Child Care and Development Fund (CCDF) Plan
For
Maryland
FFY 2019-2021

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. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency 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)).Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1 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.salmon@maryland.gov

1.1.2 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 "Jenn"

CCDF Administrator Last Name: Nizer

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

Phone Number: 410-767-7128

Email Address: jennifer.nizer@maryland.gov

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

Street Address:

City:

State:

ZIP Code:

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

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

Phone Number: 4107676786

Email Address: tabatha.bennett@maryland.gov

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

Street Address:

City:

State:

ZIP Code:

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.

1.2.1 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. If checked, skip to question 1.2.2.

☐ 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.

    1. 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:

    2. 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:

3. 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:

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

1.2.2 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

☐ 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.

Describe

MSDE issued a contract for these services. The local departments of social services, under the oversight of the Maryland Department of Human Services, 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.

Describe

Parents receive information in a variety of ways, including MSDE's website, 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 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.

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). Note : The contents of the written agreement may vary based on the role the agency is asked to assume or type of project, but must include at a minimum, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

MSDE has a contract with a single vendor and Memorandum of Understanding (MOU) with the 23 local departments of social services to authorize Child Care Subsidy services on behalf of MSDE. Both the vendor and the local departments of social services are required to complete a quality assurance review of 3-6 cases per case manager per month. The Child Care Subsidy branch conducts a random secondary review of these cases throughout the year. They also monitor cases to determine accuracy of authorization based upon child care subsidy policies and the absence of Improper Authorization of Payments (IAP) that result in overpayments or underpayments. In addition, the Child Care Subsidy branch 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%.

1.2.4 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 if requested.

1.2.5 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 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)(I)(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.

1.3.1 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 Advisory Council and receive electronic copies of the State Plan. There is at least one face-to-face meeting with them to discuss Maryland's submission and to solicit their feedback, and suggestions, on the draft Plan. In addition, by serving on the Office of Child Care Advisory Council, local government representatives meet with MSDE every three months to advise the Office of Child Care and to discuss items of interest they relate to child care.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The State's Early Childhood Advisory Council contains a broad range of state stakeholders, including local government. They receive electronic copies of the State Plan and 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.

After consultation from the above groups, MSDE distributes the draft Plan through various methods to solicit public comment. This allows for those who did not give prior comments the ability to review and give feedback. MSDE also holds a public hearing where stakeholders attend and provide suggestions of activities and strategies to include in the Plan, as well as give verbal and/or written testimony on the pros and cons of what is in the draft Plan.

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for States to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many States and Tribes have consultation policies and procedures in place.

N/A. Maryland does not have any federally recognized Tribal organizations.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.
   - MSDE's Division of Special Education and Early Intervention
   - Maryland Department of the Environment
   - Maryland Higher Education Commission
   - 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 Office of School and Community Nutrition Program
   - Maryland Department of Health
   - Maryland State Interagency Coordinating Council for Infants and Toddlers
   - Maryland Department of Human Services - 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 - Under contract with MSDE, Maryland Family Network is the statewide coordinating entity for Maryland's child care resource and referral network.
- Maryland Association for the Education of Young Children
- Maryland State Child Care Association
- Maryland State Family Child Care Association
- Maryland After School Association
- Service Employees International Union
- 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
- Maryland Department of Disabilities
- Maryland Association of Elementary School Principals
- Local Government Agency Child Service Provider
- Maryland Chapter of American Academy of Pediatrics
- Maryland Council for American Private Education
- Maryland Association of Board of Education
- Home Visiting Alliance
- Advocate for Homeless Children
- Non-Public PreK Provider
- Local Management Board
- Local Community Action Agency
- Child School Health Services

1.3.2 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 of the public hearing. 05/14/2018

b) Date of notice of public hearing (date for the notice of public hearing identified in (a). 04/16/2018

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

The Office of Child Care Advisory Council, public school early learning coordinators, the Early Childhood Advisory Council, the Head Start Association, and others who requested the Plan, received email notification of the public hearing and a copy of the draft document. MSDE posted notice of the availability of the draft Plan on its website at: http://earlychildhood.marylandpublicschools.org/ccdf MSDE also used Twitter to inform the public of the availability of the draft Plan.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. MSDE held the Public Hearing at its headquarters location in Baltimore, Maryland. MSDE held the Public Hearing from 10:00 a.m. to 12:00pm to allow sufficient time for travel for those in other geographic areas of the state.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)

MSDE distributed email copies of the Plan to several stakeholder groups and asked them to distribute the Plan to their members. MSDE also posted the draft Plan on its website at: 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 at the public hearing, as well as those received prior to and after the hearing and incorporated some of the suggestions into the Plan.

1.3.3 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)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: https://www.acf.hhs.gov/occ/resource/pi-2009-01)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

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 has numerous staff who participate in several advisory committees/councils. Everyone received email copies of the Plan.

☑ Working with child care resource and referral agencies.

Describe:

Maryland Family Network, the statewide coordinating entity under contract with MSDE for the Maryland Child Care Resource and Referral Network, received an email copy of the Plan. They also distributed copies of the Plan to the Maryland Child Care Resource and Referral Network.

☑ Providing translation in other languages.

Describe:

The Division of Early Childhood'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 informed interested parties how to obtain 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, including the Maryland State Child Care Association and the Maryland State Family Child Care Association, which represent child care and family child care providers. A representative of Services Employees International Union also serves on the Office of Child Care Advisory Council and received a copy of the Plan to share with fellow union members.

☐ 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)).

1.4.1 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 agencies or programs 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 for infants and toddlers through school-age children;
  -- linking comprehensive services to children in child care or school age settings; or
  -- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency 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 Office of Child Care Advisory Council and the Early Childhood Advisory Council. 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)(I)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

A member of the Division of Early Childhood, who helps set the agenda and guide the conversations, staffs the Early Childhood Advisory Council. Items discussed affect early care and education from prenatal to age eight.

☑ Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

☐ (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 Indian tribes and/or tribal organizations in the State.

☑ (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 and Part B, Section 619 for preschool).

Describe the coordination goals and process:

The Division of Early Childhood and the Division of Special Education/Early Intervention Services 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 Division of Early Childhood. The Office of Child Care Director consults with the Branch Chief responsible for this function on all program initiatives and opportunities. The Head Start State Collaboration Director, also in the Collaboration and Program Improvement Branch, shares that information with all of the Head Start and Early Head Start grantees.

☑ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

The Maryland Department of Health serves on many of the same Councils and workgroups on which MSDE staff are members. The goal of all of the workgroups is to provide better outcomes for children as they relate to child physical and mental health, inclusion, and educational opportunities for child care professionals.

☑ (REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

A representative from the Department of Human Services serves on the Early

Childhood Advisory Council and the Office of Child Care Advisory Council. Members of both Councils share information relevant to child care 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. The Office of Child Care is within the Division of Early Childhood, located within MSDE. Staff members participate in many of MSDE's internal workgroups to discuss the provision of child care services and how those services influence later school years for children. The Early Learning Branch in the Division of Early Childhood oversees prekindergarten, including the federally-funded Preschool Development Grants. This Branch works closely with the Office of Child Care in administering a mixed-delivery prekindergarten expansion model.

☑ (REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

The Division of Early Childhood's Office of Child Care - Child Care Licensing branch is responsible for licensing/registering child care providers throughout Maryland. Both the Branch Chief for Licensing and the Office of Child Care Director work closely together on initiatives that impact child care licensing.

☑ (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 Office of School and Community Nutrition Program administers the Child and Adult Care Food Program. The Office of Child Care has a Memorandum of Understanding with the Office of School and Community Nutrition Program and coordinates to provide training, assistance and access to the Child and Adult Care Food Program. The Office of Child Care also provides the Office of School and Community Nutrition Program with a listing of all licensed/registered providers so that the Office of School and Community Nutrition Program can validate licensure information for the providers who wish to participate in the Program.

☑ (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:

The Division of Early Childhood's Office of Child Care Subsidy branch 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 Early Childhood Advisory Council to strengthen the coordination of services for the education of young children experiencing homelessness.

☑ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

Maryland's Department of Human Services administers TANF and has a representative on the Office of Child Care Advisory Council and the Early Childhood Advisory Council. 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:

Th e Maryland Department of Health and the local departments of social services under the Department of Human Services serve as access points for these programs. MSDE staff, and representatives from the Maryland Department of Health and the Department of Human Services serve together on the Early Childhood Advisory Council and the Office of Child Care 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:

The Maryland Department of Health and MSDE representatives serve together on numerous committees and councils to coordinate an efficient provision of services that

affect mutual customer bases, such as Early Childhood Mental Health. Strategies and promising practices to address family and child mental health are discussed during the Office of Child Care Advisory Council and the Early Childhood Advisory Council meetings.

☑ (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 Statewide Coordinating Entity for the Maryland Child Care Resource and Referral Network. The Statewide Coordinating Entity and the Maryland Child Care Resource and Referral Network provide services, training and technical assistance to child care providers and early childhood educators. Many of these trainings focus on children and their transitions from child care to PreK/Kindergarten and transitions that occur naturally throughout the day in their child care program. The Maryland Child Care Resource and Referral Network also offers coaching and technical assistance to providers in developing action plans based on training they receive.

The Office of Child Care's Training Approval Coordinator ensures all training these and other professional learning organizations offer meets State and federal requirements. The Training Coordinator also meets with the Statewide Coordinating Entity, the Maryland Child Care Resource and Referral Network, and other approved training organizations to discuss training needs and requirements. The Training Coordinator also conducts quarterly Trainers' Meetings to discuss any updates and to provide train-the-trainer sessions for topics that need to be available to the provider community.

☑ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

The Office of Child Care coordinates with the Maryland After School Association through the Office of Child Care 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 on issues related to child safety, such as making the local Emergency Operations Centers aware of the child care provider community and the impact any emergency can have upon children in those settings.

A Division of Early Childhood representative serves on MSDE's Continuity of Operations Planning Committee and three of MSDE's thirteen essential functions are Office of Child Care related. Those functions are:

1. Process and investigate child care related complaints

2. Respond to Criminal Justice Information Systems indicators for arrest of child care providers; and

3. Enforcement actions against child care providers.

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

The 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

The Division of Early Childhood 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. MSDE also awarded an additional grant to these entities, using infant and toddler funding, to provide mentoring services to the providers in the Early Head Start/Child Care Partnership so that they may advance in the Maryland EXCELS Quality Rating and Improvement System. Funds

may also be used to purchase supplies to improve the quality of care.

☑ State/territory institutions for higher education, including community
 colleges

Describe

The Division of Early Childhood 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, articulation agreements, and alternative pathways for non-traditional students.

The Child Care Career and Professional Development Fund is a tuition free program for child care providers to obtain a college education at participating colleges/universities in Maryland. Funding is available for child care providers to earn an associate or bachelor's degree in Early Childhood Education, Special Needs, Elementary Education, and Child Development. 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's degree. The Division of Early Childhood has established partnerships with 21 Maryland Colleges/Universities. There are 579 participants in the program.

☑ Other federal, state, local, and/or private agencies providing early childhood
 and school-age/youth-serving developmental services.

Describe

Department of Human Services' representatives serve on the Early Childhood Advisory Council and the Office of Child Care Advisory Council.

A representative from the Maryland Developmental Disabilities Council participates on both the Office of Child Care Advisory Council and the State Early Childhood Advisory Council.

MSDE's Division of Special Education/Early Intervention Services 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 the Maryland Department of Health partner together on home visiting in Maryland. The Department of Health oversees the Federal Maternal and Child Health Visitation grant and the Division of Early Childhood and the Division of Special Education co-administer the State-funded home visiting program. Representatives of both agencies serve on the Early Childhood Advisory Council and the Office of Child Care Advisory Council.

☑ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

The Maryland Department of Health administers the Healthy Kids Program in Maryland. The Nurse Consultant for the Office of Child Care Licensing Branch at MSDE participates in meetings with the Maryland Department of Health. MSDE, Maryland Family Network, Maryland Public Television, and other approved training organizations provide training on the various diagnostic tools.

☑ State/territory agency responsible for child welfare.

Describe

Department of Human Services' representatives serve on the State Early Childhood Advisory Council and the Office of Child Care Advisory Council.

☑ State/territory liaison for military child care programs.

Describe

The Division of Early Childhood and the State liaison for military child care programs coordinate services and professional development opportunities.

☑ Provider groups or associations.

Describe

Each of these groups have representation on the State Early Childhood Advisory Council and/or the Office of Child Care Advisory Council:
   - Maryland Association for the Education of Young Children;
   - Maryland State Child Care Association;

- Maryland State Family Child Care Association;
- Maryland After School Association;
- Service Employees International Union; and the
- Maryland Head Start Association.

☐ Parent groups or organizations.

Describe

☐ 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 CCDF funds with any program identified as required 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, children experiencing homelessness, 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 infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, 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 Program Performance Standards 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 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
).

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

☑ No (If no, skip to question 1.5.2)

☐ Yes. If yes, describe at a minimum:

a) How you define "combine"

b) Which funds you will combine

c) 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

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

e) How are the funds tracked and method of oversight

1.5.2 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)?

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

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 CCDF child care program (98.55(f)).

☐ 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 Funds

-- 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

☑ 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:

Maryland funds public PreK with grant funds. The grant funds cover the 6.5 hour core instructional day and child care subsidy funding 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, 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 State 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: $ $9,156,000.00

-- 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.

Maryland also has a diverse delivery system with many PreK programs located in child care programs. This allows for the child to remain in a consistent environment

throughout the day.

☑ 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, 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, Child Care Subsidy 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 provide PreK to ensure a diverse delivery system that meets the needs of children and their families. MSDE intends to explore options that can meet the requirements of PreK for family child care homes to increase their access to PreK funding opportunities.

-- 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:

MSDE coordinates public PreK and child care services to expand the availability of child care by providing various options for service delivery including center-based, 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. Child Care Subsidy 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)).

1.6.1 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 and Education to develop and administer MSDE's Quality Rating Improvement System, Maryland EXCELS; Johns Hopkins University/Center for Technology and Education has a similar partnership for young children with special needs, MSDE Accreditation and MSDE's Comprehensive Assessment System.

Johns Hopkins University/Center for Technology and Education employs Maryland EXCELS program coordinators who 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 the Division of Early Childhood 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 the Division of Early Childhood, 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 Maryland Family Network, the Statewide Coordinating Entity for Maryland's Child Care Resource and Referral Network, 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.

MSDE, in collaboration with Abilities Network, Inc., an agency that helps families, child care professionals, and service agencies to collaborate, provides statewide training and mentoring services to regulated family care providers, licensed center-based staff and facilities operating under an Office of Child Care letter of compliance, concerning children, birth to 3 years of age, who have special needs.

MSDE collaborates, through the Medically Fragile Children Birth to Five grant, with five organizations to provide medically-based child care and early education services to children with medical diagnoses and those who have developmental delays, physical disabilities, and behavioral issues requiring specialized care, throughout the state. PACT: Helping Children with Special Needs – World of Care, has an extensive history providing enhanced child care services for children with significant medical conditions/disabilities and training to community providers.
- PACT: Helping Children with Special Needs – World of Care - provides high-quality child care services, nursing care, early intervention therapies and family engagement to infants, toddlers or preschoolers with special health care needs and/or developmental disabilities.
- PACT: Helping Children with Special Needs – Therapeutic Nursery - delivers high quality

care and early education to children whose families are struggling with homelessness. The Nursey provides mental health and family support, developmental therapies, health care services, referrals and coordination of services in the community, and Family Traditions Groups. Both PACT: Helping Children with Special Needs – World of Care and. PACT: Helping Children with Special Needs – Therapeutic Nursery- are affiliated with Kennedy Krieger Institute.

- The Arc of Montgomery County, under the umbrella of The Karasik Family, Infant and Child Care Center, supports children with special care needs. The Karasik Family, Infant and Child Care Center, collaborates not only with MSDE but also with local agencies in Montgomery County to provide training and mentoring for child care providers interested in providing care for children with special and /or medical needs.
- The Lourie Center for Children's Social & Emotional Wellness serves toddlers, who demonstrate significant delays in their social and emotional functioning, and their parents/caregivers and families. By providing year-round, therapeutic preschool services to children who have been expelled or are high risk for expulsion from daycares/preschools due to social, emotional and behavioral difficulties; and provides intensive family-centered support services to support parent/caregivers' ability to safely and effectively promote healthy child development.
- The Arc of Prince George's County provides an inclusive child care environment to support the needs of children with developmental delays and medical diagnoses in classrooms with typically developing children.

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 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

☐ No. The state/territory does not fund a CCR&R organization(s) 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 organization?
- 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 meets 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 through 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 Child Care Resource and Referral Network 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.
- Maryland Child Care Resource and Referral Network 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 are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated?

MSDE issued a contract to Maryland Family Network to oversee the operations of the Maryland Child Care Resource and Referral Network. The Maryland Child Care Resource and Referral Network has twelve sites located throughout Maryland that help provide statewide information and referral services to assist families with finding licensed child care that meets their needs.Maryland Family Network provides leadership and management of the Maryland Child Care Resource and Referral Network including grant management, training, technical assistance, support, program and fiscal monitoring, evaluation, and development of training modules and technical assistance strategies. The primary goal of the Maryland Child Care Resource and Referral Network is to address the needs of parents seeking quality early care and education programs and to improve capacity building among licensed child care providers. This includes strategic management support as well as leadership development for licensed child care providers that participate in Maryland EXCELS.

Maryland Family Network also provides centralized *LOCATE: Child Care* services for the State through telephone counseling and web-based programs. *LOCATE: Child Care* accesses a database containing all regulated child care in the 24 jurisdictions throughout Maryland. This database includes all registered family child care providers, licensed full day child care centers, Head Start programs, private nursery schools, kindergartens, PreK programs, and school age programs. Services are provided statewide and reflect the needs of all children, including those from low-income families, children with disabilities and special health care needs, English Language Learners, and children with developmental or mental health concerns.

1.8 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)(I)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 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 and the Emergency Alert System. The Maryland Emergency Management Agency 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. The Maryland Emergency Management Agency coordinates the

Maryland Continuity of Operations Plan and assists State and local government with planning. MSDE coordinates its emergency and disaster activities with those of the following agencies:
   - Maryland Emergency Management Agency
   - Children's Disaster Services - Church of the Brethren
   - Department of Homeland Security
   - American Red Cross
   - American Red Cross Safe and Well
   - Maryland Department of Human Services
   - Maryland Department of Health
   - Project Security Blanket
   - Child Care Aware
   - Center for Disease Control
   - American Academy of Pediatrics
   - Local Fire and Police Departments

1.8.2 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 that covers continuing payments for Child Care Subsidy services. The Office of Child Care is now revisiting the Continuity of Operations Plan to be sure the Plan is up-to-date and reflects all required components.

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

In the event of a temporary relocation 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.

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. If the facility complies with the standards, the Licensing staff will issue a "6-Month Letter of Authorization".

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.

The Office of Child Care will maintain the existing License or Registration for the original location.

Information regarding the alternate location will be maintained in the child care facility's file.

1.8.4 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.

1.8.5 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.

1.8.6 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).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- ☐ Application in other languages (application document, brochures, provider notices)
- ☐ Informational materials in non-English languages
- ☐ Website in non-English languages
- ☐ Lead Agency accepts applications at local community-based locations
- ☐ Bilingual caseworkers or translators available
- ☐ Bilingual outreach workers
- ☐ Partnerships with community-based organizations
- ☑ Other.

Describe:

The Division of Early Childhood'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 Maryland Child Care Resource and Referral Network 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.

MSDE is in the beginning stages of translating licensing forms into Spanish and will determine the other most common languages spoken in Maryland after the Spanish translations are complete.

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- ☑ Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- ☑ Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- ☐ Caseworkers with specialized training/experience in working with individuals with disabilities
- ☐ Ensuring accessibility of environments and activities for all children
- ☑ Partnerships with state and local programs and associations focused on disability-related topics and issues
- ☐ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers

☑ Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies

☑ Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children

☑ Other.

Describe:

Maryland Family Network 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, either via telephone or online.

MSDE also partners with the Department of Human Services, the Developmental Disabilities Council (http://www.md-council.org/), Maryland Family Network, the Maryland Child Care Resource and Referral Network, 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 Maryland Child Care Resource and Referral Network 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.

Through the Medically Fragile Children Birth to Five grant, PACT: Helping Children with Special Needs - World of Care, PACT, Helping Children with Special Needs - Therapeutic Nursery, The Arc of Montgomery County, The Arc of Prince George's County, and The Reginald S. Lourie Center programs provide medically-based child care and early education services to children with medical diagnoses and those who have developmental delays, physical disabilities, and behavioral issues requiring specialized care.

Abilities Network delivers comprehensive statewide technical assistance and training for caregivers who are providing care services to special needs children, birth through three (3) years of age.

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).

2.2.1 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 the applicable 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 facilities most recent inspection reports to see if there a non-compliance was found at the facility. The Division of Early Childhood is currently updating this website to ensure ADA compliance, with guidance from the appropriate MSDE division.

The Division of Early Childhood and several of its stakeholders, including the Maryland Developmental Disabilities Council, formed a Dispute Resolution Workgroup to address claims of discrimination against children in child care who have disabilities.

The Division of Early Childhood took the following steps to implement the recommendations of the 2014 Workgroup:
- Identified a staff person to be the Office of Child Care Ombudsperson to receive complaints and work with all parties to resolve the issues.
- Instructed all licensing staff on the procedures for investigating a complaint when discrimination was alleged.
- Worked to identify a partner division or agency to assist in the investigation of discrimination with no success.
- Child care providers receive a written report for any inspection conducted. Parents may receive these reports as well through a public information request.
- Required all child care providers and licensing staff to complete mandatory MSDE-

developed training about supporting children with disabilities, inclusive practices and the ADA. The Office of Child Care convened a training development workgroup to create the training content, outcomes, and set the trainer requirements.

- A workgroup reviewed licensing regulations and recommend changes based on the recommendations in the report.
- A Parent's Guide to Regulated Child Care was revised to provide families and providers information about child care complaint investigations and parent rights, and their child's rights under the ADA.
- The Office of Child care modified the approval requirements for all child care training offerings to include, as appropriate, information on including all children and the ADA.

2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

Complaints are screened in the applicable 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 occurs depending on the findings of the investigation.

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

Non-CCDF or unlicensed providers are subject to the same requirements listed above. In addition, if the Office of Child Care 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 Office of Child Care 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 Office of Child Care gives the provider copies of a parent verification letter for them to give to parents. Parents are asked to submit a form to the applicable regional office. If the Office of Child Care 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 Office of Child Care, after consultation with the Maryland Office of the Attorney General staff, may issue a Civil Citation in some instances of illegal child care.

2.2.4 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. The Division of Early Childhood initiated posting the record of complaints on December 12, 2017.

The Division of Early Childhood 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**.

2.2.5 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 https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/resource-documents. The Division of Early Childhood started posting confirmed complaints on December 12, 2017.

LOCATE: Child Care is a computerized resource and referral database operated by Maryland Family Network as part of their contract with the Division of Early Childhood as the statewide coordinating entity for the Resource and Referral Network. Providers and parents can access LOCATE: Child Care services free. Staff from LOCATE: Child Care are available Monday thru Friday. An internet-based service is available 24/7. Maryland Family Network works with the Division of Early Childhood to ensure all programs on the LOCATE: Child Care database are operating in good standing with the regulations governing child

care.

2.2.6 Provide the citation to the Lead Agency's policy and process related to parental complaints:

http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations. COMAR 13A.15.13.02, 13A.16.17.01, 13A.17.15.01, 13A.18.14.02.

h ttp://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/parentbrochur emsdedecember2007.pdf .

Confirmed complaints are posted on the **www.CheckCCMD.org** site

2.3 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

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these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

The Division of Early Childhood microsite 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.…). The Division of Early Childhood is making plans to combine the Consumer Education website with the Maryland Families Engage website currently in development to increase family access to State and national resources.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

The Division of Early Childhood'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.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

The Office of Child Care has contracted with a website developer to redesign the Division and Consumer Education websites. The new websites will be 508 compliant to ensure they are accessible to individuals with disabilities. The sites will use alt-tags on photos, embed readable PDF documents, and provide content that opens as a hyperlink so that screen

readers and other tools or aids can easily communicate with the person with special needs. The work is anticipated to be completed by September 30, 2018.

2.3.4 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 5.4.11:
http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/criminal_background_requirements_and_process.pdf

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2.3.5 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 must be searchable by ZIP Code.

a) Provide the website link to the searchable list of child care providers:

http://earlychildhood.marylandpublicschools.org/families/finding-child-care/early-care-and-education-program-lists

https://www.marylandexcels.org

Maryland Family Network, under contract with MSDE, provides geo-mapping data. The mapping tool requires a parent to enter an address that represents where they are looking for child care and then creates a list and a map with "pins" showing where the programs are located. The parent can also narrow a search by criteria that are important to them, such as pets, smoking allowed, etc. The parent can then call the provider with the phone number listed. There is also a search feature that asks a family what the QRIS rating is for a program they may be considering. Some selections provide a question mark (?) to provide more explanation of terms used.

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

☐ 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
Maryland does not allow relative providers, or those approved to care for children in

the child's own home (informal), to provide care for children other than those for whom they have been approved. Parents of those children receive a copy of the monitoring report directly.

c) Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

Licensed Providers
☑ Contact Information
☑ Enrollment Capacity
☐ Years in Operation
☐ Provider Education and Training
☐ Languages Spoken
☑ Quality Information
☑ Monitoring Reports
☐ Other.
    Describe:

License-Exempt, non-CCDF Providers
☐ Contact Information
☐ Enrollment Capacity
☐ Years in Operation
☐ Provider Education and Training
☐ Languages Spoken
☐ Quality Information
☐ Monitoring Reports
☐ Other.
    Describe:

License-Exempt CCDF Center Based Providers

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☐ Contact Information

☐ Enrollment Capacity

☐ Years in Operation

☐ Provider Education and Training

☐ Languages Spoken

☐ Quality Information

☐ Monitoring Reports

☐ Other.

   Describe:

License-Exempt CCDF Family Child Care

☐ Contact Information

☐ Enrollment Capacity

☐ Years in Operation

☐ Provider Education and Training

☐ Languages Spoken

☐ Quality Information

☐ Monitoring Reports

☐ Other.

   Describe:

Relative CCDF Providers

☐ Contact Information

☐ Enrollment Capacity

☐ Years in Operation

☐ Provider Education and Training

☐ Languages Spoken

☐ Quality Information

☐ Monitoring Reports

☑ Other.

   Describe:

   Maryland does not allow relative providers, or those approved to care for

children in the child's own home (informal), to provide care for children other than those for whom they have been approved. Parents of those children receive a copy of the monitoring report directly.

Other.
Describe:

☐ Contact Information
☐ Enrollment Capacity
☐ Years in Operation
☐ Provider Education and Training
☐ Languages Spoken
☐ Quality Information
☐ Monitoring Reports
☐ Other.
Describe:

2.3.6 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

☐ School-age standards, where applicable

☑ Other.

Describe

Maryland State Accreditation

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

☑ Licensed CCDF providers.

Describe the quality information:

The Quality Rating and Improvement System (Maryland EXCELS) website includes: Type of Program (Center/Family Child Care) the program's Quality Rating, Additional Achievements, provider's website (if available), License #, Quality Ratings in each content area, and the phone number for each provider.

☑ Licensed non-CCDF providers.

Describe the quality information:

The Maryland EXCELS website includes: Type of Program (Center/Family Child Care) the program's Quality Rating, Additional Achievements, provider's website (if available), License #, Quality Ratings in each 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

2.3.7 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, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

Maryland defines plain language as communication which allows the targeted audience to understand the materials the first time they read or hear it. The Division of Early Childhood provides resources to make the materials easy to find and understand. Parents and the public can provide feedback by contacting the regional offices.

b) Are monitoring and inspection reports in plain language?

☑ If yes,

include a website link to a sample monitoring report.

http://www.checkccmd.org

☐ If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

☑ Date of inspection

☑ Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

Health and Safety violations are displayed on the electronic inspections report and explained in detail on the Summary of Findings document. Incidents of serious child injuries and fatalities are documented on the electronic licensing inspection forms and posted on the www.CheckCCMD.org public portal.

☑ Corrective action plans taken by the State and/or child care provider.

Describe

The monitoring and inspection report displays the status of health and safety violations by displaying if the violation is "corrected" or "open" awaiting a correction by the provider.

d) The process for correcting inaccuracies in reports.

Child care licensing 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.

e) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of

any violations from the website determined on appeal to be unfounded.

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 report that the provider requested a review. If the provider requests 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. Violations will be removed from the site within 48 hours if the supervisor deems that the finding should be overturned.

f) 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. Note: While Lead Agencies define 'timely,' we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken

Inspection reports are posted within 30 days of the inspection date. Supervisors monitor reports using the Summary of Findings Not Reviewed report and ensure they are reviewed and posted in accordance within the 30 day time frame unless there is an extenuating circumstance in which the supervisor is working with the provider to assess compliance with the violation, or to make a determination as to whether the violation should be overturned.

g) Describe the process for maintaining monitoring reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Three years of inspection report data is posted online. Inspection reports are on a rolling three-year posting cycle. The reports 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

2.3.8 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. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

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.
http://www.CheckCCMD.org

2.3.9 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; Maryland Family Network; the Maryland Child Care Resource and Referral Network; and the local departments of social services when applying for Child Care Subsidy.

The Division of Early Childhood'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'.

2.3.10 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:

The Division of Early Childhood's websitehttp://earlychildhood.marylandpublicschools.org/ includes links to Maryland EXCELS. Also included are links to LOCATE: Child Care and the Maryland Child Care Resource and Referral Network. 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 the Division of Early Childhood through the "Contact Us" button. This allows families and providers to contact staff through telephone or email.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

The Consumer Education Website is located at www.marylandchild.org. All required components are available and MSDE is building onto the site so it can also serve as the website for the Division of Early Childhood. Those components listed as "best practice" will be implemented within the next six (6) months. The website is in the process of being designed and the link will be active beginning September 30, 2018. www.marylandchild.org

2.3.12 Other. Identify and describe the components that are still pending per the instructions on
CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

N/A

2.4 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 2.4.1 through 2.4.5, certify by describing:

2.4.1 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.

The Division of Early Childhood's website

http://earlychildhood.marylandpublicschools.org/families/finding-child-care includes links to

Maryland EXCELS, the Head Start Association, and several other links for parents. Maryland Family Network also provides a geographic mapping tool parents can use to locate child care services in relation to their homes or to local public schools. Maryland Family Network is enhancing the mapping tool and updates the information daily.

2.4.2 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 local departments of social services staff offer information about resources and programs available and provide referral contact information as appropriate.

MSDE partners with several of the state child care associations that provide information to child care providers who then pass that information to families. MSDE also partners with the statewide Maryland Child Care Resource and Referral Network and they share information with families and the provider community.

2.4.3 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 and providers are informed of child care services through written materials mailed with child care vouchers, website resources, conversations with the Maryland Child Care Resource and Referral Network and LOCATE: Child Care staff. Information is modified to meet parents' needs and level of understanding by the Local Department of Social Services during TANF Conversation group meetings. In addition, when parents call Child Care Central, the customer service representatives for

assistance answer program questions.

☑ Head Start and Early Head Start programs:
The MSDE Collaboration and Program Improvement branch works with the Maryland Head Start Association to distribute information to local school systems and through the Maryland Child Care Resource and Referral Network. 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 and providers also receive information through written materials and website resources. LOCATE: Child Care, the Maryland EXCELS website and the MSDE website also provide information to families on Head Start and Early Head Start programs in their communities.

☑ Low Income Home Energy Assistance Program (LIHEAP):
The Department of Human Services 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 and providers are also provided information concerning this program through the Maryland Child Care Resource and Referral Network and for parents and caregivers, when they contact LOCATE: Child Care.

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:
The Department of Human Services 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 and providers are also provided information concerning this program through the Maryland Child Care Resource and Referral Network and for parents and caregivers, 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 and providers are also provided information concerning this program through the Maryland Child Care Resource and Referral Network and for parents and caregivers, when they

contact LOCATE: Child Care.

☑ Child and Adult Care Food Program(CACFP):
Information concerning the Child and Adult Care Food Program is disseminated by child care licensing offices, and the Maryland Child Care Resource and Referral Network.

☑ Medicaid and Children's Health Insurance Program (CHIP):
The Department of Human Services 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 and providers are also provided information concerning this program through the Maryland Child Care Resource and Referral Network and for parents and caregivers, when they contact LOCATE: Child Care.

☑ Programs carried out under IDEA Part B, Section 619 and Part C:
The Division of Early Childhood work in collaboration with the Division of Special Education/Early Intervention to reach out to families and providers about services and programs for children with special needs under IDEA Part B, Section 619 and Part C through written materials and website resources, including through the Division of Special Education/Early Intervention website:
http://marylandpublicschools.org/programs/pages/special-education/index.aspx.
Families and providers are also provided information concerning this program through the Maryland Child Care Resource and Referral Network when they contact LOCATE: Child Care.

2.4.4 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

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partners in providing this information.

Information is posted on the Division of Early Childhood website and conferences are held throughout the year to provide information pertaining to research and best practices. Approved training, provided by Maryland Family Network, the Maryland Child Care Resource and Referral Network, 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 Statewide Coordinating Entity in offering courses on multiple early care and education topics. In addition, with MSDE's direction, Ready at Five and Maryland Family Network help develop and distribute materials to families regarding child development and early learning.

MSDE also co-hosts annual Family Engagement Conferences with Ready at Five for both providers and parents/caregivers and has launched a new website, Maryland Families Engage, which acts as a resource hub for providers and families for family engagement information: https://marylandfamiliesengage.org/

Maryland has also developed the Family Engagement Tool Kit for child care providers. The tool kit is available as a hard-copy kit and online and has best practices in family engagement that providers can use to enhance their program and their family engagement efforts. The Maryland Families Engage website also has a Tool Kit Corner that highlights providers and the way they are using the tool kit in their programs.

The Consumer Education Website also includes information on child development and healthy eating, which providers and parents can access. Maryland EXCELS also includes a designation that child care programs can earn that specifically highlights healthy eating and physical activity. Providers receiving this designation have demonstrated additional training in healthy eating and physical fitness and have used the "Let's Move" campaign to develop an action plan to improve their practices as they relate to these topics.

2.4.5 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 based on research and best practices 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 are on the Division of Early Childhood website. Written materials are available from Early Childhood Mental Health service providers and the Maryland Child Care Resource and Referral Network. A Social and Emotional Foundations for Early Learning website includes resources for parents, and free Early Childhood Mental Health Consultation Services are available upon request.

The provider community attends many State conferences where the Division of Early Childhood actively participates with resource tables and breakout sessions. In addition, the Division provides financial assistance for these conferences, which include training and information on social-emotional development and early childhood mental health strategies and services. Many local counties also have conferences that address these topics, which the Division supports financially or through the Early Childhood Advisory Council.

2.4.6 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 the Division of Early Childhood, Division of Special Education/Early Intervention Services, the Maryland Developmental Disabilities Council 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

Division of Early Childhood 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 the National Association for the Education of Young Children in August of 2017 to share the policy with participants.

2.5 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 IDEA Part B, Section 619 and Part C, 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)).

2.5.1 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 about developmental screenings is available on the Division of Early Childhood website. MSDE strongly encourages providers to conduct these screenings but has not put this as a requirement in regulations.

In addition, the Maryland EXCELS standards contain best practices 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.

MSDE provided training on several of the developmental screening tools to child care providers in 2016. The providers who attended those trainings were given the developmental screening tool they chose free of charge.

Maryland Public Television continues to offer this training to providers for a nominal fee. Providers must purchase the materials.

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 developed, and is in the process of distributing, a document with the voucher approval packet to parents receiving a subsidy.

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.

Child care providers were provided training on several of the developmental screening tools in 2016 and were given their tool of choice free of charge. Providers have the option to take training on the developmental screening tools from several different training organizations. Maryland Public Television continues to offer this training to providers for a nominal fee. Providers must purchase the materials.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.

The Division of Early Childhood provided free online training and Maryland Family Network and the Maryland Child Care Resource and Referral Network provided face-to-face training. Maryland Public Television and other approved training organizations also offer the training.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

http://earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care/developmental-screening

2.6 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.

2.6.1 Certify by describing:

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

MSDE's website informs parents how to obtain information regarding inspection data.

Voluntary quality standards are posted on the Maryland EXCELS website: http://www.marylandexcels.org. Links to other resources are also available.

Maryland Family Network's LOCATE: Child Care is a free referral service with detailed information on all regulated child care in Maryland. Trained referral specialist's help parents identify care based on personal preferences including program type, location, and cost.

MSDE issued a contract to a vendor to develop its consumer education website. The website, expected to be launched by September 30, 2018, will have detailed information for parents seeking to obtain a child care subsidy, as well as meeting all requirements of the guidance given in the checklist provided by the Office of Child Care within the Department of Health and Human Services.

b) What is included in the statement, including when the consumer statement is provided to families.

MSDE requires regulated child care providers to inform parents of the Guide to Regulated Care and the sharing of that information is confirmed during inspections. The document includes information on how parents can file a complaint, who regulates child care, types of child care facilities, links to other resources (including child care subsidy) and links to other websites. Parents receive information from licensed providers on or before admission to care.

c) Provide a link to a sample consumer statement or a description if a link is not available.

http://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/parentbrochuremsdedecember2007

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. Also, 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 pf 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 or redetermined, 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)).

3.1.1 Eligibility criteria based on a child's age

a) The CCDF program serves children

from two months

(weeks/months/years)

through 12 years

years (under age 13). . 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 age 13 and above but below age 19 years 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 and/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 age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

☑ No.
☐ Yes

and the upper age is

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(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 the family must intend to remain in Maryland during the time of the 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.

3.1.2 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. There is no requirement for a minimum number of hours.

"Education":

Any type of instructional program, except for post-college graduate programs, approved by the Division of Early Childhood. There is no requirement for a minimum number of hours.

"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.

3.1.2 Eligibility criteria based on reason for care

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, describe the policy or procedure:

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.

3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)

☐ No.
☑ Yes.

If yes, describe the policy or procedure. (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

Job search is limited to parents in an activity approved by the Family Investment Administration located within the Department of Human Services at initial eligibility determination and at redetermination of eligibility. If a non-TANF recipient is experiencing a non-temporary loss or cessation of employment or an approved activity at the point of redetermination of eligibility, 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. Non-TANF recipients are not eligible to receive child care subsidy services at initial eligibility determination and redetermination, unless they are working and/or in an approved work, training or educational activity.

3.1.2 Eligibility criteria based on reason for care

d) 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

        ☐ Yes

    iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

        ☑ No

        ☐ Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

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 specifie a percentage of income from self-employment and other income as specified in COMAR
(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 at the time of initial determination. 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). If the income eligibility limits are not statewide, please respond to c) below the table.

Family Size	(a) 100% of SMI($/Month)	(b) 85% of SMI ($/Month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	(d) 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	$37,193	65%
2	$6,236	$5,300	$48,637	65%

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	(a)	(b)	(c)	(d)
3	$7,703	$6,547	$60,081	65%
4	$9,170	$7,794	$71,525	65%
5	$10,637	$9,042	$82,969	65%

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)).

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) Identify the most populous area of the State used to complete the chart above.

Baltimore City

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 08/01/2018

g) Provide the citation or link, if available, for the income eligibility limits.
http://earlychildhood.marylandpublicschools.org/child-care-subsidy-program

3.1.4 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, describe the policy or procedure and provide citation:

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

N/A

3.1.6 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)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

☐ Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules

☐ Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)

☐ Establishing minimum eligibility periods greater than 12 months

☐ Using cross-enrollment or referrals to other public benefits

☐ Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services

☐ Providing more intensive case management for families with children with multiple risk factors;

☐ Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities

☑ Other.

Describe:

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 Child Care Subsidy is delinked from all other income eligibility programs.

3.1.7 Policies and processes for graduated phase-out of assistance at redetermination.

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.

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)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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 threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

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

☑ The Lead Agency sets the second tier of eligibility 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 (65% 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. Maryland has made this change to its regulations and is currently waiting for final approval from the State Board.of Education 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 tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

Provide the second tier of eligibility 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:

☑ Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

Maryland has made this change to its regulations and is currently waiting for final approval from the State Board of Education.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

☑ No

☐ Yes

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

   ii. 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:

3.1.8 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)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, 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.

☑ Average the family's earnings over a period of time (i.e. 12 months).

Describe:

Maryland's current regulations require parents to report changes that impact fluctuation of income within 10 calendar days. Maryland families must submit current, consecutive check stubs that reflect a month's worth of employment earnings.

To gain a better picture of annualized income and fluctuation of income, Maryland plans to revise its regulations to allow families to submit three months of current income wages or an employment verification statement that documents an irregular fluctuation in income. Eligibility is not affected if the average of a month or greater of consecutive check stubs does not exceed 85% of the SMI or documentation gained from the employer notes that the income is temporary and shall not exceed 85% of SMI.

☑ Request earning statements that are most representative of the family's monthly income.

Describe:

Maryland accepts earning statements to determine a family's gross monthly

income in the absence of a month's worth of check stubs. This earning statement is used to determine if a parent's gross monthly income is less than 85% of SMI and to document if income above 85% is due to an irregular fluctuation that will not exceed one month.

The Division of Early Childhood has requested an update to our Child Care Automated Tracking System that will prevent an increase in the family co-pay due to income reported after the initial determination. Co-pays will increase for income reported at redetermination.

The Child Care Automated Tracking System does not have a planned update to allow for approval of cases with incomes above 85% of SMI at this time. Case managers will have to manually review whether or not a case is over-income due to irregular fluctuation in income and those cases would require a supervisor's approval before extending the current redetermination

The Division of Early Childhood has requested an update to its Child Care Automated Tracking System that will prevent an increase in the family co-pay due to income reported after the initial determination. Co-pays will increase for income reported at redetermination.

The Child Care Automated Tracking System does not have a planned update to allow for approval of cases with incomes above 85% of SMI at this time. Case managers will have to manually review whether or not a case is over-income due to irregular fluctuation in income and those cases would require a supervisor's approval before extending the current redetermination for 30 days to ensure the increase in income is temporary before issuing 52 week vouchers.

☐ Deduct temporary or irregular increases in wages from the family's standard income level.
Describe:

☑ Other.
Describe:
Maryland accepts an Employment Verification Statement to determine a family's gross

monthly income in the absence of a month's worth of employment stubs. Employment Verification Statements can be used to determine if income above 85% is due to an irregular fluctuation of income.

3.1.9 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 one month of pay stubs or employment verification. Parents unable to provide one

month 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.

3.1.10 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 Child Care Subsidy must process all applications within 10 days, or less, 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.

☐ None

3.1.11 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: Maryland Department of Human Services

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 Child Care Subsidy 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. Customers 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.

d) 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).

3.2.1 Describe how the Lead Agency defines:

a) "Children with special needs":
A child who has been diagnosed as being physically or mentally incapable of self-care appropriate to the age of the child, as verified by the State, based on a determination by a physician, a licensed or certified psychologist, or a licensed social worker. Services for a child with special needs are given the same priority status as TANF, including not being waitlisted. A child with special needs may be served up to age 19

b) "Families with very low incomes":
Maryland defines families of very low incomes as families eligible for TANF. Families receiving TANF are given the highest priority. Families transitioning off TANF are the second highest priority because they are still at risk of becoming eligible for TANF. Low-

income families currently not receiving TANF, or whose TANF ended in excess of 6 months, are the third priority and would be the first group to have Child Care Subsidy services ended, if the current budget could not support all children served.

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

a) Identify how services are prioritized for children with special needs. Check all that apply:

☑ Prioritize for enrollment

☑ Serve without placing these populations on waiting lists

☑ Waive copayments

☐ Pay higher rates for access to higher-quality care

☐ Use grants or contracts to reserve slots for priority populations

☑ Other.

Describe:

Co-pay is waived for families with a child or parent receiving SSI.

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

☑ Prioritize for enrollment

☑ Serve without placing these populations on waiting lists

☑ Waive copayments

☐ Pay higher rates for access to higher-quality care

☐ Use grants or contracts to reserve slots for priority populations

☑ Other.

Describe:

Co-pay is waived for low income families receiving TANF.

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

☐ Prioritize for enrollment

☑ Serve without placing these populations on waiting lists

☐ Waive copayments

☐ Pay higher rates for access to higher-quality care

☐ Use grants or contracts to reserve slots for priority populations

☐ Other.

Describe:

d) Identify 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)). Check all that apply:

☑ Prioritize for enrollment

☑ Serve without placing these populations on waiting lists

☑ Waive copayments

☐ Pay higher rates for access to higher-quality care

☐ Use grants or contracts to reserve slots for priority populations

☐ Other.

Describe:

Parents at risk of becoming dependent on TANF, and where the parent or child is an SSI recipient, are not subject to the Wait List and do not have an assigned co-pay.

3.2.3 List and define any other priority groups established by the Lead Agency.

Maryland is going to revise its policies to give prioritized placement to minor parents. Under the proposed policy revision, minor parents will not be subject to the Wait List. Likewise, policy revision will only count income gained from the minor parent and from child support from an absent parent. The income from the parent of the minor parent will be excluded. The goal of the policy revision is to better assist minor parents to remain in school and continue to pursue higher educational opportunities.

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

Families receiving TANF are given the highest priority. Families transitioning off TANF are the second highest priority. Families at risk of becoming dependent on TANF are the third priority.

3.2.5 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).

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

At the point of initial determination, parents experiencing homelessness are issued a 60-day voucher to allow for time to gather the required documentation to determine eligibility.

At redeterminations, Maryland will give the parent 90 days to provide documentation required to establish eligibility as long as the case manager can gather proof of participation in an approved activity directly from the employer or agency. Once documentation is provided, parent will be issued a 52 week voucher.

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.

b) Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- ☑ Lead Agency accepts applications at local community-based locations
- ☐ Partnerships with community-based organizations
- ☐ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- ☑ Other

    Maryland accepts child care subsidy applications completed at the local departments of social services, at child care providers, and by other community departments if they are submitted for processing within 45 days of the customer signing and dating.

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)).

3.2.6 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 Lead Agency's CCDF)

The operator may admit or retain a child in care if the parent presents evidence that the child has a health care appointment.

Provide the citation for this policy and procedure.

13A.16.03.02F; 13A.17.03.02E

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 lead agency with the responsibility 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:

Prior to initial determination, Maryland provides a 60-day grace periodfor 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. Once documentation is provided, the

customer will be issued a 52 week voucher.

3.3 Protection for Working Families

3.3.1 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; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); 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 Child Care Subsidy 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 Child Care Subsidy services and has not gained or resumed the activity within three (3) months.

c) Provide the citation for this policy and/or procedure.

The Division of Early Childhood is drafting the regulation changes necessary to COMAR. Once the drafting stage is complete, the regulations will go to the State Board of Education for their review, approval, and permission to begin the regulation promulgation process.

The Division of Early Childhood put policies in place to address this at the case management level during the regulation revision process. The Division of Early Childhood anticipates revisions to COMAR by June 30, 2019.

3.3.2 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:

i. 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.

ii. 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.

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

Three months.

iv. Provide the citation for this policy or procedure.

The Division of Early Childhood is drafting the regulation changes necessary to COMAR. Once the drafting stage is complete, the regulations will go to the State Board of Education for their review, approval, and permission to begin the regulation promulgation process.

The Division of Early Childhood put policies in place to address this at the case management level during the regulation revision process. The Division of Early Childhood 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.

   i. Define the number of unexplained absences identified as excessive:

Ten (10) consecutive business days without the knowledge of the provider or the inability of the Division of Early Childhood to contact the family.

   ii. Provide the citation for this policy or procedure:

COMAR 13A.14.06.03.A.1

☑ 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, recipients, or provider's, eligibility for Child Care Subsidy payments or for increasing or preventing a reduction of the amount of assistance.

COMAR 13A.14.06.02.33

3.3.3 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 Child Care

Subsidy 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

☑ Postal Mail

☑ FAX

☑ In-person submission

☐ Other.

    Describe:

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

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

a) Identify, where applicable, 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.

- ☑ Advance notice to parents of pending redetermination
- ☑ Advance notice to providers of pending redetermination
- ☐ Pre-populated subsidy renewal form
- ☑ Online documentation submission
- ☐ Cross-program redeterminations
- ☐ Extended office hours (evenings and/or weekends)
- ☑ Other.

Describe:

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. Families can submit documentation needed to complete initial determinations and redeterminations via mail, fax or email. Parents can download the child care subsidy application and documentation required to complete the

determination/redetermination process online.

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

☑ Postal Mail

☐ Email

☐ Online forms

☑ FAX

☑ In-person submission

☐ Extended submission hours

☐ Other.

　　Describe:

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 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

3.4.1 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).

Family Size	(a) Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than $0)	(b) What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	(c) The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	(d) Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible	(e) What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	(f) The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	$1.00	$5.15	2%	$37,193	$51.52	3%
2	$1.00	$5.15	1%	$48,637	$51.52	2%
3	$1.00	$5.15	1%	$60,081	$51.52	2%
4	$1.00	$5.15	1%	$71,525	$51.52	1%
5	$1.00	$5.15	1%	$82,969	$51.52	1%

b) What is the effective date of the sliding-fee scale(s)?   August 1, 2018

c) Identify the most populous area of the state used to complete the chart above.

Baltimore City

d) Provide the link to the sliding-fee scale:
 http://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-subsidyprogram

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

3.4.2 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:

3.4.3 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:

3.4.4 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.

☐ 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.

☑ 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)

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. Note: In responding to questions in this section,
the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its
own categories and types of care. The OCC does not expect States/Territories to change their
definitions to fit the CCDF-defined categories and types of care. For these questions, provide
responses that closely match the CCDF categories of care.

4.1 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)).

4.1.1 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, 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.

4.1.2 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:

Consumer education specialists, help desk representatives or social services case

managers inform parents about the option to choose any type of care that MSDE has approved. This can include providers operating through grants or contracts, regulated care, relative care, or care of a child in the child's home. When receiving a voucher, parents are given documentation to inform them of the types of care available and the requirement to select a Maryland EXCELS participating program.

4.1.3 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, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots. Grants are awarded to three Head Start/Child Care Partnership grantees. One grantee is located in Western Maryland, one is in Prince George's County, while the last serves multiple locations, including Caroline, Cecil, Talbot counties, and Baltimore City.

☐ Yes, statewide. If yes, describe:

i. 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 resource and referral information that informs them of the various types of care.

ii. 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 Child Care Subsidy regulations.

MSDE awarded a grant to Maryland Family Network to support their Family

Support Centers. These 17 Family Support Centers provide free, comprehensive services to families, targeting parents and their children from birth through age three, including:
- Infant/toddler program: quality infant/toddler care and assessment while parents are on site;
- Parent education;
- Self-sufficiency programming: adult education, family literacy and job readiness;
- Health education and referral for services;
- Home visiting;
- Peer support;
- Service coordination; and
- Outreach, collaboration, and resource development.

iii. 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, Maryland Family Network.

iv. 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. Parents may apply for a child care subsidy through those grants, instead of through the vendor who oversees Maryland's child care subsidy program, or the local departments of social services.

v. How rates for contracted slots are set through grants and contracts:
Programs follow Child Care Subsidy program guidelines.

vi. 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.

vii. If contracts are offered statewide and/or locally:
Grants are awarded based upon the location of the Early Head Start/Child Care Partnership entities.

Maryland Family Network receives a grant to support 17 Family Support Centers

and their work offering child development services, adult education, and home visiting. These sites are located regionally throughout Maryland.

4.1.3 Child care services available through grants or contracts.

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 children experiencing homelessness
- ☐ 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
- ☐ Other
  Describe

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the 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

☑ Other

Describe

MSDE provides funds under the Child Care Quality Incentive Grant to eligible providers located in Title 1 school catchment areas to purchase materials to improve the quality of care.

Judith P. Hoyer Early Child Care and Family Education Centers, known as "Judy Centers," offer a wide range of services for children age birth through Kindergarten and their low-income families. The goal of Judy Centers is school readiness. Some of the services Judy Centers offer include:
- **Early childhood education**
- **Family activities**
- **Health care**
- **Adult education**
- **Identification of special needs and early intervention**
- **Child care**
- **Parenting classes**
- **Family literacy**

4.1.4 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.

4.1.5 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 or older.

☐ 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, child protective services 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.

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

☑ MRS

☐ Alternative methodology.

Describe:

Maryland is 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.

☐ Both.
Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

MSDE convened a work group to design the Market Rate Survey. This group was comprised of many of the stakeholders for the Division of Early Childhood, including representatives who serve on the State Advisory Council.

b) Local child care program administrators:

Representatives from the Office of Child Care Advisory Council, including local child care program adminstrators served on the MRS work group.

c) Local child care resource and referral agencies:

Maryland Family Network was on the work group that designed the last MRS. Maryland Family Network will also serve on the work group designing the 2018 MRS.

d) Organizations representing caregivers, teachers, and directors:

MSDE met with representatives of Maryland's child care provider associations. They will also serve on the work group designing the 2018 MRS.

Representatives of Service Employees International Union, the union representing family child care providers, were also asked to participate in the discussions. They will also serve on the work group designing the 2018 MRS.

4.2.3 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 its vendor for the Market Rate Survey with information on all licensed and registered child care facilities. The vendor enters rate information gathered through an annual questionnaire into their provider database. Providers also may update rate information on the vendor website or over the phone. The vendor 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 the vendor'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.

4.2.4 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 licensed and regulated providers are asked to submit their rate information to see the differences in cost by provider type, provider location and ages the program serves.

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 $112.50 ($125+$100 = $225, divided by 2 equals $112.50).

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

MSDE is committed to analyzing if there is a difference in rates when programs that participate in Maryland's Quality Rating and Improvement System, Maryland EXCELS, publish at the higher levels.

4.2.5 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. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

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)). by responding to the questions below.

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). 01/30/2017

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 12/15/17

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

Maryland inadvertently overlooked the requirement to post this information to its website within the required 30 day time period. We made the information available to the child care associations, Maryland Family Network, and other stakeholders involved in designing the survey. They shared that information with their constituent groups.

MSDE posted this information to its website. http://earlychildhood.marylandpublicschools.org/cost-of-child-care-in-Maryland and made the information available to the child care associations, Maryland Family Network, and other stakeholders involved in designing the survey. They shared that information with their constituent groups.

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

MSDE, in collaboration with the child care associations, Maryland Family Network, and other stakeholders designed the survey.

4.3 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.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. 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) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

a) Infant (6 months), full-time licensed center care in the most populous geographic region

Rate $ 207 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 42nd

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region

Rate $ 156 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 46th

c) Toddler (18 months), full-time licensed center care in the most populous geographic region

Rate $ 207 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 42nd

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region

Rate $ 156 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 46th

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate $ 123 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 20th

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region
Rate $ 117 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 29th

g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate $ 123 per week unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 20th

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region
Rate $ 117 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 29th

i) Describe how part-time and full-time care were defined and calculated.

Full-time is defined as three (3) units, which equals the child needing care 30 hours or more per week. Part-time is defined as 1 or 2 units. One unit is a child requiring less than 16 hours of care per week. Two units is defined as child requiring 16-29 hours of care per week.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 07/01/2018

k) Identify the most populous area of the state used to complete the responses above.

Baltimore City

l) Provide the citation or link, if available, to the payment rates.
https://earlychildhood.marylandpublicschools.org/families/child-care-subsidy-program/child-care-subsidy-rates

m) 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)).

N/A

4.3.2 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 Child Care Subsidy branch for approval of a higher payment not to exceed the annual allocated amount.

☐ Differential rate for *infants and toddlers*. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

☐ Differential rate for *school-age programs*. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.
Describe:

☑ Differential rate for higher quality, as defined by the state/territory.
Describe:

Maryland EXCELS, Maryland's Quality Rating and Improvement System, participating programs begin receiving tiered reimbursement once they achieve a check level 3 - check level 5 rating. Reimbursements are different for each tier and gradually increase as providers increase their quality.

☐ Other differential rates or tiered rates.
Describe:

☐ Tiered or differential rates are not implemented.

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

4.4.1 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 eligible to receive CCDF is made available; the extent to which eligible 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 reimbursement rates per payment region is no less than the 20th percentile of the January 2017 MRS. Maryland's Governor has approved provider reimbursement rates for SFY2019 to the 20th percentile at minimum of the current MRS per child care subsidy payment. The increase began July 1, 2018.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Maryland increased provider payment rates to the 20th percentile of the Market Rate Survey at minimum per subsidy payment region based upon the January 2017 MRS. The increase began July 1, 2018. This nearly doubles the FY2018 rate of the11th percentile of the January 2017 Market Rate Survey.

Maryland will complete a new MRS by June 30, 2019. Legislation passed during Maryland's 2018 Session will increase the percentile of subsidy reimbursement at minimum per subsidy payment region to 30% SMI, 45% SMI, and 60% current MRS over a three-year period from SFY2020 to SFY2022.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

Maryland currently reimburses at minimum the 20th percentile of the January 2017 MRS per payment region. Legislation passed during Maryland's 2018 Session will increase the percentile of subsidy reimbursement at minimum per subsidy payment region to 30% SMI, 45% SMI, and 60% of the current MRS over a three-year period from SFY2020 to SFY2022.

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. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).

MSDE pays a differential rate for providers participating in Maryland EXCELS at levels 3-5.

e) 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 (98.16 (k))? Check all that apply.

☐ Limit the maximum co-payment per family.
Describe: .

☐ 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

☐ 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 3.1.7.

☑ Other.
Describe:
Maryland limits the number of children for whom families must pay a co-pay. Maryland is currently revising COMAR to limit the maximum co-payment per family based upon a percentage of the gross household income.

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to 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:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.
Maryland's child care subsidy reimbursement rates are not adequate to address the cost of care. If Maryland regulated the amounts child care providers were allowed to charge families for child care, it would limit accessibility. Providers, as private

business owners, could refuse to accept child care subsidy vouchers.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

MSDE does not collect this information. However, based upon the MRS, Maryland reimburses at minimum the 20th percentile per payment region. This means 80% of Maryland providers have weekly tuition rates greater than the 2017 MRS and current subsidy reimbursement.

iii. 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.

MSDE does not collect this type of data.

g) 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 and allowing parents to access the full-array of parental choice for which they can pay the provider's full-tuition.

h) 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:

P roviders participating in Maryland EXCELS who have reached levels 3-5 receive a differential rate above the subsidy reimbursement rate.

☐ Other.

Describe:

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

☐ Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

☐ Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

☐ Feedback from parents, including parent surveys or parental complaints.

Describe:

☑ Other.

Describe:

Maryland realizes that the reimbursement rate does not ensure equal access based upon the cost of child care in Maryland. Maryland increased provider reimbursement rates by 8% for FY19. Legislation passed during Maryland's 2018 legislative session increases provider reimbursement rates over the next three years.

4.5 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(l)(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(l)(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)).

4.5.1 Certify by identifying and describing the payment practices below 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.

Describe the policy or procedure.

N/A

☑ Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

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: (Note: The Lead Agency is to choose at least one of the following):

☑ Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

Pay is based on units of care per day (up to three (3) hours, 3-6 hours, or 6 or more hours.

☑ Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

If a child attends any portion of the day, full payment is issued.

☑ Providing full payment if a child is absent for five or fewer days in a month.

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.

N/A

c) The Lead Agency's payment practices reflect generally accepted payment practices of

child care providers who serve children who do not receive CCDF subsidies. These payment practices 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)).

i. 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.

ii. 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 the CCATS system have the capacity to gather this information.

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 for final 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 five (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 Child Care Subsidy vendor customer service staff and Division of Early Childhood staff. Division of Early Childhood staff investigate any disputes concerning payment inaccuracies and resolve them within 30 days. Complicated cases may require longer for resolution.

g) Other. Describe:

N/A

4.5.2 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:

4.6 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)).

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

☑ In licensed family child care.

Data from the Maryland EXCELS Quality Rating and Improvement System is analyzed for the number and percentage of quality rated licensed large and small family child care programs in each jurisdiction of the state and the progress of programs to increase their quality over time. The Division of Early Childhood will be working together across branches to identify and analyze data needs to ensure that strategies to increase the supply and quality of licensed family child care services is addressed.

☑ In licensed child care centers.

Data from the Maryland EXCELS Quality Rating and Improvement System is analyzed for the number and percentage of quality rated licensed child care center programs in each jurisdiction of the state and the progress of programs to increase their quality over time. The Division of Early Childhood will be working together across branches to identify and analyze data needs to ensure that strategies to increase the supply and quality of child care center services is addressed.

☑ Other.

Data from the Maryland EXCELS Quality Rating and Improvement System is analyzed for the number and percentage of quality rated public prekindergarten programs in each jurisdiction of the state and the progress of programs to increase their quality over time. The Division of Early Childhood will be working together across branches to identify and analyze data needs to ensure that strategies to increase the supply and quality of PreK is addressed.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

a) Children in underserved areas. Check and describe all that apply.

☑ Grants and contracts (as discussed in 4.1.3).

Describe:

The Child Care Quality Incentive Grant Program (CCQIG) supports projects that improve the professionalism and quality of child care programs. The program also

supports initiatives that improve children's school readiness.

MSDE provides an Accreditation Support Fund to assist providers with paying the fees necessary to become accredited. MSDE pays all expenses related to the self - study, application fees, and filing fees. This Fund also assists providers with purchasing materials, equipment, toys, etc., critical to the program becoming accredited.

☐ Family child care networks.
Describe:

☑ Start-up funding.
Describe:
The Family Child Care Provider Grant assists registered family child care providers by providing reimbursement of up to $500 of the costs to become registered and/or remain registered.

☑ Technical assistance support.
Describe:
Maryland EXCELS Quality Assurance Specialists work with newly licensed providers and those participating in the QRIS to improve their quality and increase their ratings in the QRIS through trainings, workgroups, and individual on-site appointments statewide with family child care and child care centers.

Maryland Family Network and the Child Care Resource and Referral Network provide technical assistance to child care providers.

Judy Centers provide technical assistance to parents and programs.

Preschool development grants are available to child care providers and technical assistance is provided to participating programs.

☑ Recruitment of providers.

Describe:

When MSDE becomes aware of an illegally operating child care program, the "Cease and Desist" letter includes information on how the provider can become licensed/registered.

High school career and technical students complete preservice training leading to a CDA and are provided information on careers in early childhood education. The Division of Early Childhood 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.

The Division of Early Childhood 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 Career and Technical Education Programs. 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 Child Care Career and Professional Development Fund provides funding for part time Child Care Career and Professional Development Fund Coordinators at participating colleges. The 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 Child Care Career and Professional Development Fund.

☑ Tiered payment rates (as discussed in 4.3.2).

Describe:

Programs participating in Maryland EXCELS quality rating and improvement system receive tier payments of 10% to 44% above the regular subsidy

reimbursement rates per child, for achieving a Quality Rating of Level 3, 4, or 5. Methods used to improve quality for child care programs include marketing and outreach campaigns and individualized contacts with regional providers and programs through the Maryland Family Network and the MSDE Quality Assurance Specialists.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☑ Accreditation supports.

Describe:

The MSDE Accreditation Support fund provides financial assistance to child care centers and family child care providers pursuing national accreditation. The fund pays the fees on behalf of the provider for the initial application, and renewals, of national accreditation. For programs pursuing Maryland Accreditation, there are no associated fees, but the Fund provides reimbursement to programs for instructional materials purchased during the accreditation process, that relate to the program's improvement plan. Information on the Accreditation Support Fund can be found at http://earlychildhood.marylandpublicschools.org/child-care-providers/maryland-excels/maryland-program-accreditation/accreditation-support-fund

☑ Child Care Health Consultation.

Describe:

The Nurse Consultant in the Office of ChildCare Licensing Branch serves on the Baltimore City Lead Commission and works in partnership with the Baltimore City Health Department on initiatives that impact children in child care.

☑ Mental Health Consultation.

Describe:

The Early Childhood Mental Health Consultation Project offers free consultation services to Early Care and Education Providers. More information can be found at https://earlychildhood.marylandpublicschools.org/early-childhood-mental-health-ecmh-consultation-project

☐ Other.

    Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

b) Infants and toddlers. Check and describe all that apply.

☑ Grants and contracts (as discussed in 4.1.3).

    Describe:

    MSDE issued a grant to Maryland Family Network to provide technical assistance relevant to infants and toddlers through the Family Support Centers Network.

☐ Family child care networks.

    Describe:

☑ Start-up funding.

    Describe:

    The Family Child Care Provider Grant Program exists to help registered family child care providers offset some of the costs of opening their child care programs. Eligibility is based upon certain income levels and family size. An applicant's annual income must not exceed 60% of Maryland's current State Median Income (SMI) for the applicant's family size.

☑ Technical assistance support.

    Describe:

    The Maryland Child Care Resource and Referral Network has infant and toddler specialists who are available to provide technical assistance.

☑ Recruitment of providers.

    Describe:

    High school career and technical students complete preservice training leading to a CDA and are provided information on careers in early childhood education. The Division of Early Childhood 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.

The Division of Early Childhood 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 Career and Technical Education Programs. 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 Child Care Career and Professional Development Fund provides funding for part time Child Care Career and Professional Development Fund Coordinators at participating colleges. The 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 Child Care Career and Professional Development Fund.

☑ Tiered payment rates (as discussed in 4.3.2) .
Describe:
Programs participating in Maryland EXCELS quality rating and improvement system receive tier payments of 10% to 44% above the regular subsidy reimbursement rates per child, for achieving a Quality Rating of Level 3, 4, or 5. Methods used to improve quality for child care programs include marketing and outreach campaigns and individualized contacts with regional providers and programs through the Maryland Family Network and the MSDE Quality Assurance Specialists.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☑ Accreditation supports.

Describe:

The MSDE Accreditation Support fund provides financial assistance to child care centers and family child care providers pursuing national accreditation. The fund pays the fees on behalf of the provider for the initial application, and renewals, of national accreditation. For programs pursuing Maryland Accreditation, there are no associated fees, but the Fund provides reimbursement to programs for instructional materials purchased during the accreditation process, that relate to the program's improvement plan. Information on the Accreditation Support Fund can be found at: http://earlychildhood.marylandpublicschools.org/child-care-providers/maryland-excels/maryland-program-accreditation/accreditation-support-fund.

☐ Child Care Health Consultation.

Describe:

☑ Mental Health Consultation.

Describe:

The Early Childhood Mental Health Consultation Project offers free consultation services for Early Care and Education providers. More information is available at: https://earlychildhood.marylandpublicschools.org/early-childhood-mental-health-ecmh-consultation-project

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

c) Children with disabilities. Check and describe all that apply.

☑ Grants and contracts (as discussed in 4.1.3).

Describe:

Through the Medically Fragile Children Birth to Five grant, PACT: Helping Children

with Special Needs - World of Care, PACT, Helping Children with Special Needs - Therapeutic Nursery, The Arc of Montgomery County, The Arc of Prince George's County, and The Reginald S. Lourie Center programs provide medically-based child care and early education services to children with medical diagnoses and those who have developmental delays, physical disabilities, and behavioral issues requiring specialized care.

☐ Family child care networks.
Describe:

☑ Start-up funding.
Describe:
The Family Child Care Provider Grant Program exists to help registered family child care providers offset some of the costs of opening their child care programs. Eligibility is based upon certain income levels and family size. An applicant's annual income must not exceed 60% of Maryland's current State Median Income (SMI) for the applicant's family size.

☐ Technical assistance support.
Describe:

☐ Recruitment of providers.
Describe:

☑ Tiered payment rates (as discussed in 4.3.2).
Describe:
Programs participating in Maryland EXCELS quality rating and improvement system receive tier payments of 10% to 44% above the regular subsidy reimbursement rates per child, for achieving a Quality Rating of Level 3, 4, or 5. Methods used to improve quality for child care programs include marketing and outreach campaigns and individualized contacts with regional providers and programs through the Maryland Family Network and the MSDE Quality Assurance Specialists.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☑ Accreditation supports.

Describe:

The MSDE Accreditation Support fund provides financial assistance to child care centers and family child care providers pursuing national accreditation. The fund pays the fees on behalf of the provider for the initial application, and renewals, of national accreditation. For programs pursuing Maryland Accreditation, there are no associated fees, but the Fund provides reimbursement to programs for instructional materials purchased during the accreditation process, that relate to the program's improvement plan.

☐ Child Care Health Consultation.

Describe:

☑ Mental Health Consultation.

Describe:

The Early Childhood Mental Health Consultation Project offers free consultation services for Early Care and Education providers. More information is available at: https://earlychildhood.marylandpublicschools.org/early-childhood-mental-health-ecmh-consultation-project

☑ Other.

Describe:

Child care subsidy pays up to 15% higher subsidy rate to providers caring for special needs children who can prove costs exceeding reasonable accommodations. Costs exceeding 15% must be approved by the Child Care Subsidy branch.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

d) Children who receive care during non-traditional hours.Check and describe all that apply

☐ 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) .

Describe:

Pr oviders who have a Maryland EXCELS quality rating at levels 3, 4, and 5 receive a differential payment of 10% to 44% above the regular subsidy reimbursement. In addition, child care providers receive an additional subsidy rate of 5-15% for providing care during non-traditional hours.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☑ Accreditation supports.

Describe:

The MSDE Accreditation Support fund provides financial assistance to child care centers and family child care providers pursuing national accreditation. The fund pays the fees on behalf of the provider for the initial application, and renewals, of national accreditation. For programs pursuing Maryland Accreditation, there are no

associated fees, but the Fund provides reimbursement to programs for instructional materials purchased during the accreditation process, that relate to the program's improvement plan.

☐ Child Care Health Consultation.
Describe:

☐ Mental Health Consultation.
Describe:

☐ Other.
Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:
☑ Grants and contracts (as discussed in 4.1.3).
Describe:
The Child Care Quality Incentive Grant Program (CCQIG) supports projects that improve the professionalism and quality of child care programs. The program also supports initiatives that improve children's school readiness.

MSDE provides an Accreditation Support Fund to assist providers with paying the fees necessary to become accredited. MSDE pays all expenses related to the self - study, application fees, and filing fees. This Fund also assists providers with purchasing materials, equipment, toys, etc., critical to the program becoming accredited.

☐ Family child care networks.
Describe:

☑ Start-up funding.

Describe:

The Family Child Care Provider Grant assists registered family child care providers by providing reimbursement of up to $500 of the costs to become registered and/or remain registered.

☑ Technical assistance support.

Describe:

Maryland EXCELS Quality Assurance Specialists work with newly licensed providers and those participating in the QRIS to improve their quality and increase their ratings in the QRIS through trainings, workgroups, and individual on-site appointments statewide with family child care and child care centers.

Maryland Family Network and the Child Care Resource and Referral Network provide technical assistance to child care providers.

Judy Centers provide technical assistance to parents and programs.

Preschool development grants are available to child care providers and technical assistance is provided to participating programs.

☑ Recruitment of providers.

Describe:

When MSDE becomes aware of an illegally operating child care program, the "Cease and Desist" letter includes information on how the provider can become licensed/registered.

High school career and technical students complete preservice training leading to a CDA and are provided information on careers in early childhood education. The Division of Early Childhood 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.

The Division of Early Childhood 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 Career and Technical Education Programs. 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 Child Care Career and Professional Development Fund provides funding for part time Child Care Career and Professional Development Fund Coordinators at participating colleges. The 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 Child Care Career and Professional Development Fund.

☑ Tiered payment rates (as discussed in 4.3.2).
Describe:
Programs participating in Maryland EXCELS quality rating and improvement system receive tier payments of 10% to 44% above the regular subsidy reimbursement rates per child, for achieving a Quality Rating of Level 3, 4, or 5. Methods used to improve quality for child care programs include marketing and outreach campaigns and individualized contacts with regional providers and programs through the Maryland Family Network and the MSDE Quality Assurance Specialists.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.
Describe:

☑ Accreditation supports.

Describe:

The MSDE Accreditation Support fund provides financial assistance to child care centers and family child care providers pursuing national accreditation. The fund pays the fees on behalf of the provider for the initial application, and renewals, of national accreditation. For programs pursuing Maryland Accreditation, there are no associated fees, but the Fund provides reimbursement to programs for instructional materials purchased during the accreditation process, that relate to the program's improvement plan. Information on the Accreditation Support Fund can be found at http://earlychildhood.marylandpublicschools.org/child-care-providers/maryland-excels/maryland-program-accreditation/accreditation-support-fund

☑ Child Care Health Consultation.

Describe:

The Nurse Consultant in the Office of ChildCare Licensing Branch serves on the Baltimore City Lead Commission and works in partnership with the Baltimore City Health Department on initiatives that impact children in child care.

☑ Mental Health Consultation.

Describe:

The Early Childhood Mental Health Consultation Project offers free consultation services to Early Care and Education Providers. More information can be found at https://https://earlychildhood.marylandpublicschools.org/early-childhood-mental-health-ecmh-consultation-project

☐ Other.

Describe:

4.6.3 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 concentrations of poverty as the regional area with the highest population of children from families receiving Temporary Cash Assistance (TCA) and who are eligible for Child Care Subsidy 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 Child Care Subsidy 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.

MSDE intends to explore suggestions made by its stakeholders to:
- Increase access to high quality care in Maryland's region of highest concentration of poverty, children with identified disabilities, and the families with the lowest income, Baltimore City:
- Provide a 20% differential payment above the subsidy reimbursement 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 10% differential payment above the subsidy amount for Priority 1 parents that choose a Maryland EXCELS Level 3, 4 or 5, in counties other than Baltimore City.
- Provide an additional 5% provider differential payment reimbursement above the EXCELS differential for Maryland EXCELS Level 3, 4, or 5 providers that serve Priority 1 customers in Baltimore City.
- Provide an additional 2% provider differential payment reimbursement above the EXCELS differential for Maryland EXCELS Level 3, 4, or 5 providers that serve Priority 1 customers in all counties within Maryland, excluding Baltimore City.
- Provide a 10% differential payment above the subsidy reimbursement amount for Priority 1 parents with SSI approved children that choose a Maryland EXCELS Level 3, 4 or 5 child care provider.
- Provide a 5% differential payment amount for Maryland EXCELS Level 3, 4, or 5 providers that serve children approved for SSI in Baltimore City.

- Provide a 2% differential payment amount for Maryland EXCELS Level 3, 4, or 5 providers that serve children approved for SSI in all counties, except 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 all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children, whether they are licensed or license-exempt. 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.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

Note: When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF

services.

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 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); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.

☑ Center-based child care.

Describe and Provide the citation:

http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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; an
3. child care operated by a State or local government agency.

http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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.
Describe and Provide the citation:
http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations
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.

http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations
13A.18.01.02 (B) (24)
Registered Large Family Child Care Home.
A family child care home approved by the Office of Child Care to operate with a maximum child care capacity of 9 - 12 children.

☐ In-home care (care in the child's own home).
Describe and provide the citation (if applicable):

5.1.2 Describe if any 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)).

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.
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. 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.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

☐ Center-based child care.

If checked, describe the exemptions.

N/A

☐ Family child care.

If checked, describe the exemptions.

N/A

☐ In-home care.

If checked, describe the exemptions.

N/A

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 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. Respondents should map their Lead Agency categories of care to the CCDF 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:

Six

-- 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:
- Proper child supervision;
- Workplace professionalism; and
- Interacting with parents.

2. Toddler

-- How does the State/territory define toddler (age range):

18 to 24 months

-- Ratio:

3:1

-- Group size:

Nine

-- 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):

A child who: (a) Is 2 years old or older; and (b) Does not attend kindergarten or a higher grade

-- Ratio:

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

Maryland does not have exempt child care 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, including any variations based on the ages of children in 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, nursey 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 2

-- 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

8 children with 2 children under the age of 2

-- 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:

Eight.

-- Teacher/caregiver qualifications:

High school diploma or equivalent; 90 clock hours of approved preservice training; 9clock 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

Maryland does not have exempt family child care homes.

c) In-home CCDF providers:

1. Describe the ratios

6:1

2. Describe the group size

6

3. Describe the maximum number of children that are allowed in the home at any one time.

The Child Care Subsidy program will not pay non-relative informal providers for more than six children on the Child Care Subsidy 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 Child Care Subsidy case record.

4. 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.

5. 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.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 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)).

a) 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.

1. 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 all citations for these requirements, including those for licensed and license-exempt programs
http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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 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.

2. 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 all citations for these requirements, including those for licensed and license-exempt providers
http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

Current COMAR:
http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations
13A.15.06.02A(c); 13A.16.09C (1) (a); 13A.18.06.05E (5); 13A.06.06E (1).

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 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.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

3. 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 all citations for these requirements, including those for licensed and license-exempt providers

Current COMAR: 13A.15.02A (4) (c); 13A.16.11.04F; 13A.17.11.04F; 13A.18.11.04F.

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 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.

4. 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 all citations for these requirements, including those for licensed and license-exempt providers

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 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.

5. 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-I.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.

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 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.

6. 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 all citations for these requirements, including those for licensed and license-exempt providers

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 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

Relatives are exempt from this requirement.

7. 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 staff member in a child care center or 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 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 .

-- List all citations for these requirements, including those for licensed and license-exempt providers

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).

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 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.

8. 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 all citations for these requirements, including those for licensed and license-exempt providers

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 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.

9. 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 all citations for these requirements, including those for licensed and license-exempt providers
 https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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 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 the size, of children is included (0-teen).

-- Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

10. 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 all citations for these requirements, including those for licensed and license-exempt providers
 https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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).
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 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. Consideration for all age groups is included.

Relatives are exempt from this requirement.

11. 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 all citations for these requirements, including those for licensed and license-exempt providers
 https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations .

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 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. Consideration for all age groups is included.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

b) Does the Lead Agency include any of the following optional standards?

☐ No, if no, skip to 5.2.3.

☑ Yes, if yes provide the information related to the optional standards addressed.

1. 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 all citations for these requirements, including those for licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations.
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 is no variation by category. All staff regardless of status receive consistent content.

-- 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. Consideration for all age groups is included.

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

2. 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 all citations for these requirements, including those for licensed and license-exempt providers
http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations
COMAR 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. Family child care regulations require space that is ample, safe, accessible and free of hazards.

-- Describe any variations based on the age of the children in care.
 http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

COMAR13A.16.09.03, 13A.17.09.01, 13A.18.09.03 Each group of children in care

must have a sufficient quantity and variety of materials according to the number, ages and developmental needs of the children in care.

--Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

3. 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 caring for children with special needs, comply with the Americans with Disabilities Act, and make every attempt to accommodate children with special needs.

Several publications are available on child development and accessibility on the Maryland Family Network 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 all citations for these requirements, including those for licensed and license-exempt providers

http://earlychildhood.marylandpublicschools.org/child-care-providers/regulations. 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 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.

--Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

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

Describe:

N/A

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

N/A

-- List all citations for these requirements, including those for licensed and license-exempt providers

N/A

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

COMAR 13A.14.06.06 describes the procedures required for the approval of Informal Child Care Providers. Informal providers and members of the household age 18 or older must successfully complete a CBC clearance, a Child Protective Service Clearance and provided a self-declaratory Health and Safety Packet.

5.2.3 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:

1. 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.

2. 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 first year of registration.

3. In-home care:

N/A

4. Variations for exempt provider settings:

N/A

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

Pending COMAR 13A.

Proposed regulations allow up to three (3) months after the date of hire to complete Basic Health and Safety Training

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

There are no differences based on the ages of children served.

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

MSDE developed and offers a three hour online course. MSDE approved trainers provide five hour face-to-face training, and Maryland Family Network provides a three-hour face-to-face training.

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

1. Prevention and control of infectious diseases (including immunizations)
   Provide the citation for this training requirement, including citations for both licensed and license-exempt providers
   https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

   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 in licensed CCDF programs are allowed to care for children unsupervised?
   ☑ Yes
   ☐ No

   Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulation

Current COMAR 13A.15.06.02A(c); 13A.16.06.09C (1) (a); 13A.18.06.05E (5).

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 in licensed CCDF are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

Current COMAR: 13A.15.02A(4)(c); 13A.16.11.04F; 13A.17.11.04F; 13A.18.11.04F.

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 in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

N/A

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care

for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 5. 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, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

Current COMAR: 13A.15.01-.04; 13A.16.05.01-.11; 13A.17.05.01-.09; 13a.18.01-.11.

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 in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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 in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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).

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 in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

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 in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes
☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

Current COMAR: 13A.15.10.05; 13A.16.08.06; 13A.17.08.06; 13A.18.08.06.

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 in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes
☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed

to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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).

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)

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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).

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 in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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 in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

Supporting Breast Feeding Practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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 be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from this requirement.

Ongoing Training Requirements

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

a) Licensed child care centers:

12 hours per year for directors and teachers; 6 hours per year for aides.

b) Licensed FCC homes:

12 hours per year

c) In-home care:

N/A

d) Variations for exempt provider settings:

N/A

5.2.5 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).

1. Prevention and control of infectious diseases (including immunizations)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

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 by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

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 by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

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 by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

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 by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

5. 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, including citations for both licensed and license-exempt providers

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 by

caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

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 by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

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 by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

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 by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

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 by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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).

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 by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Bi-annually. Must be kept current.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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).

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 by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

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

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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 by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Preservice

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

13. Describe other requirements such as nutrition,

physical activities, caring for children with special needs, etc..

There are no other requirements.

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

N/A

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

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

caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

N/A

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 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

The online Health and Safety Training is tracked by Office of Child Care Staff after completion. Providers are required to print the certificate and maintain the certificate for verification. Child care licensing specialists conduct annual unannounced inspections of child care providers. As part of that inspection, the child care licensing specialists review staff files to ensure training, and other mandatory requirements, are being met.

The Informal Provider Monitor verifies in-home providers have completed the training and meet all other requirements when conducting site visits.

5.3.2 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

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:
☑ Once a year
☐ More than once a year
Describe:

4. 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.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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 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

☐ More than once a year

Describe:

4. 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.

The Maryland Fire Marshal's Office or a local fire department conducts statewide fire inspections of child care facilities. Each regional office receives a copy of the fire inspection to verify provider compliance with state and local codes.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

 https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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 5.3.2 (d).

1. 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

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

3. Identify the frequency of unannounced inspections:

☐ Once a year

☐ More than once a year

Describe:

4. 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.

5. 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 Division of Early Childhood/Office of Child Care/Child Care Licensing Branch.

5.3.3 Inspections for license-exempt CCDF providers

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

N/A

Provide the citation(s) for this policy or procedure

N/A

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

N/A

Provide the citation(s) for this policy or procedure

N/A

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

N/A

Provide the citation(s) for this policy or procedure

N/A

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

☐ No

☑ Yes. If yes,

decsibe:

If in-home care is provided by a non-relative provider, Maryland requires the home to pass a Health and Safety Inspection and for the Non-Relative Provider to pass a Health and Safety examination at 75% or greater.

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

MSDE's Division of Early Childhood, Office of Child Care Subsidy inspects care locations provided by Non-Relative Providers.

5.3.4 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. 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)(1-2)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) 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)(1-2)).

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

2. The above requirements are set by the MSDE in accordance with Education Article, Section 2-104. All licensing staff receive initial and on-going training on all aspects of the job, including comprehensive customer service training, working with diverse populations and licensing procedures and protocols.

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

5.3.5 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)).

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

MSDE monitors the ratio of licensing inspectors to child care providers to ensure a sufficient number of inspectors are available to conduct inspections in a timely manner. Ratios vary across Maryland based on population density and travel time considerations.

Ratios of licensing specialists to child care facilities (centers and family child care homes) range from 1:72 to 1:117.

b) 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.

5.3.6 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

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 programs 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) (98.43(a)(1)(i)). 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 (98.43(2)). 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 (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	X		
2. Sex offender registry or repository check in the current state of residency	X		
3. Child abuse and neglect registry and database check in the current state of residency	X		
4. FBI fingerprint check		X	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		X	
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			X
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			X
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			X

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check require+J514ments, 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 by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. 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 98.43 and 98.16(o):

Maryland

--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.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
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	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit

a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

All licensed and regulated providers in Maryland are required to be fingerprinted. Maryland also has rap-back services available for state and FBI background checks.

Pending
COMAR 13A.16.02.01I, 13A.16.02.02C, 13A.15.02.01C, 13A.17.02.02C, 13A.18.02.02F.

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(a)(1)(i) and 98.16(o). Describe and provide citations

Maryland does not approve in-home providers to provide care until they apply for, and pass a Maryland criminal background check.

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/12/13a.14.06_co

mar_online_eff_032015.pdf

COMAR 13A.14.06.06.06

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

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

The Division of Early Childhood, Office of Child Care, is drafting the regulations. Once the Office of Child Care completes the draft regulations, they will go the Maryland State Board of Education for permission to publish and promulgate the new regulations.

There are no differences in the process for existing and new staff.

MSDE, in cooperation with Maryland's Criminal Justice Information System, made the decision to postpone the fingerprinting requirements until Maryland instituted the FBI rap-back program. MSDE was informed by the Criminal Justice Information System that providers could start getting fingerprinted in September 2017.

(1) Maryland started to implement the new requirements in October 2017. As part of the process, Maryland, using CCDF funding, is reimbursing the child care provider community for undergoing the Maryland state criminal background check.

Maryland offered this reimbursement for the following reasons:
  - The new comprehensive background check process would be a financial hardship for the provider community and Maryland wanted to ease that burden
  - Maryland viewed the reimbursement as an incentive to the provider community to get them to participate more timely in the new requirements of the comprehensive background check.
  - Maryland also offered the reimbursement as an incentive to ensure providers who were "grand-fathered" in during previous regulatory changes regarding state background check requirements enrolled in Maryland's existing state "rap-back" system by obtaining their fingerprint supported Maryland check. MSDE will receive an alert notification if a qualifying triggering event occurs.

(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.

(3) MSDE updates its fingerprinting website with additional information, FAQ's, etc., to
assist the provider community in meeting the new requirements. There is one staff
person assigned full-time responsibility for responding to questions and concerns from
the provider community. Another staff person provides back-up support during limited
hours.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of
   conducting the search of the state criminal registry or repository, using fingerprints for
   current (existing) child care staff including:
-- Efforts to date to complete the requirement for all existing child care staff in licensed,
regulated or registered programs
-- Efforts to date to complete the requirement for all existing child care staff in other
programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible
providers)
-- Key challenges to fully implementing this requirements
-- Strategies used to address these challenges
Describe:

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii))..

Note: This check must be completed in addition to the national NCIC sex offender registry
check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of
fingerprints is optional to conduct this check.

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the
requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

MSDE receives a list of all Maryland registered sex offenders from the Maryland Criminal Justice Information System every week. That list, along with an updated list of the approved child care providers in Maryland, is emailed to Washington College once a week.

Washington College performs an address match between the two files and informs MSDE if there has been an address match. If there is the possibility of a match, the information is distributed to the appropriate child care licensing regional manager to initiate an investigation.

Maryland's informal child care provider community is checked against the sex offender registry monthly.

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(a)(1)(i) and 98.16(o). Describe and provide citations

All of Maryland's licensed and regulated providers are required to undergo a sex offender registry check.

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There are no differences in the requirement for existing and new staff.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Maryland child care providers, including informal care providers, are required to have a Child Protective Services clearance every two years.

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

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(a)(1)(i) and 98.16(o). Describe and provide citations

. Maryland's informal child care provider community is required to pass a child protective services check every two years. COMAR 13A.14.06.06.07.b

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There are no differences in the process for new and existing staff.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

MSDE, in cooperation with Maryland's Criminal Justice Information System, made the decision to postpone the fingerprinting requirements until Maryland instituted the FBI rap-back program. MSDE was informed by the Criminal Justice Information System that providers could start getting fingerprinted in September 2017.

Maryland started to implement the new requirements in October 2017. As part of the process, Maryland, using CCDF funding, is reimbursing the child care provider community for undergoing the FBI background check.

Maryland offered this reimbursement for the following reasons:
- The new comprehensive background check process would be a financial hardship for the provider community and Maryland wanted to ease that burden
- Maryland viewed the reimbursement as an incentive to the provider community to get them to participate more timely in the new requirements of the comprehensive background check.
- Maryland also offered the reimbursement as an incentive to ensure providers who were "grand-fathered" in during previous regulatory changes regarding state background check requirements enrolled in Maryland's existing state "rap-back" system by obtaining their fingerprint supported Maryland check. MSDE will receive an alert notification if a qualifying triggering event occurs.

The Division of Early Childhood is drafting the regulations that will require providers who live, or have lived, in any other State in the preceding five (5) years to apply for the FBI background check on a five-year cycle. This is only applicable if those providers do not supply the FBI with the appropriate regional office authorization number so that MSDE's child care licensing regions obtain the current results, and any future 'alert' notifications if a qualifying event occurs. With the exception of the above mentioned occurrence, Maryland has fully implemented this requirement.

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(a)(1)(i) and 98.16(o). Describe and provide citations

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.

https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations **13A.15.02.02B(5), 13A.16.02.02.A(4), 13A.17.02.02.B(1), 13A.18.02.02C**

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There is no variation in the procedures for existing and new staff.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

Maryland

☐ Yes. If yes,

    i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

    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(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Child care providers who are residents of Maryland are checked against the NCIC/NSOR database as part of the routine background check process. Maryland has been unable to determine the ways necessary to ensure providers who live, or have lived, in any other state in the preceding five (5) years can meet this requirement.

MSDE's State Superintendent of Schools sent a letter to the Superintendent of Maryland's State Police on Agust 1, 2018 to inquire about the possibility of partnering with that agency to obtain NCIC/NSOR information for providers who live/have lived in any other state in the preceding five (5) years.

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

    ☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Child care providers who are residents of Maryland are checked against the NCIC/NSOR database as part of the routine background check process. Maryland has been unable to determine the ways necessary to ensure providers who live, or have lived, in any other state in the preceding five (5) years can meet this requirement.

MSDE's State Superintendent of Schools sent a letter to the Superintendent of Maryland's State Police on Agust 1, 2018 to inquire about the possibility of partnering with that agency to obtain NCIC/NSOR information for providers who live/have lived in any other state in the preceding five (5) years.

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

   i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

   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(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

When Maryland began implementing the background check requirements of the CCDBG Reauthorization Act in October 2017, MSDE required all providers who live, or have lived, out-of-state in the preceding five (5) years to obtain the results of an interstate criminal registry check for any/all other states where they may have resided. Maryland is

having difficulty in implementing this process. Some states will not provide the results. As of June 2018, MSDE has implemented a new release of information form to capture all previous out of state residences of staff who work in child care programs. MSDE has attempted to contact other states to obtain this information based on the Federal Office of Child Care listings for state contact information. These contacts are not current so Maryland has been obtaining contacts for the other 49 states. Request have been made to several states and obtaining the results have varied. Maryland will create a database of all state contacts and share this database with all staff in need of obtaining this information. Maryland is looking at centralizing this process. Pending 13A.16.02.01C, 13A.15.02.02C, 13A.17.02.02C, 13A.18.02.02F.

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

When Maryland began implementing the background check requirements of the CCDBG Reauthorization Act in October 2017, MSDE required all providers who live, or have lived, out-of-state in the preceding five (5) years to obtain the results of an interstate criminal registry check for any/all other states where they may have resided. Maryland is having difficulty in implementing this process. Some states will not provide the results. As of June 2018, MSDE has implemented a new release of information form to capture all

previous out of state residences of staff who work in child care programs. MSDE has attempted to contact other states to obtain this information based on the Federal Office of Child Care listings for state contact information. These contacts are not current so Maryland has been obtaining contacts for the other 49 states. Request have been made to several states and obtaining the results have varied. Maryland will create a database of all state contacts and share this database with all staff in need of obtaining this information. Maryland is looking at centralizing this process. Pending 13A.16.02.01C, 13A.15.02.02C, 13A.17.02.02C, 13A.18.02.02F.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

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(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

As of June 2018, MSDE has implemented a new release of information form to capture all previous out of state residences of staff who work in child care programs. MSDE has attempted to contact other states to obtain this information based on the Federal Office of Child Care listings for state contact information. These contacts are not current so Maryland has been obtaining contacts for the other 49 states. Request have been made to several states and obtaining the results have varied. Maryland will create a database of all state contacts and share this database with all staff in need of obtaining this information. Maryland is looking at centralizing this process. Pending 13A.16.02.01C, 13A.15.02.02C, 13A.17.02.02C, 13A.18.02.02F.

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

As of June 2018, MSDE has implemented a new release of information form to capture all previous out of state residences of staff who work in child care programs. MSDE has

attempted to contact other states to obtain this information based on the Federal Office of Child Care listings for state contact information. These contacts are not current so Maryland has been obtaining contacts for the other 49 states. Request have been made to several states and obtaining the results have varied. Maryland will create a database of all state contacts and share this database with all staff in need of obtaining this information. Maryland is looking at centralizing this process. Pending 13A.16.02.01C, 13A.15.02.02C, 13A.17.02.02C, 13A.18.02.02F.

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

    i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

    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(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

The out-of-state background check requirement is one of Maryland's primary difficulties in fully implementing the requirements of the CCDBG Reauthorization. MSDE licensing supervisors in two of its regional offices began pulling together documentation of the requirements of other states. It has proven difficult to obtain the information from some of the states. In addition, Maryland must rely on the child care provider community to self-declare 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.

As of June 2018, MSDE has implemented a new release of information form to capture all previous out of state residences of staff who work in child care programs.MSDE has attempted to contact other states to obtain this information based on the Federal Office of Child Care listings for state contact information.These contacts are not current so Maryland has been obtaining contacts for the other 49 states.Request have been made to several states and obtaining the results have varied.Maryland will create a database of all state contacts and share this database with all staff in need of obtaining this information. Maryland is looking at centralizing this process.Pending 13A.16.02.01C, 13A.15.02.02C, 13A.17.02.02C, 13A.18.02.02F.

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible

providers)

Describe:

The out-of-state background check requirement is one of Maryland's primary difficulties in fully implementing the requirements of the CCDBG Reauthorization. MSDE licensing supervisors in two of its regional offices began pulling together documentation of the requirements of other states. It has proven difficult to obtain the information from some of the states. In addition, Maryland must rely on the child care provider community to self-declare 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.

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Provisional Employment

The CCDF final rule states 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 staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional

hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

☑ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.
Describe and include a citation:

Maryland is drafting changes to regulations to address this requirement. Currently, staff members may begin working on a provisional basis. However, the individual must provide proof of having had a background check within 15 days of the start of employment. That staff person must be under the direct supervision of another staff person who has received all clearances.

☐ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).
Describe and include a citation:

☐ Other.
Describe:

5.4.10 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.

> 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/Criminal Justice Information System unit to determine the requirements for obtaining the criminal background checks. Requests for a CPS check may be submitted via email, along with the Department of Human Services required release form, to Division of Early Childhood staff. If there is a possible indication, the Division of Early Childhood will forward the information to the Department of Human Services to gather further information.

5.4.11 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)).

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

☐ No

☑ Yes.

Describe other disqualifying crimes and provide citation:

Cruelty to animals, reckless endangerment, a weapons or firearms violation of federal or Maryland laws.

Informal Providers: https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations

Licensed/registered providers: https://earlychildhood.marylandpublicschools.org/child-care-providers/regulations13A.1415.02.07B, 13A.16.06.03A, 13A.17.06.03A. 13A.18.06.b03 .

5.4.12 The state/territory has a process for a child care staff member to appeal the 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.

5.4.13 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 Criminal Justice Information System 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.

5.4.14 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 relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

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.

  Relative child care providers are required to complete a Maryland and FBI criminal background check as well as a child protective services clearance.

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)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. 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 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. 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.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

-- State/territory professional standards and competencies. Describe:

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.

MSDE 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:

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. The Maryland Child Care Credential, Maryland EXCELS, and the Child Care Career and Professional Development Fund 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.

The Child Care Career and Professional Development Fund is a tuition free program for child care providers to obtain a college education at participating colleges/universities in Maryland.

-- Advisory structure. Describe:

There is an active State Early Childhood Advisory Council, as well as local Early Childhood Advisory Council's in each jurisdiction. There is a very robust communication loop among the state and local Early Childhood Advisory Councils and it informs the Division of Early Childhood's decision-making and planning. Local Early Childhood Advisory Councils were formed under the Race to the Top - Early Learning Challenge grant, which provided funding for the local Early Childhood Advisory Councils to receive training to implement strategies to improve coordination of services to strengthen early childhood education and care in each jurisdiction. Support is maintained through MSDE and local jurisdiction school systems. In 2010, 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 Division of Early Childhood 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 Office of Child Care Advisory Council is comprised of key stakeholders throughout Maryland and meets quarterly. This Council is responsible for providing feedback on the CCDF State Plan, regulation promulgation, Office of Child Care 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 the Division of Early Childhood 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 Child Care Subsidy 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/. In addition, the Maryland Child Care Resource and Referral Network provides training and technical assistance to programs to move to a higher quality level.

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

The Child Care Quality Incentive Grant Program awards funds to child care centers and family child care providers to enhance the quality of child care provided to children. Programs are encouraged to purchase approved materials, equipment, and supplies that create or enhance stimulating learning environments that help children develop physically, socially, emotionally, and cognitively. Programs are eligible for an Incentive Grant award once every 3 years.

The Family Child Care Provider Direct Grant Fund Program provides reimbursements to family child care providers for expenses necessary to achieve or maintain compliance with the requirements of Child Care Licensing. Providers are eligible for a one-time Provider Grant award. Provider Grant funds are income based and dispersed monthly.

b) The following 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. The Division of Early Childhood 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 schoolteacher 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 the Division of Early

Childhood'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 Maryland Child Care Resource and Referral Network, and Division of Early Childhood approved child care trainers and organizations. Training offered must align with the Maryland Child Care Credential program and Maryland EXCELS.

The Division of Early Childhood requires child care providers to complete a specified number of required trainings in specific domain areas to meet continuing education requirements for licensing. Providers participating in the Maryland Child Care Credentialing program are required to take a specific number of required training to maintain the credentialing level. Providers participating in the Child Care Career and Professional Development Fund are required to complete a specific number of coursework hours yearly toward an associate 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. The Division of Early Childhood 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:

MSDE is currently scheduling meetings with the 2 and 4-year colleges to ensure that articulation agreements are still being honored and to discuss possible credit for extended years of experience. Maryland is also participating in a nine-state consortium project, *Improving the Early Childhood Workforce*, funded through a collaboration from the Council of Chief State School Officers and the National Governor's Association. In addition, MSDE wants to explore options for student teaching and the ability to maintain the teacher's current position as a student teaching experience.

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Division of Early Childhood develops its training and professional development requirements in consultation with the State Early Childhood Advisory Council, Local Early Childhood Advisory Councils, and the Office of Child Care Advisory Council. This includes participation and involvement from the library system; the Maryland Chapter of the American Academy of Pediatrics; MDH; Department of Human Services; local school systems; institutions of higher education; the Maryland Child Care Resource and Referral Network and the Department of Commerce. The Training Advisory Committee, in collaboration with approved trainers and the Maryland Child Care Resource and Referral Network, conducts a training needs survey yearly. The Training Needs Survey will be centralized in 2018. Beginning fiscal year 2019, Maryland Family Network, in collaboration with MSDE, will centralize the Training Needs Survey. Each Child Care Resource and Referral Network agency sends the survey to the child care providers in their area of the State. Now, Maryland Family Network will send it out to all child care providers in Maryland.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

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 Child Care Career and Professional Development Fund is a tuition free program for child care providers to obtain a college education. Funding is available for child care providers to earn an associate or bachelor's 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's degree. The Fund provides financial assistance to attain credentials and post-secondary degrees.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be 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 framework (98.44(b)).

The Maryland Early Learning Standards Birth - Age 8 align with Maryland's social emotional behavior intervention model, Social Emotional Foundations of Early Learning, and the Knowledge and Competency Framework (training and professional framework.

MSDE sponsors Social Emotional Foundations of Early Learning Training as funding is available. Most recently, MSDE supported Social Emotional Foundations of Early Learning Infant & Toddler, Social Emotional Foundations of Early Learning Preschool, Social Emotional Foundations of Early Learning Leadership, Social Emotional Foundations of Early Learning Coaches, and Social Emotional Foundations of Early Learning 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/Social Emotional Foundations of Early Learning/

Health, safety, and nutrition are part of Maryland's Knowledge and Competency Framework. This tool is used by Maryland to guide trainers in developing approved health and safety training.

6.2.2 Describe how the state/territory's training and professional development 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 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

a) with limited English proficiency

Maryland's vendor for Child Care Subsidy provides translation services for child care providers and parents participating in the subsidy system. Some Licensing and Subsidy

forms are translated into Spanish. MSDE's website also provides translation services.

b) who have disabilities

MSDE's training approval coordinator works with adults with special needs to provide training and technical assistance to obtain the skills and abilities necessary for working in the child care field.

6.2.4 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.

The Division of Early Childhood's voluntary Maryland 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.

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (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 on identifying and serving homeless children and families. Training is provided through the Maryland Child Care Resource and Referral Network 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 Maryland Child Care Resource and Referral Network and Division of Early Childhood 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 children and their families experiencing homelessness (connects to question 3.2.2).

MSDE Child Care Subsidy staff provide on-site technical assistance to local department of social services staff and to its vendor for child care subsidy services.

6.2.6 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

Describe the type of check-ins, including the frequency.

☑ Other

Describe:

The Division of Early Childhood uses Monthly Redetermination Reports and Voucher Duration Reports to determine if case managers are issuing vouchers in accordance with Child Care Subsidy policies and procedures.

6.2.7 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) Describe 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.

The Maryland Child Care Resource and Referral Network provides technical assistance.

Maryland EXCELS provides technical assistance and support to providers to strengthen

business practices in meeting the quality criteria in the Quality Rating and Improvement System in the content area of Administrative Policies and Practices. Support staff providing this assistance includes State Quality Assurance Specialists, Child Care Resource and Referral Staff, and Program Coordinators working with individual programs to meet criteria and improve business practices. The Maryland EXCELS Toolkit offers guidance and support in developing policies and practices.

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 Child Care Subsidy Basics

The Maryland EXCELS Toolkit (https://marylandexcels.org/commitment-to-quality/maryland-excels-toolkit/) is a resource that child care programs use to help meet the requirements of the QRIS, and to improve the quality of their programs. The Administrative Policies and Practices content area of the Maryland EXCELS standards and Toolkit contain criteria that support best business practices to improve the quality of services to families.

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

The Division of Early Childhood disseminated the revised Maryland Early Learning Standards Birth - Age 8 to all child care, Head Start, and public PreK and K programs, as well as Higher Ed and community stakeholders in January 2015. 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.

Through the Division of Early Childhood's technical assistants on Maryland's Ready for Kindergarten Comprehensive Assessment system (R4K), teachers and providers develop a common understanding of what all children should know and be able to do entering Kindergarten (based on the Maryland Early Learning Standards), as well as developmental progressions. R4K is comprised of the Early Learning Assessment, which

covers 36 months through 72 months, and the Kindergarten Entry Assessment, which is given in the first few months of kindergarten.

While public school systems write or purchase curriculum that supports the Maryland Early Learning Standards Birth - Age 8, child care programs are provided a list of MSDE recommended curricula aligned to the Early Learning Standards from which they may choose.

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

The Maryland Early Learning Standards Birth - Age 8 were created from research-based developmental guidelines, the work of national experts, and Maryland's College and Career-Ready Standards.

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

☑ Cognition, including language arts and mathematics

☑ Social development

☑ Emotional development

☑ Physical development

☑ Approaches toward learning

☑ Other

Describe:

Science, Social Studies, Health, 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 similar coordinating body.

Maryland developed its early learning and developmental guidelines prior to the creation of the Early Childhood Advisory Council. The guidelines were developed using the existing Maryland College and Career Ready Standards, the existing Healthy Beginnings, and several people MSDE hired to develop the Social Foundations standards domain. MSDE also hired a Fine Arts expert to use the new National Fine Arts standards and update the standards for Birth to 3. The Maryland Early Learning

Standards Birth - Age 8 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 Maryland Early Learning Standards Birth - Age 8 were issued in January 2015. The Fine Arts standards were updated in 2017, based on new National Fine Arts Standards.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards
N/A

g) 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.

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)) These activities can benefit infants and toddlers through school age populations.

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

7.1.1 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 Early Childhood Advisory Council submitted a 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; and

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**.

The Division of Early Childhood'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 s they can utilize their assessment to improve. Trainers are also required to provide attendees an assessment that asks them 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.

The Division of Early Childhood utilizes data on child care centers and family child care

providers that are participating in Maryland 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. MSDE Quality Assurance Specialists 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 Quality Assurance Specialists for that local program, who follows up to provide guidance.

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

The Division of Early Childhood 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.

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

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

In 2016, the Early Childhood Advisory Council formed work groups to study the areas of recommendations and in 2017, the Early Childhood Advisory Council 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 Early Childhood Advisory Council's priorities can be found at **http://earlychildhood.marylandpublicschools.org/system/files/filedepot/23/2018_ecac_priorities.pdf**
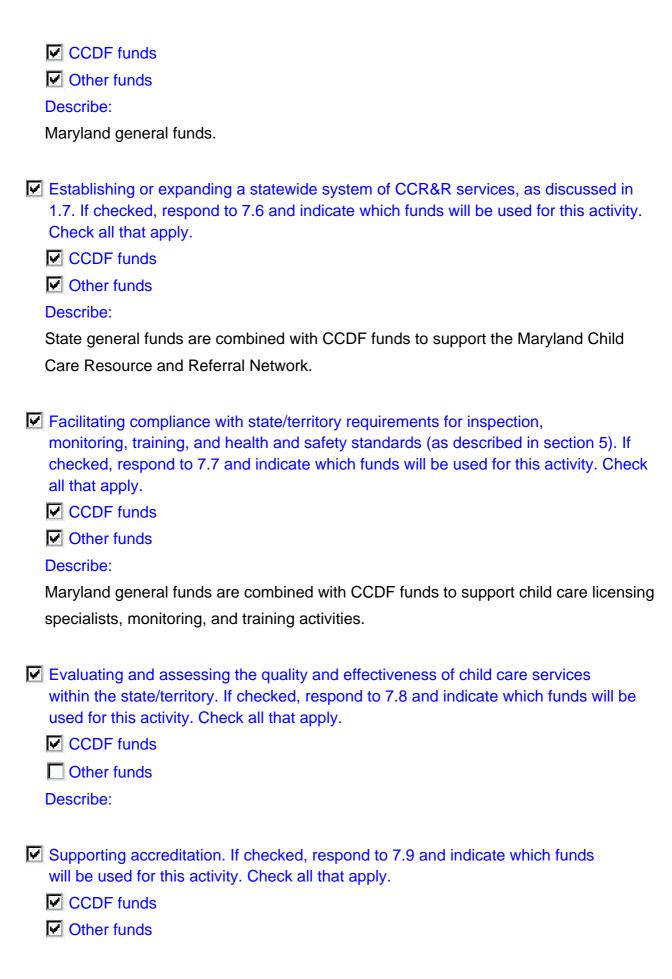
7.2 Use of Quality Funds

7.2.1 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

Describe:

Kellogg Foundation

Maryland general 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

Describe:

Maryland general 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

Describe:

☑ 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

Describe:

Maryland general 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

Describe:

State general funds are combined with CCDF funds to support the Maryland Child

Care Resource and Referral Network.

☑ 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

Describe:

Maryland general funds are combined with CCDF funds to support child care licensing

specialists, monitoring, and training activities.

☑ 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

Describe:

☑ 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

Describe:

Maryland general 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

Describe:

Maryland general 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

Describe:

Maryland general funds.

7.3 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)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

a) 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:

Social Emotional Foundations of Early Learning training, including Social Emotional Foundations of Early Learning Infant & Toddler, Social Emotional Foundations of Early Learning Preschool, Social Emotional Foundations of Early Learning Leadership, Social Emotional Foundations of Early Learning Coaches, and Social Emotional Foundations of Early Learning 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/Social Emotional Foundations of Early Learning

☑ 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 five for such behaviors. (See also section 2.5.)

Describe:

The Division of Early Childhood adopted Social Emotional Foundations of Early Learning as a core strategy, and for many years has offered Social Emotional Foundations of Early Learning Training. Most recently Maryland has completed the full complement of Social Emotional Foundations of Early Learning training, including Social Emotional Foundations of Early Learning Infant & Toddler, Social Emotional Foundations of Early Learning Preschool, Social Emotional Foundations of Early Learning Leadership, Social Emotional Foundations of Early Learning Coaches, and Social Emotional Foundations of Early Learning Parent Training. The Division of Early Childhood also has the Early Childhood Mental Health 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 Early Childhood Mental Health Consultant who is available through the Maryland Child Care Resource and Referral Network. 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:

Social Emotional Foundations of Early Learning training includes building positive relations with families in culturally and linguistically appropriate ways. Early Childhood Mental Health 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 i*ncludes 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 and continuing through 72 months of age. While many of Maryland's public school systems write or purchase curriculum that supports the Early Learning Standards, child care programs receiving grants from MSDE are provided a list of state-approved curricula aligned to the Early Learning Standards from which they may choose to implement.

The Maryland EXCELS Toolkit provides information and resources to programs to guide their Maryland EXCELS Quality Rating and Improvement System 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:

The Division of Early Childhood, with funding through the Kellogg Foundation, was able to further the early childhood family engagement initiatives started under Race to the Top - Early Learning Challenge Grant. 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. Through Kellogg funding, we were able to develop Family Engagement Training Modules which provides a detailed overview of Maryland's Early Childhood Family Engagement Framework. This online training is free and those who have completed the modules receive CEUs. Additionally, with Kellogg funding the Division of Early Childhood developed the Family Engagement Toolkit. This was available in hard copy and is currently available on line. The toolkit defines each of the goals of the Family Engagement Framework and gives specific strategies for teachers and providers to enhance their family engagement practices.

Early Childhood Mental Health Project: Through state and federal funding, early care and education programs are provided with expert assistance and coaching in identifying and addressing child behavioral issues in early learning environments. University of Maryland School of Social Work Innovations and Implementation Institute provides online Social Emotional Foundations of Early Learning trainings. The

Maryland Child Care Resource and Referral Network provides in-person training.

The Child Care for Medically-Fragile Children Birth to Five grants take into consideration that many families who have children with special needs face significant challenges, such as financial hardship, fragmented healthcare services and social isolation. To address these concerns, collaborations with PACT: Helping Children with Special Needs - World of Care, PACT, Helping Children with Special Needs - Therapeutic Nursery, The Arc of Montgomery County, The Arc of Prince George's County, and The Reginald S. Lourie Center programs allow for the delivery of case management, education and dental care, and intensive family-centered support to parents/caregivers' ability to effectively promote healthy child development. Grantee program staffers provide training to community child care providers, high school and college students, and an array of clinicians and medical providers. Continuing education is provided on topics such as early intervention, early education, family centered care and best practices. Research is also conducted, where possible, to improve services and contribute to the field.

☑ Using data to guide program evaluation to ensure continuous improvement

Describe:

Program quality performance measures are incorporated in the Division of Early Childhood's Quality Rating and Improvement System 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.

Johns Hopkins University/Center for Technology, under a grant with the Division of Early Childhood, developed a Quality Rating and Improvement System Evaluation Study to conduct a formative evaluation of the Quality Rating and Improvement System model and academic research into the quality, effectiveness and impact of Quality Rating and Improvement System models. The evaluation plan includes development of a logic model for all aspects of Quality Rating and Improvement System administration. Maryland used CCDF funding.

Within the Maryland Child Care Administrator Credential, 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. The Maryland Child Care Resource and Referral Network provides services directly and collaborates with other service providers in their jurisdictions including social service institutions, libraries, faith communities, etc., in working with those families.

Leadership from the Division of Early Childhood recently attended, and are now part of, the Trauma-Informed Care network that looks at types of trauma and how it relates to young children in child care.

☑ Caring for and supporting the development of children with disabilities and developmental delays

Describe:

MSDE created a comprehensive assessment system which providers are strongly encouraged to use. All licensed or registered child care providers have been informed of the importance of conducting developmental screenings on children aged birth-five years of age but this is not currently a regulatory requirement.

The Division of Early Childhood Development Credentialing Branch issues Professional Activity Units to child care center staff or family child care providers who conduct developmental screening, prior to implementation of the regulation.

Professional Activities are those that:
- Engage the participant in the broader aspect of the field of early childhood education as well as school-age care.
- Increase the knowledge of others in and outside of the profession.
- Require active involvement in professional activities that promote and support the workforce in ways such as workforce development and program improvement, ultimately improving outcomes for children. Professional activities increase

competence, performance, and effectiveness of those working with children working in child care.

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 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.

Maryland requires all child care training to include specifics related to caring for children with disabilities and special needs. This is part of Maryland's comprehensive framework. Trainers do not receive approval to provide a proposed training if their proposals do not contain this element.

The Making Access Happen Toolkit is a repository of supports, learning modules, and resources designed to provide a personalized, interactive learning experience for practitioners, providers and families in the support of evidence-based practices in early childhood settings. The Making Access Happen Learning Modules provide early care and education practitioners with the opportunity to increase their knowledge and skills for implementing evidence-based inclusive practices through the cycle of instruction, video scenarios, expert coaching, interactive activities, practice opportunities and targeted resources.
http://olms.cte.jhu.edu/olms2/makingaccesshappen

☑ Supporting the positive development of school-age children
Describe:
"Maryland's Guide to Early Childhood Pedagogy Birth to Age 8" 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 age one to eight years. 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 serving 24 elementary schools in 2002 to 54 today.

b) 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:

7.3.2 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 Quality Rating Improvement System 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.

7.4 Quality Rating and Improvement System (QRIS)

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. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:
1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring

5. Outreach and consumer education

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

☐ No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.

☐ No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.

☑ 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.

https://www.marylandexcels.org

Maryland is the lead on administration of the Quality Rating and Improvement System (Maryland EXCELS) and works with two contractors in this effort - Johns Hopkins University/Center for Technology and Maryland Family Network.

Johns Hopkins University/Center for Technology is responsible for developing and maintaining the online Quality Rating and Improvement System and website, and the verification of evidence uploaded by programs to meet the standards.

Program Coordinators hired by Johns Hopkins University/Center for Technology have a caseload of participating programs and act as the primary contact for questions and support. State Quality Assurance Specialists provide outreach, education, and support for participating programs. Monthly workgroups and trainings are held throughout Maryland to provide individualized assistance to programs and providers working to meet or increase a quality rating.

Maryland Family Network assists programs with understanding the Quality Rating and Improvement System, and developing policies to meet the Quality Rating and Improvement System 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.

☐ Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, 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.

7.4.2 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).

Quality Rating and Improvement System 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 Quality Rating and Improvement System, 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 Quality Rating and Improvement System 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.

7.4.3 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 7.4.6.

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).

☑ Programs that meet all or part of state/territory school-age quality 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.

7.4.4 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.

7.4.5 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

Describe:

Financial incentives (bonuses) for programs and providers who achieve a quality rating were paid from 2013-2015. Re-instating the bonuses for Quality Rating and Improvement System programs is planned for FY 2019. Bonuses will be paid to center-based and family child care providers who achieve an initial quality rating at any level (1 - 5) and for programs that maintain the highest level (5) a bonus will be paid upon republication of the level 5 rating.

Maryland will explore funding for one-time or on-going accommodations for children with disabilities for providers participating in Maryland EXCELS.

7.4.6 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

The Division of Early Childhood publishes and distributes monthly reports to stakeholders on participation and publication within the Quality Rating and Improvement System 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 the Quality Rating and Improvement System 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 Quality Rating and Improvement System, publication of a quality rating, and publication of higher quality levels.

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 Maryland Family Network.

Individuals assisting programs to improve their level of quality within the Quality Rating and Improvement System include Maryland Family Network, Division of Early Childhood Quality Assurance staff assigned regionally, and Johns Hopkins University/Center for Technology Program Coordinators assigned to assist Quality Rating and Improvement System participating programs.

7.5 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, including any partnerships or coordination with Early Head Start and IDEA Part C programs. 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. This is in addition to the general quality set-aside requirement.

7.5.1 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 Judy Centers in 54 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.

Maryland Family Network 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 Maryland Child Care Resource and Referral Network locations.

☐ Establishing or expanding the operation of community- or neighborhood-based family child care networks.

Describe:

☑ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

Maryland Family Network provides 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:

Maryland Family Network improves the child care services for infants and toddlers through specialized training and technical assistance for infant and toddler care providers through the regional Child Care Resource and Referral Network offices who have infant-toddler specialists. This training and technical assistance is 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:

The Division of Early Childhood collaborates with MSDE's Division of Special Education and the Maryland Infants and Toddlers Program to provide services for infants and toddlers with disabilities. Division staff participates in Access and Equity workgroups and on-going work around increasing access to quality services for infants and toddlers with disabilities.

☐ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

☐ 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 Maryland Family Network assists families in accessing specialized care and resources for hard to place children, including children with disabilities, English Language Learners 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.

Maryland Family Network, also 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.

The Division of Early Childhood 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:

Maryland Family Network infant-toddler specialists, using the Healthy Beginnings Guidelines, improve child care services for infants and toddlers (birth through three) through specialized training and technical assistance. 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, English Language Learners, 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.

☐ Coordinating with child care health consultants.

Describe:

☑ Coordinating with mental health consultants.

Describe:

The Early Childhood Mental Health (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 Early Childhood Mental Health Consultation Project began in 2002 as a 3-year pilot program in Baltimore City and on the Eastern Shore. Based on the project's success as shown in the program evaluation, the Maryland State Department of Education funded the expansion of the Consultation Pilot Project in 2006 statewide to the twelve child care licensing regions. 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. The Project's 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 dealing with challenging behaviors through training, coaching and mentoring, and build close partnerships with local community resources including Judy Centers, Head Start Centers, health departments, Child Find, Maryland Infants & Toddlers Program, preschool special education, and private consultation providers.

☑ Other

Describe:

The Division of Early Childhood awarded several "Medically Fragile" grants that support programs serving infants and toddlers with disabilities.

7.5.2 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 Quality Rating and Improvement System 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.

7.6 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.

7.6.1 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 grant to Maryland Family Network to serve as the Statewide Coordinating Entity for the Maryland Child Care Resource and Referral Network system. Maryland Family Network is required to support providers by providing training and technical assistance and capacity building. They also work with Maryland EXCELS to achieve regional goals for providers to attain higher quality rating and continuous quality improvement.

Quality ratings of published programs in the Quality Rating and Improvement System 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.

Maryland Family Network is required to provide data, on a quarterly basis, on the number of trainings provided and the amount of technical assistance they provide. Maryland Family Network monitors their trainers on a regular basis to ensure the quality of training provided.

7.7 Facilitating Compliance With State Standards

7.7.1 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 Maryland Family Network as the Statewide Coordinating Entity for the Maryland Child Care Resource and Referral Network. Licensing specialists and staff from the Maryland Child Care Resource and Referral Network provide training and technical assistance in maintaining compliance with licensing regulations. The state refers providers to the Maryland Child Care Resource and Referral Network for targeted technical assistance when needed.

7.7.2 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:

Maryland awards a one-time only grant of up to $500 to income-eligible family child care providers to reimburse them for the costs associated with becoming registered, and to maintain their registration. The grant program covers the costs of smoke detectors, fencing, gates, first aid supplies, and other health and safety related items.

7.7.3 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

Eligible family child care providers receive reimbursements of up to $500 for purchasing health and safety related items required to receive their registration. Providers may also ask for reimbursement of expenses for required training courses.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes 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 Quality Rating and Improvement

System and progress of programs through the quality rating levels to determine the effectiveness of child care programs and services offered. Quality Rating and Improvement System 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.

7.8.2 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 in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures

Johns Hopkins University/Center for Technology conducted a Quality Rating and Improvement System validation and evaluation study from January 1, 2014 through June 30, 2016 which was released in 2017. The study provided information used to determine the effectiveness and validity of the Maryland EXCELS standards and the quality of programs within the Quality Rating and Improvement System. The validation study found that the Maryland EXCELS QRIS does maintain overall linearity of program quality across its five distinctive levels when compared to correlational scores from external measures like the Classroom Assessment Scoring System, the Environment Rating Scales (ERS), and the Scale for Teachers' Assessment of Routines Engagement measure of child-engagement. The distinctiveness of levels is most evident at levels 2, 3, and 4, with moderate distinction between levels 1 and 2, and again at levels 4 and 5. Findings also showed a positive predictive relationship between the instructional activities used in a program and its overall quality rating as measured via the ERS, and was the same for the sub-scale of Parents & Staff/Provider on the Early Childhood Environment Rating Scale ECERS and Family Child Care Environment Rating Scale respectively. At the time of the validation study analysis, over 168,000 children had access to 3,600+ quality rated programs in all 24 jurisdictions of the state. This was an increase from 77 programs in the precursor tiered reimbursement system. Post validation study, this trend has increased. Likewise, over the course of the study period, 27% of programs increased their quality rating by one or more levels. The validation study did reveal a potential threat in validity of ratings of accredited programs that

were given credit for certain indicators within the Maryland EXCELS standards based on their accreditation status, if that program had been accredited more than two-years prior. This suggests that the "alternative pathway" concept of recognizing accreditation as an automatic confirmation of achievement of a quality indicator may be limited, especially if the length of time between the original accreditation award and the current quality rating review is greater than two-years.

Monitoring visits to programs with published ratings are conducted by state Quality Assurance Specialists. The purpose of monitoring visits is to observe that the program has implemented the policies and practices they submitted to meet the QRIS standards. Of the programs that have had monitoring visits conducted, 95% of the criteria that were being monitored, were observed in practice and fully implemented in the programs.

7.9 Accreditation Support

7.9.1 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 for both child care centers and family child care homes

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 provides funds to pay the accreditation fees for family child care providers and center-based programs pursuing National Accreditation. There are no fees associated with Maryland Accreditation, so child care centers pursuing Maryland Accreditation may apply for funds to reimburse the cost of instructional supplies purchased as part of program improvement leading to accreditation.

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 the Division of Early Childhood:
- 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-CESS)
- 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 statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.
Describe:

☐ Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care
Describe:

☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide
   ☐ Focused on child care centers
   Describe:

☐ Focused on family child care homes

Describe:

☐ No, but the state/territory is in the accreditation development phase

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☐ No, the state/territory has no plans for accreditation development

7.9.2 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

Maryland follows the progress and successful achievement of accreditation for programs receiving accreditation support funds. Subsequent funding is dependent upon the program's ability to achieve and maintain accreditation. Accredited programs participating in the QRIS that have achieved a Quality Rating 5, receive a Classroom Assessment Scoring System (CLASS) assessment once every three years.

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

The Maryland EXCELS Quality Rating and Improvement System and the Maryland Accreditation standards include infants and toddlers, preschoolers, and school-age children in all content areas within the systems. Both programs have separate standards for school-

age programs with their unique needs taken into consideration for best practice. The state works with local associations, advisory councils and stakeholder groups to support their efforts to improve quality and access in their local jurisdiction.

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. 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. Accreditation is one of the component standards for Judy Center grants. To help maintain high quality program standards, prekindergarten classrooms must complete accreditation as well as childcare partners and Head Start partners. Judy Centers are also required to have partnerships with Infants and Toddlers, special education, and community stakeholders.

7.10.2 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

The Maryland EXCELS Quality Rating and Improvement System and the Maryland Accreditation standards include infants and toddlers, preschoolers, and school-age children in all content areas within the systems. Both programs have separate standards for school-age programs with their unique needs taken into consideration for best practice. The state works with local associations, advisory councils and stakeholder groups to support their efforts to improve quality and access in their local jurisdiction.

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development 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)).

The Early Learning Guidelines and Guide to Pedagogy Maryland developed during the Race to the Top -Early Learning Challenge Grant informs the criteria and best practices contained in the Maryland EXCELS Quality Rating and Improvement System and the Maryland Accreditation program. Measurable indicators of quality include tracking the number of programs achieving accreditation, and the progress of programs through the quality rating levels of the QRIS over time. On-site monitoring visits to programs with published quality ratings provide additional evidence of progress toward improving the quality of child care programs and services. Data collected from monitoring visits to programs show that 95% of quality criteria were observed in practice to benefit children, families, and staff.

The Division of Early Childhood is planning to update its Early Learning Standards this year to include the revised Fine Arts Standards. Measurable indicators will also be developed as a part of the revision process.

7.11.2 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, and also describe the measureable indicators of progress for each activity 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. Describe:

Other activities to improve the quality of child care services include kindergarten readiness assessments. In the 2017-18 school year, the Kindergarten Readiness Assessment was given to every child (census administration) in 12 jurisdictions and a representative sample of children in the other 12 upon entry into kindergarten. Next year, there will be 14 jurisdictions conducting a census. Each year, jurisdictions choose whether to implement by census or sample.

Information gained from the Kindergarten Readiness Assessment is provided in a report to school systems, teachers, and child care providers, members of the Early Childhood Advisory Council and advocacy organizations. The information is used to identify training supports for the child care community and instructional practices.

The Ready 4 Kindergarten Comprehensive Assessment System has two components that provide data to preschool-aged and school-age children's programs/teachers. Quality funds were used to develop the Early Learning Assessment component, which provides formative assessment data to teachers

8 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. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:

☑ Train on policy manual

Describe:

MSDE Office of Child Care Subsidy staff provide technical assistance any time there is an update to COMAR, regulations impacting child care subsidy and federal policy updates.

MSDE Office of Child Care Credentialing staff provide training and technical assistance any time there is an update to COMAR, credentialing regulations, and policy or procedure changes.

☑ Train on policy change notices

Describe:

MSDE provides technical assistance on any policy implementation made prior to regulation promulgation.

☑ Ongoing monitoring and assessment of policy implementation

Describe:

Division of Early Childhood staff monitor MSDE's vendor for Child Care Subsidy services

and the local departments of social services to ensure adherence to regulation and policy.

☑ Other

Describe:

The Division of Early Childhood has established formal review and monitoring procedures that are conducted on an on-going basis to determine program compliance. MSDE has an internal audit team that also conducts audits.

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (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. Check all that apply:

☑ Verifying and processing billing records to ensure timely payments to providers

Describe:

The process for paying sub grantees' claims and contractors billings goes through multiple approval levels before payment is made. They are reviewed by the Program person, and processed, checked, and approved by MSDE's Department of Business Services before going to Maryland's General Accounting Division for payment.

Division of Early Childhood Grants Officers review invoices for allowable costs and alignment with approved plans prior to submitting them to the accounting unit. Direct voucher payments are monitored and tracked in the Child Care Automated Tracking System for invoice approval and payment through Maryland's financial management information system.

☑ Fiscal oversight of grants and contracts

Describe:

The Division of Early Childhood has a grants specialist that oversees and monitors the grants. The grants specialist also completes monitoring visits throughout the year. Management, including the Division of Business Services Fiscal office, reviews and signs off on all contracts and grants. In the release of any request for proposal, allowable and

unallowable expenditures are listed. The grant/contract monitor then reviews invoices to ensure that any requests for payment fall within the allowable charges. Signed assurances are enforced in case of misappropriation.

☑ Tracking systems to ensure reasonable and allowable costs
Describe:

A unique code for each CCDF fiscal year, funding stream, and expenditure type, has been established. Management, including the Division of Business Service fiscal office, reviews computations and allowability of funds. The approval of requisitions includes review and sign-off by management. In release of any request for proposal, allowable and unallowable expenditures are listed. The grant/contract monitor then reviews invoices to ensure that any requests for payment fall within the allowable charges.

☑ Other
Describe:

Division of Early Childhood staff and MSDE's vendor for Child Care Subsidy services review enrollment documents, attendance or billing records, and conduct quality assurance reviews. Division of Early Childhood staff and MSDE's vendor for Child Care Subsidy services also audit provider records, train staff on policy and procedures, and perform external audits.

The Division of Early Childhood tracks payments to providers on a monthly basis to ensure that Quality Rating and Improvement System participation matches payments to programs.

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

☑ Conduct a risk assessment of policies and procedures
Describe:

The Division of Early Childhood completes a risk assessment when new Child Care Subsidy policies and procedures are implemented to determine the potential barriers case managers may have with consistently implementing policies. Based upon the

review, the Division of Early Childhood 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.

Quality Rating and Improvement System participation is required for programs receiving Child Care Subsidy funding. The Division of Early Childhood 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 Quality Rating and Improvement System requirement and marks the Quality Rating and Improvement System 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) Division of Early Childhood staff review and verify that the evidence required to meet the quality rating was marked correctly by the Program Coordinator; and (b) Division of Early Childhood 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. The Division of Early Childhood monitors the participation status of programs in the Quality Rating and Improvement System and regularly changes programs to Non-Participation status when they have not taken action to meet the Quality Rating and Improvement System requirements as outlined in COMAR regulations. Programs that are not participating in the Quality Rating and Improvement System are not eligible for Child Care Subsidy payments. However, child care programs may resume participation at any time by meeting Quality Rating and Improvement System 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:

The Division of Early Childhood requires supervisors to review three cases per month, per case manager.

☐ Other

Describe:

The Division of Early Childhood's Office of Child Care Subsidy conducts random case reviews for all programs authorizing vouchers.

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

☑ 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)).

Describe

MSDE utilizes common databases, CARES and CCATS, which enables the agency to see common customers served.

☑ Run system reports that flag errors (include types).

Describe:

Maryland periodically generates reports on child support and uses that information to

determine if all income from the household has been reported. Likewise, the generation of Invoice Reports helps identify billing and attendance discrepancies.

☐ Review enrollment documents and attendance or billing records
Describe:
Random request and comparison of Parent/Provider Attendance Sheets and Provider Invoices helps to identify billing and attendance discrepancies.

☑ Conduct supervisory staff reviews or quality assurance reviews.
Describe:
Child Care Subsidy Supervisors are required to conduct a monthly random review of cases authorized by each case manager authorizing benefits. MSDE staff complete a random secondary review of the cases sampled by the supervisors.

☑ Audit provider records.
Describe:
MSDE staff audit provider records when potential fraud is reported.

☑ Train staff on policy and/or audits.
Describe:
MSDE trains staff on child care subsidy policies and procedures, including what to look for when reviewing applications against the submitted documentation to establish eligibility.

☑ Other
Describe:
A Child Care Subsidy fraud investigator randomly reviews child care subsidy cases.

The Division of Early Childhood Development uses data matches from the Quality Rating and Improvement System participation and payments to providers to ensure compliance with regulations.

b) Check and describe all activities the Lead Agency conducts to identify unintentional

program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

☑ 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).

Describe:

MSDE utilizes common databases, CARES and CCATS, which enables the agency to see common customers served. If errors are noted, case managers are instructed to address them.

☑ Run system reports that flag errors (include types).

Describe:

Maryland generates Redetermination and Voucher Duration Reports to determine if case managers authorized cases correctly. If errors are noted, case managers are instructed to address each case.

☑ Review enrollment documents and attendance or billing records

Describe:

Random request and comparison of Parent/Provider Attendance Sheets and Provider Invoices helps to identify billing and attendance discrepancies.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Child Care Subsidy Supervisors are required to conduct a monthly random review of cases authorized by each case manager authorizing benefits. MSDE staff complete a random secondary review of the cases sampled by the supervisors.

☑ Audit provider records.

Describe:

MSDE staff audit provider records if potential fraud is reported. If errors are noted, case managers are instructed to address them. Where applicable, an over/under payment is collected from, or paid to, the child care provider.

☑ Train staff on policy and/or audits.

Describe:

MSDE trains staff on child care subsidy policies and procedures, including what to look for when reviewing applications against the submitted documentation to establish eligibility.

☑ Other

Describe:

A Child Care Subsidy fraud investigator randomly reviews cases.

The Division of Early Childhood Development uses data matches from the Quality Rating and Improvement System participation and payments to providers to ensure compliance with regulations.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency 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).

Describe:

MSDE utilizes common databases, CARES and CCATS, which enables the agency to see common customers served. If errors are noted, case managers are instructed to address each case.

☑ Run system reports that flag errors (include types).

Describe:

Maryland generates Redetermination and Voucher Duration Reports to determine if case managers authorized cases correctly. If errors are noted, case managers are instructed to address each case.

☑ Review enrollment documents and attendance or billing records

Describe:

Random request and comparison of Parent/Provider Attendance Sheets and Provider

Invoices, helps to identify billing and attendance discrepancies.

☑ Conduct supervisory staff reviews or quality assurance reviews.
Describe:
Child Care Subsidy Supervisors are required to conduct a monthly random review of cases authorized by each case manager authorizing benefits. MSDE staff complete a random secondary review of the cases sampled by the supervisors.

☑ Audit provider records.
Describe:
MSDE staff audit provider records if potential fraud is reported. If errors are noted, case managers are instructed to address them. Where applicable, an over/under payment is collected from, or paid to, the child care provider.

☑ Train staff on policy and/or audits.
Describe:
MSDE trains staff on child care subsidy policies and procedures, including what to look for when reviewing applications against the submitted documentation to establish eligibility.

☑ Other
Describe:
A Child Care Subsidy fraud investigator randomly reviews cases.

The Division of Early Childhood Development uses data matches from the Quality Rating and Improvement System participation and payments to providers to ensure compliance with regulations.

8.1.5 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.

a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. 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).

Describe:

If MSDE discovers intentional program fraud, it provides other agencies with the eligibility information necessary for them to complete their investigations.

☑ Recover through repayment plans.

Describe:

Once an improper payment due to fraud is discovered, a repayment plan is established by the Courts or through cooperation with the parent or provider.

☑ Reduce payments in subsequent months.

Describe:

Child care subsidy regulations address reducing subsequent payment amounts to providers as an option for the repayment of improper payments due to fraud.

☑ Recover through state/territory tax intercepts.

Describe:

The Maryland Comptroller's Office is notified through MSDE's Accounting Division of improper payments due to fraud that need to be intercepted from provider payments.

☐ Recover through other means.

Describe:

☑ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

The Division of Early Childhood's Child Care Subsidy branch has a position devoted to investigating program fraud. This position works in partnership with the Maryland Office of the Inspector General to investigate cases of potential and known fraud.

☐ Other

Describe:

b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. 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).

Describe:

☐ Recover through repayment plans.

Describe:

☐ Reduce payments in subsequent months.

Describe:

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

Maryland

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

☑ Other

Describe:

MSDE corrects unintentional program violations at redetermination or at the point of discovery, if the unintentional program violation benefits the family. Based upon CCDF Reauthorization, exceptions include: child not enrolled in care, family income above 85% of the State Median Income or the family no longer resides in Maryland. In any of the aforementioned exceptions apply, Maryland will collect the improper payment from the parent or the provider. Maryland will provide technical assistance upon discovery of administrative errors to reduce duplication of the error.

c) Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

☐ 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).

Describe:

☐ Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

☐ Reduce payments in subsequent months.

Describe:

☐ Recover through state/territory tax intercepts.

Maryland

Describe:

☐ Recover through other means.
Describe:

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
Describe:

☑ 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 State Median Income and the family was a resident of Maryland. Overpayment will be collected from the provider or parent if any of the aforementioned are applicable. Maryland will provide technical assistance upon discovery of administrative errors to reduce duplication of the error.

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

☑ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.
Describe:

A parent found to have committed an intentional child care subsidy program violation is ineligible to participate in the program for the following: 1st violation - six months, 2nd violation - twelve months, 3rd violation - permanently barred from receiving child care subsidy services and shall make restitution. For determination of an intentional program violation based on a customer's conviction in a federal or state court on charges that the person misrepresented the location of his/her residence in order to obtain services from two or more states, the customer is not eligible to receive services from the program for

ten years from the finding.

A parent may request a hearing by submitting a request on a form provided at the time of the decision. The completed form is submitted to MSDE's vendor for Child Care Subsidy services or the local departments of social services. The form is sent to the Office of Administrative Hearings for scheduling. When MSDE's vendor for Child Care Subsidy, or the local departments of social services, 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.

☑ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

A provider found to have committed an intentional child care subsidy program violation is ineligible to participate in the program for the following: 1st violation - six months, 2nd violation - twelve months, 3rd violation - permanently barred from receiving child care subsidy services and shall make restitution. For determination of an intentional program violation based on a provider's conviction in a federal or state court on charges that the person misrepresented the location of his/her residence in order to obtain services from two or more states, the provider is not eligible to receive payment from the program for ten years from the finding.

A provider 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 Child Care Subsidy services or the local departments of social services. The form is sent to the Office of Administrative Hearings for scheduling. When MSDE's vendor for Child Care Subsidy, or the local departments of social services, 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.

☑ Prosecute criminally.

Describe:

If the Office of Child Care Subsidy's fraud investigator makes the determination that there

is enough evidence to support a criminal prosecution, the fraud investigator completes the required paperwork and submits it to the local District Attorney to pursue the case as a criminal matter.

☐ Other.
Describe:

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. 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. Separate 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 deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until

background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting a time-limited waiver extension.

☑ **Appendix A.5:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for new or prospective staff. (See related question at 5.4.5 (a))

Describe the provision from which the state/territory seeks relief.

Maryland has not been able to establish a process for providers who live outside of Maryland, or who have lived outside of Maryland in the preceding five (5) years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Granting of the waiver itself will not improve the delivery of child care services. However, it will provide Maryland with additional time to come up with a mechanism to meet this requirement.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Child care providers in Maryland have never had to undergo this check in the past and there have been no reports of providers who are listed on the NSOR having access to children in child care at this time. While that does not guarantee the health, safety and well-being of children, Maryland is comfortable that its residents are all checked against the NSOR as part of the routine State background check. The extension request is to give us time to establish a mechanism to meet the requirement for out-of-state residents.

☑ **Appendix A.6:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related

question at 5.4.5 (b))

Describe the provision from which the state/territory seeks relief.

Maryland has not been able to establish a process for providers who live outside of Maryland, or who have lived outside of Maryland in the preceding five (5) years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Granting of the waiver itself will not improve the delivery of child care services. However, it will provide Maryland with additional time to come up with a mechanism to meet this requirement.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Child care providers in Maryland have never had to undergo this check in the past and there have been no reports of providers who are listed on the NSOR having access to children in child care at this time. While that does not guarantee the health, safety and well-being of children, Maryland is comfortable that its residents are all checked against the NSOR as part of the routine State background check. The extension request is to give us time to establish a mechanism to meet the requirement for out-of-state residents.

☑ **Appendix A.7:** Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a))

Describe the provision from which the state/territory seeks relief.

Maryland has not been able to establish a process for providers who live outside of Maryland, or who have lived outside of Maryland in the preceding five (5) years. Maryland is aware that some providers are complying since we are using CCDF funding to reimburse the costs associated with this requirement. However, we are not certain all providers are complying and we are seeking additional time to ensure compliance.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Granting of the waiver itself will not improve the delivery of child care services. However, it will provide Maryland with additional time to come up with a solution for out-of-state providers.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. Maryland cannot certify children receiving assistance through CCDF will not be compromised. However, historically, we have not had enforcement actions related to this requirement of the Reauthorization.

☑ **Appendix A.8:** Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b))
Describe the provision from which the state/territory seeks relief.
Maryland has not been able to establish a process for providers who live outside of Maryland, or who have lived outside of Maryland in the preceding five (5) years. Maryland is aware that some providers are complying since we are using CCDF funding to reimburse the costs associated with this requirement. However, we are not certain all providers are complying and we are seeking additional time to ensure compliance.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children
Granting of the waiver itself will not improve the delivery of child care services. However, it will provide Maryland with additional time to come up with a solution for out-of-state providers.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. Maryland cannot certify children receiving assistance through CCDF will not be compromised. However, historically, we have not had enforcement actions related to this requirement of the Reauthorization.

☑ **Appendix A.9:** Interstate sex offender registry or repository check for new or prospective staff. (See related question at 5.4.7 (a))
Describe the provision from which the state/territory seeks relief.
Maryland has not been able to establish a process for providers who live outside of Maryland, or who have lived outside of Maryland in the preceding five (5) years. Maryland is aware that some providers are complying since we are using CCDF funding to reimburse the costs associated with this requirement. However, we are not certain all providers are complying and we are seeking additional time to ensure compliance.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Granting of the waiver itself will not improve the delivery of child care services. However, it will provide Maryland with additional time to come up with a mechanism to meet this requirement.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Maryland cannot certify children receiving assistance through CCDF will not be compromised. However, historically, we have not had enforcement actions related to this requirement of the Reauthorization.

☑ **Appendix A.10:** Interstate sex offender registry or repository check for existing staff. (See related question at 5.4.7 (b))

Describe the provision from which the state/territory seeks relief.

Maryland has not been able to establish a process for providers who live outside of Maryland, or who have lived outside of Maryland in the preceding five (5) years. Maryland is aware that some providers are complying since we are using CCDF funding to reimburse the costs associated with this requirement. However, we are not certain all providers are complying and we are seeking additional time to ensure compliance.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Granting of the waiver itself will not improve the delivery of child care services. However, it will provide Maryland with additional time to come up with a mechanism to meet this requirement.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Maryland cannot certify children receiving assistance through CCDF will not be compromised. However, historically, we have not had enforcement actions related to this requirement of the Reauthorization.

☑ **Appendix A.11:** Interstate child abuse and neglect registry check for new or prospective staff. (See related question at 5.4.8 (a))

Describe the provision from which the state/territory seeks relief.

Maryland has not been able to establish a process for providers who live outside of Maryland, or who have lived outside of Maryland in the preceding five (5) years. Maryland is aware that some providers are complying since we are using CCDF funding to reimburse the costs associated with this requirement. However, we are not certain all providers are complying and we are seeking additional time to ensure compliance.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Granting of the waiver itself will not improve the delivery of child care services. However, it will provide Maryland with additional time to come up with a mechanism to meet this requirement.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Maryland cannot certify children receiving assistance through CCDF will not be compromised. However, historically, we have not had enforcement actions related to this requirement of the Reauthorization and all providers, regardless of where they live, must undergo a Maryland child protective services check.

☑ **Appendix A.12:** Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))

Describe the provision from which the state/territory seeks relief.

Maryland has not been able to establish a process for providers who live outside of Maryland, or who have lived outside of Maryland in the preceding five (5) years. Maryland is aware that some providers are complying since we are using CCDF funding to reimburse the costs associated with this requirement. However, we are not certain all providers are complying and we are seeking additional time to ensure compliance.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

Granting of the waiver itself will not improve the delivery of child care services. However, it will provide Maryland with additional time to come up with a mechanism to meet this

requirement.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. Maryland cannot certify children receiving assistance through CCDF will not be compromised. However, historically, we have not had enforcement actions related to this requirement of the Reauthorization and all providers, regardless of where they live, must undergo a Maryland child protective services check.