In Attendance


MSDE Staff: Liz Kelley, Linda Zang, Betsy Blair, Lindi Budd

Guests: Debbie Moore, Erin Penniston, Cynthia Poindexter, Beth Morrow, Glenesa Swann, Diane Mellott, Mary Gunning, Lynda Davenport, John Surr

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

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

- Race to the Top Early Learning Challenge Grant Update
  The Scope of Work for the grant has been submitted to the U.S. Department of Education and we have just received their initial feedback on specific areas for which they need additional information or clarification on specific project timelines, activities, tasks and/or project budgets. We will be working on our response to their feedback and will receive technical assistance from our contacts on the federal level as we make these additional clarifications. The Scope of Work outlines the ten projects of our application and related activities for the grant. In your folder is a brief description of those projects and this information is also available online. There is a separate Race to the Top page under the Announcements portal on our home page for the Division of Early Childhood Development. We are moving forward on work that we can do while we await final approval of our Scope of Work, such as recruitment of staff and issuing Requests for Proposals. Part of the recruitment process will be hiring Quality Assurance Specialists who will be located in regional licensing offices throughout the state. They will be assisting child care programs and licensing specialists with activities around Maryland EXCELS.

- School Readiness Report
  In your folder is the 2011-2012 Maryland School Readiness Report, *Children Entering School Ready to Learn*. The percentage of Maryland kindergarteners fully ready to start school increased to 83% in 2011-2012, up 2 points from 2010-2011.

Updates – Liz Kelley

Credentialing
When we developed the Credentialing Program, we had identified courses that should be taken at each level. But we realized early on, that we did not have the capacity to require people to take specific classes. We have been working on building capacity for the last almost eleven years now and with the implementation of changes with Maryland EXCELS and the Race to the Top grant, it seems a good time to acknowledge that we want to have all those participating in the Credentialing Program to have specific
courses such as Child Growth and Development, Understanding the Americans with Disabilities Act, Observation, Special Needs Issues, How to Use the Environment Rating Scale, etc. The modification is still moving through the pipeline and we are hopeful that very soon the issues we have with backlog in the Credentialing Branch will be eliminated because the database will finally support all of the levels and much of the work that is currently being done offline will now be able to be done through the database. In the next couple of months we should actually be able to realize that.

Licensing
There is not much to report for licensing except for the fact that we were recently approved to hire five staff for vacant positions. We held a large interview session and all five positions are filled. We have one position for which we did not have applicants and we will be re-posting that for Western Maryland, and hopefully get that one filled shortly as well. The positions were for Frederick, Howard and three for Harford/Cecil counties; they were down three staff. Once they are on board we will be conducting new hire training.

**Question** regarding whether the five positions were new PINs.

_Liz:_ we have no new PINs. During the session, nothing was moving. We didn't know if we were going to get approval, even though the majority of these are 100% federally funded. Most of our positions are 50/50 or 100% federal. We felt very lucky to be able to fill those five positions. Our staff is doing well in licensing. As you may remember from last year, we had some audit findings around timeliness of inspections. We've worked very hard to make sure all of our facilities are being inspected timely and we just finished an audit, we haven't gotten the results yet, but I am hoping that won't be a repeat finding because we have been working very diligently to ensure that all of the facilities are being inspected as needed.

**Question:** When licensing inspections are posted online, what is a reasonable amount of time when they are corrected that they will be removed?

_Liz:_ they are not removed. A noncompliance, when cited, will remain part of that inspection information. The only thing that will be there is the date it has been corrected. My expectation is that as soon as the specialist receives the information about the correction, they will do that within five working days. Many of the specialists have an “in office” day and that is typically when they would update that information. That is something we are tracking now. We are able to generate reports and there are expectations that have been implemented for specialists and that is something I know Paula Johnson is tracking to ensure that those are updated appropriately. We want to be sure that the public is getting the most accurate information. If something has been corrected, we want to ensure that we are reflecting that because it is an important piece of information. So if you see that you've sent something and it hasn't been corrected, you can let us know and we will take care of it.

**Question** regarding when the changes to the Core of Knowledge would occur.

_Liz:_ We don't know. The new changes, as far as requiring them, will be some time yet, for a variety of reasons. We have to make a database change, and we have to get all the things that are in the queue taken care of. The first thing is to get the current Credentialing Modification done and then we can move to the next one. The next one
will have designators for the approved courses. We have posted this (Credentialing Modification) on the website and our credentialing staff and I are taking this out when we go out to talk to providers. The big change is the Environment Rating Scales training and that is very important for Maryland EXCELS. One of the components is Rating Scales and people need to know how to use the scale for purposes of self-evaluation and it is not as easy as picking up a book; it involves some training. The charts have been shared with our training community along with the course outcomes that were identified. If you want to have information about the outcomes you can contact Jena Smith Jena.Smith@msde.state.md.us for the outcomes.

Discussion ensued regarding questions on Large Family Homes and fire inspections, and the medication administration form.

**Liz:** (in response to concerns about orientations) if you can provide more information to me I will follow up on that. I have not received much feedback, but some of the regions are saying that there are many providers coming to the orientations and several providers have gone through their local jurisdictions – fire marshals and so on, without any issues. But if you can give me some additional information I can follow up and get that straightened out.

**Child Care Subsidy – Waiting List and Informal Provider Update**
I asked Betsy Blair to come back because there were some questions about the wait list and informal providers.

**Betsy Blair:** I wanted to start by giving you an update on the waiting list. It remains in effect and I’m sure that is no surprise. As of April 30, 2012, we have 11,353 families on the list and that translates into 17,104 children. If you are wondering who is in the lead, although a dubious lead I understand, it is Prince George’s county. That is the county with the most children on the waiting list. You might wonder why it isn’t Baltimore City. But it isn’t Baltimore City because they have a lot more TCA (Temporary Cash Assistance) cases, people getting a check from TANF for TCA, so they will never reach the wait list numbers that Prince George’s County and Baltimore County do.

**Question:** In previous months, there’s been a group of folks at the bottom, families who didn’t say how many kids they had, and you added extra numbers in, and they fell off this last report. Where did they go?

**Betsy:** That is an excellent question, I will ask RESI. I don’t know if it was just an oversight, and they may even be in here and we neglected to add a footnote. But I’ll ask.

**Question:** In terms of, for next year, it looks in the budget as if there’s about a 9 million dollars for Subsidy. Is that accurate and do you know how that’s going to be rolled out?

**Liz:** We haven’t made a decision at this point in time. We continue to monitor the program. We’ve been in conversations with the Governor’s Office and DBM extensively, about whether we will be able to open part of the waiting list. We definitely don’t have the funding for next year to open the entire waiting list. So it’s just a matter of how much savings we have by the end of the fiscal year and then we have to determine how many levels, perhaps, that we could open. But we won’t be able to make a determination until later and fairly close to the new fiscal year.
Question: In the new fiscal year, you don’t anticipate reductions - that you'll be going backwards…?

Liz: No, we don’t anticipate that. We’re fairly confident that we’ll be able to open something.

Betsy: We do hope to, because we have accumulated quite a bit of savings so we’re hoping to apply that to some levels of the waiting list, but at this point it is wishful thinking and a bit of projection.

Liz: We continue to serve the TCA clients and they cost us the most. When that population rises, our responsibility for that population eats into, if you will, the savings that we have accomplished by not having the other levels open. So it is a balancing act that we have to continue to look at.

Betsy: A quick footnote - the list has been in effect a little more than a year, but it seems like it is really starting to hit parents hard. There was a letter-writing campaign from Prince George’s and Montgomery Counties, just inquiring about the waiting list and encouraging the Governor to please consider re-opening. So we did get quite a few letters. The other thing is that we heard from a couple of legislators lately, either with questions or questions from their constituents, so the interest is rising as time goes on.

We’ll talk a little about Informal Providers. We talked last time about how many were denied when we did a background check through CPS. At that time, I didn't think we had that information in our database, but we did have some numbers and I’ll caution you when I give you the numbers, about how accurate they are and why. Here is what we found: we found that since the beginning of CCATS in 2006, 16,867 have applied to be Informal Providers. I use “applied” loosely. These are people who would like to be an Informal Provider. Of those, only 281 have been denied for a CPS Background Check. That’s great, but the thing I caution you about is that the local department did those up until this time last year and I’m not sure they put them all in. I’m not sure they put all the denials in the database because they wouldn’t have to act on them, except to send a letter and say we won’t be able to pay you, and they could have done that outside the system. So I’m not sure if they took the time to enter them in. We have, since we took over, and we have someone in our division doing it, so we send the letters. So I didn’t specifically look to see when these were entered in the database so I’m not sure if these were old or recent. But to date, we only have 281 that have been denied because of failing a CPS Background Check.

The one other piece of news about that is that we were really hoping to do criminal background checks on Informal Providers but as we told you, I think at the last meeting, that was denied by the legislature. They said, not this year, we don’t really want you to do that. And we thought, well that’s okay, we'll put it in COMAR because there isn’t a lot in statute about Subsidy because we mainly follow our CCDF federal regulations. So we just thought we’ll put it in COMAR, we’ll do it that way. But when we talked to our Assistant Attorney General, she said, you really can’t do that. The list in statute is very specific about who has to be subjected to a criminal background check and we have to point to the person in the list, to say, this is the group we are talking about, and we can’t do that because Informal Providers don’t fit any of the listed categories. So that’s on hold for now.
Liz: I have requested to have a meeting with the committee to find out the reason for their saying no. That will give us a little more information. I’ve looked at other states that are doing this, and I’ve looked at best practices, certainly. I firmly believe this is in the best interest of kids and families even though it is a family member. We know that most children are abused......by a family member, so I feel very strongly that this is a high priority for us as well, in the effort to protect children. We are looking at other measures to improve the quality of the Informal Care setting by implementing some minimal training requirements and hopefully by doing so, by doing all of this, by packaging not only the criminal background history, the child abuse and neglect history as well as the training requirements, that will gain them access to Child and Adult Care Food Program, whereby they can get free training and also additional funding on nutrition training, etc. for the children they are providing care.

Question: What’s to keep whoever is doing the background checks from going into Case Search or public records?

Betsy: They are doing that now. What we do is link that instead of to the CPS side, to the health and safety information they have to sign and self-declare. And if we find that someone’s on the sex offender registry, or they see something in a local paper, we use that to eliminate that person as an Informal Provider and not pay them.

Liz: Very often it’s not a comprehensive search; they’re not updated as well as possible although they are getting much better about that. It’s certainly another avenue we can look at. Certainly fingerprint-supported background checks are more valuable but we are looking at all the options we have available.

Betsy: One other item of good news is that we are partnering with Licensing. Licensing now gets a list of providers that have registered sex offenders living at the same address and we have partnered with them to be part of that public search and I now monthly get a list that I have to clear through CCATS and then notify the local departments and say, we need paperwork on this associated party and if you find that they are living in the house, then they have to go or we’re not going to pay them anymore as an Informal Provider. So we have partnered with Licensing to do that. It is an initiative that’s just three months old. But it was startling – it was pretty eye-opening when we saw the list. So we are clearing that list.

Question: So you had matches between Informal Providers and sex offenders?

Betsy: People who are associated parties, living in the home or at the same address, not specifically the person.

Liz: It’s true for Subsidy as it is for Licensing, what we find sometimes is that it’s based on the address that the person gives. So if it’s an apartment building, it’s not necessarily in the home, and this then, brings up another issue. What responsibility do we have, if any, to inform someone who is providing child care, that there is a sex offender who is living in the same building? So we will follow up on each one of those to ensure that the person is not in that facility.

Betsy: There are roughly 2,400 active Informal Providers and on the last list I had 35 address matches. So that was the main list.
One other thing about the CBC (Criminal Background Check), we are going to try a different approach and I think you’ll agree that if you follow the money, sometimes that’s more valuable when you talk to people. Last year, when we went before the legislature, we mainly talked about just the Informal Provider, and yes, we get that they’re related, but we didn’t think that if they weren’t having this background check that we’d necessarily want them to be providing care. But when we go back next year, we’re going to link it to the money, and say we don’t want to pay federal or state funds to someone who has not had a criminal background check and have them providing care for the children. We don’t know if it will make a difference, but we think it’s a better approach to tie it to the money.

Liz: We are getting more and more information from the federal government that this is a priority for them as well. They want to ensure not only that children are receiving care, but they are in what they term as high quality care. Not that a criminal background check will get you there, but it’s one component.

Question: One of the carryovers from the previous meetings was when there is a child abuse for Informal Providers; there is not a system to follow up with and to notify within the subsidy program.

Liz: We have not done anything yet with that and I don’t know at this point, what we have in place. Let me mention also, as part of our application, we have a Task Force to make recommendations to the Governor’s office by July 1 of this year, to determine case management functionality. So right now, we are in discussions with DHR and we have a work group that includes other people as well from the Governor’s office and the Department of Budget and Management, to make a recommendation. So we’re not really moving forward to make any changes as far as policies and procedures until we know what the fate, if you will, of case management will be.

Maryland EXCELS
I’m so happy to have Beth (Morrow) here today. She has joined the Maryland EXCELS team at CTE (Johns Hopkins University/Center for Technology in Education) and she has been working with the cohorts, particularly cohort 3, but also 1 and 2, as we finalize our pilot, which will be finished soon. Focus groups are scheduled with those who participated in the pilots to seek their feedback on the process. The providers who have been participating in the pilot have been very open and very vocal and willing to share, which is exactly why many of these programs were chosen. We want to know what the problems are, what are your barriers, what are your frustrations? What’s not working? What is working? What can we fix? I was in a meeting on Monday night with some family providers in Carroll County, and one of the providers who was there is part of the pilot and her biggest frustration is about uploading documents and that seems to be one of the barriers. That is what we have to determine, if what we are asking for is appropriate and can we document it in another way; does it really need to be scanned? Some other things that have come up, we had a fabulous trip to The Lucy School in Frederick County; if you’re not familiar with that school, I suggest that you look them up and do a little bit of research. It’s a fascinating program with an art-based curriculum. They have ages three through grade three, a 17-acre farm and do a lot with the environment. They were having some issues around the rating scales and accreditation standards because they don’t have the equipment you would ordinarily find. They don’t have a puppet that demonstrates every culture; they have open-ended materials, like a piece of fabric that children can use in a variety of ways. They don’t fit the mold, so one
of our challenges will be how we accommodate those programs that are not your typical, and that can be anything from Montessori, Reggio, or arts-based programs. We want Maryland EXCELS to be reflective of all the range of quality. I think that is true for special needs and medically fragile facilities as well. So that’s going to be one of our challenges looking at the pilot results. So when we go to the field test, which will be later this year into next year, hopefully we can further refine and have it ready to roll out almost this same time next year. There is a lot of excitement in the provider community, a lot of questions, and certainly a lot of apprehension. I think part of what we want to accomplish is making sure that providers see where they fit in, in this entire range, and that if they don’t want to participate, they don’t have to. My hope will be that everybody embraces it.

**Question:** One of the questions heard at the Maryland State Child Care conference was concern about their credentialing money being tied to whether their center participated in EXCELS or not.

**Liz:** This was a component of our application, so we are on record. We’ve also indicated that, and many states have done this as well, that to participate in Child Care Subsidy, you have to be participating in the state’s Quality Rating and Improvement System. Maryland EXCELS is the Quality Rating and Improvement System and in order to get the full resources that have been put behind the credentials, the child care facility has to be participating in Maryland EXCELS. So we are concentrating almost all of our investments, our resources…people who are not in a Maryland EXCELS facility will still have access to bonus money and training vouchers and reimbursement but it will be at a reduced level. We had to freeze the Child Care Career and Development Fund because of funding levels. We had to implement the restrictions around the vouchers and reimbursement but we have not had to restrict the bonuses. As the credentialing program continues to grow, and it is one of the components in Maryland EXCELS, our funding is not going to be able to keep up and that’s why we have to make some strategic decisions about how we funnel, if you will, the funds that are tied to that.

**Question:** How well educated is licensing about these programs and making it crystal clear to people, like you did, so there’s not miscommunication or not promoting it, or letting people know where to go.

**Liz:** I wish I had a good answer for that. I know I’ve presented it numerous times. I visit each one of the regional offices. I try to get there at least once a year and I always talk about all of the various initiatives and policies. It is covered in the new hire training. We talk with the regional managers and supervisors at every single regional managers meeting about all of these various initiatives. So they’ve gotten information; whether they accurately portray that information is another thing entirely. I know when the credentialing program first started, the staff out in the field, the licensing specialists said, don’t bother, it’s not going to be around long enough for you to submit your application. I think we’ve come some way since then, but I think it’s still very difficult. I think once we are able to hire those Quality Assurance Specialists, that person is going to be in the regional office and so they won’t only be a technical assistance provider for the provider community but also for the licensing staff, so I think that as we roll this whole program out, that will greatly help and improve the information that is being disseminated from the licensing offices. Certainly the partnership with the child care resource and referral network will help with that as well. It is very difficult to get everybody on the same page. Lindi is in the process of developing webinars or something similar for the Race to the
Top projects and that is something that will be available and posted so people can go to, and get information. We are looking at other methodologies we are hoping to use, one of which is developing a listserv; we have been working on that for some time.

In addition, as I talk to the provider community I learn so much. In Carroll County recently, evidently they had two incidences where there was a gunman in two different schools in that county. They have set up for their schools, a reverse 911 system for parents, to alert them of various things, but the provider community is not hooked into that alert system. So they had no idea, in their school district, and one provider was literally three houses down from the school, that there was a gunman on the loose in the neighborhood where there was a child care program with children playing in the back yard. So that is something that we need to work on too, in order to figure out how we can get providers hooked in to those alert systems, because they are home with the children. Parents are at work when the kids are at school, locked down.

Discussion ensued regarding similar incidents and the availability and accessibility of established alert systems such as School’s Out and other local systems.

**Question:** With Maryland EXCELS and the Environment Rating Scale, what is the difference between the two?

**Liz:** This is a question that came up on Monday and typically comes up in the provider trainings that I do. Maryland EXCELS is the framework; it’s the umbrella. Everything that is under that umbrella, we have basically packaged all of the quality initiatives we’ve had in place for most of 10 years, although some are newer. The rating scale is just one component, as is accreditation, credentialing, PAS or BAS training, administrative policies and practices, developmentally appropriate programs, the use of developmental screening tools, and so on. EXCELS is bringing all of those components together. I usually use this illustration: when my oldest son was moving his oldest son from family child care to a child care center, he called me and said, “Mom, what should I be looking for?” So I went down the whole list; first of all, make sure they are licensed, but then look for a program, and I told him all of the things that are defined as quality markers: accreditation, teaching credentials, experience and so forth. Instead of having to go down that whole list, it would be much easier to say “you need to look for a Maryland EXCELS rated program” and you can make the determination, depending on the levels and what you’re looking for, which one works for your family, because it is a progression. Level One is your minimal, getting-in-the-door standards of licensing criteria, but in Maryland that is pretty high when you compare it with other states. As you go up through the various levels, Level Five being the one that would be considered nationally and even within the state, as being of the highest quality, but there is a lot of variation. So one of the challenges that we have is articulating that, not only to parents but also to the provider community that Level Three is really good; Level Four is good too and Level Five is something to achieve, but not every facility is going to be able to achieve a Level Five because there are a variety of reasons; they can’t get accredited because there are facility issues, for example. It doesn’t mean they are not a good quality program. One of the other things that I’m hoping to talk with CTE about, is that when we do provide the information to parents about the rating of the facility, what I’d like for us to be able to do is, well, they are a Level Three but they also meet these criteria for Level Five. So there may be a reason why, for some reason, they are not able to be a Level Five, but they’ve met additional criteria. So it really gives the parent the whole view of what that program is offering.
We are still currently working on the designations; what we used to call the endorsements, we are now calling the designations. These are the four additional pieces of information, if you will, that will be providing to parents as they are looking for child care options for their children around asthma and allergy. So we'll be using a checklist that's been developed on asthma-friendly environments, where the facility would go down through and answer questions about whether they have an allergy-friendly environment; things like, there are no soft toys, and there are different elements that are there. Health and wellness, we are using NAP-SACC and Let's Move! criteria for determining health and wellness policies around physical fitness and nutrition. We have one for English Language, or Dual Language or Multi-Language, we haven't decided yet; that one has yet to be developed. We'll be working with a group of folks to develop what that criteria should look like and who would be verifying or validating it. Basically it would be things like, staff in the program speak multiple languages or staff have education, or they provide documentation or whatever it happens to be. If they only speak Spanish at home, they probably would like to have a program where at least someone in the program speaks Spanish or would be able to communicate to the family.

And then the last one we continue to struggle with but I think we will be able to figure out, is our Inclusive Practices policy. This one we'll be looking at, first and foremost having a statement before any other information, that all facilities are required to accommodate children but that this facility has gone above and beyond, and by doing so, staff have additional training, they have a nurse on-site, or whatever that criteria would be. We are going to be working very carefully and closely with the disabilities community to develop what that should look like, again, to help parents make decisions and to provide information, but also, from my view, provide information to the provider community about how they can best serve families in terms of the care they are able to provide. So we will continue to work on those. I don’t have timelines for when they will be implemented. I know that some of them, I'm hoping, will be part of our field test, because we have to field test the process. Again, if you think about a hotel, when you go to look at a hotel and you bring up, what are the amenities that they have, so that this would be just additional information. They are not required; it’s just that if the facility wants to have a little bit more information out there for parents to consider.

**Question:** Are there work groups already working? I know that asthma is essentially done. Are the work groups already formed and working on the others?

**Liz:** The Health and Wellness, we have a committee that has been working for quite some time on a variety of health and wellness issues, but that one is already established. We do not have anything established at this time for the other two, the dual language - I’ve asked Jennifer Arnaiz from Montgomery County to help with that effort. We haven’t moved forward on the Inclusive…we wanted to get the other ones done because I think the Inclusive I think is going to be the more challenging of the four. It’s not that it’s a challenging subject; we just need to be sure that we are articulating to the public that……go ahead, Rachel.

**Rachel London:** It is a challenging subject because every work group we’ve ever had around designations and the use of them, has recommended that there not be one about Inclusive Practices, for all the reasons that I’ve said in every one of these meetings. But you had three work groups that made recommendations specifically to the State
Department of Education in a variety of capacities including the group of child care workers….

Liz: I’m sorry Rachel, but then I get feedback that we are not paying enough attention to it. So I don’t know which way to go with this, I really don’t. We don’t have enough in our standards, we don’t have enough here, we don’t have enough there, we’re not bringing out and exposing the problems that families with children with special needs have, and then we get the recommendation, no, we don’t want to have that out there. So I’m very conflicted.

Rachel: But I think that’s because there are two different answers. Certainly the community doesn’t think enough is being done, but ….more needs to be done, but in the same vein, believe that a designation is not the way to do it. I think that by perhaps getting the child care work group back together might be helpful to get additional recommendations, to have them reviewed to EXCELS, which was never done…

Liz: Yes it was, Rachel, I’m sorry to disagree.

Rachel: The inclusive child care work group used the EXCELS, used the standards?

Liz: The work group wasn’t in place then, but you got the document and you submitted it, or…

Rachel: and I put down my comments, and certainly you included them, absolutely. And I, the DD Council, was very pleased with what was included in EXCELS, absolutely. I think that as a whole, more can be done. I think more can always be done, right? Everyone has their job. It’s always going to be my job to recommend that more can be done. Liz, I think great steps have been made. I don’t think that more should be done through the designations, for the reasons that we’ve said in the past. I think it gives false hopes to parents. I think it gives false…or sets providers up to fail, that if providers don’t have the designation they think they don’t need to take those children.

Liz: If that’s the impression, then I certainly will take that into consideration because obviously, you all know me, that is not at all the intent, not at all.

Rachel: I do, we all think that this particular designation, the fact that the QRIS work group specifically recommended that this designation not go forward when it was called an endorsement. So I just think that, through a variety of measures, not just the disability community, has expressed concern about this particular designation or endorsement when it was an endorsement, it’s still the same thing ultimately. And I understand collecting information about what providers do and don’t do, I understand that and I understand how it benefits LOCATE and families that use LOCATE, absolutely.

Liz: Let me just ask, and maybe this is a conversation that some of us need to have offline, I still think there’s value in providing the information, but perhaps removing any kind of designation or endorsement but having additional information in this particular area available. I still think there’s value in that.
Additional discussion ensued regarding how providers can understand the ADA requirements around accommodating children with special needs and some of the barriers on the part of providers who accept children with special needs.

**Steve Rohde** discussed concerns regarding how quality can be addressed at the licensing level and how, although licensing is the minimum level of quality, consideration should be given to issues with the facility that may cause significant difficulties when the program tries to participate in quality initiatives down the road.

**Liz:** It’s very difficult as you know. This has been an area of concern especially in the metropolitan areas, in Baltimore City, where you have many areas where there is no green space.

**Steve:** But when they are looking at licensing, they can say, I can approve this and it’s minimal level, but if you hope to advance along EXCELS, this is going to be a problem. You may want to expand the doorway now when you have the workers in here, rather than later.

**Question:** Will we get to, as a Council, review those designations?

**Liz:** Yes, absolutely. Follow-up items for me will be to provide that information on the various checklists, etc. that we will be implementing, especially for the two that have already been developed and a follow-up on Medication Administration Training and where we are; the new training protocol that’s being developed and by the next meeting we’ll also have information or webinars about the projects under the Race to the Top grant.

**III. Council Member Reports/Updates**

**John Surr:** Today the Senate is due to vote on the Republican plan, using the House budget to approve that, with some modifications possibly, but basically its effect would be to devastate all the state’s discretionary spending programs including child care and Head Start. I know this is an official body but I’m making an unofficial plea to call your U.S. Senators.

**Cynthia Poindexter:** On June 7th, Maryland Family Network and Baltimore City Child Care Resource Center will co-sponsor training.

**Erin:** There is some follow-up on the asthma from Cheryl DePinto. The training went very well and they are getting requests for training. She commented on the fact that someone at that training asked about the self-carrying, and about it being only for school-age programs, but programs that have younger children and don’t ever mix them because of regulations, it seems like a place it could be done. I don’t know if there is misunderstanding about that.

**Liz:** We have policies we’ve developed but we haven’t done anything with them because we ran into some regulatory issues and we are trying to get to the bottom of what we can and can’t do as far as self-carry is concerned. The policies basically outline that if a school-aged child was approved to self-carry during school hours and that information is provided to the child care program, it is then up to the child care program
to either accept and approve that to occur during child care hours or to say, because of their situation, because of how their program is operated or whatever, that the child would not be allowed to self-carry during those hours. The intent is to be enabling and to allow a school-age child care program, so when a before and after-school program is located in a school, there’s no reason why the child who self-carries during school hours wouldn’t be able to do so in before and after care. But if we have a wide range and variety of ages and they are on the playground at the same time, it may not be the best policy. So it’s a determination between the parent, the child care provider and the physician to determine what would be appropriate.

**John Krupinsky:** I want to share with the group that yesterday we received recommendations from the CDC that lowers the level of concern for a child with a blood lead level from a level of 10 to a level of 5. That came from a study, five years now they’ve had a subgroup working on this and there’s strong evidence to suggest that levels of 5 to 9 do relate to children having IQ deficits, Attention Deficit Disorders and poor academic performance. We just received the recommendations yesterday. Unfortunately, last fiscal year, the federal government cut all but two million dollars in CDC’s funding for the lead program, so that means that states no longer receive support for the lead program. So we have to now take this, digest it and see how it’s going to work out in the state of Maryland. In 2010, we had around 4,000 children with blood lead levels between 5 and 9 and that’s with a testing rate of about 23% in the state. Baltimore City should be at 100%; it’s high risk in the state of Maryland, and the testing rate is at 35%, so we have a long way to go as far as the testing goes.

**Liz:** Do you know if there has ever been any update – I mean, you know we have these zip code areas. Does that ever get reviewed and updated? It doesn’t appear to me that we’ve updated that information for as long as we’ve been tracking it.

**John Krupinsky:** As we speak, we’re working with DHMH to re-evaluate the statewide screening and testing plan. Right now there are at-risk zip codes and the lower Eastern Shore, if you’re in Wicomico, Worcester, Dorchester, Somerset and I believe Talbot, it’s 100% testing; children at one and two are required to have a blood lead test. If you’re in Baltimore City, it’s 100%. Out in Western Maryland, Garrett, Alleghany, Washington and I believe Frederick decided to make it 100%. If you’re in that county, then you’re required at age one and two to have a blood lead test. Statewide, Baltimore City and I think Caroline County may be the two highest jurisdictions; no one is over 40%, so we really need to push to get children tested. Once again, all the funding has been cut for primary prevention so it’s going to be an interesting year.

**Les Hall:** I would like to keep in the forefront, as we move into a new State fiscal year, that the Maryland Department of Business and Economic Development continues to have specialty programs available that provide loans and loan guarantees for center-based child care. So to the extent that you all know those who are looking to build a playground or expand through any number of activities, those are the kinds of things that we can assist with. We have three separate state programs, one provides large loans, one is…..to ten thousand dollars maximum loan size and we have a program that provides guarantees to the lender. These are available to center-based programs of any size, as long as it is not family child care.

**Liz:** (responding to a comment that loan programs would not be available to Large Family Homes) Unintended consequences; we probably should have fixed your
legislation when we did ours, just expand to Large Family Homes, because a Large Family Home is a Small Center, we just changed the terminology.

Les: Well, that’s something that can be fixed, absolutely.

Liz: So we need to look into that.

Steve: I have an announcement. This may be of interest for anyone who works with families, whether you’re a child care provider or you do family services. Maryland Family Network is co-sponsoring a two-day training on the 5th and 6th of June. This is in effect, a training of trainers. It is for a concept called Strengthening Families, out of Illinois. Strengthening Families has six protective factors that it puts into place to help families grow and thrive. For child care providers, much of it fits into what we’re already doing, so part of it is just putting some more light on things we already do. The training is from 9:30 to 3:30 each day. It is a two-day training and will teach people on the protective factors and how to incorporate them into programs or how to align them with what you already have in your program and it will also do a demonstration so that you will be able to do what is called a Parent Café. The Parent Café is a central theme for this and it’s a way to get parents together and have very rich conversations. I know we did one at PACT as a demonstration and it was very helpful in terms of parent feedback and feeling this is a very unique forum where they thought they could be heard and they could progress. So if you’re interested, check our website www.marylandfamilynetwork.org.

Linda Zang: Rachel, I really would suggest that you look into this training. Margaret sent me the information and I will forward it to you. A Parent Café is a very interesting mechanism now, they used to call them focus groups, they are really a different purpose, but they are much more informal, but in that a focus group can inform your way of operating and your future actions, that’s how these Parent Cafes are. We always talk about not having parents involved enough. Well, parents, a lot of times, it’s so hard for family child care providers, particularly, to come here and sit at this table, well, it’s even harder for parents. But when you can have these informal Cafes when they can sit around and talk with each other a small amount of time and be able to interact with each other, with you and also put it in off hours, it’s a good mechanism.

Jenn Nizer: The Strengthening Families, I went to the last training that MFN had and it seems like a fantastic program and jumping off point and I hope to be able to be there also. The Parent Cafes, I can see where you say they are a little bit like focus groups but they really are a lot different and they have their own package, like their own questions and the conversation starters are much different than a focus group. But I think that it’s definitely something that is worthwhile.

John: While you are talking about the Early Learning Challenge grant, I understand from the beginning of the meeting that it’s about two weeks when you’ll get the approval from the feds….

Liz: No, I don’t know that we’ll get the approval by then….

Linda: In two weeks we will get them back our replies to what they asked us.

John: So maybe some time in June. Now, at that time, everything will start going forward on that….for instance….
Liz: We’ve already started….

Linda: We just haven’t paid any of the bills….

John: But I mean, for instance, the letters on the local councils…

Linda: Those are, in fact, I am right now re-working a little bit of it right now. I’d say they will be out in two weeks.

John: Thanks.

Linda: And we’re going to have an orientation for the county executives and the local superintendents and whomever they bring with them.

Jenn Nizer: I would just like to say that the Maryland State Child Care Association just finished our Conference by the Sea, which, even though Credentialing money was cut, we had about 430 providers, which is about 20 less than what we had last year. Liz and Steve and Debbie and others came to speak and give classes and it was a great weekend. We had the most positive responses that we’ve ever had. We say that every year, but it does get better every year. We trained 430 child care providers while we were in Ocean City that weekend.

Meeting Adjourned.

2012 Meeting Dates

August 16, 2012

November 15, 2012

10:00 am – 12:00 Noon

MSDE – 200 West Baltimore Street
8th Floor Conference Room 6/7
lbudd@msde.state.md.us 410-767-1250