The topics covered in this section of the Basic Health and Safety Training titled, “Prevention of Shaken Baby Syndrome and Abusive Head Trauma” include: Child Abuse, Concussions, Head Trauma, Signs & Symptoms, Environmental Safety and Documentation. State and National resources are provided throughout the training that pertain to each section covered. Emphasis is also placed on the differences between Maryland regulations around Health and Safety and Best Practices. Supervision is emphasized throughout all topic areas of the full training. The content can be obtained both as part of a 3-hour online training or a 5-hour face to face training.**

- List the citation for these requirements. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **There is no variation by category. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers.**
- Describe any variations based on the age of the children in care. **There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age. Information around Shaken Baby Syndrome is specific to Infants however; regardless of the age of children in care, all providers receive the same information.**
- Describe if relatives are exempt from this requirement. **Relative and informal providers are required to promote the health, safety and well-being of all children in their care. They sign a health and safety checklist and are required to have a cleared Criminal Background Check and Child Protective Service clearance.**

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The topics covered in this section of the Basic Health and Safety Training titled, “Emergency and Disaster Planning” include: Making a Plan – Action Steps, Practicing Your Plan, Staff Roles and Responsibilities, Accounting for All Children, Location of Emergency Information, Materials Documents and Resources. Content around types of events that child care programs may experience (man-made or natural) are included in the content. The content also references emergency actions (lock-down, shelter in place and evacuation). Consideration of children with disabilities, health care needs, and infants and toddlers is also included in the content. Supervision is emphasized throughout all topic areas of the full training. A 6-hour Emergency and Disaster Preparedness Training is already a Maryland regulation requirement for all Family Child Care Providers and at least one program staff present during program operation at all times. State and National resources are provided throughout the training that pertain to each section covered. Emphasis is also placed on the differences between Maryland regulations around Health and Safety and Best Practices The topics of this section are aligned to Maryland’s Knowledge and Competency Framework for Child and Youth Care Professionals (HSN.3-N.a; HSN.3-N.b). The content can be obtained both as part of a 3-hour online training**

or a 5-hour face to face training. Emergency preparedness is already a Maryland regulation requirement for all Family Child Care Providers, and at least one staff member in a child care center or Letter of Compliance facility, and the provider or staff member in a large family home.

- List the citation for these requirements Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)
- Current COMAR: 13A.15.06.02(4)(c); 13A.16.10.01A(1)(a); 13A.17.10A(1)(a); 13A.18.10.01A(1)(a).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There is no variation by category. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers.
- Describe any variations based on the age of the children in care. There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age.
- Describe if relatives are exempt from this requirement. Relatives are exempt from this requirement but MSDE issued a grant to Chesapeake Child Care Resource Center to make this training available to informal child care providers who wish to take it.

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) The topics covered in this section of the Basic Health and Safety Training titled, Handling and Storage of Hazardous Materials” include: Appropriate Storage and Lock-Up, How to Handle Spills, Contents and Materials for Handling and Disposal and Disposal Process. State and National resources are provided throughout the training that pertain to each section covered. Emphasis is also placed on the differences between Maryland regulations around Health and Safety and Best Practices. Supervision is emphasized throughout all topic areas of the full training. The topics of this section are aligned to Maryland’s Knowledge and Competency Framework for Child and Youth Care Professionals (HSN.5-N.a; HSN.7-N.b). The content can be obtained both as part of a 3-hour online training or a 5-hour face to face training
- List the citation for these requirements. Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There is no variation by category. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers.

- Describe any variations based on the age of the children in care. **There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age. Considerations for all ages of children are included.**
- Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement.**

Precautions in transporting children (if applicable)

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The topics covered in this section of the Basic Health and Safety Training titled, "Precautions in Transporting Children" include: Permission to Transport, Car Seats, and Supervision. State and National resources are provided throughout the training that pertain to each section covered. Emphasis is also placed on the differences between Maryland regulations around Health and Safety and Best Practices The content can be obtained both as part of a 3-hour online training or a 5-hour face to face training.**
- List the citation for these requirements. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **There is no variation by category. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers.**
- Describe any variations based on the age of the children in care. **There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age. Content referencing all age groups is included. For example, car seats for each age, or size of children is included (0-teen).**
- Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement.**

Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **The topics covered in the sections of the Basic Health and Safety Training titled, "Cardiopulmonary Resuscitation (CPR)" and "First Aid" include: Basic requirements of CPR, symptoms and response to choking, basic first aid, universal precautions, documentation and communicating with families. Completion of this training does not meet Maryland's regulatory requirement for CPR or First Aid Certification. First aid and CPR training are already a Maryland regulation requirement for all family child care providers, and at least one child care teacher or the director in a child care center, one individual**

in a Letter of Compliance facility, and the provider or staff member in a large family home. State and National resources are provided throughout the training that pertain to each section covered. Emphasis is also placed on the differences between Maryland regulations around Health and Safety and Best Practices. Supervision is emphasized throughout all topic areas of the full training. The content can be obtained both as part of a 3-hour online training or a 5-hour face to face training.

- List the citation for these requirements Pending COMAR 13A.15.06.02A(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06[E](d); 13A.18.06[B]e; 13A.18.06[A](3) Current COMAR: 13A.15.06.02A91)(a)(b); 13A.15.06.02E; 13A.16.10.02A(1)(2); 13A.17.10.02A(1)(2); 13A.18.10.02A(1)(2).
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). Currently, all family child care providers are required to have first aid and CPR training. In a large family home, the provider or a staff person is required to have the training. In centers or Letter of Compliance facilities larger than 20 children, there must be at least one staff member present with first aid and CPR training for every 20 children in attendance. There is no variation by category for the Health and Safety training. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers.
- Describe any variations based on the age of the children in care. There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age. Considerations for all age groups is included.
- Describe if relatives are exempt from this requirement. Relative and informal providers are required to promote the health, safety and well-being of all children in their care. They sign a health and safety checklist and are required to have a cleared Criminal Background Check and Child Protective Service clearance.

Recognition and reporting of child abuse and neglect

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) The topics covered in this section of the Basic Health and Safety Training titled, "Prevention of Shaken Baby Syndrome and Abusive Head Trauma" include: Child Abuse, Concussions, Head Trauma, Signs and Symptoms of Abuse, Environmental Safety, and Documentation. State and National resources are provided throughout the training that pertain to each section covered. Emphasis is also placed on the differences between Maryland regulations around Health and Safety and Best Practices. Emphasis on what it means to be a mandated reporter and how to make a report are included. The content can be obtained both as part of a 3-hour online training or a 5-hour face to face training. Child abuse and neglect reporting is already a Maryland regulation requirement for all individuals caring for children in a family child care home, an operator or staff in a child care center, the operator or staff in a Letter of

Compliance facility, and the provider, employee or substitute in a large family home.

- List the citation for these requirements. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3) Current COMAR: 13A.15.07.02(A)(B); 13A.16.07.02(A)(B); 13A.17.07.02(A)(B); 13A.18.07.02(A)(B).**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **There is no variation by category. All staff regardless of status receive consistent content. Providers may obtain the Spanish version of training from Penn State Better Kid Care to accommodate our Spanish speaking providers.**
- Describe any variations based on the age of the children in care. **There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age. Considerations for all age groups is included.**
- Describe if relatives are exempt from this requirement. **Relative and informal providers are required to promote the health, safety and well-being of all children in their care. They sign a health and safety checklist and are required to have a cleared Criminal Background Check and Child Protective Service clearance.**

a) The Lead Agency may also include optional standards related to the following:

☐ Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Food and beverages that are furnished by a child care provider must comply with the guidelines of the Child and Adult Care Food Program of the U.S. Department of Agriculture. Providers are required to be trained in breastfeeding practices if they care for infants and toddlers.**
- List the citation for these requirements. **COMARS 13A.15.12.01 13A.16.12.01-.06 13A.17.12.01.**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **There are no variations of this training based on ages of children in care. If a provider moves from one age group of children to another, they will not need to obtain an additional training based on child age. Considerations for all age groups is included.**
- Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement.**

Access to physical activity

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **All child care facilities must have an outdoor activity area on the premises of, adjacent to, or near and safely accessible to the facility that provides adequate usable play space for the approved capacity of the facility.**

- List the citation for these requirements. **COMARS 13A.15.05.05(A)(B) 13A.16.05.12; 13A.17.05.12; 13A.18.05.12.**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **Centers are required to have at least 75 square feet of usable play space for half of the center's capacity or all children if the capacity is less than 20.**
- Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement.**

Caring for children with special needs

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) **Providers must take training in and comply with the Americans with Disabilities Act and to make every attempt to accommodate children with special needs.**

Several publications are available on child development and accessibility on the MFN website

(<http://www.marylandfamilynetwork.org/resources/categories/parents/>). These publications include LOCATE: Child Care for Parents, Links for Parents, Choosing Child Care for Children with Special Needs, and others.

- List the citation for these requirements **COMARS 13A.15.06.02(4)(b) 13A.16.06.05(B)(3)(c);13A.16.09(A)(c); 13A.16.10.(B)(c); 13A.18.06.05E(3)(i).**
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). **Considerations for all age groups are included.**
Describe if relatives are exempt from this requirement. **Relatives are exempt from this requirement.**

Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.)
- List the citation for these requirements.
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
- Describe if relatives are exempt from this requirement. **The home of non-relative providers must be inspected for health and safety standards. Non-relative providers must take and successfully pass Health and Safety Training.**

Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds

(658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

- ☐ Licensed child care centers: **Child care center director = a minimum of 90 clock hours, if all age groups (birth through school-age) 180 clock hours. On-going training is required of all providers at a rate of 6 clock hours for aides and 12 clock hours for all other providers and staff.**
- ☐ Licensed FCC homes: **24 clock hours pre-service, plus additional hours in first aid/CPR, emergency disaster prep, SIDS, medication administration, and 18 clock hours the 1st year of registration**
- ☐ In-home care:

Variations for exempt provider settings: Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

b) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

- ☐ Prevention and control of infectious diseases (including immunizations)
 - Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3).**
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - ☐ **Yes**
 - ☐ **No**

Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation for this training requirement. **Sudden infant death syndrome is already a Maryland regulation requirement for all family child care providers, and at least one child care teacher or the director in a child care center, one individual in a Letter of Compliance facility, and the provider or staff member in a large family home. Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06[E](d); 13A.18.06[B]e; 13A.18.06[A](3)**
- **Current COMAR 13A.15.06.02A(c); 13A.16.06.09C(1)(a); 13A.18.06.05E(5).**

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
☐ Yes
☐ No

Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3) Current COMAR; 13A.15.02A(4)(c); 13A.16.11.04F; 13A.17.11.04F; 13A.18.11.04F.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
☐ Yes
☐ No

Prevention and response to emergencies due to food and allergic reactions

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06[E](d); 13A.18.06[B]e; 13A.18.06[A](3)**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
☐ Yes
☐ No **Within 6 months of hire date, director must complete regulation training, including building requirements, water and transportation safety.**

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

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06[E](d); 13A.18.06[B]e; 13A.18.06[A](3)**
- **Current COMAR: 13A.15.01-.04; 13A.16.05.01-.11; 13A.17.05.01-.09; 13a.18.01-.11.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
☐ Yes
☐ No

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

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06[E](d); 13A.18.06[B]e; 13A.18.06[A](3)**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
☐ Yes
☐ No

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)**
- **Current COMAR: 13A.15.06.02(4)(c); 13A.16.10.01A(1)(a); 13A.17.10A(1)(a); 13A.18.10.01A(1)(a).**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
☐ **Yes**
☐ No

Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06[E](d); 13A.18.06[B]e; 13A.18.06[A](3)**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
☐ **Yes**
☐ No

Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06[E](d); 13A.18.06[B]e; 13A.18.06[A](3)**
- **Current COMAR: 13A.15.10.05; 13A.16.08.06; 13A.17.08.06; 13A.18.08.06.**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
☐ **Yes**
☐ No

Pediatric first aid and CPR certification

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02A(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06[E](d); 13A.18.06[B]e; 13A.18.06[A](3)**
- **Current COMAR: 13A.15.06.02A91)(a)(b); 13A.15.06.02E; 13A.16.10.02A(1)(2); 13A.17.10.02A(1)(2); 13A.18.10.02A(1)(2).**
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
☐ **Yes**
☐ No

Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)
- Current COMAR: 13A.15.07.02(A)(B); 13A.16.07.02(A)(B); 13A.17.07.02(A)(B); 13A.18.07.02(A)(B).
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - ☐ Yes
 - ☐ No

Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. COMAR 13A.15.06.02[A](2); 13A.16.06.05.(4); 13A.16.06.09[A]1(b), .10[B]1; 13A.18.06.05[E](4)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - ☐ Yes
 - ☐ No

Describe other requirements

- Provide the citation for other training requirements. COMAR 13A.15.06.02[A](4), Breast Feeding if approved for children under 2; ADA. 13A.16.06.09[C](2) Breast feeding if supervising a group of infants or toddlers.
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - ☐ Yes
 - ☐ No

Ongoing Training Requirements

Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

- Licensed child care centers: 12 hours/year for directors and teachers; 6 hours/year for aides
- Licensed FCC homes: 12 hours/year
- In-home care:
- Variations for exempt provider settings:

Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

- ☐ Prevention and control of infectious diseases (including immunizations)

- Provide the citation for this training requirement. Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4);

13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3).

- How often does the state/territory require that this training topic be completed?

☐ **Annually.**

☐ Other. Describe

Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3).**

- How often does the state/territory require that this training topic be completed?

☐ **Annually.**

☐ Other. Describe

Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)**

- How often does the state/territory require that this training topic be completed?

☐ **Annually.**

☐ Other. Describe

Prevention and response to emergencies due to food and allergic reactions

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07.[A](3)**

- How often does the state/territory require that this training topic be completed?

☐ **Annually.**

☐ Other. Describe

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

- Provide the citation for this training requirement **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07.[A](3)**

- How often does the state/territory require that this training topic be completed?

☐ **Annually.**

☐ Other. Describe

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

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06[E](d); 13A.18.06[B]e; 13A.18.06[A](3)**
- How often does the state/territory require that this training topic be completed?

☐ **Annually.**

☐ Other. Describe

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)**
 - How often does the state/territory require that this training topic be completed?
- ☐ **Annually.**
- ☐ Other. Describe

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- Provide the citation for this training requirement **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07.[A](3)**
 - How often does the state/territory require that this training topic be completed?
- ☐ **Annually.**
- ☐ Other. Describe

Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07.[A](3)**
 - How often does the state/territory require that this training topic be completed?
- ☐ **Annually.**
- ☐ Other. Describe

Pediatric first aid and CPR certification

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.09(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07[A](3)**
- **Current COMAR: 13A.15.07.02(A)(B); 13A.16.07.02(A)(B); 13A.17.07.02(A)(B); 13A.18.07.02(A)(B).**
- How often does the state/territory require that this training topic be completed?

☐ **Annually.**

☐ **Other. Describe Bi-annually. Must be kept current.**

Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement. **Pending COMAR 13A.15.06.02(4); 13A.16.06.05(5); 13A.16.06.06(5); 13A.16.06.10(4); 13A.16.06.11(4); 13A.16.06.12(3); 13A.17.06.02(B); 13A.18.06.05[E](d); 13A.18.06[B]e; 13A.18.06.07.[A](3) . Current COMAR: 13A.15.07.02(A)(B); 13A.16.07.02(A)(B); 13A.17.07.02(A)(B); 13A.18.07.02(A)(B).**
- How often does the state/territory require that this training topic be completed?
 - ☐ **Annually.**
 - ☐ Other. Describe

Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement. **Required during preservice. COMAR 13A.15.06.02(2)(a); 13A.16.09A(1)(6)teacher; 13A.16.06.05B(4) director; 13A.18.06B(c)(i)teachers; 13A.18.06.05E(4)**
- How often does the state/territory require that this training topic be completed?
 - ☐ Annually.
 - ☐ Other. Describe **Pre-service**

Describe other requirements.

- Provide the citation for other training requirements.
- How often does the state/territory require that this training topic be completed?
 - ☐ Annually.
 - ☐ Other. Describe

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note – Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements. COMAR 13A.15 Family Child Care Homes, 13A.16 Child Care Centers, 13A.17 Letter of Compliance Facilities, and 13A.17 Large Family Child Care Homes.

Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child

care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

- a) Licensed CCDF center-based child care
- b)
 1. Describe your state/territory's requirements for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards. **COMAR 13A.16.17.02[E]. An agency representative shall inspect each center: (1) On an announced basis before the office issues an initial license or a continuing license; and (2) On an unannounced basis, at least once within each 12-month period after the date that an initial license or a continuing license was issued.**
 2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers. **COMAR 13A.15.07.02, 13A.16.07.02, 13A.17.07.02 and 13A.18.07.02. Announced inspections are conducted during two application processes –**
 - i. **when applicants apply for "Initial" licenses/registrations and**
 - ii. **when providers apply for "Continuing" (Non-expiring)licenses/registrations).**
 3. Identify the frequency of unannounced inspections: Identify the frequency of unannounced inspections:
 - ☐ **Once a year**
 - ☐ More than once a year. Describe
 1. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards. **COMAR 13A.15.13.01[B][C]The provider or substitute shall permit inspection of all areas of the home by the agency representative during the provider's hours of operation.**
 - C. The agency representative may make inspections, in addition to the announced and unannounced inspections specified in §A of this regulation, without prior notice to the provider.**
 - COMAR 13A.16.17.02A. An operator shall permit inspection of all areas of the center by an agency representative during the center's hours of operation.**
 - B. An agency representative may make inspections without prior notice to an operator.**

If the facility does not meet licensing standards, follow-up inspections are conducted to ensure compliance.

List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers **COMAR 13A.16.17.02**

b.) Licensed CCDF family child care home

1. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards. **The home shall: A. Comply with all applicable State and local fire, zoning, health, safety, and environmental codes. All jurisdictions in Maryland require a fire inspection. Private well water and septic systems must also be approved by local health departments or private testing companies. Some towns have local zoning codes for family child care, which restricts the number of children in a home.**
2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF family child care providers. **COMAR 13A.15.07.02, 13A.16.07.02, 13A.17.07.02 and 13A.18.07.02. Announced inspections are conducted during two application processes –**
(1) when applicants apply for "Initial" licenses/registrations and
(2) when providers apply for "Continuing" (Non-expiring) licenses/registrations)
3. Identify the frequency of unannounced inspections:
☐ Once a year - **Annually**
☐ More than once a year. Describe

Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards. **Fire inspections are conducted throughout Maryland and a report is maintained in the file.**

List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers **COMAR 13A.15.05.01[A]**

c) Licensed in-home CCDF child care

- ☐ N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to
- ☐ Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards.
- ☐ Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers.

Identify the frequency of unannounced inspections:

- ☐ Once a year
- ☐ More than once a year. Describe

Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

- d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. **MSDE's DECD/Office of Child Care/Child Care Licensing Branch.**

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Provide the citation(s) for this policy or procedure.

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Provide the citation(s) for this policy or procedure.

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used.

Provide the citation(s) for this policy or procedure.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). The state/territory may determine if exempt relative providers (as described in section (658P(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (98.41(a)). To certify, describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Provide the citation(s) for this policy or procedure.

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Provide the citation(s) for this policy or procedure.

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. [REDACTED]
- d) Provide the citation(s) for this policy or procedure. [REDACTED]

Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors 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. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1)).

- a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors 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 (98.42(b)(1)). **Job qualifications are established by the Maryland Department of Budget and Management and require applicants to meet standards for education and experience.**

Maryland has two levels for licensing inspectors - Licensing Specialist Trainee and Licensing Specialist. 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

Specialist - 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 care homes and non-public nursery schools may be substituted for the bachelor's degree.

2. The above requirements are set by the Maryland State Department of Education 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.

- b) Provide the citation(s) for this policy or procedure.

Child Care Licensing Specialist Trainee:

<https://www.jobaps.com/MD/specs/classspecdisplay.asp?ClassNumber=005004&R1=undefined&R3=undefined>

Child Care Licensing Specialist:

<https://www.jobaps.com/MD/specs/classspecdisplay.asp?ClassNumber=000891&R1=undefined&R3=undefined>

Child Care Licensing Specialist Lead:

<https://www.jobaps.com/MD/specs/classspecdisplay.asp?ClassNumber=006088&R1=undefined&R3=undefined>

The States and Territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- c) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e., number of providers 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 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. Ratios of licensing specialists to child care facilities (centers and family child care homes) range from 1:72 to 1:117.**
- d) Provide the policy citation and state/territory ratio of licensing inspectors. **There is no written policy. MSDE monitors and adjusts caseload ratios as necessary to ensure all regional offices have sufficient coverage for their caseloads.**

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

- ☐ Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care. **Relative providers self-certify using a MSDE developed health and safety checklist.**
- ☐ Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.
- ☐ No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal 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; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);
2. Sex offender registry or repository check in the current state of residency (in-state);
3. Child abuse and neglect registry and database check in the current state of residency (in-state);
4. FBI fingerprint check (national);
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional (inter-state);
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).

Milestone Prerequisites for Time-Limited Waivers

By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):

- The national FBI fingerprint check; and,
- The three in-state background check provisions for the current state of residency:
 - state criminal registry or repository using fingerprints;
 - state sex offender registry or repository check;
 - state-based child abuse and neglect registry and database .

All four components are required in order for the milestone to be considered met.

If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

Background Check Components	If milestone is met, time-limited waiver allowed for:
1) In-state criminal w/fingerprints	Conducting background checks on backlog of current (existing) staff only
2) In-state sex offender registry	
3) In-state state-based child abuse and neglect registry	
4) FBI fingerprint check	
5) NCIC National Sex Offender Registry (NSOR)	Establishing requirements and procedures AND/OR
6) Inter-state state criminal registry	Conducting background checks on all new (prospective) child care staff AND/OR
7) Inter-state state sex offender registry	Conducting background checks on backlog of current (existing) staff
8) Inter-state child abuse and neglect registry	

States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States and Territories will have the option to renew these waivers for one additional year as long as

progress is demonstrated during the initial waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

- Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017
- Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018
- One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019
- Waiver renewal deadline (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.

- a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides. **In October 2017, MSDE, in cooperation with Maryland's Criminal Justice information System (CJIS), began requiring all child care providers who live in Maryland to apply for a Maryland criminal background check. At the same time, providers who live, or have lived, within any other State within the previous five (5) years were also informed of the need to meet the fingerprinting requirements for the state(s) where they live.**

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). **All licensed and regulated providers in Maryland are required to get fingerprinted.**
- i. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). **Informal, or in-home Maryland providers, are required to get fingerprinted before they will be approved to provide care.**

- ii. Has the search of the state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

☐ Yes.

- ☐ **No.** Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement. **September 1, 2019.** Describe the status of conducting the search of the state criminal registry or repository, with the use of fingerprints for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key

activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: MSDE, in cooperation with Maryland's CJIS, made the decision to postpone the fingerprinting requirements until Maryland instituted the FBI rap-back program. That program went live in Maryland in September 2017.

(1) When Maryland began implementing the new fingerprinting requirements in September 2017, we offered to reimburse the child care provider community, using CCDF funds, for meeting the requirements. Our reasons for offering the reimbursement were two-fold. 1) We realized this would be a financial hardship for the provider community and 2) we wanted to offer an incentive to the provider community to get them to participate more timely in the new background check requirements.

(2) We made information available on our website (<http://earlychildhood.marylandpublicschools.org/fingerprinting>) geared specifically toward the fingerprinting requirements. We also provided a chart of fingerprinting dates for specific alphabet groupings to ensure that existing providers met the fingerprinting requirement by August 1, 2018. Based upon the number of fingerprinting reimbursement requests MSDE receives each week, it appears Maryland is well on its way to meeting the requirement for our in-state providers.

(3) We must rely on the child care provider community to inform us if they live, or have lived, in any other State within the previous five (5) years. Maryland cannot be certain that those providers have all self-reported, and have followed the national and inter-state level checks.

(4) Maryland updates its fingerprinting website with additional information, FAQ's, etc., to assist the provider community in meeting the new requirements. We also have a staff member dedicated to answering questions about the process.

iii. List the citation: MSDE is promulgating the regulations.

- b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides. MSDE partners with Washington College to perform an address match of the approved child care provider list and the Maryland Sex Offender Registry, which MSDE receives from our CJIS every week. Washington College performs the match for us weekly.

Informal providers are matched against the Maryland Sex Offender Registry on a monthly basis.

c)

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). **All of Maryland's licensed and regulated providers are required to undergo a sex offender registry check.**
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). **Informal child care providers in Maryland are required to get fingerprinted.**
 - iii. Has the search of the state sex offender registry or repository been conducted for all current (existing) child care staff?
 - ☐ **Yes**
 - ☐ No. Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement. Describe the status of conducting the search of the state sex offender registry or repository for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:
 - iv. List the citation: **MSDE is promulgating the regulations.**
- d) Briefly summarize the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in the state where the staff member resides. **Maryland child care providers, including informal care providers, are required to have a child protective services clearance every two years. Out-of-state residents have been submitting the results for their out-of-state checks to the appropriate regional office.**
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). **All licensed/registered providers in Maryland are required to successfully pass a child protective services (CPS) clearance every two years.**
 - ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). **Informal child care providers must successfully pass a CPS check every two years.**
 - iii. Has the search of the state-based child abuse and neglect registry and database been conducted for all current (existing) child care staff?
 - ☐ **Yes**
 - ☐ No. Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this

requirement. Describe the status of conducting the search of the state-based child abuse and neglect registry and database for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

iv. List the citation: **COMAR 13A.16.02.03A(2) and COMAR 13A.14.06.06.D.6-7**

e) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification. **All licensed and regulated providers in Maryland are required to get a federal background check at the time of application. Informal child care providers must also obtain an FBI check before they are approved to provide services.**

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). **Maryland regulation requires child care providers to obtain an FBI fingerprint check at the time of application. The State is promulgating regulations to require the check on a five-year basis for those not enrolled in the Federal rap-back program.**

ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). **Informal child care providers and any household resident aged 18 or older are required to get fingerprinted. Child Care Subsidy - COMAR 13A.14.06.06.D.6-7.**

iii. Has the search of the FBI fingerprint check using Next Generation Identification been conducted for all current (existing) child care staff?

☐ Yes

☐ **No.** Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement. **September 1, 2019.** Describe the status of conducting the FBI fingerprint check using Next Generation Identification for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3)

key challenges to implementing this requirement; and 4) strategies used to address challenges:

(1) When Maryland began implementing the new fingerprinting requirements in September 2017, we offered to reimburse the child care provider community, using CCDF funds, for meeting the requirements. Our reasons for offering the reimbursement were two-fold. 1) We realized this would be a financial hardship for the provider community and 2) we wanted to offer an incentive to the provider community to get them to participate more timely in the new background check requirements.

(2) We made information available on our website (<http://earlychildhood.marylandpublicschools.org/fingerprinting>) geared specifically toward the fingerprinting requirements. We also provided a chart of fingerprinting dates for specific alphabet groupings to ensure that existing providers met the fingerprinting requirement by August 1, 2018. Based upon the number of fingerprinting reimbursement requests MSDE receives each week, it appears Maryland is well on its way to meeting the requirement for our in-state providers.

(3) We must rely on the child care provider community to inform us if they live, or have lived, in any other State within the previous five (5) years. Maryland cannot be certain that those providers have all self-reported, and have followed the national and inter-state level checks.

(4) Maryland updates its fingerprinting website with additional information, FAQ's, etc., to assist the provider community in meeting the new requirements. We also have a staff member dedicated to answering questions about the process.

iv. List the citation: **MSDE is promulgating the regulations.**

- f) Describe the status of the requirements, policies and procedures for the search of the NCIC's National Sex Offender Registry.
- ☐ Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the search of the NCIC's NSOR check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). **Maryland has not been able to implement this procedure for residents who live/have lived out of State.**

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). **Maryland has not been able to implement this procedure for residents who live/have lived out of State.**
 - iii. List the citation: **Maryland has not been able to finalize its plans to address this piece of the criminal background check for providers who live/have lived out of state. Once we develop the process, we will promulgate the regulations.**
- ☐ **In progress.** Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement. **September 1, 2019.** Describe the status of implementation of requirements, policies and procedures for the NCIC's National Sex Offender Registry. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **Maryland's State Police offices automatically do a name check of the NCIC/NSOR when completing a criminal background check. We have not been able to determine how to meet this requirement for out-of-state providers who do not live in a NFF participating state at this time. We are still working to establish this procedure.**
- g) Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.
- ☐ Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state criminal registry check on all new and existing child care staff.
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).
 - iii. List the citation:
- ☐ **In progress.** Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this

requirement. **September 1, 2019.** Describe the status of implementation of requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **We must rely on child care providers to self declare that they live, or have lived, in any other State within the previous five (5) years. We have learned that some providers are following the requirement for the out-of-state background checks because we are getting the reimbursement requests for those checks. However, not all states are willing to provide the information. In some of those instances, Maryland has been able to contact those States to obtain the information by requesting it at the government agency level. One state refused to provide the information after we requested it.**

- h) Describe the status of the requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years.
- ☐ Fully implemented for all required child care providers (all licensed, regulated or registered; and all (prospective and existing) child care providers eligible to provide care for children receiving CCDF assistance). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state sex offender registry check on all new and existing child care staff.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
 - ii. Describe how these requirements, policies and procedures apply to all providers eligible to care for children receiving CCDF, in accordance with 98.43 and 98.16(o).
 - iii. List the citation:
- i) **In progress.** Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement. **September 1, 2019.** Describe the status of implementation of requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges: **We must rely on child care providers to self declare**

that they live, or have lived, in any other State within the previous five (5) years. We have learned that some providers are following the requirement for the out-of-state background checks because we are getting the reimbursement requests for those checks. However, not all states are willing to provide the information. In some of those instances, Maryland has been able to contact those States to obtain the information by requesting it at the government agency level.

- j) Describe the status of the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.
- ☐ Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).
 - iii. List the citation:
- ☐ **In progress.** Check here to indicate request for time-limited waiver for this requirement ☐ and enter the expected date of full implementation of this requirement. **September 1, 2019.** Describe the status of implementation of requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:
- (1) We must rely on child care providers to self declare that they live, or have lived, in any other State within the previous five (5) years. We have learned that some providers are following the requirement for the out-of-state background checks because we are getting the reimbursement requests for those checks. However, not all states are willing to provide the information. In some of those instances, Maryland has been able to contact those States to obtain the information by requesting it at the government agency level.**
- (2) Maryland updates its fingerprinting website with additional information, FAQ's, etc., to assist the provider community in meeting the new requirements.**

We also have a staff member dedicated to answering questions about the process. The specific areas of the new requirements that seem to cause the most confusion are the out-of-state checks and the NCIC/NSOR requirement.

- 5.4.2 A child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective child care staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care staff member may begin to work on a provisional basis for a child care provider after completing either a Federal Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However, the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).
- 5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?
- ☐ No.
 - ☐ Yes. Describe: **Current Maryland regulations allow staff members to begin working if the results of one of the criminal background checks is received. That staff person must be under the direct supervision of another staff person who has received all clearances.**
- 5.4.4 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.
- 5.4.5 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)). **Out-of-state residents must contact the Maryland Department of Public Safety and Corrections/CJIS unit to determine the requirements for obtaining the criminal background checks. Requests for a child protective services check may be submitted via email, along with the DHS required release form, to DECD staff. If there is a possible indication, DECD will forward the information to DHS to gather further information.**
- 5.4.6 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect,

crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

- 5.4.7 Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(h)?

- ☐ No.
- ☐ **Yes.** Describe: **Cruelty to animals, reckless endangerment, a weapons or firearms violation of federal or Maryland laws**

- 5.4.8 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2–4)). **The Code of Federal Regulations and Maryland’s statute describe the permitted uses of the data, sets up rules for preventing unauthorized access to the information, and allows individuals to challenge and correct the database. The confidentiality of criminal histories is maintained at all times. Departmental policy outlines requirements for maintaining the confidentiality of criminal history information in addition to Noncriminal Justice Applicants Privacy Rights, and Maryland Personal Information Protection Act (Security Breaches).**

Family Law Article §5.565 allows an individual to contest the finding of a criminal conviction, a probation before judgment disposition, a not criminally responsible disposition or pending charge reported in a printed statement by contacting the Secretary of the Department of Public Safety and Corrections Services. A hearing is convened within 20 workdays and the Secretary shall render a decision regarding the appeal within 5 workdays of the hearing.

Maryland has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment. If the offense prohibits employment, the employee has a right to request an appeal hearing before the Office of Administrative Hearings. The hearing is held within seven (7) calendar days of the date of the request and a decision is rendered within seven (7) calendar days after the hearing is held. Applicant also has the right to challenge information in report.

Informal providers do not have appeal rights in accordance with COMAR 13A.14.06.06.14. Maryland ensures the privacy of background checks by limiting access to the information to staff reviewing and approving providers and releasing only an approval or non-approval to the parent and the provider.

- 5.4.9 The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)). **The Maryland CJIS is allowed, by the FBI, to retain \$2 of the cost for an FBI clearance. This money comes from the fee, and is not in addition to, the fee.**
- 5.4.10 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from background checks?
- ☐ **No, relatives are not exempt from background check requirements.**
 - ☐ Yes, relatives are exempt from *all* background check requirements.
 - ☐ Yes, relatives are exempt from *some* background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers. _____

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Describe how the state/territory developed its training and professional development. Each State or Territory must describe their professional development framework for training, professional development, and post-secondary education, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework. Describe how the state/territory's framework for training and professional development addresses the following required elements:

- State/territory professional standards and competencies. Describe: Maryland offers State Accreditation to licensed child care centers at no cost. The MSDE accreditation program is a process by which early care and education programs can significantly improve the quality of the services they provide. In this process, a program voluntarily pursues self-study, program improvement, and external program review to achieve and publicly confirm that it meets MSDE's quality standards. Licensed child care centers are encouraged to participate, at no cost to the program, as an incentive to improve the quality of child care programs. MSDE approved validators are available, at no cost to the provider, to provide technical assistance and direct support services to programs so they can improve the quality of their services to meet State program standards.

Maryland EXCELS is a voluntary Tiered Quality Rating and Improvement System that recognizes the accomplishments of early childhood and "school-age only" programs and providers through a set of standards with five (5) levels that offer a pathway to high-quality.

Career pathways. Describe: The Maryland Child Care Credential, Maryland EXCELS, and the Child Care Career and Professional Development Fund (CCCPDF) recognize and promote a professional development lattice that emphasizes life-long learning and professional development going from individual workshops to the attainment of a degree.

The Maryland Child Care Credential is a quality initiative program that recognizes child care providers for exceeding the requirement of State licensing and registration regulations. It is a career ladder that directs an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education. 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 a child provider's achievement of a specified amount of training, experience, and professional activity, all of which are important for providing quality child care programs.

Maryland EXCELS is a voluntary Tiered Quality Rating and Improvement System that recognizes the accomplishments of early childhood and "school-age only" programs and providers through a set of standards with five (5) levels that offer a pathway to high-quality.

The CCCPDF is a tuition assistance program for child care providers to obtain a college education at participating colleges/universities in Maryland.

Advisory structure. Describe: There is an active ECAC, as well as local ECAC's in each jurisdiction. There is a very robust communication loop among the state and local ECACs and it informs DECD's decision making and planning. Local ECACs were formed under the Race to the Top grant, which provided funding for the local ECACs to receive training to implement strategies to improve coordination of services to strengthen early childhood education and care in each jurisdiction.

A workforce workgroup reviewed, revised, and made recommendation for changes to the Maryland Credentialing program. The committee was made up of child care providers, training organizations, and community colleges that met several times during the year with the Credentialing Branch Chief and other DECD staff. The Director for the Office of Child Care facilitated the meetings. The group focused on identifying key training topic areas from introductory training to advanced level training that providers were required to obtain before moving up to the next credential level. Required topics for levels 2 -4 were aligned to the Knowledge and Competency Framework.

The OCC Advisory Council is comprised of key stakeholders throughout Maryland and meets quarterly. This group is responsible for providing feedback on the CCDF State Plan, regulation promulgation, OCC initiatives, etc. Stakeholders include heads of

Maryland's child care provider associations, the Developmental Disabilities Council, MDH, the State Fire Marshal, SEIU and many others.

- Articulation. Describe: There is a signed articulation agreement between DECD and two and four year colleges in addition to many public high schools. The Associate of Arts in Teaching (AAT) is a fully articulated degree between two and four year colleges. If achieved, 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.
- Workforce information. Describe: Workforce data is captured in CCATS and includes provider demographics, work experience, education, type of care, center position, age group served, type of degree and training, professional activities, and credential levels.
- Financing. Describe: 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, Administrator level 2, 3, and 4 are paid yearly.

Maryland EXCELS provides the opportunity for programs that have attained a quality rating of 3, 4, or 5 to receive a CCS differential payment. Quality Assurance Specialists recruit and support high quality programs throughout Maryland, especially those in areas of high need and in rural, suburban, urban, and low-income communities. Quality Assurance Specialists are located in child care licensing offices and provide outreach, technical assistance and support to programs in their local communities. Programs participating in Maryland EXCELS are assigned a Program Coordinator who maintains contact with the program and , verifies documents uploaded into the system and assists programs with identifying evidence needed to move to the a higher quality level. <http://www.marylandexcels.org/>

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 (CCCPDF) is a tuition assistance program for child care providers to obtain a college education at participating colleges/universities in Maryland.

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe: The Maryland Child Care Credential Program frames training for child care in Maryland utilizing a framework of six domains for training content. The Training Approval coordinator approves training as appropriate for the beginner, intermediate, and experienced level. Training at the beginner level addresses basic understanding and practices; training for the higher levels addresses higher level thinking and problem solving. DECD places an emphasis in getting individuals to think about a progression that may include the following options: The Maryland Child Care Credential; the Child Development Associate (CDA); a college degree; and/or, certified school teacher achievement. Recent legislation has reinforced the progression by establishing a planning process to incorporate a more explicit track for providing qualified professionals for Maryland's public PreK efforts.

The effort to include research and best practice is reflected in DECD's development of training criteria and a review process that includes examining the source material for the training. Approved trainers are also required to cite sources and utilize evidence and research-based practices to inform the training.

Training is provided through a number of entities including the MCCRN, and DECD approved child care trainers and organizations. Training offered must align with the Maryland Child Care Credential program and Maryland EXCELS.

DECD 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 training to maintain the credentialing level. Providers participating in the CCCPDF are required to complete a specific number of coursework hours yearly toward an associate or bachelor's degree in early childhood education.

- Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: Maryland continues to provide ongoing training in nine (9) identified domains that align with various state and national resources. All training is reviewed using an established rubric and must show alignment to the Maryland Knowledge and Competency Framework for Child and Youth Care Professionals. All training must address diversity and special needs and is specific to one or all age groups (infant/toddler, pre-school and school-age). Core of Knowledge training and pre-service training is research-based and reflective of current best practice and standards. DECD issued a contract to a vendor to operate the Training Clearinghouse Calendar. Trainers can utilize the Calendar at no cost to advertise training sessions and providers can search for training by title and region to meet their on-going needs.

Other. Describe:

6.1.2 Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff. **DECD develops its training and professional development requirements in consultation with the ECAC, Local ECACs, and the OCC Advisory Council. This includes participation and involvement from: the library system; the Maryland Chapter of the American Academy of Pediatrics; MDH; DHS; local school systems; institutions of higher education; the MCCRRN and the Department of Commerce.. The Training Advisory Committee, in collaboration with approved trainers and the MCCRRN, conducts a training needs survey yearly.**

6.1.3 Identify how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.

Financial assistance to attain credentials and post-secondary degrees. Describe: **The Training Voucher and Reimbursement program provides funds to assist with the cost of training and professional development to child care professionals participating in the Maryland Child Care Credential program at level 2 or higher. The CCCPDF is a tuition assistance program for child care providers to obtain a college education. Funding is available for child care providers to earn an associate or bachelor degree. Funds pay for tuition, books and college fees. Providers are required to work a minimum of ten hours a week in a licensed child care facility for two years after obtaining an associate degree and four years after obtaining a bachelor degree.**

- ☐ Financial incentives linked to educational attainment and retention. Describe: **Family child care providers and center staff are awarded a one-time only achievement bonus for credential levels two through four and administrator level one. Bonuses are awarded annually at staff levels four plus, five and six and administrator levels two, three and four.**
- ☐ Financial incentives and compensation improvements. Describe: _____
- ☐ Registered apprenticeship programs. Describe: _____
- ☐ Outreach to high school (including career and technical) students. Describe: **High school career and technical students complete preservice training leading to a CDA and are provided information on careers in early childhood education. DECD partners with MSDE's High School Career and Technology Education (CTE) Division to collaborate on an Infant/Toddler CDA program that will allow students to complete 120 clock hours of child development education and gain 480 hours of experience working directly with children in licensed child care facilities. DECD will help to fund the curriculum that will be used to educate high school students that will in turn lead to an infant/toddler CDA upon graduation. The Maryland High School Career and Technical Education Programs of Study are distributed annually to students who are entering high school and who wish to take a career track in the many areas of CTE. The Infant/Toddler CDA meets the requirements to be a lead teacher in an infant or toddler classroom once a student becomes 19 years of age. The preschool CDA curriculum is also being written and will be available beginning in**

September 2019. The CCCPDF provides funding for part time CCCPDF Coordinators at participating colleges. CCCPDF Coordinators provide outreach to high school students on careers in early childhood education. Each year, participating colleges conduct recruitments at various high schools to enroll students in the early childhood degree program that is funded by the CCCPDF.

- ☐ Policies for paid sick leave. Describe: _____
- ☐ Policies for paid annual leave. Describe: _____
- ☐ Policies for health care benefits. Describe: _____
- ☐ Policies for retirement benefits. Describe: _____
- ☐ Support for providers' mental health, such as training in reflective practices and stress-reduction techniques and health and mental health consultation services. Describe: _____

The Maryland Early Childhood Mental Health Consultation (ECMH) program offers the following services to child care providers and families residing in all areas of Maryland. Eleven different vendors provide the services. Each program offers:

- **Classroom observations and strategies for creating supportive learning environments;**
- **Customized trainings and/or coaching for educators, such as symptoms of infant and early childhood anxiety, trauma in early childhood, and children of incarcerated parents. These trainings are offered to child care providers, preschool teachers, Head Start staff, and PreK teachers;**
- **Individual observation and assessments of children (with parental consent);**
- **Program wide behavior consultation;**
- **Help with individualized behavior support plans for children, using input from parents and educators to prevent concerning behaviors;**
- **Assistance with referrals to community-based services that meet the mental health, developmental, social welfare, and other basic needs of children and families (with parental consent);**
- **Parent training and coaching (for families receiving child care consultation services);**
- **Quarterly newsletters and other materials for educators and families on ECMH; and**
- **Warm line ECMH support to educators and families.**
- Other. Describe: _____

6.2 Training and Professional Development Requirements

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing requirements designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

- 6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development requirements (98.44(b)(2)(ii)). **The Early Learning and Developmental Guidelines also align with Maryland's social emotional behavior intervention model, Social Emotional Foundations of Early Learning (SEFEL).**
- MSDE sponsors SEFEL Training as funding is available. Most recently, MSDE supported SEFEL Infant & Toddler, SEFEL Preschool, SEFEL Leadership, SEFEL Coaches, and SEFEL Parent Trainings. Online modules and technical assistance is being provided for implementation of those strategies in partnership with the University of Maryland School of Social Work Innovations and Implementation Institute. <https://theinstitute.umaryland.edu/SEFEL/>.**
- 6.2.2 Describe how the state/territory's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). **N/A**
- 6.2.3 Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)). **Programs participating in Maryland EXCELS are assigned a Program Coordinator when they register through the online system. There are Program Coordinators and MCCRRN staff who are bilingual (Spanish/English) and who are assigned to assist providers for whom English is not their first language. MCCRRN staff provides support and technical assistance.**
- Quality Assurance Specialists are located in regional licensing offices throughout Maryland to provide outreach, technical assistance and support to programs in their local communities.**
- 6.2.4 If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages. **MSDE provides resource materials in Spanish, and has bilingual staff in regional offices. Translation services are available for orientations, customer service calls and technical assistance.**
- 6.2.5 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii–iv)). **All training and professional development requirements have been developed to be comprehensive and sensitive to the diverse population of Maryland. The required pre-service trainings cover standard information that all early childhood professionals should know – child growth and development and curriculum methods - and be able to implement. The trainings were developed to address all age groups,**

settings, and to be culturally sensitive. Differentiated trainings have been developed to address the needs of special populations - for example: specific trainings for those working with infants and toddlers, preschoolers or school-age children.

DECD's voluntary Child Care Credential program establishes a professional development framework that includes incentives for completing additional training, credit for early childhood experiences and participation in professional activities (such as membership in a professional association, contributing to a newsletter, advocating for children, community events, etc.).

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.

- 6.2.6 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c)(3)(B)(i)).
- a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2). MSDE provides specific training and technical assistance to all providers. Training is provided through the MCCRRN and MSDE's approved training organizations.
Information is provided to the approved trainers at quarterly trainer's meetings on topics trainers should develop and make available to providers. Technical assistance is provided by the MCCRRN and DECD staff to providers on strategies for working with homeless families.
 - b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2). CCS staff provide on-site technical assistance to programs and families on accessing state services, assistance with filling out forms and helping the programs as they advocate for the families with whom they are working.
- 6.2.7 The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.
- ☐ Issue policy change notices
 - ☐ Issue new policy manual
 - ☐ Staff training
 - ☐ Orientations
 - ☐ Onsite training
 - ☐ Online training
 - ☐ Regular check-ins to monitor the implementation of CCDF policies
 - ☐ The type of check-ins, including the frequency. Describe: _____

- ☐ Other. Describe: **DECD uses Monthly Redetermination Reports and Voucher Duration Reports to determine if case managers are issuing vouchers in accordance with CCS policies and procedures.**

6.2.8 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

- a) Identify the strategies that the state/territory is developing and implementing for training and TA. **Directors of child care programs are required to complete approved training in Administration of Child Care (45 clock hours).**

Family child care providers are encouraged to complete the course. The course covers all major concepts of child care administration and management to support effective licensed center based or family child care programs.

Topics include: administration, program planning, staff supervision and evaluation, policy and procedure development and implementation, fiscal management, maintenance of State regulations, effective customer services, and parent and community involvement.

- b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- ☐ Fiscal management
- ☐ Budgeting
- ☐ Recordkeeping
- ☐ **Hiring, developing, and retaining qualified staff**
- ☐ **Risk management**
- ☐ **Community relationships**
- ☐ **Marketing and public relations**
- ☐ **Parent-provider communications, including who delivers the training, education, and/or technical assistance**
- ☐ Other. Describe: **Provider Understanding of CCS Basics**

6.3 Early Learning and Developmental Guidelines

- 6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the

state/territory, early learning and developmental guidelines for out-of-school time may be developed. *Note:* States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

- a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry. DECD disseminated the revised Maryland Early Learning Standards for one (1) year olds through 2nd grade to all child care, Head Start, and public PreK and K programs, as well as Higher Ed and community stakeholders. The Standards are aligned to the Maryland College and Career Standards for PreK-Grade 2 and to the Healthy Beginnings Guidelines for Birth to age 3. MSDE also disseminated the Supporting Every Young Learner: Maryland's Guide to Pedagogy- Birth to Age 8 to develop a common understanding of what developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments should look like.

Our Ready for Kindergarten Comprehensive Assessment system (R4K) will also help teachers develop that common understanding of what all children should know and be able to do entering Kindergarten as well as what the developmental progressions for those standards look like beginning at 36 months of age through 72 months of age.

While public school systems write or purchase curriculum that supports the Early Learning Standards, child care programs are provided a list of MSDErecommended curricula aligned to the Early Learning Standards that they may choose to use.

- b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

The Standards were created from research-based developmental guidelines, the work of national experts, and Maryland's College and Career-Ready Standards.

- c) Check the domain areas included in the state/territory's early learning and developmental guidelines. Check all that apply.

- ☐ Cognition, including language arts and mathematics
- ☐ Social development
- ☐ Emotional development
- ☐ Physical development
- ☐ Approaches toward learning
- ☐ Other. Describe: Literacy, Mathematics, Science, Social Studies, Fine Arts

- d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC. The Early Learning Standards are shared and implemented with child care, Head Start, Public Schools, and shared publicly through the website and the Supporting Every Young Learner: Guide to Pedagogy resource book.

- e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates. **The Early Learning Standards were issued in 2015. The Fine Arts standards were updated in 2017.**
- f) Provide the Web link to the state/territory's early learning and developmental guidelines. **<http://earlychildhood.marylandpublicschools.org/maryland-early-learning-standards>**

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used. **The Early Learning Standards were used in the development of the Ready 4 Kindergarten Comprehensive Assessment System to develop assessment items aligned to the standards. Publishers are using the standards to show alignment to their curriculum resources. The University of Maryland is also using the standards in the development of the Maryland preschool curriculum.**

6.3.3 If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program 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 (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in

improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)).

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). **In December 2015, the ECAC submitted a legislative report required by the Maryland legislature. The purpose of the report was to (1) Conduct a periodic statewide needs assessment concerning the quality and availability of early childhood education and development programs and services for children from birth to school entry, including: the availability of high-quality PreK services for low-income children in Maryland ; health-related barriers to school readiness and early childhood educational success; an assessment of the availability of high-quality early childhood education and development programs that serve children with and without disabilities together. (2) Identify opportunities for, and barriers to, collaboration and coordination among federally funded and state-**

funded child development, child care and early childhood education programs. (3) Assess the capacity and effectiveness of two-year and four-year public and private institutions of higher education in Maryland toward supporting the development of early childhood educators, including the extent to which the institutions have articulation agreements, professional development and career advancement plans and practice or internships for students to spend time in a Head Start or prekindergarten program. Recommendations were made for increasing the overall participation of children in existing federal, state, and local child care and early childhood education programs, including outreach to underrepresented and special populations; the establishment of a unified data collection system for public early childhood education and development programs and services throughout Maryland; regarding statewide professional development and career advancement plans for early childhood educators in Maryland; and for improvements to MSDE's early learning standards and how to undertake efforts to develop high-quality comprehensive early learning standards as appropriate. The report can be found at http://earlychildhood.marylandpublicschools.org/system/files/filedepot/23/2015_state_early_childhood_advisory_council_legislative_report.pdf.

DECD's Training Approval Coordinator assures the quality of the training being provided in the community by utilizing a peer training approval process that has community-based trainers, college professors and other training entities represented. This group utilizes a rubric to assure that all training requirements are being met. This process includes reviewing the training description, the title, assuring the proposal provides sufficient information specific to the training content and objectives, incorporating learning objectives and methods to measure learning, addresses special needs and inclusionary practices, addresses cultural sensitivity and diversity, etc. Each trainer also asks participants that attend the training to provide feedback so they can utilize their assessment to improve. Trainers are also required to provide attendees an assessment at the end of each training that asks attendees to rate the training and the trainer, what they learned that was new during the training and what they feel needs to be improved next time. Trainers take this information and use it to enhance the training provided.

DECD utilizes data on child care centers and family child care providers that are participating in MD EXCELS to assure the process is successful and the providers are moving up in levels over time due, in part, to the technical assistance given by the Quality Assurance Specialists (QAS). MSDE Quality Assurance Specialists (QAS) conduct monitoring visits of programs that have achieved a quality rating in Maryland EXCELS. The results of monitoring visits are used to provide technical assistance to programs to improve the services and supports to children, families and staff. Areas in need of improvement are referred to the QAS for that local program, who follows up to provide guidance.

Maryland EXCELS conducts Environment Rating Scales (ERS) and Classroom Assessment Scoring System (CLASS) assessments for programs as part of the requirements for QRIS. Assessment results are used to develop program improvement plans and to assist programs with continuous quality improvement.

DECD measures the success of the Accreditation Support Fund by assessing the programs who have been accredited through Maryland Accreditation or one of the nationally recognized accrediting agencies.

DECD is in the process of researching and developing a tool that will measure and evaluate all quality initiatives to assure their success.

Describe the findings of the assessment and if any overarching goals for quality improvement were identified. **In 2016, the ECAC formed work groups to study the areas of recommendations and in 2017, the ECAC approved their priorities which are Communication and Public Awareness; Workforce Development; and implementing Birth -8 opportunities that are in MSDE's s new ESSA plan. More information on the ECAC's prioritites can be found at**
http://earlychildhood.marylandpublicschools.org/system/files/filedepot/23/2018_ecac_priorities.pdf

Use of Quality Funds

Check the quality improvement activities in which the state/territory is investing.

- ☐ Supporting the training and professional development of the child care workforce
If checked, respond to section 7.3 and indicate which funds will be used for this activity.
Check all that apply.
 - ☐ [CCDF funds](#)
 - ☐ **Other funds (Kellogg Foundation, state funds, preschool development grant)**
- ☐ Developing, maintaining, or implementing early learning and developmental guidelines.
If checked, respond to section 6.3 and indicate which funds will be used for this activity.
Check all that apply.
 - ☐ [CCDF funds](#)
 - ☐ Other funds
- ☐ Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity.
Check all that apply.
 - ☐ [CCDF funds](#)
 - ☐ Other funds
- ☐ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.
 - ☐ [CCDF funds](#)
 - ☐ **Other funds (State funds)**
- ☐ Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.
 - ☐ [CCDF funds](#)
 - ☐ Other funds

- ☐ Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.
 - ☐ [CCDF funds](#)
 - ☐ Other funds
- ☐ Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.
 - ☐ [CCDF funds](#)
 - ☐ Other funds
- ☐ Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.
 - ☐ [CCDF funds](#)
 - ☐ **Other funds (state funds)**
- ☐ Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.
 - ☐ [CCDF funds](#)
 - ☐ [Other funds](#)
- ☐ Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply.
 - ☐ [CCDF funds](#)
 - ☐ **Other funds (state funds)**

7.2 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

- ☐ Describe how the state/territory funds the training and professional development of the child care workforce. **DECD's voluntary Child Care Credential program establishes a professional development framework that includes incentives for completing additional training, credit for early childhood experiences and participation in professional activities (such as membership in a professional association, contributing to a newsletter, advocating for children, community events, etc.) Family child care providers and center staff are awarded a one-time only achievement bonus for credential levels two through four and administrator level one. Bonuses are awarded annually at staff levels four plus,**

five and six and administrator levels two, three and four. The Training Voucher and Reimbursement program provides funds to assist child care professionals participating in the Maryland Child Care Credential program at level 2 or higher with the cost of training and professional development.

The CCCPDF is a tuition assistance program for child care providers to obtain a college education. Funding is available for child care providers to earn an associate or bachelor degree. Funds pay for tuition, books and college fees. Providers are required to work a minimum of ten hours a week in a licensed child care facility for two years after obtaining an associate degree and four years after obtaining a bachelor degree.

Training is provided through a number of entities funded through MSDE including the MCCRN, and DECD approved child care trainers and organizations. Training offered must align with the Maryland Child Care Credential program and Maryland EXCELS.

Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- ☐ Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe: SEFEL training, including SEFEL Infant & Toddler, SEFEL Preschool, SEFEL Leadership, SEFEL Coaches, and SEFEL Parent Training is available. Online modules and technical assistance is provided for implementation of those strategies in partnership with the University of Maryland School of Social Work Innovations and Implementation Institute at <https://theinstitute.umaryland.edu/SEFEL/>
- ☐ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age 5 for such behaviors. (See also section 2.5.) Describe: DECD adopted SEFEL as a core strategy, and for many years has offered SEFEL Training. Most recently Maryland has completed the full complement of SEFEL training, including SEFEL Infant & Toddler, SEFEL Preschool, SEFEL Leadership, SEFEL Coaches, and SEFEL Parent Training. DECD also has the ECMH Consultation Program. Available statewide in each region, this program allows early care and education providers to address child behavioral and other mental health issues with a local ECMH Consultant who is available through the MCCRRN. Services include an outside observer for site visits, consultation, and, when appropriate, referral to a Mental Health Service Provider for observation and service. Technical Assistance is also provided to help teachers design and maintain supportive environments for children.
- ☐ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe: SEFEL training includes building positive

relations with families in culturally and linguistically appropriate ways. ECMH consultants are required to have knowledge in cultural competency. Maryland's Knowledge and Competency Framework for Child and Youth Care Professionals includes guidance on Family Engagement and Community Partnerships. The Early Childhood Family Engagement Framework: Maryland's Vision for Engaging Families with Young Children includes as a principle that child care providers need to build relationships with families that reflect cultural competency and universal design approaches, encompassing the belief, attitudes, behaviors, and activities of all families. This is an on-going initiative that led to the development of a tool kit and online training modules for early care and education providers and families to improve family engagement practices.

- ☐ Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. Describe: MSDE disseminated the revised Maryland Early Learning Standards for ages 1 year old through 2nd grade to all child care, Head Start, and public PreK and K programs, as well as Higher Ed and community stakeholders. MSDE has also disseminated Supporting Every Young Learner: Maryland's Guide to Pedagogy- Birth to Age 8 to develop a common understanding of what developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments should look like.

MSDE's Ready for Kindergarten Comprehensive Assessment system (R4K) will also help teachers develop that common understanding of what all children should know and be able to do entering Kindergarten as well as what the developmental progressions for those standards look like beginning at 36 months of age through 72 months of age. While public school systems write or purchase curriculum that supports the Early Learning Standards, child care programs are provided a list of state-approved curricula aligned to the Early Learning Standards that they may choose to use.

The [Maryland EXCELS Toolkit](#) provides information and resources to programs to guide their Maryland EXCELS QRIS experience and in making quality improvements in their early childhood or school-age program.

- ☐ Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: Maryland's Quality Rating and Improvement System (Maryland EXCELS - www.marylandexcels.org) requires licensed child care providers and public prekindergarten programs to achieve certain criteria to advance through levels of quality. Maryland EXCELS helps parents determine whether or not a program meets

the needs of their family. In order to move up in the quality levels, providers must increase the types and amount of family involvement/engagement offered in their programs.

DECD, with funding through the Kellogg Foundation, was able to further the early childhood family engagement initiatives started under RTT ELC. The grant is designed to help service providers better recognize and meet family needs, keep parents informed and engaged in children's learning, and reduce the sense of social isolation for parents. This is also where the consumer education website will be housed.

Early Childhood Mental Health Project: Early care and education programs are provided with expert assistance in identifying and addressing child behavioral issues in early learning environments. University of Maryland School of Social Work Innovations and Implementation Institute provides online SEFEL trainings. The MCCRRN provides in-person training.

Using data to guide program evaluation to ensure continuous improvement. Describe: Program quality performance measures are incorporated in DECD's QRIS standards in five areas: Licensing/Compliance, Staffing and Professional Development, Rating Scales/Accreditation, Developmentally Appropriate Learning and Practice/Child Assessment and Administrative Practices and Policies.

JHU/CTE, under contract with DECD, developed a QRIS Evaluation Study to conduct a formative evaluation of the QRIS model and academic research into the quality, effectiveness and impact of QRIS models. The evaluation plan includes development of a logic model for all aspects of QRIS administration.

Within the Maryland Child Care Credential for Administrators, the focus of the coursework and the strategy is to improve business practices.

- ☐ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: Examples of professional development for those caring for children of families in geographic areas with significant concentrations of poverty and unemployment include: Helping Children Cope with our Stressful World; Atypical Development/Observation Skills; Children's Temperaments; Positive Child Guidance; Developing Emotional Intelligence; Banish Bullying!; to name a few. As mentioned earlier, training topics are based on the specific needs of the communities and how to best address those needs. Child Care Resource Centers provide services directly and collaborate with other service providers in their jurisdictions including social service institutions, libraries, faith communities, etc., in working with those families. A group of key leadership from DECD recently attended and are now part of the Trauma-Informed Care network that looks at types of trauma and how it relates to the young children in our care.

- ☐ Caring for and supporting the development of children with disabilities and developmental delays. Describe: MSDE created a comprehensive assessment system. Part of the system includes developmental screening for our youngest learners. MSDE will require all licensed or registered child care providers to conduct developmental screenings on children aged birth-five years of age. Providers will conference with parents to share the results of the screening. If any areas of concern are identified, providers will assist parents in referrals to service agencies for further evaluation or direct them to resources. Providers can use the knowledge gained in developmental screening to individualize instruction for children to help best meet their needs. Required training has been developed and is a mandatory component of the expected regulation. Maryland has included a requirement for Teachers, Directors, and Family Providers to obtain training on "Including All Children and the Americans with Disabilities Act (ADA)." This training was developed by identified experts and is currently being delivered statewide. The new workforce competencies provide a comprehensive framework for trainers to develop quality training for providers on children with disabilities and developmental delays and for providers to ascertain what training they need to obtain in an effort to increase their skills and knowledge in caring for all children.
- ☐ Supporting the positive development of school-age children. Describe: "Maryland's Guide to Early Childhood Pedagogy Birth to Age 8". The guide refreshes knowledge of early child development and strategies for supporting learning that leads to school readiness and success in the early elementary school years. The Guide's appendix contains an alignment document for Maryland's early learning standards from one to eight years of age. The standards continuum was created by aligning Healthy Beginnings standards from birth to age three with the Maryland College and Career-Ready Standards from four years through 2nd grade. The guide enables the early learning community to support children from the earliest years through school age.
- ☐ Other. Describe: Professional development is provided to grantees awarded Preschool Development Grants to improve the quality of instruction provided.

Judith P. Hoyer Early Child Care and Family Education Centers or "Judy Centers", provide access to early childhood education and family support programs located at or near Title I schools. Typically, education opportunities and support services are available 7-12 hours a day, year round. Judy Centers serve children birth through age 5 and their families in an effort to increase the number of children entering school ready to learn. They are unique because they promote school readiness through collaboration with community-based agencies, organizations and businesses. Most services or assistance a family may need can be provided directly or arranged by the Judy Center onsite or nearby, including health care, Adult Education, identification of

special needs and early intervention, child care, parenting classes, and family literacy. Family engagement is an important facet of their work.

Judy Centers were written into Maryland law in May 2000 (Annotated Code of Maryland, Education Article, §5-215) and are important components of the act entitled, "Judith P. Hoyer Early Child Care and Education Enhancement Program". Since that time, additional funding streams, including federal, private, and local, have resulted in expansion of the number of Judy Centers from 24 in 2002 to 42 today.

g) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply.

- ☐ Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- ☐ Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
- ☐ Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
- ☐ Other. Describe:

a) Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Increased participation in the Maryland Child Care Credentialing program and an increase in the number of providers at the various credentialing levels.

Increased participation in the Child Care Career and Professional Development Fund and an increase in the number of providers graduating with a degree in early childhood education

Program quality performance measures are incorporated in the MSDE's QRIS standards, Maryland EXCELS, in five areas: Licensing/Compliance, Staffing and Professional Development, Rating Scales/Accreditation, Developmentally Appropriate Learning and Practice/Child Assessment and Administrative Practices and Policies.

7.3 Quality Rating and Improvement System

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS.

Does your state/territory have a quality rating and improvement system?

- ☐ Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available. The State is the lead on administration of the QRIS and works with two contractors in this effort -JHU/CTE and the MCCRRN. JHU/CTE is responsible for developing and maintaining the online QRIS system and website, and the verification of evidence uploaded by programs to meet the standards.

Program Coordinators hired by JHU/CTE have a caseload of participating programs and act as the primary contact for questions and support. State Quality Assurance Specialists (QAS) provide outreach, education, and support for participating programs. Workgroups and trainings are held throughout Maryland monthly to provide individualized assistance to programs and providers working to meet or increase a quality rating.

The MCCRRN assists programs with understanding the QRIS system, and developing policies to meet the QRIS standards.

- ☐ Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. [REDACTED]
- ☐ If Yes, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [REDACTED]
- ☐ No, but the state/territory is in the QRIS development phase.
- ☐ No, the state/territory has no plans for QRIS development.

QRIS participation.

a) Are providers required to participate in the QRIS?

- ☐ Participation is voluntary.
- ☐ Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). QRIS participation is mandatory for programs receiving Child Care Subsidy reimbursement. Participation means that a program has submitted an online application to participate, has published a quality rating within 12 months of their acceptance into the QRIS, and has republished their quality rating (or published a higher rating) prior to their published expiration date. Published ratings are valid for 12 months. Programs that have a quality rating level of 3, 4, or 5 in the QRIS receive a Child Care Subsidy differential payment.
- ☐ Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply.

- ☐ Licensed child care centers
- ☐ Licensed family child care homes
- ☐ License-exempt providers
- ☐ Early Head Start programs
- ☐ Head Start programs
- ☐ State prekindergarten or preschool programs
- ☐ Local district-supported prekindergarten programs
- ☐ Programs serving infants and toddlers
- ☐ Programs serving school-age children
- ☐ Faith-based settings
- ☐ Tribally operated programs
- ☐ Other. Describe: Military programs operated by the Department of Defense.

Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. *Note:* If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- ☐ No.
- ☐ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
- ☐ Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).
- ☐ Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
- ☐ Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- ☐ Other. Describe: Programs that achieve Maryland Program Accreditation (state accreditation) are able to meet part of the quality improvement standards through an alternative pathway.
- ☐ None.

Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- ☐ No.
- ☐ **Yes.** If yes, check any links between the state/territory's quality standards and licensing requirements.
 - ☐ **Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.**
 - ☐ **Embeds licensing into the QRIS.**
 - ☐ State/territory license is a "rated" license.
 - ☐ Other. Describe: **Compliance with licensing requirements is part of defining the quality rating for the program.**
 - ☐ Not linked.

Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS.

- ☐ No.
- ☐ **Yes.** If yes, check all that apply.
 - ☐ **One time grants, awards, or bonuses**
 - ☐ **Ongoing or periodic quality stipends**
 - ☐ **Higher subsidy payments**
 - ☐ **Training or technical assistance related to QRIS**
 - ☐ **Coaching/mentoring**
 - ☐ Scholarships, bonuses, or increased compensation for degrees/certificates
 - ☐ Materials and supplies
 - ☐ Priority access for other grants or programs
 - ☐ Tax credits (providers or parents)
 - ☐ **Payment of fees (e.g., licensing, accreditation)**
 - ☐ Other: **Financial incentives (bonuses) for programs and providers who achieve a quality rating were paid from 2013-2015. Re-instating the bonuses for QRIS programs is under consideration for FY 2019.**
 - ☐ None

Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. **DECD publishes and distributes monthly reports to stakeholders on participation and publication within the QRIS to include the number of programs published at each quality level. This progress is evaluated by program type, region, and other factors. Annual goals are set for each region to increase participation and increase quality ratings by offering support and assistance, and increasing awareness of the benefits of QRIS to children, families and programs, especially those with high needs. Progress toward goals is evaluated semi-annually and shared with primary partners to re-set goals and**

strategies. The State tracks the utilization rate of programs entering the QRIS, publication of a quality rating, and publication of higher quality levels. Through the use of the Maryland Child Care Mapping Tool, MSDE can identify areas in Maryland and the number of quality rated programs available to families. This online GIS application was developed primarily to help parents in need of child care services locate those services in relation to their homes, work, or to local public schools. The user can set a search radius, select the type and schedule of care desired, and filter the results according to providers' quality rating levels. Search results display as "pins" on a map and can be printed as text with or without the display map. Programs with published ratings receive monitoring visits from State Quality Assurance Specialists who evaluate the implementation of policies and practices the program has supplied to meet the requirements of their rating. A monitoring report is produced which results in technical assistance provided by the Quality Assurance Specialist assigned to the program, which may include collaboration with regional MCCRRN staff when needed.

Individuals assisting programs to improve their level of quality within the QRIS include the MCCRRN, DECD Quality Assurance staff assigned regionally, and JHU/CTE Program Coordinators assigned to assist QRIS participating programs.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care.

What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

- ☐ Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.
Describe: Through the Judith P. Hoyer Early Child Care and Enhancement Programs, there are currently 47 Judy Centers in designated Title I School Zones. The Judy Centers provide coordination among providers of early childhood education and support services to focus services and resources of diverse programs and providers for families with high needs.

The MCCRRN provides training/professional development and builds capacity to improve the ability of child care professionals serving infants and toddlers to deliver

quality, research-based early learning opportunities. Infant and Toddler Specialists that provide training and technical assistance are located in all 12 regional MCCRRN locations.

- ☐ Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: **DECD QRIS staff work closely with leadership from the Maryland State Family Child Care Association to support family child care providers in their local association chapters. Quality Assurance Specialists with the QRIS attend chapter meetings, provide training and support at the local level to family child care providers and facilitate small family child care networks who work together to meet the requirements of the QRIS.**
- ☐ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: **Statewide, the SCE and the MCCRRN provide training/ professional development and capacity building efforts to improve the ability of child care professionals serving infants and toddlers to deliver quality, research-based early learning opportunities. The professional development offerings are based on the Core of Knowledge and updated regularly to include subject matter for caregivers of children birth to five using Healthy Beginnings, Standards for Implementing Quality Early Childhood Programs.**
- ☐ Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe: **The MCCRRN improves the child care services for infants and toddlers through specialized training and technical assistance for infant and toddler care providers through regional infant-toddler specialists based on the Healthy Beginnings Guidelines.**
- ☐ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe: _____
- ☐ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: **Maryland does not have separate standards or criteria in the QRIS, but infants' and toddlers' unique needs are addressed in the Developmentally Appropriate Learning and Practices content area of the QRIS and throughout the standards related to family engagement, staff qualifications, and infant and toddler rating scale assessments.**
- ☐ Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: _____
- ☐ Developing infant and toddler components within the early learning and developmental guidelines. Describe: _____
- ☐ Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe **LOCATE: Child Care , is an information and referral**

services for parents and caregivers. Services offered include providing guidelines for finding quality early care and education programs and a resource and referral telephone counseling service accessible via a 1-800 telephone line. The MCCRRN assists families in accessing specialized care and resources for hard to place children, including children with disabilities, English Language Learners (ELL) children, parent/caregivers who work non-traditional schedules, emergency placements in case of disruption of child care services, including accessibility of those services beyond regular office hours by sharing information on programs and providing written information to parents/caregivers on possible placements. The MCCRRN provides publications, conferences, seminars and meetings for parents, providers and the public regarding child development and the accessibility, availability, and quality of child care service.

DECD is also developing its consumer education website. The website will allow parents and families to access information and resources in one area.

- ☐ Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Describe: The MCCRRN improves the child care services for infants and toddlers (birth through three years of age) through specialized training and technical assistance for infant and toddler care providers through infant-toddler specialists by using the Healthy Beginnings Guidelines. Moreover, they also provide training and professional development to build capacity for improving the ability of child care professionals to deliver quality, research-based early learning opportunities to all children, including those from low-income families, children with disabilities, ELL, and children with developmental or mental health concerns. Professional development offerings include subject matter for caregivers of children birth to five using Healthy Beginnings, Standards for Implementing Quality Early Childhood Programs, and the Ready for Kindergarten (R4K) Standards on all domains of learning defined in the R4K Framework and Standards.
- ☐ Other. Describe: DECD awarded several “Medically Fragile” grants that support programs serving infants and toddlers with disabilities.

Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures. Quality ratings of published programs in the QRIS are tracked on a monthly basis to determine how programs are moving up through the higher levels of Maryland EXCELS. Data is maintained on Environment Rating Scales and Classroom Assessment Scoring System assessments, and monitoring visits to published programs conducted by State Quality Assurance Specialists. All of these tools include infants/toddlers.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

MSDE issued a contract to MFN to serve as the SCE for the MCCRRNsystem. There are MCCRRN offices located throughout Maryland.. Quality ratings of published programs in the QRIS are tracked on a monthly basis to determine how programs are moving up through the higher levels of Maryland EXCELS. Data is maintained on Environment Rating Scales and Classroom Assessment Scoring System assessments, and monitoring visits to published programs conducted by State Quality Assurance Specialists.

7.6 Facilitating Compliance With State Standards

What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe: **MSDE funds licensing specialist positions and the MCCRRN. Licensing specialists and staff from the MCCRRN provide training and technical assistance in maintaining compliance with licensing regulations. The state refers providers to the MCCRRN for targeted technical assistance when needed.**

Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- ☐ **No.**
- ☐ Yes. If yes, which types of providers can access this financial assistance?
 - ☐ Licensed CCDF providers
 - ☐ Licensed non-CCDF providers
 - ☐ License-exempt CCDF providers
 - ☐ Other. Describe: _____

Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

Describe how the state/territory measures the quality and effectiveness of child care programs and services currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children **MSDE uses the standards in the Maryland EXCELS QRIS and progress of programs through the quality rating levels to determine the effectiveness of child care programs and services offered. QRIS programs at Levels 4 and 5 have assessments conducted by reliable assessors using valid and reliable tools (Environment Rating Scales and Classroom Assessment Scoring System). Data is compiled on results and is shared for evaluation and potential for impact on learning outcomes.**

Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. **Information from the QRIS validation and evaluation study conducted by JHU/CTE provides information used to determine the effectiveness and validity of the Maryland EXCELS standards and the quality of programs within the QRIS.**

7.8 Accreditation Support

Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- ☐ Yes, the state/territory has supports operating statewide or territory-wide. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. **The Accreditation Support Fund assists licensed child care centers and registered family child care providers with the cost of accreditation application fees or program improvement costs associated with meeting national accreditation standards. For programs meeting Maryland Accreditation standards, there are no fees required of programs. The Accreditation Support Fund reimburses child care centers pursuing state accreditation for the cost of instructional supplies and materials needed to make improvements pursuant to meeting accreditation standards.**

A family child care provider or child care center can apply for funding through the Accreditation Support Fund for fees charged by an approved national accreditation organization related to the accreditation process or for the reimbursement of costs incurred in purchasing materials for program improvements to meet Maryland Program Accreditation Standards.

- **The following accrediting organizations are recognized by DECD:**
- **Advance Education, Inc. (AdvED)**
- **American Montessori Internationale/USA (AMI/USA)**
- **American Montessori Society (AMS)**
- **Association of Independent Maryland Schools (AIMS)**
- **Association of Waldorf Schools of North America (AWSNA)**
- **Council on Accreditation –**

- After-School Accreditation (COA/ASA)
Middle States Association of Colleges and Schools Commission on Elementary and Secondary Schools (MSA-CES)
 - National Accreditation Commission (NAC)
 - National Association for the Education of Young Children (NAEYC)
 - National Association for Family Child Care (NAFCC)
 - National Early Childhood Program Accreditation (NECPA)
 - Maryland Program Accreditation
- ☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide. Describe: _____
- ☐ No, but the state/territory is in the accreditation development phase.
- ☐ No, the state/territory has no plans for accreditation development.

Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

7.9 Program Standards

How does the state/territory support state/territory or local efforts to develop or adopt high-quality program standards relating to:

- ☐ Health. Describe the supports: Maryland EXCELS provides a Health and Wellness achievement designation for participating programs that is linked to *Let's Move Child Care!* Certification. In addition, Maryland EXCELS provides an Asthma Friendly Child Care achievement that programs may pursue. Families searching for child care can view a program's achievement on the Find A Program portal of www.marylandexcels.org.
- ☐ Mental health. Describe the supports: The ECMH Consultation Project improves the ability of staff, programs and families to prevent, identify, treat and reduce the impact of social, emotional and other mental health problems among children birth through 5 years of age. The ECMH Consultation Project is both child/family focused and classroom/program focused. This hybrid model allows consultants to focus on specific child behaviors while working with teachers to improve the overall quality of the classroom environment. The ECMH project goals are to: Promote positive social/emotional wellness practices in early childhood settings; Identify and work proactively with children who may have developmental, social, emotional, or behavioral concerns; Refer children and families in need of more intensive mental health services to appropriate support and/or clinical programs; Help children remain in stable, quality child care arrangements that support their individual needs; Increase teacher confidence and competence in handling challenging behaviors through training, coaching and mentoring; and building close partnerships with local community resources including Judy Centers, Head Start Centers, health departments,

Child Find, Maryland Infants & Toddlers Programs, preschool special education, and private consultation providers.

- ☐ Nutrition. Describe the supports: **The QRIS standards embed requirements for nutrition information provided to families, meals and snacks served by the program, and participation in the CACFP. At the higher quality levels 3, 4, and 5, QRIS standards include requirements for serving fresh fruits, vegetables and whole grains, and limiting salt, fat, and sugar in food served by the program.**
- ☐ Physical activity. Describe the supports: **Maryland licensing regulations set the foundation for standards related to physical activity.**
- ☐ Physical development. Describe the supports:

Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Licensing compliance and program quality performance measures incorporated in Maryland's QRIS standards..

7.10 Other Quality Improvement Activities

List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. **Other activities to improve the quality of child care services include kindergarten readiness assessments (KRA). The KRA is given to every child in 12 jurisdictions and a representative sample of children in the other 12 upon entry into kindergarten.**

Information gained from the KRA is provided in a report to school systems, teachers, child care providers, members of the ECAC and advocacy organizations. The information is used to identify training supports for the child care community and instructional practices.

Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud.

7.11 Internal Controls and Accountability Measures To Help Ensure Program Integrity

Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.

- ☐ Issue policy manual
- ☐ **Issue policy change notices**
- ☐ Staff training. Describe: **Staff that authorize CCS Services receive training and technical assistance on policies and procedures from DECD and designated trainers within each program.**
- ☐ Ongoing monitoring and assessment of policy implementation. Describe: DECD **staff monitor MSDE's vendor for CCS services and the LDSS to ensure adherence to regulation and policy.**
- ☐ Other. Describe: **DECD has established formal review and monitoring procedures that are conducted on an on-going basis to determine program compliance.**

Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices follow generally accepted accounting principles (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds, including the following:

- ☐ Verifying and processing billing records to ensure timely payments to providers. Describe: **Review of enrollment documents, attendance or billing records, supervisory staff reviews performed by MSDE's vendor for CCS services, and/or quality assurance reviews.**
- ☐ Fiscal oversight of grants and contracts. Describe: **DECD has a grants specialist that oversees and monitors the grants. The grants specialist also completes monitoring visits throughout the year.**
- ☐ Tracking systems to ensure reasonable and allowable costs. Describe: _____
- ☐ Other. Describe: DECD staff and MSDE's vendor for CCS services **review enrollment documents, attendance or billing records, and conduct quality assurance reviews. DECD staff and MSDE's vendor for CCS services also audit provider records, train staff on policy and procedures, and perform external audits.**

MSDE tracks payments to providers on a monthly basis to ensure that QRIS participation matches payments to programs.

Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Activities can include, but are not limited to, the following:

- ☐ Conduct a risk assessment of policies and procedures. Describe: **DECD completes a risk assessment when new CCS policies and procedures are implemented to determine the potential barriers case managers may have with consistently implementing policies. Based upon the review, DECD will develop written communications or provide technical assistance.**

- ☐ Establish checks and balances to ensure program integrity. Describe: MSDE limits roles in CCATS to ensure program integrity. For example, a person who issues child care vouchers cannot process child care vouchers for payment.

QRIS participation is required for programs receiving CCS funding. DECD has policies and procedures in place to ensure that quality ratings that may affect quality differential payments to providers are reviewed in a three-step process before the program receives a quality rating. The first review occurs when the Program Coordinator reviews the evidence the provider uploaded to meet the QRIS requirement and marks the QRIS criteria as "met". When all criteria for a specified quality rating are met, the provider can request to publish (make public) their quality rating. Upon the provider requesting to publish, an additional two-step process is initiated whereby (a) DECD staff review and verify that the evidence required to meet the quality rating was marked correctly by the Program Coordinator; and (b) DECD Program Management staff reviews the evidence and publishes the program or (c) returns the program to the last reviewer with any issues that were identified with the evidence. DECD monitors the participation status of programs in the QRIS and regularly changes programs to Non-Participation status when they have not taken action to meet the QRIS requirements as outlined in COMAR regulations. Programs that are not participating in the QRIS are not eligible for CCS payments. However, child care programs may resume participation at any time by meeting QRIS participation requirements.

http://earlychildhood.marylandpublicschools.org/system/files/filedepot/12/13a.14.14_comar_online_eff_032015.pdf

- ☐ Use supervisory reviews to ensure accuracy in eligibility determination. Describe: DECD requires supervisors to review three cases per month, per case manager.
- ☐ Other. Describe: DECD's Office of Child Care Subsidy conducts random case reviews for all programs that are authorizing vouchers on behalf of MSDE.

Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include intentional and unintentional client and/or provider violations, as defined by the Lead Agency. Administrative errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a) Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.
 - ☐ 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)).
 - ☐ Run system reports that flag errors (include types). Describe:
 - ☐ Review enrollment documents and attendance or billing records.

- ☐ Conduct supervisory staff reviews or quality assurance reviews.
 - ☐ Audit provider records.
 - ☐ Train staff on policy and/or audits.
 - ☐ Other. Describe: Child Care Subsidy fraud investigator randomly reviews cases. Match data from QRIS participation and payments to providers to ensure compliance with regulations.
- b) Check which activities the Lead Agency has chosen to conduct to identify administrative errors.
- ☐ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).
 - ☐ Run system reports that flag errors (include types). Describe: _____
 - ☐ Review enrollment documents and attendance or billing records.
 - ☐ Conduct supervisory staff reviews or quality assurance reviews.
 - ☐ Audit provider records.
 - ☐ Train staff on policy and/or audits.
 - ☐ Other. Describe: _____

The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.

- a) Check activities that the Lead Agency uses to investigate and recover improper payments due to intentional program violations or fraud. Activities can include, but are not limited to, the following:
- ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____
 - ☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
 - ☐ Recover through repayment plans.
 - ☐ Reduce payments in subsequent months.
 - ☐ Recover through state/territory tax intercepts.
 - ☐ Recover through other means.
 - ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
 - ☐ Other. Describe: DECD's CCS branch has a position devoted to investigating program fraud. This position works in partnership with the Office of the Inspector General to investigate cases of potential and known fraud.
- b) Describe the results of the Lead Agency activities regarding the investigation and recovery of fraud or intentional program violations. MSDE has a CCS Investigator to investigate potential fraud or intentional program violations. The investigator researches the case in

CCATS, interviews parents and providers and completes all paperwork necessary to present the case to court for fraud, or to pursue overpayment for intentional program violations from the parent or child care provider. This position works in partnership with the Office of the Inspector General to investigate cases of potential and known fraud.

- c) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Activities can include, but are not limited to, the following:
- ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____
 - ☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
 - ☐ Recover through repayment plans.
 - ☐ Reduce payments in subsequent months.
 - ☐ Recover through state/territory tax intercepts.
 - ☐ Recover through other means.
 - ☐ Establish a unit to investigate and collect improper payments. Describe: _____
 - ☐ Other. Describe: **MSDE corrects unintentional program violations at redetermination or at the point of discovery, if the unintentional program violation benefits the family. Exceptions include: child not enrolled in care, family income above 85% of the SMI or the family no longer resides in Maryland.**
- d) Check any activities that the Lead Agency will use to investigate and recover improper payments due to administrative errors.
- ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____
 - ☐ Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency).
 - ☐ Recover through repayment plans.
 - ☐ Reduce payments in subsequent months.
 - ☐ Recover through state/territory tax intercepts.
 - ☐ Recover through other means.
 - ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
 - ☐ Other. Describe: **MSDE corrects administrative errors at redetermination or at the point of discovery, if it benefits the family. The family will not be responsible for the repayment of funds based upon an administrative error, as long as the child was in care, the family's income was below 85% of the SMI and the family was a resident of Maryland.**

What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

- ☐ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. _____

- ☐ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. _____
- ☐ Prosecute criminally.
- ☐ Other. Describe: **A customer may request a hearing by submitting a request on a form provided at the time of the decision. The completed form is submitted to MSDEs vendor for CCS services or the LDSS. The form is sent to the Office of Administrative Hearings for scheduling. When MSDE's vendor for CCS or the LDSS, receive an appeal request, they will offer the appellant a conference. Although a conference may lead to an informal resolution of the dispute, a hearing will be held before an Administrative Law Judge, unless the appellant withdraws the appeal request in writing.**