Child Care and Development Fund (CCDF) Plan

for

State/Territory Maryland

FFY 2022 – 24

Version: Amendment 1
Plan Status: Approved as of 2023-09-29 19:46:05 GMT

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

Contents

Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems and Funding Sources

2. Promote Family Engagement Through Outreach and Consumer Education

3. Provide Stable Child Care Financial Assistance to Families

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

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

6. Recruit and Retain a Qualified and Effective Child Care Workforce

7. Support Continuous Quality Improvement

8. Ensure Grantee Program Integrity and Accountability

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

Citations

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions. Complete answers must include citations, responses, and descriptions.

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.
(See http://www.section508.gov/ for more information.)

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

1 Define Leadership and Coordination with Relevant Systems and Funding Sources

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. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). 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) and 98.16(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: **Carey**

Lead Agency Official Last Name: **Wright**

Title: **Interim State Superintendent of Schools**

Phone Number: **(410) 767-0464**

Email Address: **carey.wright@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: **Keisha**

CCDF Administrator Last Name: **Maxwell**

Title of the CCDF Administrator: **Administrator of Policy and Special Projects**

Phone Number: **(443) 379-4329**

Email Address: **keisha.maxwell@maryland.gov**

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

CCDF Co-Administrator First Name:

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Phone Number:

Email Address:

Description of the Role of the Co-Administrator:

1.2   CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate

(i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). 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   CCDF program rules and policies are set or established at:

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(d)(1)). Check one.

[x] a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

[ ] b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:

[ ] A. State or territory. Identify the entity.

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

[ ] C. Other. Describe:

ii. Sliding-fee scale is set by the:

[ ] A. State or territory. Identify the entity.

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

[ ] C. Other. Describe:

iii. Payment rates and payment policies are set by the:

[ ] A. State or territory. Identify the entity.

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

[ ] C. Other. Describe:

iv. Licensing standards and processes are set by the:

[ ] A. State or territory. Identify the entity.

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

[ ] C. Other. Describe.

v. Standards and monitoring processes for license-exempt providers are set by the:

[ ] A. State or territory. Identify the entity.

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

[ ] C. Other. Describe:

vi. Quality improvement activities, including QRIS are set by the:

[ ] A. State or territory. Identify the entity.

[ ] B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of quality improvement activities the local entity(ies) can set.

[ ] C. Other. Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

1.2.2   Implementation responsibility

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

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

CCDF Activity	CCDF Lead agency	TANF agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	[x]	[x]	[ ]	[ ]	[ ]
Who assists parents in locating child care (consumer education)?	[x]	[x]	[x]	[x]	[x]
Who issues payments?	[x]	[ ]	[ ]	[ ]	[ ]
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ]
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[ ]	[ ]
Who operates the quality improvement activities?	[x]	[ ]	[ ]	[ ]	[ ]

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

Local Departments of social services (LDSS) - Under the oversight of Maryland Department of Human services, they determine eligibility for temporary cash assistance customers only.

LOCATE (Resource and Referral Network Contractor) and Marylandchild.org (Consumer Education Website) - Assists parents with locating child care providers and making them aware of high quality programs that participate in Maryland EXCELS.

Lead Agency Vendor- Initiates payments through our Child Care Administrative Tracking System (CCATS) so the Maryland Comptroller's Office can issue the payments.

1.2.3   Processes to oversee and monitor CCDF administration and implementation

Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).
    - Tasks to be performed
    - Schedule for completing tasks
    - Budget which itemizes categorical expenditures in accordance with CCDF requirements
    - Monitoring and auditing procedures
    - Indicators or measures to assess performance of those agencies
- Any other processes to oversee and monitor other agencies.

Through the State Coordinating Entity (SCE) Services for the Maryland Child Care Resource Centers Network (MCCRCN) grant to Maryland Family Network, Maryland State Department of Education utilizes a Request for Proposal (RFP) process to identify and select sponsoring agencies to operate child care resource centers. These agencies submit proposals outlining plans to meet the requirements of a Child Care Resource Center, including all services and requirements outlined by Maryland State Department of Education. These agencies sign a Services Agreement (contract) to provide the services outlined in the proposal and in accordance with all local, state, and federal applicable laws pertaining to service delivery and funds/budget management. These contracts also require the agency to provide proof of insurance, including workers' compensation, and sign the same assurances which Maryland Family Network signs as the State Coordinating Entity. Monitoring of the sponsoring agencies consists of twice annual formal monitoring visits, regular meetings between Maryland Family Network and the Child Care Resource Center staff, property maintenance and inventory reports, quarterly narrative and action plan reports, monthly services data, and additional reporting as requested by Maryland State Department of Education or Maryland Family Network. The monitoring tool is modeled after the Maryland State Department of Education tool used to monitor Maryland Family Network as the State Coordinating Entity and includes the standards outlined in the RFP for operation of a Child Care Resource Center as well as a website compliance review to ensure all appropriate information is contained on the website and social media profiles. A final review is completed at the end of the fiscal year to review all data, conducted services, and achievement of goals. Sponsoring agencies submit fiscal year budgets for review and approval by Maryland Family Network prior to the start of the fiscal year; the agency submits monthly invoices which include personnel time and effort statements demonstrating personnel time spent in direct support of Child Care Resource Center services. Budget modifications can be submitted on a rolling basis as needed. The Finance Department at MFN conducts fiscal audits and grant risk assessments of the sponsoring agencies, with additional reviews conducted as needed (typically based on any audit findings). Maryland Family Network and the sponsoring agencies are required to complete an audit in accordance with guidelines specified by Maryland State Department of Education; sponsoring agencies submit the audits to Maryland Family Network for the fiscal department to review.

Also included in the State Coordinating Entity (SEC) Services for the Maryland Child Care Resource Centers Network (MCCRCN) grant to Maryland Family Network, LOCATE: Child Care, is monitored by Maryland State Department of Education and through the external audit conducted of Maryland Family Network annually. The LOCATE: Child Care database contains information for all regulated providers in Maryland, which includes information provided by the program/provider,

Maryland State Department of Education, and the LOCATE: Child Care staff. Services are available by phone to families between 8:30 AM and 4:30 PM, Monday through Friday, excluding holidays. The online web-based search is available 24/7 with a live chat available during business hours. The LOCATE: Child Care staff member interviews the parent/caller to identify specific child care needs and uses this information to conduct a search of the database to find providers who match those needs. The parent/caller is given up to six referrals and can call back at any time to receive more. In addition to supporting the parent in identifying child care, the staff member also provides information on selecting quality child care, the Maryland EXCELS program, and other programs and support services as appropriate (based on information provided by the parent). When referrals are sent, digital documents are also included: LOCATE's Choosing Child Care Document, a Maryland EXCELS brochure, Information about Child Care Scholarship and Everyday Ways to Support Your Baby's and Toddler's Early Learning. A follow up call is made approximately one to two months later to determine whether the parent found care and other information regarding care found and satisfaction with the service. More referrals are given at the time of follow up if requested. Data reports are run weekly, monthly and quarterly to evaluate performance and productivity; the data include number of calls, number of referrals sent, number of follow ups, percent of follow ups where parent found care through LOCATE and satisfaction rating

CHILD CARE SCHOLARSHIP: MSDE has a contract with a single vendor. The vendor is required to complete a quality assurance review of 25% of cases completed per month. The Child Care Scholarship 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 scholarship policies and the absence of Improper Authorization of Payments (IAP) that result in overpayments or underpayments. In addition, the Child Care Scholarship 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%.

Maryland provides a grant to Johns Hopkins University/IDEALS Institute to establish and maintain a website with a (https://marylandexcels.org/directory/) Find a Program search tool for families to find QRIS quality rated programs. Grant activities are monitored through weekly calls, a review of monthly invoices, and quarterly grant reports.

1.2.4   Information systems availability to public agencies

Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure 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 to other public agencies. This includes 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 (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

MSDE owns the core data system, Child Care Automated Tracking System (CCATS), and has demonstrated the system to other states who have expressed an interest. The CCATS system collects and stores data for Licensing, Scholarship, Workforce Development and Maryland EXCELS. Data such as approved child care providers, scholarship amounts and payments issued can be researched in the CCATS system. MSDE can make the system's custom code and software available, if requested.

MSDE is in the process of modernizing the data system. This will be a complete replacement of CCATS and include all functions under Licensing, Scholarship, Workforce Development, Maryland EXCELS, grants, Pre-K Expansion, etc.

1.2.5   Confidential and personal identifiable information policies

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.

All Maryland State information is categorized into two main classifications with regard to disclosure. Those two main classifications are public and confidential. Public information is information that has been declared publicly available by Maryland State officials with the explicit authority to do so and can freely be given to anyone without concern for potential impact to the State of Maryland, its employees or citizens. Confidential information is non-public information that has been deemed to constitute Personally Identifiable Information (PII), Federal Tax Information, (FTI), Protected Health Information (PHI), Payment Card Industry (PCI), Privileged or Sensitive.

Confidential information is required to be protected with administrative, technical, and physical safeguards designed to ensure its confidentiality and integrity and to prevent unauthorized or inappropriate access, use, or disclosure. Confidential information is prohibited on portable and non-state owned devices, unless prior written approval from agency Secretary (or delegated authority) has been granted. Exceptions to this may include contracted managed (outsourced) services where security of confidential information is documented, reviewed and approved by data custodians (or delegated authority). Approved storage on any portable device must be protected with encryption technology.

When confidential information is in use, it needs to be marked or clearly identified as ⬜Confidential⬜. Only those Maryland state employees or contractors with explicit need-to know and other individuals, for whom an authorized Maryland state official has determined there is a need-to-know and an appropriate non-disclosure agreement has been obtained, can have access to confidential information.

Distribution of confidential information within State of Maryland systems has to be delivered directly with a signature required and envelopes need to be stamped confidential. If confidential information is disbursed via email, there needs to be an approved, electronic email or electronic file. The penalty for deliberate or inadvertent disclosure of confidential information can range from administrative actions to adverse personnel actions up to termination of employment. Deliberate, unauthorized disclosure of confidential information may result in civil and/or criminal penalties.

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 as described in question 1.4.1.

1.3.1   Consultation efforts

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. – c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a. Consultation with general purpose local governments*.*

Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

Representatives of local governments 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 as they relate to child care.

b. Consultation with state advisory council or similar coordinating body.

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

The State's Early Childhood Advisory Council and the Office of Child Care Advisory Council contains a broad range of state and local stakeholders, comprised of members of the early care and education communities as well as local government, including Maryland Head Start Association, Maryland State Family Child Care Association, Maryland State Child Care Association, Local Education Agencies, Department of Human Services, Department of Health, State Interagency Coordinating Council representatives and the Maryland Disabilities Council. A current list of members can be found here: (https://earlychildhood.marylandpublicschools.org/node/662) https://earlychildhood.marylandpublicschools.org/node/662

The members of the State Early Childhood Advisory Council all receive electronic copies of the draft Plan and are invited to submit recommendations to the Division of Early Childhood. There is at least one face-to-face meeting with Council members to review the State's Plan and to solicit member's input. Additionally, the plan was posted on the Division of Early Childhood website asking for public comment. All Council members were notified of this posting through email and announcements to all Council members.

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. Consultation with Indian tribes or tribal organizations within the State.

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. **Maryland does not have any federally recognized Tribal organizations.**

d. Consultation with other entities, agencies or organizations.

Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.

- 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   Statewide or territory-wide public hearing process

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.
   Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).
                          05/14/2021
b. Date of notice of public hearing (date for the notice of public hearing identified in a.. 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).

04/22/2021

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, the Public School Early Learning Coordinators, the Early Childhood Advisory Council, the Head Start Association, and others who requested the Plan, received an email notification of the public hearing which included a link to the drafted document. MSDE posted notice of the availability of the draft Plan on its website at:**
>
> **ht(about:blank) tps://earlychildhood.marylandpublicschools.org/public-hearing-child-care-and-development-fund-ccdf-plan**

> **MSDE also used the bi-weekly Tuesday Tidbits newsletter, Facebook and 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.

> **?Due to COVID-19, MSDE held the Public Hearing virtually via Google Meet. The Google Meet allowed anyone from all geographic regions of Maryland to be able to attend.**

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 emailed notification of the public hearing and the Draft Plan to several stakeholder groups and requested them to distribute the Plan to their members. The plan was not available in other languages because it was uploaded to the website as a PDF due to the size of the document.   MSDE also posted the draft Plan on its website at: https://earlychildhood.marylandpublicschools.org/public-hearing-child-care-and-development-fund-ccdf-plan**

f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

> **?Comments from the public hearing were given to all the branches for review and consideration. Most of the requests and suggestions made were in regards to programs that were already in effect. As a result, Maryland is trying to think of new ways to communicate to providers to avoid further oversights. Suggestions about programs or initiatives that are not currently offered in Maryland, are still being considered for possible and future implementation. Some of those suggestions have been mentioned within the plan.**

1.3.3   Public availability of plan, amendments and waivers

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 at https://www.acf.hhs.gov/occ/resource/pi-2009-01.)

a. Website link for plan, amendments and waivers

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.

https://earlychildhood.marylandpublicschools.org/2022CCDF

b. Other strategies for plan, amendments and waivers availability

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.

[x] Working with advisory committees. Describe:

MSDE's Division of Early Childhood has numerous staff who participate in several advisory committees/councils. Everyone will receive email copies and/or links to of the Plan.

https://earlychildhood.marylandpublicschools.org/2022CCDF

[x] 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, will receive the final CCDF Plan and any subsequent Plan amendments via email. They also will distribute copies of the final CCDF Plan through the Maryland Child Care Resource and Referral Network to local communities.

https://earlychildhood.marylandpublicschools.org/2022CCDF

[x] Providing translation in other languages. Describe:

The Division of Early Childhood will translate the final CCDF plan into Spanish and make it available in any other language upon request.

https://earlychildhood.marylandpublicschools.org/2022CCDF

[x] Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe:

MSDE uses our Facebook page and Twitter account to notify the public that the final CCDF Plan is available and how interested parties may download or obtain a hard copy.

https://earlychildhood.marylandpublicschools.org/2022CCDF

[x] Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

MSDE makes the final CCDF Plan available on the Department of Early Childhood website then emails the link 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, who serves on the Office of Child Care Advisory Council, also receives the link so it can be shared with fellow union members.

https://earlychildhood.marylandpublicschools.org/2022CCDF

[x] Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

[ ] Other. Describe:

Maryland's Out of School Time (MOST) Network and other associations are notified about the posting and distribution of the final CCDF Plan.

https://earlychildhood.marylandpublicschools.org/2022CCDF

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 Accessibility and continuity of care

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.

- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.

a. Lead Agency coordination with required agencies

The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

Local government representatives serve on the Office of Child Care Advisory Council and the State Early Childhood Advisory Council. Items of interest to local government agencies, or of interest to MSDE, are discussed during these quarterly 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.

Maryland has 24 jurisdictions (23 counties and Baltimore City) throughout the State. In each of these counties, there is a local Early Childhood Advisory Councils (funded through the Division of Early Childhood's Preschool Development Grant Birth through Five) that reviews the landscape of the county to identify the needs for that region. The representatives that make up the State Early Childhood Council are listed below. Each jurisdiction has similar representation at the local level. The State Early Childhood Advisory Council consists of up to 40 members, including:

(1) The State Superintendent of Schools, or the Superintendent's designee;

(2) One representative of the Maryland State Senate;

(3) One representative of the Maryland House of Delegates;

(4) The State Director of Head Start Collaboration;

(5) The Executive Director of the Governor's Office for Children, or the

Executive

Director's designee;

(6) The Assistant State Superintendent of the Division of Early Childhood

Development of the Maryland State Department of Education (MSDE);

(5) The State Child Care Administrator;

(6) Up to two representatives of local educational agencies;

(7) Up to two representatives of institutions of higher education in the

State;

(8) Up to four representatives of local providers of early childhood

education and

development services;

(9) Up to two representatives of Head Start agencies located in the

State;

(10) The Assistant Superintendent of the Division of Special

Education/Early

Intervention Services of the MSDE;

(11) Up to two representatives of the Maryland Department of Health

and Mental

Hygiene, at least one of whom specializes in maternal and child health;

(12) One representative of the Local Management Board of a Maryland

county or

Baltimore City;

(13) One representative of the State Interagency Coordinating Council;

(14) One representative of the Ready at Five Partnership;

(15) One representative of the Maryland Parents Teachers Association;

(16) One representative of Maryland public libraries;

(17) Up to two representatives of the business community with

demonstrated

leadership in early childhood care and education;

(19) Up to two representative of the Maryland Family Network;

(20) One representative of the Office of Child Care Advisory Council;

(21) One representative of the Maryland State Education Association;

(22) One representative of the State Employees International Union;

(23) One representative of the Maryland Department of Disabilities;

(24) One representative of the Social Services Administration of the Maryland

Department of Human Resources;

(25) One representative of a philanthropic institution;

(26) One representative of the Maryland Association of Elementary School Principals;

(27) One representative of a local government agency that provides services to

children;

(28) One representative of a local community action agency;

(29) One representative of Comprehensive Assessment Committee; and

(30) One representative of the Research Advisory Group.

ii. 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, processes, and results:

      A member of the Division of Early Childhood at MSDE, who helps set the agenda, coordinate logistics, and facilitate discussion, staffs the Early Childhood Advisory Council. Items discussed affect early care and education from prenatal to age eight and are aligned to the purpose of the State Early Childhood Advisory Council, which are to (a) coordinate efforts among early childhood care and education programs, (b) Conduct needs assessment concerning early childhood education and development programs, and (c) develop a strategic report regarding early childhood education and care. A list of Council members and bylaws can be found here:

(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/23/12.17approved_current_bylaws_1.pdf)

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/23/12.17appro
ved_current_bylaws_1.pdf

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

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

> **N/A**
>
> **[x]** N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. 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 Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

> **The Division of Early Childhood and the Division of Special Education/Early Intervention Services are both located at MSDE and collaborate and establish policies and practices for all child care related services for preschool-age children and 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. This joint professional development also enhances the ability of providers for seamless transitions into new early childhood settings and increases the quality of care for vulnerable populations. There is a provision in the Child Care Scholarship program for providers serving children with disabilities to receive additional funds to better support the needs of children. Preschool Development Grant Birth through Five funds are used to expand services for children with disabilities in a birth through age five continuum of services.**

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

> **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, serves as a liaison between all Head Start and Early Head Start grantees, Maryland Head Start Association and the regional Head Start office. The Head Start State Collaboration Director works closely with the Maryland Head Start Association to conduct a statewide Head Start needs assessment and provide all Head Start grantees with current information and trends pertinent to Head Start and early childhood. The Branch makes $3 million in state supplemental grant awards to support Head Start programs in meeting goals based on the needs assessment.**

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

> 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. During the pandemic, staff from the Division of Early Childhood and the Maryland Department of Health met weekly to discuss health and safety guidance, enhanced regulations, and coordination with local health departments. The Department of Health also participated in the State-wide needs assessment and development of the state's 5-year strategic plan for prenatal to age 8, Maryland Ready - Maryland Ready - A Path to School Readiness and Success. The strategic plan can be found here: https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready-_a_path_to_school_readiness_and_success_6.pdf

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

> A representative from the Department of Human Services serves on the Early Childhood Advisory Council and the Office of Child Care Advisory Council. Members of both Councils share information relevant to child care scholarship employment services and workforce development. The Department of Human Services also participated in the State-wide needs assessment and development of the 5-year strategic plan, Maryland Ready - Maryland Ready - A Path to School Readiness and Success. The strategic plan can be found here: https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/for_release_maryland_ready-_a_path_to_school_readiness_and_success_6.pdf

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

> 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 expansion of a mixed-delivery universal PreK program. This Branch works closely with the Office of Child Care in supporting family child care and center-based programs in the state prekindergarten program, including a pilot for family child care and the development of an on-line Bachelor's program and alternative P-3 teacher certification pathway. The Maryland EXCELS quality rating and improvement system is required of all prekindergarten programs beginning in FY2023, including those located in the schools; currently it is required of all programs in the state-funded PreK Expansion grant program.

ix. State/territory agency responsible for child care licensing. Describe the coordination

goals, processes, and results:

The Division of Early Childhood's Office of Child Care - Child Care Licensing branch is responsible for licensing/registering child care providers throughout Maryland. Both the Licensing Branch oversees thirteen regional licensing offices to provide initial and annual inspections, respond to complaints and enforce regulations. The Office of Child Care Director works closely with the Licensing Branch Chief and the thirteen regional licensing managers on policies and procedures impacting child care licensing.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

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 two divisions coordinate on accountability measures and to reduce provider burden. 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.

xi. 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, processes, and results:

The Division of Early Childhood's Office of Child Care Scholarship branch has a staff person assigned to the Homeless Advocacy Workgroup. That staff person shares information relevant to the provision of child care scholarship services to homeless families and works with the LDSS/vendor to expedite child care scholarship application processing. 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 and align the coordination of services, including child care for extended day and transitions, for the education of young children experiencing homelessness. McKinney-Veto is housed within the Maryland Department of Health and is an integral part of the state advisory councils.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

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 through local social service offices. The Division of Early Childhood has a Memorandum of Understanding (MOU) with the Department of Human Services.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

The 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.

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

The Maryland Department of Health and MSDE representatives serve together on numerous committees and councils, including the Infant and Early Childhood Mental Health Leadership Committee, to coordinate an efficient provision of services that affect mutual customer bases, such as Infant and Early Childhood Mental Health. Strategies and promising practices to address family and child mental health, including aligning comprehensive services, seamless transitions, and improving the workforce and availability of high-quality care, are discussed during the Office of Child Care Advisory Council and the Early Childhood Advisory Council meetings.

xv. 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, processes, and results:

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 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 and staff conducts quarterly Trainers' Meetings to discuss any updates and to provide train-the-trainer sessions for topics that need to be available to the provider community.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

> The Office of Child Care coordinates with the Maryland Out of School Time Network 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. A subcommittee of the Office of Child Care Advisory Committee meets to discuss regulations as they relate to before- and after-school programs.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

> 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 Division of Early Childhood worked closely with the MSDE representative to Maryland's Emergency Management Agency.

Amended: Effective   Date   12/03/2021

b. Coordination goals, processes and results with optional partners

The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

> [x] i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

> The Division of Early Childhood issued grants to the non-profit Early

Head Start- Child Care Partnership grantees, utilizing Child Care Scholarship 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 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.

[x] ii. 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.

Maryland coordinates with the community colleges and universities to expand accessibility and continuity of services to improve teacher's qualification through the Child Care Career and Professional Development Fund program. The program 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, bachelor's and master's degree in Early Childhood Education, Special Needs, Elementary Education, and Child Development, as well as state certification for teaching in early childhood education. 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, four years after obtaining a bachelor's degree and 2.5 years after obtaining a master's degree. The Division of Early Childhood has established partnerships with 21 Maryland Colleges/Universities. There are 579 participants in the program.

Program Goals

The goals of the program is to increase the number of qualified teachers in the early care classrooms.

Coordinated Processes

Request for Proposal

A request for proposal is sent to all colleges and universities in Maryland to solicit services that will support child care providers interested in pursuing a college degree in early childhood education. Colleges and universities are required to coordinate and manage services such as:

- Recruitment

- Tracking and monitoring students' progress

- Academic advising

- Tracking and monitoring budget

- Attend Bi-annual coordinators meetings and

- Commit to advising student through the completion of the degree program.

Proposal and Budget Review

- MSDE sets up a committee to review proposals.

- Proposals are reviewed using a rubric system to ensure that all requirements are met.

- Proposed budgets are reviewed for accuracy.

- MSDE works with the CCCPDF Coordinators to ensure that the budget narrative accurately reflect the coordinators salaries and cost of tuition, books, and fees   for the number of prospective and continued students.

Notice of Grant Award

Based on the review of proposals submitted, MSDE awards grants to colleges and universities that meets all of the requirements. Currently, there are 16 Community colleges and 5 universities participating in the program.

Invoicing, Quarterly Reports, and Work Log

- Invoices are submitted quarterly from college coordinators

detailing billing information for approved participants.

    - Invoices are reviewed by MSDE CCCPDF Coordinator and Grant Specialists to ensure accuracy.

    - Invoices must include a student tracking with the names of students, itemized list of credits completed, amount billed for tuition, books and fees.

    - MSDE requires Interim progress reports which includes student activities, milestones, goals, and budget expenditures.

    - Colleges and universities are required to submit work logs to reflect a timeline of coordinated activities.

Bi-Annual Meetings

A bi-annual meeting is held with coordinators to discuss program goals, updates, policy changes, and service coordination.

Monitoring

MSDE Grant Manager conducts site visits yearly using a monitoring tool, MSDE monitors the following:

    - Financial Management

    - Amendments

    - Time and Effort Reporting

    - Monitoring Reports

    - Student Coordination

    - Recruitment

New Student Application Approval Process

MSDE requires prospective students to submit an application by March 1st of each year.

    - A review committee reviews applications using a rubric

- An official award letter and Fund Acceptance Agreement is sent to each student

- Funds are awarded on a yearly basis from July 1-June30th

- A database is maintained of all approved students

Continuation of Scholarship

MSDE requires participating students to submit a continuation application by June 30th each year.

- A review committee reviews applications using a rubric

- An official award letter and is sent to each student

- Funds are awarded on a yearly basis from July 1-June 30

- A database is maintained of all approved students

Award of Scholarship

An official award letter and Fund Acceptance Agreement is sent to each student.

Service Commitment and Continued Employment

CCCPDF Participants are required to complete service commitment upon graduation from the fund.

A Service Commitment Letter and Fund Acceptance Agreement is mailed to each student detailing the amount of funds paid on his/her behalf to the college. Participants must sign and return the Fund Acceptance agreeing to continue employment at least 10 hours per week in a licensed facility.

- 2 years for completion of an Associate's Degree

- 4 years for completion of a Bachelor's Degree

- 2.5 years for completion of Master's Degree

- 1 month per credit successfully completed

Teachers who are funded through the alternative certification program will

have a service commitment of 2 years.

Monitoring Service Commitment goals

- To ensure that providers continue working a minimum of 10 hours a week in a licensed child care facility in Maryland immediately after graduation.

- To retain qualified child care providers in child care programs

Process:

MSDE monitors employment through the Child Care Automated Tracking system quarterly.   A follow-up service completion letter is sent to the provider upon completion of service requirement.

[x] iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

Maryland's 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. These collaborations and partnerships work to improve the coordination of services among family service agencies to ensure high quality care, inclusive environments, smooth and seamless transitions, and to align comprehensive services for children and families.

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.

[x] iv. 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 Intervention and Special Education Services administers the State-funded home visiting program. Representatives of the Department of Health serves on the Early Childhood Advisory Council and the Office of Child Care Advisory Council. The Division of Early Childhood serves on the Home Visiting Coordinating Council.

[x] v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. 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.

[x] vi. 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.

[x] vii. 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

[x] viii. Parent groups or organizations. Describe:

The Maryland Family Engagement Coalition supports early care and education providers' efforts toward increasing family engagement practices that improve outcomes for children, parents, and families. The vision of the Maryland Family Engagement Coalition is to create stronger partnerships, foster communication, and develop best practices that will serve as a national model for connecting early care and education providers, parents, families, the community, state agencies, and beyond.

[ ] ix. 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 required program 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   Combined funding for CCDF services

Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

[ ] No (If no, skip to question 1.5.2)

[x] Yes. If yes, describe at a minimum:

a. How you define "combine"

> **Layering of child care subsidy payments with Early Head Start Child Care (EHS-CC) partnership grant funding.**

b. Which funds you will combine?

> **CCDF, mandatory and match and Office of Head Start EHS-CC partnership funding.**

c. What is 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? Note: Responses should align with the goals, processes and results describe in 1.4.1.

> **The purpose and expected outcomes is to extend to full working day programing, enhance and align quality of services and link comprehensive services to children in child care.**

d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level?

> **Funding is provided to Early Head Start Grantee who then provides the funding to local program.**

e. How are the funds tracked and method of oversight

> **Unique accounting and budget codes have been established.**

1.5.2   CCDF Matching and MOE Requirements

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

Note: Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds. 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 Prekindergarten 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)).

[ ] a. N/A—The territory is not required to meet CCDF matching and MOE requirements.

[x] b. 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.

　　i. If checked, identify the source of funds:

　　Maryland General Funds

[ ] c. 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)).

　　i. If checked, are those funds:

　　[ ] A. Donated directly to the state?
　　[ ] B. Donated to a separate entity(ies) designated to receive private donated funds?

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

[x] d. 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 Prekindergarten expenditures (not to exceed 30 percent):

　　i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:
　　Maryland funds public PreK with state grant funds. The state grant funds cover the 6.5 hour core instructional day and child care scholarship 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.

ii. Describe the Lead Agency efforts to ensure that Prekindergarten 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.

[x] e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

Publicly funded PreK funding has increased each year for the last 5 years with plans for adding additional slots in subsequent years.

ii. Describe the Lead Agency efforts to ensure that Prekindergarten 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 scholarship 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.

iii. Estimated percentage of the MOE Fund requirement that will be met

with Prekindergarten expenditures (not to exceed 20 percent):
20%

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten 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 Scholarship 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.

[x] f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

12%

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 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post- pandemic.

MSDE awarded a grant to Johns Hopkins University/Center for Technology and Education to develop and administer MSDE's Quality Rating Improvement System (QRIS), 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. An example of an activity that has resulted from working with Johns Hopkins University is the ability to include information on Child Care Scholarship at family engagement events throughout the state to reach parents one-on-one regarding the importance of choosing quality child care and informing them about the new eligibility levels. Communication to child care providers about the increased income eligibility levels is included in Maryland EXCELS communications to child care programs and families so more working families have access to quality child care.

This partnership leverages the existing Child Care Administrative Tracking System (CCATS) by a daily data transfer that provides participation and quality rating publication for all programs in the QRIS. This data transfer enables Child Care Scholarship to identify participating programs to connect the eligible parent and the child care facility for care of the child. The QRIS data that feeds into CCATS enables the EXCELS Payments (tiered reimbursement) to be paid to those participants published at quality ratings of 3, 4, and 5. Likewise, the data from CCATS that is exported daily provides licensing compliance and status information that has a bearing on the child care facility's quality rating.

This partnership includes weekly communications with the leadership teams at MSDE and JHU to track progress on activities that include: marketing and communications to families and child care programs, technology development for the online systems and website, training and resources for programs, and for the technical assistance support teams from JHU, MSDE, and the Maryland Child Care Resource and Referral Network. The goal of the partnership is to provide a pathway for continuous quality improvement for child care and public prekindergarten programs, and an easy to understand resource for families searching for quality child care.

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.

The primary goal of the partnership is to address the needs of parents seeking quality early care and education programs and to improve capacity building for child care professionals and licensed child care programs. This includes leveraging existing services provided by Maryland's licensed child care centers and registered family child care providers that participate in child care quality initiative programs to include the Maryland Child Care Credentialing program and licensed child care centers and registered family child care providers that participate in the Maryland EXCELS, the state's Quality Rating and Improvement System (QRIS). Further, MSDE's partnership with Maryland Family Network was established as a result of a bidding solicitation and includes methods such as: conducting annual/bi-annual audits; observing the State Wide Coordinating Entity and the Child Care Resource and Referral Network during site visits; attending quarterly director's meetings, training and technical meetings, and network events.

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. Through this partnership, MSDE and Abilities Network provide extensive training opportunities for families, child care providers, teachers and community members. The children, and families served are affected by a variety of at-risk factors, including a diagnosed disability, lack of environment support, low- socioeconomic levels and a lack of knowledge about resources, and/or the capacity to access them. The goal of this partnership is to provide customized services to individuals and families while fostering inclusive communities. Through this partnership, MSDE leverages the existing service delivery systems of Delray School, the Maryland State Family Child Care Association, the statewide Child Care Resource & Referral Centers, statewide Infants and Toddlers Programs, the Judy Centers, and the YMCA's Child Care Centers. As these partnerships and commitments are leveraged, MSDE combines a rigorous academic curriculum with the latest therapeutic techniques and communication strategies to help students better engage in learning. Also, in addition to a special program, MSDE is able to leverage many other essential comprehensive services to children with multiple disabilities that include: physical, occupational, and speech-language therapy; assistive technology and adaptive equipment; nursing; social work; wheelchair evaluation; mobile dental service orthotics; extra-curricular activities; community enrichment program; and community day care. MSDE supports this partnership with methods such as: conducting annual/bi-annual audits and site visits with Abilities Network. The partnership with Abilities Network was established as a result of a bidding solicitation. Examples of activities resulting from this collaboration include: providing training and technical assistance to address child care provider needs in the areas of medical intervention, supporting infants and toddlers who have chronic health care needs and accommodating infants and toddlers who may use adaptive equipment such as walkers or other items. Therefore, through these activities, childcare providers gain new skills and the confidence to use the new skills when they return to their programs.

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. The goals of this partnership are to enable all Maryland's children to grow socially, physically and educationally by engaging children in play-based learning and interventions according to their current strengths and goals. Through this partnership, MSDE leverages existing services from NICUs and clinics at University of Maryland, Johns Hopkins, Sinai Children's Hospital, Kennedy Krieger Institute, etc. Further, MSDE supports this collaboration with PACT: Helping Children with Special Needs ☐ World of Care by: conducting annual/bi-annual audits, site visits and observations at special events. The partnership with PACT: Helping Children with Special Needs ☐ World of Care was established as a result of a bidding solicitation. Examples of activities resulting from this collaboration include using a variety of adaptive strategies that allow for exploration, problem-solving and the establishment of the foundation for school readiness. Also, in addition to assisting with the development of Individualized Educational Plans (IEP's) and Individual Family Service Plans (IFSP), PACT: Helping Children with Special Needs ☐ World of Care also provides on-site therapies throughout a child's day which eliminates the need for parents to take time off from work to take their children to another site for services.

PACT: Helping Children with Special Needs ☐ Therapeutic Nursery - delivers high quality care and early education to children whose families are struggling with homelessness. The Nursery 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 goals of this partnership are to provide: mental health and family support; developmental therapies (speech/occupational/physical); healthcare services; referrals and coordination of services in the community; and Family Traditions Groups. Further, through this partnership, MSDE leverages the services of the University of Maryland's Center for Infant Study, Healthcare for the Homeless and the Kennedy Krieger Institute to provide medical services and developmental therapies, and deliver health interventions specifically designed to improve parent-child attachment. Further, MSDE supports this partnership by: conducting annual/bi-annual audits; via observations and site visits; and attending quarterly meetings and training events. The partnership with PACT: Helping Children with Special Needs ☐ Therapeutic Nursery was established as a result of a bidding solicitation. Activities include the development of individualized child care plans which address issues specific to homeless infants and toddlers who often demonstrate language delays, delays in development of imaginative play and difficulty in their attachment relationships.

The Arc of Montgomery County supports children with special care needs by providing training and mentoring for child care providers interested in providing care for children with special and /or medical needs. The goal of this partnership is to provide quality medical and developmental care to children 6 weeks through 5 years of age with special health care needs and/or developmental disabilities, and typically developing children who reside in the state of Maryland. Families with children who have medical and /or developmental needs are managing many things at once which can become overwhelming. Through this partnership, MSDE leverages existing services from the Montgomery County Infants & Toddler Program, Montgomery County Public Schools, Holy Cross Hospital, Montgomery College School of Nursing, and the Karasik Family, Infant and Child Care Center. Further, the method in which MSDE supports this partnership includes: conducting annual/bi-annual audits; via observations and site visits; and attending quarterly meetings and training events. The partnership with The Arc of Montgomery County was established as a result of a bidding solicitation. Examples of activities that have resulted from this partnership include: children 6 weeks ☐ 5 years old receiving their entire educational, medical and therapeutic services on- site in a fully-inclusive setting. Settings such as this allow the child and family to receive a seamless delivery of services

in one location, improving long term outcomes. In addition, families have the opportunity for their child to have a continuum of care through age 10. This model provides inclusive learning opportunities with typical peers, increased training and community outreach programs for families. Program emphasis is placed on four domains of development including social (participating with typically developing peers to strengthen language and problem-solving), emotional (initiate needs, responsive to adults & friends), physical (including eye-hand and foot coordination, balance, endurance, strength, flexibility, agility, and overall fitness), cognitive and language (listening, comprehension, and verbal communication and critical thinking skills). Focus on the four domains of development facilitate learning, enabling children to enter school ready to engage and function at their higher potential.

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 goal of the program is to provide specialized early childhood education focused on the social and emotional development of preschool age children, ages 3-5, coping with severe social-emotional and behavioral problems. Therefore, where children demonstrate a range of difficulties including trauma, abuse, attachment problems, disruptive behaviors, depression, anxiety, and development difficulties, the classroom goals include achieving school readiness for kindergarten and social-emotional milestones. Further, therapeutic goals include: expanding the range of coping abilities to regulate intense emotions, increasing attachment security, facilitating symbolic play to process core emotional themes and increase capacities for coping with internal and external stress, developing pro-social relationships, bolstering self-esteem, and supporting resiliency. Parent engagement is also a key aspect of this program, with one primary goal to improve parent-child relationship. Further, as a result of this partnership MSDE leverages existing services from the Montgomery County Public School System. MSDE's method of partnering includes: conducting annual/bi-annual audits; via observations and site visits; and attending quarterly meetings and training events. The partnership with The Lourie Center for Children's Social & Emotional Wellness was established as a result of a bidding solicitation. Examples of activities that have resulted from this partnership include: Intake services, which is done to assess the child's appropriateness for the program and to gather important information about the child; and monthly parent coffee sessions, where parents meet with social workers to discuss current concerns related to their children and integrated interventions in the classroom and at home.

MSDE partners with The Arc of Prince George's County who provides an inclusive child care environment to support the needs of children with developmental delays and medical diagnoses in classrooms with typically developing children. The goal of this partnership is to provide opportunities for children with disabilities and/or medical needs, ages six weeks through five years of age in Prince George's County, to receive childcare in an inclusive setting with a nurse onsite. Through this partnership MSDE leverages the existing services of Northwest High School Child Development Center. Further, MSDE's method of partnering includes: conducting annual/bi-annual audits; via observations and site visits; and attending quarterly meetings and training events. This partnership was established as a result of a bidding solicitation. Through this program the following services are provided: Clinical care, screening and enrollment of children with disabilities and monitors the implementation of IFSPs and IEPs; assistance setting up classrooms and activities to accommodate and adapt to the need of children; observations and participation in classroom activities; counseling and support for families; and direct treatment for children.

1.7   Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the 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 Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on thesupply 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, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1   Funding local or regional CCR&R organizations

Does the Lead Agency fund 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.

[x] Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined

above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

MSDE awarded 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

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. 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. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1   Statewide disaster plan updates

Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on

how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

[x] No

[ ] Yes. If yes, describe the elements of the plan that were updated:

1.8.2   Statewide disaster plan continued compliance

To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

[x] a. The plan was developed in collaboration with the following required entities:

> [x] i. State human services agency
>
> [x] ii. State emergency management agency
>
> [x] iii. State licensing agency
>
> [x] iv. State health department or public health department
>
> [x] v. Local and state child care resource and referral agencies
>
> [x] vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body

[x] b. The plan includes guidelines for the continuation of child care subsidies.

[x] c. The plan includes guidelines for the continuation of child care services.

[x] d. The plan includes procedures for the coordination of post-disaster recovery of child care services.

[x] e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

> [x] i. Procedures for evacuation
>
> [x] ii. Procedures for relocation
>
> [x] iii. Procedures for shelter-in-place
>
> [x] iv. Procedures for communication and reunification with families
>
> [x] v. Procedures for continuity of operations
>
> [x] vi. Procedures for accommodations of infants and toddlers
>
> [x] vii. Procedures for accommodations of children with disabilities
>
> [x] viii. Procedures for accommodations of children with chronic medical conditions

[x] f. The plan contains procedures for staff and volunteer emergency preparedness training.

[x] g. The plan contains procedures for staff and volunteer practice drills.

1.8.3   Website link to statewide child care disaster plan

If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/relocation_of_child_care_facilities_in _the_event_of_a_disaster.pdf

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. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers 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.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1   Outreach for 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 child care providers with 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   Strategies to provide outreach and services to eligible families

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.

[x] a. Application in other languages (application document, brochures, provider notices)

[ ] b. Informational materials in non-English languages

[x] c. Website in non-English languages

[ ] d. Lead Agency accepts applications at local community-based locations

[ ] e. Bilingual caseworkers or translators available

[x] f. Bilingual outreach workers

[ ] g. Partnerships with community-based organizations

[ ] h. Collaboration with Head Start, Early Head Start, and Migrant Head Start

[ ] i. Home visiting programs

[x] j. Other. Describe:

With the support of the PDG B-5 Grant, Maryland is in its third year of partnering with WIDA Early Years. WIDA Early Years is an evidence-based program focused specifically on the language development of young multilingual children, often referred to as dual language learners, in early care and education (ECE) settings. Along with building local capacity in supporting multilingual children and families, the partnership also includes support for strategic statewide planning and the rollout of WIDA Early Years tools and resources.

2.1.2   Strategies to provide outreach and services to disabled family members

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.

[ ] a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities

[x] b. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)

[ ] c. Caseworkers with specialized training/experience in working with individuals with disabilities

[x] d. Ensuring accessibility of environments and activities for all children

[x] e. Partnerships with state and local programs and associations focused on disability-related topics and issues

[x] f. 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

[x] g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies

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

[ ] i. Other. Describe:

With the support of the PDG B-5 Grant, MD is in its third year of implementing its Promoting and Supporting Inclusive Settings initiative. The University of Maryland School of Social Work (UMSoSW) Parent, Infant, and Early Childhood (PIEC) Team, in partnership with MSDE's Division of Early Intervention and Special Education Services (DEI/SES), will promote and support inclusive settings through program and professional development for preschool special education programs using the National Pyramid Model ⬚ all paired with ongoing reflective coaching provided by trained coaches.

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 (s); 98.32(d)).

2.2.1   Reporting process for submitting complaints

Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Parents can submit a complaint by contacting the appropriate regional child care office. Complaints are accepted in person, via telephone, fax, email or letter and may be anonymous. The contact information for the regional offices can be found on the Maryland State Department of Education website.

(https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/regional-licensing-offices) https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/regional-licensing-offices

Information about how parents can submit a complaint and Regional office contact information to file a complaint is also available within the Parents Guide to Regulated Care. All operators and providers are required to inform parents how to access the Guide and provide verification by having the parent sign off that they were given the guide or by posting it in the facility. Parents may search the website, www.checkCCMD.org, to view the most recent inspections reports for a licensed facility to see if there were any non-compliances at the facility. The Division of Early Childhood is currently updating this website to ensure ADA compliance, with guidance from the appropriate MSDE division

Complaints are received and then screened by the applicable regional licensing office for regulatory concerns. If there is a regulatory concern the complaint is entered into Child Care Administration Tracking system (CCATS) immediately and assigned for investigation. Complaint investigations are initiated within 2 working days and require an on-site inspection. If a complaint is confirmed (substantiated) the provider or operator must submit a corrective action plan to the agency. The time frame for the corrections are determined by the non-compliance of the regulation and the scope of the correction needed. For example, if a provider is required to install child proof

devices, the corrections would be expected to be completed immediately or within 24-48 hours if they needed to purchase hardware or materials. In the meantime, the LS will document how the provider will meet the regulation until the correction is completed. The provider is required to submit proof of the corrections with photographs and if needed the LS will conduct a follow up to verify corrections were made.

The Record of Complaint must be completed within 30 days of the initial report. On site follow-up inspections may occur as necessary, depending on the findings of the investigation. Follow-up inspections are conducted, as necessary, to assess compliance with violations that required the corrective action plan. Monitoring inspections are not a part of the complaint process. The initial complaint inspection may have subsequent follow-up visits, but not monitoring visits. Note: CCATS is a database for all child care providers including, informal child care providers

2.2.2   Process and timeline for screening, substantiating, and responding to complaints

For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complaints for CCDF providers are screened by the applicable regional licensing office for regulatory concerns. If there is a regulatory concern the complaint is entered into CCATS immediately and assigned for investigation. Complaint investigations are initiated within 2 working days and require an on-site inspection. If a complaint is confirmed (substantiated) the provider or operator must submit a corrective action plan to the agency. Timeframes for the corrective action plan are determined by the violations observed. On site follow-up inspections are conducted, as necessary, to assess compliance with violations and timeliness of the corrections made. Monitoring inspections can sometimes be a result of a complaint or can lead to a complaint, if the Office of Child Care directives were not followed. The Record of Complaint must be completed within 30 days of the initial report.

License Exempt Provider (Informal Provider): The Informal Provider Statement of Understanding and Health & Safety Agreement requires Parents and Providers to report all complaints to the local authorities so CPS can record and monitor the complaint. The signed agreement is collected and stored by the Lead Agency's vendor.

2.2.3   Maintaining records of substantiated parental complaints

Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

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 has developed a Consumer Education website, Marylandchild.org. This is a one-stop-shop for families to access many services. This site also includes a link to www.CheckCCMD.org.

Licensed Exempt (Informal Providers): Currently, Maryland does not have any substantiated parental complaints for informal providers. However, once the informal provider inspection reports are electronic, the complaints will be posted on checkccmd. Maryland is currently in the beginning stage, known as the requirements gathering phase, of developing the informal provider electronic inspection report.

2.2.4   Making information about substantiated parental complaints available to the public

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/system/files/filedepot/2/guide_to_regulated_child_care.pdf) https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/guide_to_regulated_child_care.pdf.

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. Currently, Maryland does not have any substantiated parental complaints for informal providers.

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.

LOCATE assists parents in contacting the regional office with complaints and they will temporarily put a hold on the referrals to programs with complaints. LOCATE staff will follow up with the regional office to ensure the provider/program is in good standing prior to lifting the hold on referrals to parents.

2.2.5   *Citations related to parental complaints*

Provide the citation to the Lead Agency's policy and process related to parental complaints: **COMAR 13A.15.13.02, 13A.16.17.01, 13A.17.15.01 and 13A.18.14.02.**

https://earlychildhood.marylandpublicschools.org/regulations

All complaint records are maintained in CCATS. After supervisory review and approval, substantiated complaints are posted on www.CheckCCMD.org.

Licensed Exempt (Informal Care Provider): Informal care do not have a comar for the parental complaints.

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) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1   Consumer-Friendly and easily accessible website

Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

The homepage offers simple calls to action that are easy to navigate and guide the user to the most relevant information. All information is accessible to the user in three clicks or less. In addition, the website is free of technical jargon that may be unfamiliar to many users and is mainly written at an 8th-grade reading level.

2.3.2   Website access for families whose primary language is not English

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

The website has a language translator feature that offers translation in 11 different languages: Amharic, Arabic, Chinese, French, Persian, Spanish, Urdu, Vietnamese, Yoruba, and English. The languages were chosen based on analytics of the most used languages in Maryland.

2.3.3   Website access for persons with disablilities

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

The Maryland Child website has been designed to provide equal access, navigation, and an equal experience to resources for persons with diverse abilities through the simplicity of the design and development of the website. To verify (across automation and manual assurance checks) the following tools have been utilized across modern browsers such as Edge, Firefox, and Chrome and older browsers such as Internet Explorer:

Screen Readers: NVDA and JAWS
WAVE (Web Accessibility Evaluation Tool)
Accessible Name & Description Inspector (ANDI)
Color Contract (ColorZilla and TGPI)
Monitoring tools such as SiteImprove

Our overall goal is to ensure the website is perceivable, operable, understandable, robust, and conform to the Web Content Accessibility Guidelines (WCAG) standards for accessibility and usability.

2.3.4   Child care policies and procedures

Provide the specific website links to the descriptions of the Lead Agency's 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 direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2:

COMAR 13A.15.02, 13A.16.02, 13A.17.02 and 13A.18.02

(https://earlychildhood.marylandpublicschools.org/regulations)
https://earlychildhood.marylandpublicschools.org/regulations

The only providers that are exempt from licensing requirements are relative or informal child care providers. Informal providers offer care for a child in the child's own home.

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

COMAR 13A.15.13, 13A.16.17, 13A.17.15 and 13A.18.14.

(https://earlychildhood.marylandpublicschools.org/regulations)
https://earlychildhood.marylandpublicschools.org/regulations

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

COMAR 13A.15.02, 13A.15.06, 13A.16.02, 13A.16.06, 13A.17.02, 13A.17.06, 13A.18.02 and 13A.18.06.

(https://earlychildhood.marylandpublicschools.org/regulations)
https://earlychildhood.marylandpublicschools.org/regulations

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

COMAR 13A.15.02, 13A.15.06, 13A.16.02, 13A.16.06, 13A.17.02, 13A.17.06, 13A.18.02 and 13A.18.06.

(https://earlychildhood.marylandpublicschools.org/regulations)
https://earlychildhood.marylandpublicschools.org/regulations

2.3.5   Searchable list of providers

How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At

the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. 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 list of child care providers searchable by ZIP code:
(https://marylandexcels.org/directory/) https://marylandexcels.org/directory/ and (https://www.checkccmd.org/) https://www.checkccmd.org/

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

[ ] i. License-exempt center-based CCDF providers

[ ] ii. License-exempt family child care (FCC) CCDF providers

[ ] iii. License-exempt non-CCDF providers

[ ] iv. Relative CCDF child care providers

[x] v. 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. Check the box when information is provided.

Provider Information Available in Searchable Results

All Licensed Providers

[x] Contact Information

[x] Enrollment capacity

[x] Hours, days and months of operation

[ ] Provider education and training

[ ] Languages spoken by the caregiver

[x] Quality information

[x] Monitoring reports

[ ] Willingness to accept CCDF certificates

[x] Ages of children served

License-Exempt CCDF Center-based Providers

[ ] Contact Information

[ ] Enrollment capacity

[ ] Hours, days and months of operation

[ ] Provider education and training

[ ] Languages spoken by the caregiver

[ ] Quality information

[ ] Monitoring reports

[ ] Willingness to accept CCDF certificates

[ ] Ages of children served

License-Exempt CCDF Family Child Care Home Providers

[ ] Contact Information

[ ] Enrollment capacity

[ ] Hours, days and months of operation

[ ] Provider education and training

[ ] Languages spoken by the caregiver

[ ] Quality information

[ ] Monitoring reports

[ ] Willingness to accept CCDF certificates

[ ] Ages of children served

License-Exempt Non-CCDF Providers

[ ] Contact Information

[ ] Enrollment capacity

[ ] Hours, days and months of operation

[ ] Provider education and training

[ ] Languages spoken by the caregiver

[ ] Quality information

[x] Monitoring reports

[ ] Willingness to accept CCDF certificates

[ ] Ages of children served

Relative CCDF Providers

[ ] Contact Information

[ ] Enrollment capacity

[ ] Hours, days and months of operation

[ ] Provider education and training

[ ] Languages spoken by the caregiver

[ ] Quality information

[x] Monitoring reports

[ ] Willingness to accept CCDF certificates

[ ] Ages of children served

d. Other information included for:

    [ ] i. All Licensed providers.

    [ ] ii. License-exempt CCDF center-based providers.

    [ ] iii. License-exempt CCDF family child care providers.

    [ ] iv. License-exempt, non-CCDF providers.

    [ ] v. Relative CCDF providers.

2.3.6   Provider-specific quality information

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. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

    [x] i. Quality rating and improvement system
    [x] ii. National accreditation
    [ ] iii. Enhanced licensing system
    [x] iv. Meeting Head Start/Early Head Start Program Performance Standards
    [ ] v. Meeting Prekindergarten quality requirements
    [ ] vi. School-age standards, where applicable
    [x] vii. Other. Describe:
       Maryland State Accreditation

b. For what types of providers are quality ratings or other indicators of quality available?
    [x] i. 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.

    [ ] ii. Licensed non-CCDF providers. Describe the quality information:

[ ] iii. License-exempt center-based CCDF providers. Describe the quality information:

[ ] iv. License-exempt FCC CCDF providers. Describe the quality information:

[ ] v. License-exempt non-CCDF providers. Describe the quality information:

[ ] vii. Relative child care providers. Describe the quality information:

[ ] viii. Other. Describe:

2.3.7   Monitoring and inspection reports on consumer education website

Lead Agencies must 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. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, 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.

Certify by responding to the questions below:

Amended: Effective Date 01/21/2022
a. Does the Lead Agency post? (check one):
    [x] i. Full monitoring reports that include areas of compliance and non-compliance.
    [ ] ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted.

Amended: Effective Date 01/21/2022
b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

    [x] Date of inspection

    [x] Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:

        All health and safety violations, including those violations that resulted in fatalities or serious

injuries occurring at the provider are prominently displayed on checkccmd.org. Inspection reports also have a mandatory fillable field located at the top of the first page, specifically for fatalities and serious injuries, so that it stands out and is easily seen upon review.

[x] Corrective action plans taken by the state and/or child care provider. Describe:

On 1/21/2022, the Summary of Corrections (SOC) form was released as a new form, to be completed as part of the electronic inspection process for the Licensing Branch. The form reflects all corrections made on site/at the time of inspection or the plan of correction discussed at the time of the inspection, by both parties (Licensing specialist and child care provider), for further implementation at a required future date. The form is then displayed on the consumer education website: checkccmd.org.

Currently, the Informal Provider Monitoring Report and the Informal Provider Monitoring Inspection Reports are posted the Marylandchild.org website. Both the monitoring report and monitoring inspection report will remain posted on the consumer education website, until informal provider inspections are conducted electronically. By June 30, 2023, both the monitoring inspection reports and the Summary of Correction form (which will take the place of the monitoring report) will be posted on checkccmd.org, along with the Licensing's inspection reports.

[x] A minimum of 3 years of results, where available.

Amended: Effective Date 01/21/2022

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may 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.

i. Provide the direct URL/website link to where the reports are posted.

https://www.checkccmd.org/

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

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.

Amended: Effective Date 01/21/2022

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i.   Provide the Lead Agency's definition of plain language.

The inspection reports are posted with prefilled canned comments that are in language that is clear, straightforward expressions, and contains only as many words as are necessary. It is language that avoids obscurity, inflated vocabulary and convoluted sentence construction. Plain language allows the audience to concentrate on the message instead of being distracted by complicated terms. They make sure that their audience understands the message easily.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

The inspection reports and summary of findings are prefilled with canned comments in plain language.

Amended: Effective Date 01/21/2022
e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

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.

Amended: Effective Date 01/21/2022
f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- 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.

Amended: Effective Date 01/21/2022
g. Describe the process for maintaining monitoring and inspection 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.

2.3.8   Aggregate data on serious injuries, deaths, and substantiated abuse

Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

   i.   The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

        In accordance to the requirements listed below, OCC staff then enter the complaint information into the Child Care Administration Tracking System (CCATS) and a licensing specialist is then assigned to investigate. Child care providers and programs are also required to report the serious injury and/or death of a child enrolled in their care to the OCC. CCATS is used to record and track data, which is then compiled into data summary reports that are used to obtain aggregate data.

        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: 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.

Large Family Child Care 13A.18.03.06.C,D

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: (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.

Letter of Compliance 13A.17.03.06 C, D

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: (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.

ii. 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.

    iii. 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.

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

    [x] i. the total number of serious injuries of children in care by provider category/licensing status
    [x] ii. the total number of deaths of children in care by provider category/licensing status

    [x] iii. the total number of substantiated instances of child abuse in child care settings

    [x] iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

    https://marylandchild.org/wp-content/uploads/2021/07/Serious-Injuries-Deaths-Child-Abuse-Report_2018-2020.doc.pdf

2.3.9   *Referrals to local CCR&R agencies through consumer education website*

The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). 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 Scholarship.

The Division of Early Childhood's website https://marylandchild.org/ provides information to parents on licensing and regulation and access to the Child Care Scholarship program through the parent 'portal'.

The local child care resource and referral organizations are listed on the consumer education website and they are broken down by entity. Not only is the information listed on the website, regional licensing offices make referrals to the local R&R's anytime the public requests information and child care providers need additional support services. Brochures for the local R&R's are also given out to the public and child care providers as well. Also, anytime a child care provider is registered or licensed in Maryland, the regional office reach out to LOCATE to make them aware of new providers, so they can add them onto the approved provider list. Representatives from the local R&R's also serve on advisory councils as well.

2.3.10   Lead Agency contact information on consumer education website

The consumer education website must 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 (98.33 (a)(7)). Describe and include a website link to this information:

The Division of Early Childhood's website: (https://marylandchild.org/) https://marylandchild.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   *Consumer education website link*

Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.
(https://marylandchild.org) https://marylandchild.org

2.4   Additional Consumer and Provider Education Information of provider choices for parents

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   Information about child care and other services available for parents

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 Prekindergarten, 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, funded by a grant as the Resource 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. The consumer education website, Marylandchild.org also has information pertaining to each of the areas listed.

2.4.2   Required information provided to general public, and eligible parents

How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

[x] a. Temporary Assistance for Needy Families program:

Families and providers are informed of child care services through written materials mailed with child care scholarships, 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.

[x] b. 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 Scholarship 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.

[x] c. 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 Scholarship 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.

[x] d. Supplemental Nutrition Assistance Program (SNAP):

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 Scholarship 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.

[x] e. Women, Infants, and Children Program (WIC) program:

Information about WIC is shared with parents and providers via written materials, website resources (such as the consumer education website), information disseminated through child care providers, and community partners such as the local department of social 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.

[x] f. 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.

[x] g. Medicaid and Children's Health Insurance Program (CHIP):

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 Scholarship 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.

[x] h. Programs carried out under IDEA Part B, Section 619 and Part C:

The Division of Early Childhood work in collaboration with the Division of Early Intervention and Special Education Services 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.

2.4.3   Information available on physical health and development

Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - parents
  - providers
  - the general public
- any partners in providing this information Description:

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 a dedicated family engagement website, Maryland Families Engage, which acts as a resource hub for providers and families for family engagement information: (https://marylandfamiliesengage.org/) https://marylandfamiliesengage.org/

In addition, MSDE launched a new digital newsletter directed to parents and guardians of young children.

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.

The Division of Early Childhood has a robust listserve, a bi-weekly digital newsletter (Tuesday Tidbits) and a quarterly newsletter (Impact) to disseminate information, research, and best practices concerning children's development, including physical health and development, and about successful parent and family engagement.

The Division has MOUs with two research teams at Child Trends. One study is on the impact of policy changes in the Child Care Scholarship program and trends, and the other is on strategies deployed by child care programs and schools to address the state's prohibition of suspensions and expulsions in PreK through second grade. The finds will be distributed widely and shared on webinars. In June, the Division of Early Childhood launched the Early Childhood Research Advisory Committee, which will identify research areas of need and advocate for the Division to pursue an agenda. Next year, the Division will hold a research symposium.

2.4.4   Information on social-emotional, behavioral issues and mental health

Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, 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. Description:
  Links to information on the Infant and Early Childhood Mental Health are on the Division of Early Childhood website. Written materials are available from the Infant and Early Childhood Mental Health service providers and the Maryland Child Care Resource and Referral Network. A Social and Emotional Foundations for Early Learning website includes resources for parents, and free Infant and Early Childhood Mental Health Consultation Services are available upon request. https://theinstitutecf.umaryland.edu/sefel/

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

The Division of Early Childhood has a robust listserve, a parent digital newsletter, a bi-weekly digital newsletter (Tuesday Tidbits) and a quarterly newsletter (Impact) to disseminate information on MSDE's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age.

2.4.5 *Policies preventing suspension and expulsion*

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 support for training staff. The guidance document contains an introduction to the importance of eliminating suspension and expulsion, definitions of suspension and expulsion, the importance of families, the need for a well-trained workforce and resources for further guidance. Members of the workgroup participated in a Roundtable held by the Maryland State Child Care Association and the National Association for the Education of Young Children in August of 2017 to share the policy with participants.

The policy is inclusive of children ages birth through 13, and is written for child care programs who serve all ages. Child care programs participating in Maryland's mixed-delivery PreK program are forbidden from suspending or expelling students, except in rare circumstances.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:

- Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.

- 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)).

This information about the resources can include 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 are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

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.

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. This is a "best practice" and is not a requirement for providers participating in EXCELS.

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. The Division of Early Childhood and the Division of Early Intervention and Special Education Services continue to provide support for screenings through its grant programs and professional learning opportunities.

Screenings are a required component of Maryland's mixed-delivery PreK program.

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 Part B, 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, Infant and Early Childhood Mental Health offices, or the child's pediatrician for a re-screen at providers.dda@maryland.gov.

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 is the lead agency for the Center for Disease Control's Learn the Signs Act Early initiative. The Division of Early Childhood partners with the Office of Early Intervention and Special Education to distribute the CDC's Milestones Tracker information, as well as additional materials to promote awareness among parents and child care programs and providers about the critical importance of early identification, screening, and referral resources. MSDE also developed, and is in the process of distributing, a document with the scholarship approval packet to parents receiving child care scholarships.

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, Infant and Early Childhood Mental Health offices, or the child's pediatrician for a re-screen at providers.dda@maryland.gov.

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.

MSDE recommends all licensed child care providers (including child care centers and family child care home providers) to conduct screening on children aged 6 weeks - 5 years of age (prior to kindergarten entry). Child care providers should share the results with the family. If a child shows any developmental concerns, the family may decide to seek further evaluation for the child. There are many free resources in Maryland from which to choose, and the child care provider should help the family access those resources.

(https://earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care/developmental-screening) https://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 (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

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's consumer education website is Marylandchild.org. The website provides detailed information for parents seeking to obtain a child care scholarship, as well as meeting all requirements of the guidance given in the checklist provided by the Office of Child Care within the Department of Human Services.

All child care providers are required to give all parents (whether they recieved CCDF or not) a

copy of the consumer statement, also known as the parent's guide to regulated child care, upon enrollment and specialist are required to check children records to ensure the requirement has been met.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

[x] Health and safety requirements met by the provider

[x] Licensing or regulatory requirements met by the provider

[x] Date the provider was last inspected

[x] Any history of violations of these requirements

[x] Any voluntary quality standards met by the provider

[x] How CCDF subsidies are designed to promote equal access

[x] How to submit a complaint through the hotline

[x] How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/guide_to_regulated_child_care.pdf

3 Stable Child Care Financial Assistance for 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 period, 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 no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

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 or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

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); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served
Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

a. The CCDF program serves children from (weeks/months/years)

2 months

Through 12 years (under age 13).

12

b. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?

[ ] No
[x] Yes

The upper age is (may not equal or exceed age 19).

under age 19

 If yes, provide the Lead Agency definition of physical and/or mental incapacity:

Physical and/or mental health for a child 13 up to 19 is defined by a child with a physical and mental capacity that prohibits the child from being left alone, as documented by the licensed physician or social worker.

c. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision ((658P(3); 658E(c)(3)(B))?

[ ] No
[x] Yes

The upper age is (may not equal or exceed age 19).
up to age 19.

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

    i. "residing with":

One or more adults and children, related by blood, marriage, adoption, or legal guardianship, living in the same household.

    ii. "in loco parentis":

A person who is at least eighteen years, who is not a child, parent or legal guardian, with whom the child resides and who has assumed control of the child.

3.1.2 Eligibility criteria: Reason for care

Amended: Effective Date 12/03/2021
a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

    i.   Define what is accepted as "Working" (including activities and any hour requirements):
       Working is defined as any paid or unpaid activity. In a public or private work setting. No minimum hours.

    ii.   Define what is accepted as "Job training" (including activities and any hour requirements):
       Job training means any type of instructional program, except for post-college graduate programs and includes an accredited college, an accredited vocational program, or a publicly funded training program.

    iii.   Define what is accepted as "Education" (including activities and any hour requirements):
       Any documented activity with a schedule and name of state, county government or non-profit institution, no minimum hours.

    iv.   Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):
       All hours documented on class schedule or letter from training or educational program; one hour of study time per credit; and a maximum of one hour of travel time from the child care facility to the approved activity and one hour back, unless documentation proves more than 2hrs of travel time is needed per day.

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

    [x] Yes
    [ ] No. If no, describe the additional work requirements.
    N/A

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

    [x] No
    [ ] Yes. If yes:

        i.   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?

[x] 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 (98.20 (a)(3)(ii)(A))?

[x] No
[ ] Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

[x] No
[ ] Yes

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

[x] No
[ ] Yes

3.1.3   Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

Amended: Effective Date 05/23/2022

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

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

Amended: Effective Date 05/23/2022

b. Provide the CCDF income eligibility limits in the table below **at the time of initial determination.** Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) *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. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)

Family Size	100% of SMI ($/Month)	85% of SMI ($/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	?N/A	?N/A	?N/A	?N/A
2	?$ 7,245.00	$ 6,158.25	?$ 5,433.75	?75%
3	?$ 8,949.71	$ 7,607.25	?$ 6,712.28	?75%
4	?$ 10,654.41	$ 9,056.25	?$ 7,990.81	?75%
5	?$ 12,359.12	$10,505.25	?$ 9,269.34	?75%

Amended: Effective Date 05/23/2022

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

N/A

Amended: Effective Date 05/23/2022

d. State Median Income (SMI) source and year

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-im-2020-02-state-median-income-estimates- for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss .

?https://www.acf.hhs.gov/sites/default/files/documents/ocs/comm_liheap_im2002smiattachment_fy2021.pdf

Amended: Effective Date 05/23/2022

d. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Baltimore County

Amended: Effective Date 05/23/2022

e. What is the effective date for these eligibility limits reported in 3.1.3 b?
05/23/2022

Amended: Effective Date 05/23/2022

f. Provide the citation or link, if available, for the income eligibility limits.
https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program

3.1.4   Family asset limit

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).

The parent self-declares on the Child Care Scholarship (CCS) Application.

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?

[x] No
[ ] Yes. If yes, describe the policy or procedure and provide citation:
N/A

3.1.5   Additional eligibility conditions

Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

Customer shall be a resident of the State of Maryland; child shall be a United States citizen; or Qualified alien; customer shall submit to the contractor acceptable proof of identity for each family member; non-school-age children using informal care must submit proof of immunization; documentation of child care need during an approved activity; documentation of an approved activity; proof of child support; and proof of Income.

b. eligibility redetermination.

Customer shall be a resident of the State of Maryland; child shall be a United States citizen; or Qualified alien; customer shall submit to the contractor acceptable proof of identity for each family member; non-school-age children using informal care must submit proof of immunization; documentation of child care need during an approved activity; documentation of an approved activity; proof of child support; and proof of Income.

3.1.6   Continuity for Working Families

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)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). 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.

[x] a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules

[ ] b. Inquiring about whether the child has an Individualized Education Program (IEP) or

Individual Family Services Plan (IFSP)

[ ] c. Establishing minimum eligibility periods longer than 12 months

[ ] d. Using cross-enrollment or referrals to other public benefits

[ ] e. 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

[ ] f. Working with entities that may provide other child support services.

[ ] g. Providing more intensive case management for families with children with multiple risk factors

[ ] h. 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

[x] i. Other. Describe:

Priority is given to families needing Head Start wrap around child care services. Maryland considers children's development and learning by not terminating a customer's child care services and allowing child care scholarship 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 Scholarship is delinked from all other income eligibility programs.

3.1.7   How the Lead Agency accounts for 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) and 98.21(c)). 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 state median income (SMI) (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments (98.21(c)). Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

[ ] a. Average the family's earnings over a period of time (e.g. 12 months).
[ ] b. Request earning statements that are most representative of the family's monthly income.
[ ] c. Deduct temporary or irregular increases in wages from the family's standard income level.

[x] d. Other. Describe:

Maryland's process for initial determination and redetermination is to enter the income as entered on the verification of income. If the income is above the income guideline the case is denied. If the parent reports that the income is not regular income, the parent can submit verification of additional stubs or verification from the employer that the income is not regular and the duration of the irregular income. Maryland's graduated phase-out allows parents to gain income above the initial income scale (60% 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, unless income exceeds 85% SMI or 1M in assets.

3.1.8   Eligibility criteria at the time of eligibility determination and redetermination

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)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

[x] a. Applicant identity
    [x] Required at Initial Determination
    [ ] Required at Redetermination
    Information and Description
    All individuals within household count must provide identity. Identity can be established using any state or government issued document.

[x] b. Applicant's relationship to the child
    [x] Required at Initial Determination
    [ ] Required at Redetermination
    Information and Description
    Any document that demonstrates the child's relationship to one or more adults in the household by blood, marriage, adoption, or legal guardianship.

[x] c. Child's information for determining eligibility (e.g., identity, age,   citizen/immigration status)
    [x] Required at Initial Determination
    [ ] Required at Redetermination
    Information and Description
    Child must be a resident of the State of Maryland; a United States (U.S.) citizen or qualified alien; proof of Identity; be immunized appropriate for the child's age or provide proof of exemption from Immunization; demonstrate a need for child care assistance (parent, caretaker, or legal guardian is not available or capable to care for the child during the time the head of household(s) is engaged in an approved activity); and the family of the child must be income eligible. If the child meets all eligibility requirements, they will be issued a 52 week scholarship where the unit of care authorized is based upon the hours the head of household is engaged in an approved activity or the number of hours per week the child will attend child care, which is the lesser.

[x] d. Work
    [x] Required at Initial Determination
    [x] Required at Redetermination
    Information and Description
    No minimum hours. Must provide a work schedule. Acceptable documentation of employment earnings received, including cash earnings, is limited to: the most recent 4 weeks of pay stubs indicating gross income from each employer, if the stubs indicate the individual's pay frequency or schedule; a statement from each employer, signed and dated by the employer or bearing the employer's official business stamp; If available, total gross earnings to date; individual's most recent federal income tax return, if filed within the past 12 months; Payment receipts for services rendered, where the type of employment, such as but not limited to restaurant waitress, beautician, or taxicab driver, may not generate an earnings statement or a pay stub; or if the customer is

unable to produce the aforementioned documents, the customer can submit a signed and dated statement attesting to current gross earnings, the frequency or schedule of those earnings, and the type of employment.

      [x] e. Job training or educational program

            [x] Required at Initial Determination

            [x] Required at Redetermination

            Information and Description

            Verification of training or school attendance with days and hours of the activity.

      [x] f. Family income

            [x] Required at Initial Determination

            [x] Required at Redetermination

            Information and Description

            Acceptable documentation of employment earnings received, including cash earnings, is limited to:

(a) The most recent 4 weeks of pay stubs indicating gross income from each employer, if the stubs indicate the individual's pay frequency or schedule;

(b) A statement from each employer, signed and dated by the employer or bearing the employer's official business stamp, that indicates the:

      (i) Employer's name, address, and telephone number;

      (ii) Employer's type of business;

      (iii) Gross earnings for the most recent pay period;

      (iv) Pay frequency or schedule; and

      (v) If available, total gross earnings to date;

(c) The individual's most recent federal income tax return, if filed within the past 12 months;

(d) Payment receipts for services rendered, where the type of employment, such as but not limited to restaurant waitress, beautician, or taxicab driver, may not generate an earnings statement or a pay stub; or

(e) If none of the types of documentation listed at §F(6) of this regulation is able to be produced, a signed and dated statement from the customer attesting to current gross earnings, the frequency or schedule of those earnings, and the type of employment.

      [x] g. Household composition

            [x] Required at Initial Determination

            [x] Required at Redetermination

            Information and Description

            "Family size" means the number of individuals residing in the same household as a family as and where one or more adults and children, related by blood, marriage, adoption, or legal guardianship, and residing in the same household. Birth certificate or hospital letter is used to prove the relationship of the child(ren) to the parent. One or more adults and children, related by blood, marriage, adoption, or legal guardianship, and residing in the same residence.

[x] h. Applicant residence. Describe:

      [x] Required at Initial Determination

      [x] Required at Redetermination

      Information and Description

      Child Care Scholarship (CCS) applicants must be a resident of Maryland. "Resident" means an individual who lives in Maryland and has no intention of leaving during the time in which CCS is to be provided. Applicant/Customer can submit the following as proof of residence: driver's license with same address as CCS Application; utility bill; letter, lease/mortgage.

      [ ] i. Other. Describe:

         [ ] Required at Initial Determination

         [ ] Required at Redetermination

         Information and Description

3.1.9   Strategies for timely eligibility determinations

Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

[x] a. Time limit for making eligibility determinations. Describe length of time:

      CCS Application must be approved or denied within 30 days of the customer submitting the CCS Application and within 5 days of the redetermination end date.

[x] b. Track and monitor the eligibility determination process

[ ] c.   Other. Describe:

[ ] d. None

3.1.10 Exception to TANF work requirements

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 Resources

b. Provide the following definitions established by the TANF agency:

    i.   "Appropriate child care":

"Appropriate child care": Child care that meets the parent's needs in terms of hours and location, meets the child's needs in terms of health and safety, and is geared toward the healthy development of the child. TANF agency does not currently have these terms defined in policy.

    ii.   "Reasonable distance":

"Reasonable distance": Based on available transportation, a parent would be expected to travel to the child care provider no more than one hour each way.TANF agency does not currently have these terms defined in policy.

    iii.   "Unsuitability of informal child care":

"Unsuitability of informal child care": Informal care that does not meet the standards as stated in Section 6.3.3 of the Plan, State law and Code of Maryland Regulations governing the child care subsidy program, including not posing a risk to the health and safety of the child.

http://help.workworldapp.com/wwwebhelp/child_care_tanf_definitions.htm#Child_Care_TANF_ Definitions_Unsuitability

    iv.   "Affordable child care arrangements":

"Affordable child care arrangements": Those arrangements for which the parent fee charged by the provider is less than or equal to the assigned copayment for a non-TANF family of the same size and income level who receives a subsidy.

http://help.workworldapp.com/wwwebhelp/child_care_tanf_definitions.htm#Child_Care_TANF_ Definitions_Affordable

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

    [x] i. In writing

    [x] ii. Verbally

    [x] iii. Other. Describe:

        TANF work requirements are provided in writing and verbally during an assessment conducted with the Local Department of Social Services.

d. Provide the citation for the TANF policy or procedure:

"Appropriate child care"
http://help.workworldapp.com/wwwebhelp/child_care_tanf_definitions.htm#Child_Care_TANF_Definitions_Appropriate

"Reasonable distance "
http://help.workworldapp.com/wwwebhelp/child_care_tanf_definitions.htm#Child_Care_TANF_Definitions_Reasonable

"Unsuitability of informal child care," Informal care that does not meet the standards as stated in Section 6.3.3 of the Plan, State law and Code of Maryland Regulations governing the child care subsidy program, including not posing a risk to the health and safety of the child

"Affordable child care arrangements" Those arrangements for which the parent fee charged by the provider is less than or equal to the assigned copayment for a non-TANF family of the same size and income level who receives a subsidy.

3.2   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 co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1   CCDF payments according to family size

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

Amended: Effective Date 05/23/2022
a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in
   3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)

Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than $0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the Monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	$0	$0	0%	$0	?$0	0%
2	$3.00	$12.99 *	1.299%	$5101.83	$12.99 *	.255%**
3	$3.00	$12.99 *	1.299%	$6302.25	$12.99 *	.206%**
4	$3.00	$12.99 *	1.299%	$7502.75	$12.99 *	.173%**
5	$3.00	$12.99 *	1.299%	$8703.17	$12.99 *	.149%**

Amended: Effective Date 05/23/2022

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. **[x]** N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.
Baltimore County

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).
N/A. Co-payment is set state-wide.

Amended: Effective Date 05/23/2022

c. What is the effective date of the sliding-fee scale(s)?

May 23, 2022

Amended: Effective Date 05/23/2022

d. Provide the link(s) to the sliding-fee scale:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/copayment_agreement.pdf

Please Note:

The one asterisk (*) included on the chart above refers to the copayment agreement, while the double asterisks (**) refers to note listed on the agreement which states: If you answered yes to any of the above, but you cannot or decided not to show proof of receipt or enrollment to your child care program, your assigned co-payment per scholarship will be based upon the Unit of Care authorized on each scholarship ($1.00 - $3.00 per week per child).

Amended: Effective Date 05/23/2022

3.2.2   Family contribution calculation

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

[x] a. The fee is a dollar amount and (check all that apply):

    [x] i. The fee is per child, with the same fee for each child.

    [ ] ii. The fee is per child and is discounted for two or more children.

    [ ] iii. The fee is per child up to a maximum per family.

    [ ] iv. No additional fee is charged after a certain number of children.

    [ ] v. The fee is per family.
    [ ] vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

    [x] vii. Other. Describe:

      An individual or family who uses CCS Program services shall contribute financially to the cost of those services, except the exempt categories listed on the Co-Payment Agreement form located at: (https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/copayment_agreem ent.pdf) https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/copayment_agreem ent.pdf. In addition, families with a Referral from Maryland Office of Refugees and Asylees (MORA), pending TCA applicants with a referral from the Department of Human Resources and the families participating in the Department of Human Services/MORA Matching Grant Program are eligible for a zero copayment.

    For parents that are not exempt from paying a copayment, the copayment amount is a weekly amount equivalent to the Unit of Care authorized on the child care scholarship, and is assessed for each child authorized a scholarship. Copayments are assessed as follows: (a) 3-Unit Scholarship, $3.00 per week; (b) 2-Unit Scholarship, $2.00 per week; (c) 1-Unit Scholarship, $1.00 per week.

[ ] b. The fee is a percent of income and (check all that apply):

    [ ] i. The fee is per child, with the same percentage applied for each child.

    [ ] ii. The fee is per child, and a discounted percentage is applied for two or more children.

    [ ] iii. The fee is per child up to a maximum per family.

    [ ] iv. No additional percentage is charged after a certain number of children.

    [ ] v. The fee is per family.

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

[ ] vii. Other. Describe:

Amended: Effective Date 05/23/2023

3.2.3   Other factors to determine family's co-payment

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 co-payments (98.45(k)(2)).

[ ] No

[x] Yes. If yes, check and describe those additional factors below.

[x] a. Number of hours the child is in care. Describe:

A co-payment is based upon the unit(s) of care authorized per scholarship, per child. $1.00 per week for 1-Unit (1-15 hours per week); $2.00 per week for a 2-Unit scholarship (16-19 hours per week); and $3.00 per week for a 3-Unit Scholarship (30 hours or more per week). The hours are based upon the parent's approved activity hours and the number of hours the child is in care, whichever is the lesser.

[ ] b. Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:

[x] c. Other. Describe:

Copayment amount is the same for each child per household authorized for a scholarship. Household is not authorized a scholarship if the family is in any of the ⬚At Risk⬚ categories listed on the Co-Payment Agreement Form as found at the following link:

(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/copayment_agreement.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/copayment_agreement.pdf

⬚At Risk⬚ categories consist of following:

Homelessness
Receives Federal Housing Act Housing Choice Voucher Program
Receives Federal Supplemental Nutrition Assistance Program (SNAP)
Receives Supplemental Security Income (SSI) benefits
Receives Temporary Cash Assistance (TCA)

Migrant Worker or other adult in the household is a Migrant Worker
Minor Parent with a child who needs child care
Participates in Montgomery County Guaranteed Basic Income (GBI) Program
Receives Federal Special Supplemental Food Program for Women, Infants & Children (WIC)
Receives a Welfare Avoidance Grant (WAG)
A child in household count that is enrolled in Head Start or State Funded Pre-K

Amended: Effective Date 05/23/2022

3.2.4   Waiving family contributions/co-payments

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, on a case-by-case basis, 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.

[x] Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

[ ] a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.

[ ] b. Families who are receiving or needing to receive protective services on a case-by- case basis, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.

[x] c.   Families meeting other criteria established by the Lead Agency. Describe the policy.

An individual or family who uses CCS Program services shall contribute financially to the cost of those services, except the exempt categories listed on the Co-Payment Agreement form located at (https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/copayment_agreem ent.pdf) https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/copayment_agreeme nt.pdf. In addition, families with a Referral from Maryland Office of Refugees and Asylees (MORA), pending TCA applicants with a referral from the Department of Human Resources and the families participating in the Department of Human Services/MORA Matching Grant Program are eligible for a zero copayment.

3.2.5   Graduated phase-out of assistance at redetermination

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median

income (SMI) are required to provide 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 (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

(i) 85 percent of SMI for a family of the same size.
(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 co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-pay 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. (If checked, skip to subsection 3.3)
>
> **[x]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI.
>
>   A. Describe the policies and procedures.
>
>   **Once a family is determined eligible for the Child Care Scholarship Program their income can continue up to, but cannot exceed or equal 85% of SMI.**
>
>   B. Provide the citation for this policy or procedure.
>   **Draft Regulations for COMAR 13A.14.06.03.H will state that at redetermination families are eligible with income up to 85% State Median Income.**
>
> **[ ]** 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.

    A.   Provide the income level for the second tier of eligibility for a family of three:

    B. Describe how the second eligibility threshold:
        1.   Takes into account the typical household budget of a low-income family:

        2.   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:

        3.   Reasonably allows a family to continue accessing child care services without unnecessary disruption:

        4.   Provide the citation for this policy or procedure related to the second eligibility threshold:

b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

[x] No
[ ] Yes
    i.   If yes, describe how the Lead Agency gradually adjusts co-payments 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 3.4.3 of the Plan.)

       [ ] No
       [ ] Yes. Describe:

3.3   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. Other ways to give priority may include 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).

3.3.1   Increasing access for vulnerable children and families

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 Scholarship services ended, if the current budget could not support all children served.

3.3.2   Priority populations

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

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	[x]	[x]	[ ]	[ ]	[ ]
Families with very low incomes	[x]	[x]	[x]	[ ]	[ ]
Children experiencing homelessness, as defined by the CCDF	[x]	[x]	[ ]	[ ]	[ ]

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	[x]	[x]	[x]	[ ]	[ ]

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

Children receiving SSI or where the family is receiving TANF or a Head of Household member receives SSI do not pay a co-pay.

3.3.3   Other priority groups

List and define any other priority groups established by the Lead Agency.
Children eligible for Head Start Wrap Around Services, for child care needed before and/or after Head Start and full-time care during the Summer, when Head Start is not in session.

3.3.4   Additional priority groups

Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3.
Children eligible for Head Start are not subject to the waitlist.

3.3.5   Enrollment and outreach for families experiencing homelessness

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 technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (addressed in section 6), and (3) conduct specific outreach to families experiencing homelessness(658E(c)(3); 98.51).

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

A 60-day child care scholarship is issued to allow the parent to come in compliance with eligibility requirements. Once a parent comes in compliance with eligibility requirements, the parent is issued a 52 week child care scholarship.

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

[x] i. Lead Agency accepts applications at local community-based locations

[ ] ii. Partnerships with community-based organizations

[ ] iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care

[x] iv. Other:

N/A

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)).

3.3.6   Grace period

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with 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:

   i.   Children experiencing homelessness (as defined by the CCDF Final Rule).
         Licensing has temporary admission to care regulations, which allow for a grace period to comply with immuizations and other health and safety requirements.

         Temporary Admission to Care

         1) A provider may temporarily admit or retain a child in care if the child's parent or guardian is unable to provide documentation of immunization required in A(2)(b) of this regulation.

         2) For a child temporarily admitted or retained in care, the parent or guardian shall present evidence of the child's appointment with a health care provider or local health department to:

         (a) Receive a medical evaluation to include if applicable, a lead screening test;

         (b) Receive a required immunization,

         (c) Acquire evidence of age-appropriate immunizations on a form approved by the office; or

         (d) Reconstruct a lost record.

3)The date or the appointment, set to D(2) of this regulation, may not be later than 20 calendar days following the date the child was temporarily admitted or retained.

4) A provider shall exclude from care a child who has been temporarily admitted or retained in care if the parent fails to provide documentation required by A(2) of this regulation within 3 business days after the date of this appointment made pursuant to D(2) of this regulation.

While licensing regulations for child care programs give a 20 day grace period, the Child Care Scholarship Program allows an Immunization grace period of 60 days. The child is issued a child care scholarship during this time period to enable the parents experiencing homelessness to come into compliance.

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

CCS Drafted COMAR 13a.14.02.(62) ⬛Priority Placement means⬛ assisting the most vulnerable population with access to child care by not requiring the applicant's household to be subject to:

 (a) Frozen status; or

 (b) Meeting full-eligibility requirements for up to 90 days from the initial CCS application submission for the following applicants:

 (i) Pending TCA;

 (ii) Customers pursuing court-ordered child support;

 (iii) Parents missing immunization records for non-school age children placed in an informal child care setting;

 (iv) Customers experiencing homelessness, engaged in an approved CCS activity, and missing all documentation required to authorize CCS services; and

 (v) Customers missing immunization records for foster care children.

Provide the citation for this policy and procedure.

Licensing: Family Child Care 13A.15.03.02D, Child Care Center 13A.16.03.02F, Letter of Compliance 13.17A.03.02E, Large Family Child Care 13A.18.03.04L

Scholarship: CCS Drafted COMAR 13a.14.02.(62)

ii. 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)).

We coordinate with regional licensing managers/specialist to make them aware of this priority. These representatives communicate this to child care providers that have a more first-hand knowledge of families experiencing homelessness.

Child Care Scholarship Program coordinates with the CCS Vendor and/or the LDSS to issue a 60 day scholarship to any parent that needs to meet the immunization requirement. This procedure enables the parent to access child care services while the immunization requirements are being met.

c. Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

[ ] No
[x] Yes. Describe:
A 60 day grace period is given to: non-school age children using informal child care and who need to complete immunization requirements; children whose parents are choosing to pursue court-ordered complete child support; and pending TANF applicants.

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a

training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

1. any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness

2. any interruption in work for a seasonal worker who is not working

3. any student holiday or break for a parent participating in a training or educational program

4. any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program

5. any 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

6. a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)

7. any changes in residency within the state, territory, or tribal service area

Amended: Effective Date 01/01/2022

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12- month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

> **Effective January 2022, all parents that meet Child Care Scholarship (CCS) eligibility will be authorized for 24 months. Because Maryland's CCS computer system is coded to establish a 52 week eligibility in anticipation of CCDF Reauthorization, parents will be issued two consecutive 52-week scholarships. . Currently not in regulation. Draft regulation will read: "The customer is eligible from the date a signed application is received if the contractor determines that the customer is eligible for services. (1) Once a child is determined to have met all points of eligibility, the authorization shall not be less than 24 months."**

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

Minimum Required Element	Citation

Minimum Required Element	Citation
[x] i. 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. Describe or define your Lead Agency's policy: **Draft Regulations for COMAR 13A.14.06.2. (39) states: ▯(39) ▯Hold Harmless▯ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.▯**	Draft Regulations for COMAR 13A.14.06.2. (39) states: ▯(39) ▯Hold Harmless▯ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.▯

Minimum Required Element	Citation
[x] ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency's policy: **Draft Regulations for COMAR 13A.14.06.2. (39) states: ▯(39) ▯Hold Harmless▯ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.▯**	**Draft Regulations for COMAR 13A.14.06.2. (39) states: ▯(39) ▯Hold Harmless▯ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.▯**

Minimum Required Element	Citation
[x] iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency's policy: **Draft Regulations for COMAR 13A.14.06.2. (39) states: ▯(39) ▯Hold Harmless▯ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.▯**	**Draft Regulations for COMAR 13A.14.06.2. (39) states: ▯(39) ▯Hold Harmless▯ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.▯**

Minimum Required Element	Citation
[x] iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: **Draft Regulations for COMAR 13A.14.06.2. (39) states: (39) Hold Harmless means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.**	**Draft Regulations for COMAR 13A.14.06.2. (39) states: (39) Hold Harmless means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.**

Minimum Required Element	Citation
[x] v. 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. Describe or define your Lead Agency's policy: **Draft Regulations for COMAR 13A.14.06.2. (39) states: ⬚(39) ⬚Hold Harmless⬚ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.⬚**	**Draft Regulations for COMAR 13A.14.06.2. (39) states: ⬚(39) ⬚Hold Harmless⬚ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.⬚**

Minimum Required Element	Citation
[x] vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency's policy: **Draft Regulations for COMAR 13A.14.06.2. (39) states: ⬚(39) ⬚Hold Harmless⬚ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.⬚**	**Draft Regulations for COMAR 13A.14.06.2. (39) states: ⬚(39) ⬚Hold Harmless⬚ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.⬚**

Minimum Required Element	Citation
[x] vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency's policy: Draft Regulations for COMAR 13A.14.06.2. (39) states: ▯(39) ▯Hold Harmless▯ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.▯	Draft Regulations for COMAR 13A.14.06.2. (39) states: ▯(39) ▯Hold Harmless▯ means not reducing the authorized scholarship reimbursement nor increasing parental copay until the subsequent redetermination, unless the customer;(i) Provides documentation that supports the request for an increased Unit of Care;(ii) No longer resides in Maryland;(iii) No longer meets the participation requirements, due to loss of an approved activity, as set forth at Regulation.02.B(10) and 03.I of this chapter;(iv)Gains income equal to or greater than 85% of the State Median Income as set forth at Regulation .03(H) of this chapter; or (v)Requests the termination of Child Care Scholarship services.▯

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

N/A

3.4.2   Assistance during the minimum 12-month eligibility period

Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's <u>non-temporary loss</u> of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible

activity.

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. This time period allows 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 state median income (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 consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

[ ] No

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

For initial/redeterminations: job search is limited to parents in an activity approved by the Family Investment Administration located within the Department of Human Services . After the initial determination, non-TANF recipients experiencing a cessation of employment or a cessation of an approved activity 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 balance of their 12- month eligibility. NonTANF recipients are not eligible to receive child care scholarship services at initial eligibility determination and redetermination, unless they are working and/or in an approved work, training or educational activity.

b. Does the Lead Agency discontinue assistance during the minimum 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?

[x] No, the state/territory does not 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:

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

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

iv. Provide the citation for this policy or procedure.

c. The Lead Agency may discontinue assistance prior to the next minimum 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 minimum 12-month redetermination. Check all that apply.

[ ] i. Not applicable

[ ] ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

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

B. Provide the citation for this policy or procedure:

[x] iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:

Care terminates if a family no longer resides in Maryland. COMAR 13A.14.06.03.A.1.

[x] iv. 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 Scholarship payments or for increasing or preventing a reduction of the amount of assistance. COMAR 13A.14.06.02.33.

3.4.3   Change reporting during the minimum 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 (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 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 3.4.2 of the Plan, they may require families to report a non-temporary change 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
[x] Yes

b. Any additional reporting requirements during the minimum 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (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 minimum 12-month eligibility period. Check all that apply.

[x] i. Additional changes that may impact a family's eligibility during the minimum 12-month period. Describe:

Parents are required to report a change in household composition.

[x] ii. Changes that impact the Lead Agency's ability to contact the family. Describe:
Parents must report a change of address or no longer a resident of Maryland.

[x] iii. Changes that impact the Lead Agency's ability to pay child care providers. Describe:
Parents are required to report changes in care needs. For example, increased hours, change in child care providers, child no longer attending care. COMAR 13A.14.06.03.G.6

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

[x] i. Phone
[x] ii. Email
[ ] iii. Online forms
[ ] iv. Extended submission hours
[x] v. Postal mail
[x] vi. Fax
[ ] vii. In-person submission
[ ] viii. Other. Describe:

d. Families must have the option to voluntarily report changes on an ongoing basis during the minimum 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 can report change in:

(1) Income;

(2) Employment;

(3) Family composition;

(4) Marital status;

(5) Address; and

(6) Needed hours or days for child care services.

ii. Provide the citation for this policy or procedure.

COMAR 13A.14.06.03.G

3.4.4 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).

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. Check all that apply.

[x] i. Advance notice to parents of pending redetermination
[x] ii. Advance notice to providers of pending redetermination
[ ] iii. Pre-populated subsidy renewal form

[ ] iv. Online documentation submission

[ ] v. Cross-program redeterminations

[ ] vi. Extended office hours (evenings and/or weekends)

[ ] vii. Consultation available via phone

[x] viii. Other:

> **MSDE does not require a face-to-face interview for parents to submit documentation, report changes, apply for Child Care Scholarship 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 scholarship application and documentation required to complete the determination/redetermination process online.**

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. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

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.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1   Maximize Parental Choice and Implement Supply Building Mechanisms

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 their 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 their 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 Child care certificate

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)).

When parents complete the Child Care Scholarship Application, they select whether or not the care type will be formal or informal. If the parent selects formal care, the child care scholarship will include the reimbursement amounts based on the care units approved for both center care and family child care. If the parent selects informal care, the child care scholarship will include the reimbursement amounts based on the care units approved for relative/non-relative care. The child care scholarship includes the parent's name and address, the child's name, authorization period, reimbursement amount and assigned parental copayment.

4.1.2 Child care certificate and parent choice

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

[ ] a. Certificate provides information about the choice of providers

[ ] b. Certificate provides information about the quality of providers

[x] c. Certificate is not linked to a specific provider, so parents can choose any provider

[x] d. Consumer education materials are provided on choosing child care

[x] e. Referrals provided to child care resource and referral agencies

[ ] f. Co-located resource and referral staff in eligibility offices

[x] g. Verbal communication at the time of the application

[ ] h. Community outreach, workshops, or other in-person activities

[x] i. Other. Describe:

Child Care Scholarship Application asks if the parent wants to attend formal or informal child care. Child Care Locate tells parents about child care programs. Child Care Scholarship lists the reimbursement amount for center, large family and family care types. If a parent selects informal care the Maryland Child Care Scholarship (CCS) vendor provides the parent with the necessary information to select this care type. 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 scholarship, 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 Equal access for families receiving CCDF-funded child care

A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

Maryland families participating in the Child Care Scholarship Program have access to the following care types: licensed and exempt child care providers. Upon completing the Child Care Scholarship application the parent is given the option to select that type of care that meets their families need. The scholarship is issued based upon the care type selected by the provider. The only care type that has to be approved, prior to the use of the scholarship, is informal care. Parents choosing care at a regulated child care program must select a program that is participating in Maryland EXCELS. On the cover letter to the scholarship package, they are also given the number to the number to LOCATE: Child Care, which is a vendor that assists families with locating licensed child care at centers, family child care homes, large family child care homes and Letter of Compliance child care facilities. If a family elects to use informal (exempt) care, they have the choice of selecting relative care within the home of the relative or child or non-relative care within the home of the child.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

According to data collected by Maryland on programs participating in the Maryland EXCELS Program, 47%* of eligible providers participate in the CCDF Child Care Scholarship Program. This information is maintained by the vendor and is coded into our Child Care Administrative Tracking System (CCATS) due to the requirement of providers, with the exception of exempt programs, having to participate in Maryland EXCELS in order to received payment from the Child Care Scholarship Program.

*Note: the percentage of providers not participating in the Child Care Scholarship Program, but who receive CCDF funds through credentialing, accreditation - not considering Relief Payments, would increase this number. Because participation in Maryland's QRIS Program is a requirement in order to receive payment from the Child Care Scholarship program, these providers where excluded from the analysis of the 47% of eligible child care providers that participate in the CCDF system, system being defined as the Child Care Scholarship Program.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices – including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

Maryland families have access to a full range of child care provider types, if they can pay the out-

ofpocket expense not covered by the approved scholarship amount and the required parental co-pay. For many Maryland families, the approved scholarship amount and the difference owed to the provider above scholarship reimbursement limits the range of accessible care. Maryland's reimbursement rates per payment region was at 30th percentile of the April 2019 MRS. Maryland's Governor approved increased provider reimbursement rates. Effective November 23, 2020, Maryland reimburses at the 60th percentile of the April 2019 MRS, as posted on (https://earlychildhood.marylandpublicschools.org/families/child-care-scholarship-program/child-care-scholarship-rates" target="_blank) https://earlychildhood.marylandpublicschools.org/families/child-care-scholarship-program/child-care-scholarship-rates

4.1.4   Procedures to ensuring unlimited access

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 Scholarship 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   Allowing and limiting in-home care

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but
may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?
 [ ] No

[x] Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

[ ] a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

[x] b. Restricted based on the provider meeting a minimum age requirement. Describe:

Provider must be 18 years of age.

[ ] c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

[ ] d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe:

[ ] e. Restricted to care for children with special needs or a medical condition. Describe:

[ ] f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

[x] g. Other. Describe:

Restricted relative in-home care to grandparents, great grandparents, aunts and uncles, and older siblings above the age of 18 not included within the household composition of the CCS Program are the only relations that are considered as relative. Relative care may be provided within the home of the child or relative. Non-relative informal care is limited to the home of the child. Both relative and non-relative informal child care requires the provider and anyone in the household that is 18 or older to complete a Criminal Background check and a Child Protective Service clearance.

4.1.6   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 4.1.7

[x] 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:

     ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

    iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

b. Will the Lead Agency use grants or contracts for direct child care services to increase the supply or quality of specific types of care?

[ ] No

[x] Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

Grants or Contracts are used in Child Care Programs that Serve	To increase the supply of care	To increase the quality of care
i. Children with disabilities	[x]	[ ]
ii. Infants and toddlers	[x]	[ ]
iii. School-age children	[ ]	[ ]
iv. Children needing non-traditional hour care	[ ]	[ ]
v. Children experiencing homelessness	[x]	[ ]
vi. Children with diverse linguistic or cultural backgrounds	[ ]	[ ]
vii. Children in underserved areas	[ ]	[x]
viii. Children in urban areas	[ ]	[x]
ix. Children in rural areas	[ ]	[x]

Grants or Contracts are used in Child Care Programs that Serve	To increase the supply of care	To increase the quality of care
x. Other populations, please specify 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 Maryland uses grants to ensure the continuity of funding to child care programs that could not operate without the upfront funding that is made possible via the issuance of grants and contracts versus being received bi-weekly. for example, through payments from the child care scholarship program - which part of this payment option would be collected from parental copayments, which is not also a reliable source of revenue for a small business operation.	[x]	[x]

4.1.7   Shortages in supply of high-quality child care

Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers.

Pre-COVID-19, Maryland conducted a series of town hall meetings to discuss child care and other early childhood issues within the community. During the town hall meetings data was collected on child care providers, parents, service providers. MSDE was able to gain a better understanding of the needs of families and young children unique within their communities. These meetings and findings helped MSDE learn more about the shortages of quality providers in certain areas and the decrease in the numbers of family home care providers and information was also used to develop and inform a new early learning strategic plan for Maryland by identifying significant needs and priorities. 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. Data sources for tracking the number and quality ratings of Maryland EXCELS programs: - Data from the Maryland EXCELS online QRIS system is provided by the State's grantee, Johns Hopkins University, via daily files of participating programs and Maryland published quality ratings. - Bi-monthly data reports are provided by the Grantee for: - Newly Accepted Programs - these are programs who have joined the QRIS in the past two week. MSDE Quality Assurance Specialists make contact and support these programs with technical assistance, training, and resources. - Newly Published Programs - these are programs that have published a quality rating (first time, same, or higher rating) in the past two weeks. MSDE Quality Assurance Specialists track and provide outreach to programs based on their published quality rating and the program's goals. - Monthly data of participating and published programs is posted on the MSDE Division of Early Childhood's website. This data shows the number of child care programs, by type (child care center and family child care home) and jurisdiction. Data shows the number of participants and the published quality ratings by level. Maryland EXCELS data can be viewed at the bottom of this web page https://earlychildhood.marylandpublicschools.org/data. - MSDE Division of Early Childhood's Child Care Administrative Tracking System (CCATS) contains data on all licensed child care facilities (child care centers and family child care homes). Quality Assurance Specialists (QAS) hired by MSDE and Program Coordinators hired by our grantee, Johns Hopkins University, support programs to meet requirements and move to higher quality in the QRIS. Quality Assurance Specialists provide child care programs with individualized technical assistance Quality Assurance Specialists track the technical assistance TA) and outreach provided to programs including, but not limited to: - contacts with programs - type of assistance provided - what was accomplished as a result of the TA - the program's goal for meeting a quality rating - ongoing support the program requires or requests to meet their goal - referrals made to the Child Care Resource Center network and the Grantee, Johns Hopkins University. Quality Assurance Specialists track publication expiration dates to ensure that high quality programs maintain and/or increase their quality level. Support teams (Quality Assurance Specialists and Program Coordinators) track the quality ratings of programs and provide outreach, support, and specific resources to encourage programs to increase their quality ratings. These resources include, but are not limited to: - Maryland EXCELS Toolkit https://marylandexcels.org/commitment-toquality/maryland-excels-toolkit/ - Benefits of higher scholarship reimbursement at higher levels for

programs published at QR 3, 4, and 5 - Monthly Training and Workgroups with cohorts that work together to meet the next highest quality rating - Tutorials that provide step by step guidance for navigating and meeting QRIS requirements https://marylandexcels.org/tutorials

The Division of Early Childhood conducted statewide needs assessment by having Early Childhood Town Hall meetings to hear from families, child care providers, advocates, stakeholders, legislators and all other interested parties. During the Town Halls, we heard from several people about the child care desserts and the lack of Maryland EXCELS participating programs that are published at a higher level.

Maryland EXCELS has 13 Quality Assurance Specialists (QAS) that work with all child care programs in their region to apply and move up in Maryland EXCELS. These QAS are vital in identifying the areas where there are shortages in high quality child care. Although this is qualitative data, having the QAS in each region has proven to be an effective tool in gathering information and enticing child care programs to Maryland EXCELS.

The Division of Early Childhood is also embarking on modernization of the current data system. Maryland will include data that can better quantify the shortages in the supply of high quality child care programs that meet parents needs.

b. In child care homes.

Pre-COVID-19, Maryland conducted a series of town hall meetings to discuss child care and other early childhood issues within the community. During the townhall meetings data was collected on child care providers, parents, service providers. MSDE was able to gain a better understanding of the needs of families and young children unique within their communities. These meetings and findings helped MSDE learn more about the shortages of quality providers in certain areas and the decrease in the numbers of family home care providers and information was also used to develop and inform a new early learning strategic plan for Maryland by identifying significant needs and priorities. 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. Data sources for tracking the number and quality ratings of Maryland EXCELS programs: - Data from the Maryland EXCELS online QRIS system is provided by the State's grantee, Johns Hopkins University, via daily files of participating programs and Maryland published quality ratings. - Bi-monthly data reports are provided by the Grantee for: - Newly Accepted Programs - these are programs who have joined the QRIS in the past two week. MSDE Quality Assurance Specialists make contact and support these programs with technical assistance, training, and resources. - Newly Published Programs - these are

programs that have published a quality rating (first time, same, or higher rating) in the past two weeks. MSDE Quality Assurance Specialists track and provide outreach to programs based on their published quality rating and the program's goals. - Monthly data of participating and published programs is posted on the MSDE Division of Early Childhood's website. This data shows the number of child care programs, by type (child care center and family child care home) and jurisdiction. Data shows the number of participants and the published quality ratings by level. Maryland EXCELS data can be viewed at the bottom of this web page https://earlychildhood.marylandpublicschools.org/data. - MSDE Division of Early Childhood's Child Care Administrative Tracking System (CCATS) contains data on all licensed child care facilities (child care centers and family child care homes). Quality Assurance Specialists (QAS) hired by MSDE and Program Coordinators hired by our grantee, Johns Hopkins University, support programs to meet requirements and move to higher quality in the QRIS. Quality Assurance Specialists provide child care programs with individualized technical assistance Quality Assurance Specialists track the technical assistance TA) and outreach provided to programs including, but not limited to: - contacts with programs - type of assistance provided - what was accomplished as a result of the TA - the program's goal for meeting a quality rating - ongoing support the program requires or requests to meet their goal - referrals made to the Child Care Resource Center network and the Grantee, Johns Hopkins University. Quality Assurance Specialists track publication expiration dates to ensure that high quality programs maintain and/or increase their quality level. Support teams (Quality Assurance Specialists and Program Coordinators) track the quality ratings of programs and provide outreach, support, and specific resources to encourage programs to increase their quality ratings. These resources include, but are not limited to: - Maryland EXCELS Toolkit https://marylandexcels.org/commitment-toquality/maryland-excels-toolkit/ - Benefits of higher scholarship reimbursement at higher levels for programs published at QR 3, 4, and 5 - Monthly Training and Workgroups with cohorts that work together to meet the next highest quality rating - Tutorials that provide step by step guidance for navigating and meeting QRIS requirements (https://marylandexcels.org/tutorials/) https://marylandexcels.org/tutorials/

The Division of Early Childhood conducted statewide needs assessment by having Early Childhood Town Hall meetings to hear from families, child care providers, advocates, stakeholders, legislators and all other interested parties. During the Town Halls, we heard from several people about the child care desserts and the lack of Maryland EXCELS participating programs that are published at a higher level.

Maryland EXCELS has 13 Quality Assurance Specialists (QAS) that work with all child care programs in their region to apply and move up in Maryland EXCELS. These QAS are vital in identifying the areas where there are shortages in high quality child care. Although this is qualitative data, having the QAS in each region has proven to be an effective tool in gathering information and enticing child care programs to Maryland EXCELS.

The Division of Early Childhood is also embarking on modernization of the current data system. Maryland will include data that can better quantify the shortages in the supply of high quality child care centers that meet parents needs.

c. Other.

Pre-COVID-19, Maryland had conducted a series of town hall meetings to discuss child care and other early childhood issues within the community. During the town hall meetings data was collected on child care providers, parents, service providers. MSDE was able to gain a better understanding of the needs of families and young children unique within their communities. These meetings and findings helped MSDE learn more about the shortages of quality providers in certain areas and the decrease in the numbers of family home care providers and information was also used to develop and inform a new early learning strategic plan for Maryland by identifying significant needs and priorities. 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. As a result of the Town Hall meetings, The Division of Early Childhood continues to work together and across branches to identify and analyze data needs to ensure that strategies to increase the supply and quality of PreK is addressed. Data sources for tracking the number and quality ratings of Maryland EXCELS programs: - Data from the Maryland EXCELS online QRIS system is provided by the State's grantee, Johns Hopkins University, via daily files of participating programs and published quality ratings. - Bi-monthly data reports are provided by the Grantee for: - Newly Accepted Programs - these are programs who have joined the QRIS in the past two week. MSDE Quality Assurance Specialists make contact and support these programs with technical assistance, training, and resources. - Newly Published Programs - these are programs that have published a quality rating (first time, same, or higher rating) in the past two weeks. MSDE Quality Assurance Specialists track and provide outreach to programs based on their published quality rating and the program's goals. - Monthly data of participating and published programs is posted on the MSDE Division of Early Childhood's website. This data shows the number of child care programs, by type (child care center and family child care home) and jurisdiction. Data shows the number of participants and the published quality ratings by level.

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Maryland EXCELS has 13 Quality Assurance Specialists (QAS) that work with all child care programs in their region to apply and move up in Maryland EXCELS. These QAS are vital in identifying the areas where there are shortages in high quality child care. Although this is qualitative data, having the QAS in each region has proven to be an effective tool in gathering information and enticing family child care programs to Maryland EXCELS.

The Division of Early Childhood is also embarking on modernization of the current data system. Maryland will include data that can better quantify the shortages in the supply of high quality family child care programs that meet parents needs.

4.1.8   Strategies to increase the supply of and improve the quality of child care services

Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receivecare during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

[x] i. Grants and contracts (as discussed in 4.1.6). 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.

There are 13 regional licensing offices and each region has licensing specialists

that work with providers throughout that region. They are critical to the region and the identification where there are children that are in underserved areas.

In addition, Maryland EXCELS has 13 Quality Assurance Specialists (QAS) that work with all child care programs in their region to apply and move up in Maryland EXCELS. These QAS are vital in identifying the areas where there are children that are underserved. Although this is qualitative data, having the QAS in each region has proven to be an effective tool in gathering information about the region, including children in underserved areas.

The Division of Early Childhood is also embarking on modernization of the current data system. Maryland will include data that can better quantify underserved areas. The strategies used focus on building the supply and increasing quality.

[x] ii. Targeted Family Child Care Support such as Family Child Care Networks. Describe:

The Family Child Care Provider Grant assists registered family child care providers by providing reimbursement of up to $1000 of the costs to become registered and/or remain registered.

[x] iii. 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.

[x] iv. 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.

[x] v. 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.

[x] vi. Tiered payment rates (as discussed in 4.3.3). Describe:

Programs participating in Maryland EXCELS quality rating and improvement system receive tier payments of 10% to 44% above the regular scholarship 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. Tiered payment above the child care scholarship reimbursement is paid to Levels 3-5 Maryland Excels providers, as follows:

Family Child Care Home Excels Level 5	MD Excels Level 3	MD Excels Level 4	MD
Child younger than 24 months old 29 percent	11 percent	22 percent	
Child 24 months old or older percent	10 percent	21 percent	28

Child Care Center Excels Level 5	MD Excels Level 3	MD Excels Level 4	MD
Child younger than 24 months old 44 percent	22 percent	37 percent	
Child 24 months old or older 26 percent	10 percent	19 percent	

[x] vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

Quality Assurance Specialists and Maryland State Department of Education approved trainers received Training of Trainers instruction in Business practices from

the National Center on Early Childhood Quality Assurance. The Quality Assurance Specialists and the Maryland State Department of Education approved trainers offer Strengthening Business Practices training to child care centers and family child care home providers. The purpose of this training series is to strengthen child care providers' foundational knowledge of fiscal terms, concepts, and practices. Topics covered include budgets, projections, and planning; financial reports and internal controls; marketing for child care programs; and staff recruitment and retention for center-based programs.

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 and 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.

[x] viii. 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 https://earlychildhood.marylandpublicschools.org/child-care-providers/maryland-excels/maryland-accreditation/accreditation-support-fund

[x] ix. Child care health consultation. Describe:

The Nurse Consultant in the Office of Child Care 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.

[x] x. Mental health consultation. Describe:

The Infant and 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/child-care-providers/maryland-excels/maryland-accreditation/accreditation-support-fund) https://earlychildhood.marylandpublicschools.org/child-care-providers/maryland-excels/maryland-accreditation/accreditation-support-fund

[ ] xi. Other. Describe:

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

    [x] i.   Grants and contracts (as discussed in 4.1.6). Describe:

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

        There are 13 regional licensing offices and each region has licensing specialists that work with providers throughout that region. They are critical to the region and the identification where there is a need for infant and toddler care.

        In addition, Maryland EXCELS has 13 Quality Assurance Specialists (QAS) that work with all child care programs in their region to apply and move up in Maryland EXCELS. These QAS are vital in identifying the areas where there is a need for infant and toddler care. Although this is qualitative data, having the QAS in each region has proven to be an effective tool in gathering information about the region, including identifying the need for infant and toddler care.

        The Division of Early Childhood is also embarking on modernization of the current data system. Maryland will include data that can better quantify where there are infant and toddler desserts. The strategies used focus on building the supply and increasing quality.

    [ ] ii.   Family Child Care Networks. Describe:

    [x] iii. 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.

    [x] iv. Technical assistance support. Describe:

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

    [x] v.   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 funded the curriculum 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 was also funded by the Division of Early Childhood. The CDA process is paid for by MSDE at no cost to the students. 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.

[x] vi. Tiered payment rates (as discussed in 4.3.3). Describe:

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

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

[x] viii. 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 relates to the program's improvement plan. Information on the Accreditation Support Fund can be found at: (https://earlychildhood.marylandpublicschools.org/child-care-providers/maryland-excels/maryland-accreditation/accreditation-support-fund) https://earlychildhood.marylandpublicschools.org/child-care-providers/maryland-excels/maryland-accreditation/accreditation-support-fund

[x] ix. Child care health consultation. Describe:

The Office of Child Care Licensing Branch has a full time health consultant that is available to child care providers for any questions or concerns they have about the health and safety of children or providers.

[x] x. Mental health consultation. Describe:

The Infant and 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/infant-and-early-childhood-mental-health-iecmh-consultation-project) https://earlychildhood.marylandpublicschools.org/infant-and-early-childhood-mental-health-iecmh-consultation-project

[ ] xi. Other. Describe:

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

        [x] i. Grants and contracts (as discussed in 4.1.6). 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.

The Office of Child Care (OCC) partners with Maryland Family Network on the resource and referral network. Part of the referral process for families is LOCATE: Child Care, an 800 number that any family across Maryland can call to find child care near their house, work or any other address they chose.   LOCATE has experienced counselors that focus completely on the family needing assistance for a child with special needs. They provide more intense one-on-one help throughout the process of finding a child care program suitable for their child. In addition, the Division of Early Childhood makes Medically Fragile grants to some providers who specifically work with children that have special healthcare needs. These programs have healthcare providers on site, therapy rooms, specialized equipment and staff training in working with children that have special healthcare needs.

        [ ] ii. Family Child Care Networks. Describe:

        [x] iii. 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. Grants are up to $1,000 each.

        [ ] iv. Technical assistance support. Describe:

        [ ] v. Recruitment of providers. Describe:

        [x] vi. Tiered payment rates (as discussed in 4.3.3). Describe:

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

        [x] vii. Support for improving business practices, such as management training, paid sick leave, and shared services. 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 https://earlychildhood.marylandpublicschools.org/child-care-providers/maryland-excels/maryland-accreditation/accreditation-support-fund

[x] viii. 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.

[ ] ix. Child care health consultation. Describe:

[x] x. Mental health consultation. Describe:

The Infant and 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/infant-and-early-childhood-mental-health-iecmh-consultation-project

[x] xi. Other. Describe:

Child care scholarship pays up to 15% higher scholarship 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 Scholarship branch.

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

[x] i. Grants and contracts (as discussed in 4.1.6). Describe:

There are 13 regional licensing offices and each region has licensing specialists that work with providers throughout that region. They are critical to the region and the identification where care is being provided during non-traditional hours. If a provider is providing care during non-traditional hours, it is noted on their license.

In addition, Maryland EXCELS has 13 Quality Assurance Specialists (QAS) that work with all child care programs in their region to apply and move up in Maryland EXCELS. These QAS are vital in identifying the areas where there is a need for non-traditional care. Although this is qualitative data, having the QAS in each region has proven to be an effective tool in gathering information about the region, including identifying the need for non-traditional hours for families.

The Division of Early Childhood is also embarking on modernization of the current data system. Maryland will include data that can better quantify where there is a need for non-traditional hours.

Providers that have non-traditional hours are also reimbursed through the Child Care Scholarship at a higher rate than those who provide traditional hours as an incentive.

The strategies used focus on building the supply and increasing quality.

[ ] ii. Family Child Care Networks. Describe:

[ ] iii. Start-up funding. Describe:

[ ] iv. Technical assistance support. Describe:

[ ] v. Recruitment of providers. Describe:

[x] vi. Tiered payment rates (as discussed in 4.3.3). Describe:
      Providers who have a Maryland EXCELS quality rating at levels 3, 4, and 5 receive a differential payment of 10% to 44% above the regular scholarship reimbursement. In addition, child care providers receive an additional scholarship rate of 5-15% for providing care during non-traditional hours.

[ ] vii. Support for improving business practices for providers, such as management training, and shared services. Describe:

[x] viii. 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.

[ ] ix. Child Care health consultation. Describe:

[x] x. Mental health consultation. Describe:
      The Infant and 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/infant-and-early-childhood-mental-health-iecmh-consultation-project

[x] xi. Other. Describe:
      The child care provider is approved for additional costs that exceed the payment rate of a traditional scholarship when child care is provided during nontraditional hours. Nontraditional hours are defined as 1 hour or more between 7 p.m. and 6 a.m. on Monday through Friday; and any period of 1 hour or more on Saturday or Sunday. Additional costs above the traditional scholarship are authorized for care provided weekly during nontraditional hours up to: 5 percent for one unit of care; 10 percent for two units of care; or 15 percent for three units of care.

e. Other. Check and describe all that apply.

    [x] i. Grants and contracts (as discussed in 4.1.6). Describe:

      The Child Care Quality Incentive Grant Program (CCQIG) supports projects that improve the

professionalism and quality of child care programs. The program also Maryland 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. American Rescue Plan Stablazation decisions have not been finalized.

[ ] ii. Family Child Care Networks. Describe:

[x] iii. Start-up funding. Describe:

The Family Child Care Provider Grant assists registered family child care providers by providing reimbursement of up to $1000 of the costs to become registered and/or remain registered.

[x] iv. 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.

[x] v. 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 rate.

[x] vi. Tiered payment rates (as discussed in 4.3.3). Describe:

Programs participating in Maryland EXCELS quality rating and improvement system receive tier payments of 10% to 44% above the regular scholarship Maryland Page 163 of 359

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.

[x] vii. Support for improving business practices, such as management training, paid sick leave, and shared services. 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 https://earlychildhood.marylandpublicschools.org/child-care-providers/maryland-excels/maryland-accreditation/accreditation-support-fund

[x] viii. Accreditation supports. Describe:

MSDE has a dedicated team of accreditation specialist who can schedule pre-site visits for any program going through the approved accreditations. MSDE also has the Accreditation Support Fund that provides financial support and technical assistance for any Maryland approved accreditation..

[x] ix. Child Care health consultation. Describe:

The Nurse Consultant in the Office of Child Care 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.

[x] x. Mental health consultation. Describe:

The Infant and 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/infant-and-early-childhood-mental-health-iecmh-consultation-project, The Lead CCDF Agency contracts with the Infant and Early Childhood Mental Health (IECMH) to provide mental health support in order to improve quality in early childhood programs. IECMH consultants implement a teaching framework based on the Maryland Social Emotional Foundations for Early Learning (SEFEL) model, which can be accessed online via an informative website made available through a partnership with the University of Maryland Innovations Institute. IECMH Consultation Services can: enhance teacher-child interactions; improve the quality of classroom climate; reduce children's problem behavior and increase social skills; Prevent expulsions; and decrease teacher stress. Child care providers and parents across the state can access IECMH Consultation Project services free of charge. Services include: observation and assessment of children and the child care environment using research-based tools; partnering with child care providers to deliver training, mentoring and coaching to help create environments that better support the social and emotional needs of young children; increasing child care staff skills in addressing the social and emotional needs of children to improve readiness for school; working with child care providers to help retain and serve children with behavioral and mental health needs; and forging positive relationships with providers and families.

[x] xi. Other. Describe:

Child care scholarship pays up to 15% higher scholarship 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 Scholarship branch.

4.1.9   Prioritizing investments for increasing access to high-quality child care and development services

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 (658 E(c)(2)(M); 98.16 (x);98.46(b)).

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), highest concentration of unemployment and poverty and who are eligible for Child Care Scholarship Services. Poverty is also defined as a family that has an income less than or equal to 50% of SMI for their family size. MSDE defines unemployment as families eligible for TCA services with job search as a qualifying activity and as families experiencing a temporary cessation of work, training or education after the child has been determined eligible to receive child care scholarship (CCS) services.

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 access to high-quality programs.

Maryland defines high quality as levels 3, 4, and 5 in the Quality Rating and Improvement System, Maryland EXCELS. To further increase access to high-quality child care for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs, Maryland will initiate a campaign to support and incentivize child care programs to reach quality ratings 3, 4 and 5. Data will be collected and analyzed to identify high-need areas of the state where poverty and unemployment exist. Child Care Scholarship data and Judy Center locations will be identified. A ꞏMove Upꞏ marketing campaign with coaching and incentives, will be developed to support child care programs to increase their quality ratings so families have increased access to high quality child care.

The MOVE Up campaign is expected to begin in March 2022 and implementation plans are being reviewed.

4.2   Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to child care for children receiving child care assistance; and (2) ensure parental choice by offering a full range of child care services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. 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 or (2) an ACF pre-approved 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

judge what expected costs would be incurred by child care providers and parents under different 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 (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a market rate survey or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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 what information the Lead Agency will obtain from an alternative methodology that could not be obtained from the required narrow cost analysis.

- Describe how the Lead Agency will consult with the State 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 data.

- What metrics the Lead Agency will use to set rates based on the alternative methodology.

- Describe the estimated reporting burden and cost to conduct the approach.

A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan

(658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

Amended: Effective Date 10/12/2022

4.2.1   Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

[x] Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

> **[x]** a. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)?
>
> **The Market Rate Survey (MRS) was conducted as part of the application for child care providers to receive grant funding through the CARES act. By incorporating it into the application as a requirement to receive funding, Maryland received over 4,700 application, which means we received the same number of MRS data. The data for the study was gathered from February 16, 2021 ▯ March 3, 2021 then submitted to our partner, Maryland Family Network for analysis.**

> **[ ]** b. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology:

[ ] No, a waiver is being requested in Appendix A.

> a.   Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.
>
> **[x]** i. MRS. If checked, describe the status of the Lead Agency's implementation of the MRS.
>
> > **Maryland's MRS survey was analyzed and finalized by Maryland Family Network. The results from the June 2021 Market Rate Survey were then posted on the following website: (https://earlychildhood.marylandpublicschools.org/families/child-care-scholarship-program/child-care-scholarship-rates) https://earlychildhood.marylandpublicschools.org/families/child-care-scholarship-program/child-care-scholarship-rates.**

[ ] ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

    b.   If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2-4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2–4.5.2.
        ?

4.2.2   Consultation prior to developing MRS or pre-approved alternative methodology

Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the 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)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a. State Advisory Council or similar coordinating body:

Office of Child Care met with members of the Office of Child Care (OCC) Advisory Council to get feedback and to assist with the design of the Market Rate Survey Form.

b. Local child care program administrators:

Office of Child Care met with members of the Office of Child Care (OCC) Advisory Council to get feedback and to assist with the design of the Market Rate Survey. OCC is open to program administrators and has a child care program administrator on the board.

c. Local child care resource and referral agencies:

Office of Child Care met with members of the Office of Child Care (OCC) Advisory Council to get feedback and to assist with the design of the Market Rate Survey. OCC is open to the public and has a representative from the child care resource and referral agency on the board.

d. Organizations representing caregivers, teachers, and directors:

Office of Child Care met with members of the Office of Child Care (OCC) Advisory Council to get feedback and to assist with the design of the Market Rate Survey. OCC has a representative that represents caregivers, teachers and directors on the board.

e. Other. Describe:

N/A

4.2.3   Benchmarks for MRS or pre-approved alternative methodology

ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- o represents the child care market
- o provides complete and current data
- o uses rigorous data collection procedures
- o reflects geographic variations
- o analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

Amended: Effective Date 10/12/2022
a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market:

In early 2021, Maryland was in the process of developing a grant application that would provide grants to child care providers across the state. Realizing the importance of the Market Rate Survey (MRS) and the fact that Maryland has repeatedly had low participation from the child care provider community, the grant application was developed and the MRS was built into the application. The application was available to all child care providers in Maryland. The MRS data was a required field for any child care provider that applied. A total of 4,727 surveys were received, resulting in a 69.6% data response rate from all 24 jurisdictions.

ii. Provide complete and current data:

There are two general types of regulated child care in Maryland that are identified for this June 2021 Market Rate Survey report: family child care and child care centers. Family child care is defined as a setting where care is given to a child younger than 13 years or to a person with a development disability younger than 21 years old, in place of parental care for less than 24 hours a day, in a residence other than the child's residence and for which a provider is paid.

Family child care is generally offered in the provider's residence. Regulations allow a family child care provider to care for as many as eight children at any one time dependent on space, materials, equipment, and provider qualifications. There is an additional designation within this category called ⬛large family child care homes,⬛ which can care for more children, with additional requirements. Family child care is regulated by the Maryland State Department of Education (MSDE).
Center based child care is typically offered in a facility other than a residence, and the number of children in care depends on space, materials, equipment, staff qualifications, and related items. Child care centers include public child care programs and Letter of Compliance facilities and are regulated by MSDE. Letter of Compliance programs are child care programs operated by tax-exempt religious organizations in school buildings used exclusively for children who are enrolled in those schools, meet basic health, safety, space and other requirements.

Of the 4,727 surveys received from the MRS, 3,077 surveys were from Family Child Care programs, 65% of all responses, and 1,650 surveys were from Child Care Centers in Maryland, 35% of total responses. Usable information was received from each of the 24 jurisdictions in Maryland. The

response rate from Large Family Child Care and Letter of Compliance Programs was too low to compile reliable data to separately characterize the fees for those specific programs but that data was aggregated in the Family Child Care data and Center Care data.

The largest number of responses (in order) from Montgomery County, followed by Baltimore County, Prince George's County and Baltimore City. Those jurisdictions also tend to be at the top half of more expensive areas for child care. Maryland EXCELS has five levels of increasingly advanced quality levels providing a systematic way to assess, improve, and communicate the level of quality in early care and education programs in Maryland to parents and the wider community. Of the 4,727 respondents to this survey, 2,403 or 50.8% of respondents, are identified as participating in Maryland EXCELS. Of that pool, 1298 or 54%, were Child Care Center based programs; 1105 or 46%, were Family Child Care.

iii. Use rigorous data collection procedures:

Maryland's MRS was completed in June 2021 with rigorous data collection procedures. Maryland contracts with two separate vendors with years of experience in completing statistically valid and reliable analysis of MRS data. Part of the rigorous data collection consisted of sampling all licensed child care provider types across Maryland. All center and family child care homes were given the opportunity to submit the MRS online. A total of 4,727 completed responses were received representing data from programs in each of the 24 jurisdictions in Maryland, 23 counties and Baltimore City. The following were key findings from the June 2021 Market Rate Survey results:

 Of the 4,727 completed responses received: 3,077, or 65%, were from family child care; 1,650, or 35%, were from child care centers; 1156, or 25% were from family child care programs participating in the child care scholarship program; 1088, or 23% were from child care center programs participating in the child care scholarship program.

The MSDE instituted a form requiring child care programs that received funding from MSDE, e.g. Child Care Scholarship Program and other grant funded programs, to provide information that detailed fees charged for child care and other details. This information was received online by MSDE. The portion of the form that collected the provider care type and fees was adapted from the 2019 MRS that was developed in collaboration with Maryland Family Network (MFN), Maryland State Child Care Association (MSCCA), Maryland State Family Child Care Association (MSFCCA), Maryland Association for the Education of Young Children (MD AEYC), Service Employees International Union (SEIU) Local 500, and Maryland Child Care Resource Network (MCCRN). Pretesting of the design of the prior MRS survey instruments was limited to internal review by the aforementioned organizations and their staff. All of the collaborating organizations notified licensed and regulated programs among their membership of the grant application, which had the MRS requested data embedded.

The results of the MRS data collection were divided into the seven distinct payment regions that include the following counties: Region U - Cecil, Queen Anne's, St. Mary's, Talbot, and Washington; Region V - Caroline, Dorchester, Kent, Somerset, and Wicomico; Region W - Anne Arundel, Calvert, Carroll, Charles, and Prince George's; Region X - Howard and Montgomery; Region Y - Baltimore County, Frederick, and Harford; Region Z - Allegany, Garrett, and Worcester; and Region BC -

Baltimore City. Additional information on the analysis of the data can be found by clicking on June 2021 MRS Results on the following link: (https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/09-15-2021_june_2021_mrs_report.pdf) https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/09-15-2021_june_2021_mrs_report.pdf

iv. Reflect geographic variations:

The June 2021 MRS data reflects the variations in prices providers charge to parent across the various geographic regions of Maryland. Average weekly full-time child care rates for the State of Maryland were $259.73 for children age birth to 23 months, $223.25 for children ages 2 to 5 years, and $119.53 for children of school age; On average, for each of the age ranges of children 1 - 23 months, 2 - 5 years, 5+ years, child care center fees were higher than those for family child care programs. This is a historical trend MFN has documented in Child Care Demographics: (https://www.marylandfamilynetwork.org/sites/default/files/2022-02/2021_MFN_Demographics.pdf) https://www.marylandfamilynetwork.org/sites/default/files/2022-02/2021_MFN_Demographics.pdf; On average, weekly child care costs were found to be higher in the counties adjacent to Washington, D.C. and along the Interstate 95 and 270 Corridor, including Montgomery County, Howard County, Anne Arundel County, Carroll County, and Frederick County, in descending order.

v. Analyze data in a manner that captures other relevant differences:

Maryland's MRS captures child care costs across the different geographic regions in Maryland and analyzes the data separately for each age group and category of care. In all but one Maryland jurisdiction, the cost of child care ranks among the top three household expenses. According to MFN's Maryland Child Care Demographics, child care is the number one household expense in Allegany County, Baltimore City and Baltimore County and the number two household expense in Anne Arundel, Dorchester, Kent, Montgomery, Prince George's, Somerset, and Wicomico Counties. Child care is the number three household expense in Calvert, Caroline, Carroll, Cecil, Charles, Frederick, Harford, Howard, Queen Anne's, St. Mary's, Talbot, Washington and Worcester Counties. In Garrett County, child care is the number four household expense. (Source: (https://www.marylandfamilynetwork.org/sites/default/files/2022-02/2021_MFN_Demographics.pdf) https://www.marylandfamilynetwork.org/sites/default/files/2022-02/2021_MFN_Demographics.pdf.) Additional relevant differences can be found in the Maryland Child Care Market Rate June 2021 Market Rate Survey (https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/09-15-

2021_june_2021_mrs_report.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/09-15-2021_june_2021_mrs_report.pdf.

Amended: Effective Date 10/12/2022

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

[ ] No

[x] Yes. If yes, why do you think the data represents the child care market?

The CARES Act money from the federal government provided Maryland a unique opportunity to obtain data from child care providers through the grant application process. Maryland believes the June 2021 MRS data reflects the impact of COVID-19 on the Child Care Community. The Governor of Maryland declared a State of emergency due to the COVID-19 pandemic beginning in March 2020. The timing of the June 2021 MRS enabled child care providers to report rates that demonstrated the full-impact of how the pandemic impacted their business. During the collection of the June 2021 MRS, respondents were asked to indicate: the weekly and monthly fees for their child care services. Additionally, information was solicited regarding use of funding for COVID-19 Pandemic Relief and an estimate of administrative costs, including but not limited to: rent, mortgage, salaries, utilities, food costs, supplies and materials. Maryland had 4,727 child care providers respond.

4.2.4   Variations in the price or cost of services

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

Amended: Effective Date 10/12/2022

a. Geographic area (e.g., statewide or local markets). Describe:

The June 2021 MRS included Maryland's 24 local jurisdictions in groupings based on socio-economic make up to ensure tuition rate alignment. Those groupings by jurisdiction include: Region U - Cecil, Queen Anne's, St. Mary's, Talbot, and Washington Region V - Caroline, Dorchester, Kent, Somerset, and Wicomico Region W - Anne Arundel, Calvert, Carroll, Charles, and Prince George's Region X - Howard and Montgomery Region Y - Baltimore County, Frederick, and Harford Region Z - Allegany, Garrett, and Worcester.

Amended: Effective Date 10/12/2022

b. Type of provider. Describe:

The MRS breaks down the provider type to ensure proper rate setting. Of the 4,727 completed responses received: 3,077, or 65%, were from family child care; 1,650, or 35%, were from child care centers; 1156, or 25% were from family child care programs participating in the child care scholarship program; 1088, or 23% were from child care center programs participating in the child care scholarship program; 1723, or 40% reported having a registration fee.

Amended: Effective Date 10/12/2022

c. Age of child. Describe:

> The June 2021 MRS collected care level of all licensed child care provides that completed the MRS. Care Levels in Maryland are divided into below 24 months or 24 months and over. Maryland collected costs on the following ages: 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).

Amended: Effective Date 10/12/2022

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

> Of the 4,727 responses, 2,935 or 62% of all June 2021 MRS responses were from programs that participate in Maryland EXCELS, Maryland's Quality Rating and Improvement System (QRIS). In addition vouchers from the Child Care Scholarship program were reviewed to determine that of 26,432 vouchers with a provider rate in 2021, 17,353, or 74% reported rates above the current Child Care Scholarship weekly reimbursement when compared to the Total Weekly Amount + Parent Copay.

Amended: Effective Date 11/14/2022

4.2.5   Narrow cost analysis completion

Has the Narrow Cost Analysis been completed for the FY 2022 – 2024 CCDF Plan?

[ ] No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

[x] Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:

a.   The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).
     The Narrow Cost analysis was completed by Prenatal to Five Fiscal Strategies. The methodology used was to use the Provider Cost of Quality Calculator (PCQC). The PCQC a web-based tool that calculates the cost of quality child care based on site-level provider data. The PCQC relies on Excel spreadsheets that are aligned with the State's unique reimbursement rate variations including a range of quality and other funding factors.

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

services at a given quality level and the revenue sources that are available to support service delivery.

The data used is from:

- Bureau of Labor Statistics (personnel data)

- Averaged cost data for non-personnel, found in the PCQC

- Salary data collected as part of the market rate survey done with Maryland providers

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

The following documents were reviewed in order to ensure the cost drivers in the Provider Cost of Quality Calculator (PCQC) reflect MD:

MD licensing regulations;
Quality standards under Maryland EXCELS (state QRIS), these were analyzed for any variances from MD licensing at higher levels of quality;
Analysis of other health and safety regulations in both MD licensing and MD Excels, to ensure these are reflected in the PCQC functioning.

The areas of cost impact found from this analysis were:

Child to staff ratios
Group size
Caregiver qualifications
Professional development/training

The PCQC was adjusted in the following areas to account for the analysis:

Ratio and group size
Compensation level of staff (increased at higher levels of quality to account for caregiver qualification requirements)
Professional development/training costs of $250 per teaching staff member (to account for the hours of training required in the MD licensing. The amount was determined based on a range of cost per training hour, between 10-20 dollars per hour. The amount per hour varies with the type of training and the organization providing the training)

c. How the methodology addresses the cost of 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 (98.45 (f)(ii)(B)).

MD EXCELS is the state quality rating and improvement system and defines higher-quality care for Maryland child care providers. According to an analysis of the MD EXCELS standards there are two areas of higher levels of quality that are linked to cost drivers. These two cost drivers were used to model the cost of child care at higher levels of quality under EXCELS, within the PCQC.

Increased staff qualifications are required at each level of EXCELS, in this cost analysis the salary line was increased by 5% for each level of quality to reflect salaries commiserate with higher levels of required qualifications. The 5% increase approach was used as it is reflective compensation increases found in the child care workforce in national data sources, such as the Center for the Study of Child Care Employment. While staff qualifications may increase a lot at higher levels of quality, the salary points for the workforce do not increase in large amounts.

At level 5 in EXCELS, the expectations of developmental assessment and planning in response to this assessment for children is higher than the other levels, therefore substitute coverage was increase by 30% at level 5 to cover these increased planning and assessment time and teaching response expected at level 5. This amount of substitute coverage gives the teacher 30% more time, or 12 hours per week, where they are not directly responsible for the care of children and can focus on the planning, assessment activities and building responsive teaching and learning activities for each child and the group as a whole. The cost of the substitute time is accounted for in the default functioning in the PCQC, drawing from the extant data source: The Bureau of Labor Statistics (BLS).

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

Outcomes of this analysis provide gaps between annual costs per child and scholarship payment rates for Center-based, Family Child Care Homes and Large Family Homes. Center-based costs range from $6,113 to $24,591, with differences therein across geographic regions and ages. Family Child Care Homes costs range from $5,249 to $11,262, and Large Family Homes costs range from $7,612 to $16,801 with differences therein across geographic regions and ages. Scholarship payment rates range from $4,052 to $21,890 for Center-based, and from $2,987 to $15,599 for Family Child Care Homes and Large Family Homes.

Overall, scholarship payment rates are lower than the estimated cost of care in Large Family Homes at all age levels in almost all of Maryland's geographic regions. In Family Child Care Homes and Centers, gaps between the scholarship payment rates and estimated cost of care are prevalent across all age levels in most of Maryland's geographic regions, but not all. The amount of gap between the scholarship payment rate and the estimated cost of care varies with the type of care, age of child, and geographic region. However, persistent and substantial gaps exist in infant care. For more detailed information, please review the findings from our narrow cost analysis.

The cost analysis revealed the following:

Greater differences, skewed negatively towards costs exceeding scholarship payment rate, can be found with large-family child care providers. This is more distinct in the child age group (24 mo. and up), having gaps ranging from $6,152-$7,844 whereas other age groups see a far more varied range from $1,202-$7,325.

Gaps between the scholarship payment rates and estimated cost of care are most persistent for infants, regardless of setting.

Small-family child care providers on the other hand see more regions with a positive gap amongst the infant age range. Cost-scholarship payment rate differences are consistently lower throughout than large-family child care providers with no gap, positive or negative, exceeding $2,332.

Biggest cost driver for providers is staffing.

Region X is the main outlier among all data sets, with the lowest negative gaps for large-family child care providers across all age ranges, and the only region where overall small-family child care provider scholarship payment rates exceed costs across all age ranges.

For more detailed information, please review the findings from our narrow cost analysis at (https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/narrow_cost_of_quality _analysis_322_3.pdf) https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/narrow_cost_of_quality _analysis_322_3.pdf.

4.2.6   Detailed report of the market rate survey or ACF pre-approved alternative methodology results

After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the 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 or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

Amended: Effective   Date   10/12/2022

a. Date the report containing results was made widely available—no later than 30 days after the completion of the report.

The market rate survey MRS analysis was made widely available to the public on 12/15/2021, less than 30 days after the completion of the report.

Amended: Effective   Date   10/12/2022

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

Maryland's June 2021 MRS is made widely available to the public via the Division of Early Childhood's (DEC) website, under the ▢Market Rate Survey Results▢ heading, listed at the bottom of the page.

Amended: Effective   Date   10/12/2022

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

Maryland received stakeholder feedback on the design of the April 2019 MRS Report and utilized the same reporting format for the June 2021 MRS report. The stakeholder group included representatives from the center and family child care association and other child care advocacy leaders. Tasks were assigned based upon initial feedback. The group took additional feedback to their organizations for review. Then we met again to modify the MRS based on the feedback agreed upon.

4.3   Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, 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 assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1   Base payment rates and percentiles

Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below. Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

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. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

Amended: Effective Date 05/23/2022

a. Fill in the table below based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
i. Infant (6 months) Center care	378	378	70	N/A
ii. Toddler (18 months) Center care	378	378	70	N/A
iii. Preschooler (4 years) Center care	278	278	70	N/A
iv. School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer.)	278	278	70	N/A
v. Infant (6 months) Family Child Care	250	250	70	N/A
vi. Toddler (18 months) Family Child Care	250	250	70	N/A
vii. Preschooler (4 years) Family Child Care	220	220	70	N/A

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
viii. School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer.)	220	180	70	N/A

Amended: Effective Date 05/23/2022

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

N/A

Amended: Effective Date 05/23/2022

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-time care is defined as the number of hours a child being enrolled in the child care program 30 or more hours per week. Part-time care is defined as a child being enrolled in a child care program 1 - 29 hours per week.

Amended: Effective Date 05/23/2022

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1).

May 23, 2022, based on the June 2021 MRS.

Amended: Effective Date 05/23/2022

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Baltimore County

Amended: Effective Date 05/23/2022

f. Provide the citation, or link, if available, to the payment rates

https://earlychildhood.marylandpublicschools.org/families/child-care-scholarship-program/child-care-scholarship-rates

Amended: Effective Date 05/23/2022

g. 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   Differentiating payment rates

Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

[x] a. Geographic area. Describe:

Payment is based on the geographical region of the provider and as established by the MRS. Provider payment reimbursement rates are based upon MRS results of the geographical regions across Maryland. A separate payment rate is established per care type and age of child for each of the following seven CCS payment regions: (a) Region U, which comprises Cecil, Queen Anne's, St. Mary's, Talbot, and Washington counties; (b) Region V, which comprises Caroline, Dorchester, Kent, Somerset, and Wicomico counties; (c) Region W, which comprises Anne Arundel, Calvert, Carroll, Charles, and Prince George's counties; (d) Region X, which comprises Howard and Montgomery counties; (e) Region Y, which comprises Baltimore, Frederick, and Harford counties; (f) Region Z, which comprises Allegany, Garrett, and Worcester counties; and (g) Region BC, which is Baltimore City.

[x] b. Type of provider. Describe:

Licensed child care centers, registered family child care homes, large family homes, Letter of Compliance facilities, and informal care.

[x] c. Age of child. Describe:

Payment rates differ based on the age of the child.

[x] d. Quality level. Describe:

Providers participating in Maryland EXCELS who have reached levels 3-5 receive a differential rate above the scholarship reimbursement rate.

[ ] e. Other. Describe:

Amended: Effective Date 10/12/2022

4.3.3   Tiered rates, differential rates, or add-ons

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). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?
[ ] No
[x] Yes, If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

[ ] a. Tiered or differential rates are not implemented.

[x] b. Differential rate for non-traditional hours. Describe:

Parents needing non-traditional hours are issued a separate scholarship that covers nontraditional hours. The payment rate for non-traditional hours is higher than scholarship reimbursement rates for non-traditional hours. The differential rate for non-traditional hours is not based upon variation in age, but is set based upon the hours the parent needs care. The additional reimbursement rates for non-traditional care exceed the payment rates in §§B-D of Regulation 13A.14.06.11 may be approved when child care is provided during non-traditional hours. Nontraditional hours are defined as: (a) 1 hour or more between 7 p.m. and 6 a.m. on Monday through Friday; and (b) Any period of 1 hour or more on Saturday or Sunday. Maryland approves additional costs that exceed the scholarship reimbursement rate when child care is provided during nontraditional hours. Nontraditional hours are: (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. Additional costs above the base scholarship reimbursement rate shall be authorized for care provided weekly during nontraditional hours up to: (a) 5 percent for one unit of care; (b) 10 percent for two units of care; or (c) 15 percent for three units of care. Tiered reimbursement is based on June 2021 Market Rate Survey.

[x] c. 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 Scholarship branch for approval of a higher payment not to exceed the annual allocated amount. Tiered reimbursement is based on June 2021 Market Rate Survey.

[ ] d. 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:

[ ] e. 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:

[x] f. Differential rate for higher quality, as defined by the state/territory. Describe:

Maryland pays a Tiered Reimbursement above the base scholarship rate for higher quality of   child   care

(1) Eligibility for tiered reimbursement payments is limited to a child care center or a family child care home that has a published Maryland EXCELS quality rating level of 3, 4, or 5.

(2) An informal child care provider is not eligible for tiered reimbursement payments.

(3) An eligible provider shall be paid a tiered reimbursement amount for each CCS Program child

in   care   that   is:

(a)　　In　　addition　　to　　the　　child's　　scholarship　　payment;　　and

(b)　Reflective　of　the　applicable　percentage　specified　at　§C(4)　of　this　regulation.

Tiered reimbursement is based on June 2021 Market Rate Survey.

[ ] g. Other differential rates or tiered rates. Describe:

4.3.4   Establishment of adequate payment rates.

Amended: Effective Date 05/23/2022
a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established <u>based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis</u>, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

According to the data analysis of the June 2021 MRS, as completed and reported Maryland Family Network as included in the report posted at (https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/09-15-2021_june_2021_mrs_report.pdf) https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/09-15-2021_june_2021_mrs_report.pdf, rates at the 60th percentile are adequate, the projection would be the same for reimbursement at the 70th percentile. According to the June 2021 MRS analysis, "In FY 2019, Governor Hogan raised provider reimbursement rates to the 20th percentile of the market rate, in FY 2020 to the 30th percentile and in FY 2021 to the current level of the 60th percentile. For the first time in more than a decade, advocates can point to a solid trajectory of investment and improvement, and a brighter future for the children, parents, and providers who participate in the Child Care Scholarship Program (CCSP). Until recently, Maryland's CCSP income eligibility ceiling hovered below 35% of the State Median Income (SMI). Effective August 1, 2018, family income eligibility for CCSP expanded dramatically, rising to 65% SMI. For a family of four, this raises the income-eligibility ceiling from $35,702 to $71,525. "Effective May 23, 2022, with reimbursement rates raised to the 70th percentile of the June 2021 MRS, raised the provider reimbursement rate for full-time infant care in Baltimore County from $330.00 per week to $378. Likewise, the CCSP income eligibility was raised from 65% SMI to 75% SMI. Thus, for a family of four, this raises the income-eligibility ceiling from "$71,525" to $90,033. Although our current reimbursement rate at the 70th percentile is significant, in some of the payment regions the payment rates still result in "underfunding." Maryland increased provider payment rates up to the 70th percentile of the June 2021 Market Rate Survey. This nearly doubles the FY2018 rate of the 11th percentile of the January 2017 Market Rate Survey. Legislation passed during

Maryland's 2018 Session, which increased the percentile of scholarship reimbursement at minimum per scholarship payment region to the 60th percentile effective November 23, 2020. Maryland continues to analyze data to determine the timeframe and possibility of increasing scholarship reimbursement up to or beyond the 75th percentile in order to address the true cost of child care and to enable parents eligible for the Child Care Scholarship Program to have a wider selection of child care providers.

Amended: Effective Date 05/23/2022

b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, including any increased costs and provider fees because of COVID-19, and how such costs may be modified after the pandemic subsides.

Effective May 23, 2022, Maryland reimburses at up to the 70th percentile of the June 2021 MRS, per payment region. The process for setting the rates included sending the MRS survey to all active child care providers within our Child Care Administrative Tracking System (CCATS). Having a vendor to collect and analyze the MRS results by the established geographical payment regions (seven CCS payment regions: (a) Region U, which comprises Cecil, Queen Anne's, St. Mary's, Talbot, and Washington counties; (b) Region V, which comprises Caroline, Dorchester, Kent, Somerset, and Wicomico counties; (c) Region W, which comprises Anne Arundel, Calvert, Carroll, Charles, and Prince George's counties; (d) Region X, which comprises Howard and Montgomery counties; (e) Region Y, which comprises Baltimore, Frederick, and Harford counties; (f) Region Z, which comprises Allegany, Garrett, and Worcester counties; and (g) Region BC, which is Baltimore City). Ranking the provider reimbursement rates to determine the percentile of reimbursement, loading the results into CCATS and implementing the new percentile of reimbursement. Reimbursement was made strictly from the MRS and did not take into consideration the cost of higher quality child care. Maryland used provider grants and supplemental payments to assist providers with the additional costs related to COVID-19. Maryland currently conducted an MRS and will take into consideration the results to determine if costs need to be modified due to the pandemic; and in order to assist with keeping child care programs open and participating in the Child Care Scholarship Program. Maryland recognizes that the current base rate enables providers to meet health, safety, quality and staffing requirements under CCDF. Maryland recognizes the current reimbursement rate as being more adequate in assisting providers with operational requirements. Legislation passed during Maryland's 2018 Session which increased the percentile of scholarship reimbursement, at minimum per scholarship payment region, from the 30th percentile to the 60th percentile of the current MRS.

Amended: Effective Date 05/23/2022

4.3.5   Cost of higher quality

Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, 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, PreK standards, Head Start performance standards, or state-defined quality measures).

As described in response to question 4.2.5, Maryland completed their narrow cost analysis using the Provider Cost of Quality (PCQC). The tool provides analysis to understand the cost of care for a variety of scenarios used, including scenarios that reflect each of Maryland's quality levels is MD

EXCELS (the state quality rating and improvement system). Each scenario accounts for the differences in personnel costs, administrative staff full-time equivalents and other relevant inputs needed to deliver care at each level of quality. This analysis and the information from our 2021 MRS, were used by Maryland to inform the reimbursement rates across the quality levels. Over time, funding decisions and reimbursement rate increases will be targeted towards decreasing those gaps further. Maryland pays a tiered reimbursement for higher quality child care above the base scholarship reimbursement rate. The additional pay for higher quality care is paid to all providers reaching a Maryland EXCELS level 3-5. This payment amount for higher-quality care is based upon variation in age and care type (center vs family child care home), and is based upon higher demands to maintain higher quality child care. The additional tiered reimbursement amounts are outlined in COMAR 13.A.14.06.06.C.04.

4.3.6   Additional facts in determining payments rates

Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.
N/A

4.4   Implement Generally Accepted Payment Practices and Ensure 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)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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)).

4.4.1   Payment practices

Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

Amended: Effective Date 10/12/2022
a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

[ ] i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.

[x] ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure.

Maryland ensures the timeliness of payments by processing completed invoices for provider payment within five days of receipt and by paying providers within no more than 21 calendar days. Upon MSDE analyzing the receipt and processing of 28,000 child care scholarship invoices: 98.1% (27,847 invoices); of the received child care scholarship invoices were processed for payment within 3 days or less of the child care provider submitting to the MSDE vendor. For example, 98.1%; 0.6% were paid within 4 days (171 invoices); 0.1% were paid within 5 days (28 invoices) and 1.1% were paid in more than 5 days. (322 invoices). The Task Order contractor that processes invoices on behalf of Maryland, has a Service Level Agreement to process invoices within 5 days of receipt. Maryland's Office of Child Care provides administrative oversite to the contractor and completes quality assurance reviews to ensure this procedure is being met consistently.

Amended: Effective Date 10/12/2022
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:

[ ] i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure.

[ ] ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure.

[x] iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure.

Maryland will pay for absences in excess of five days per month, as long as the child has not exceeded a total of 60 absences within a calendar year, excluding injury or illness. See COMAR 13.14A.06.11.F.10. Once a child exceeds 60 absences within a calendar year, the child is still eligible for child care scholarship reimbursement, however, the parent is responsible for paying for all absences in excess of 60 days per calendar year. During State declared emergency closures of child care, absences are not counted against the child and the child care provider is paid based upon last enrollment count prior to the emergency closure versus being paid based upon attendance.

[x] iv. 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.

Maryland pays up to 60 absences per calendar year. MSDE believes the payment of 60 absences per calendar year support the careful administration and distribution of Child Care and Development Funds (CCDF) to eligible children by the policy supporting the need for families to demonstrates a ⬜need⬜ for child care, as required in Code of Maryland Regulations (COMAR) 13A.14.06.03. In addition, not supporting excessive absences supports the socio-emotional development of children through the provision of child care options the support continuity of care and that support parents establishing consist early care and educational routines for their children. Lastly, Maryland's policy on the payment of 60 days of child care absences per calendar year supports: the stabilization of child care across Maryland through the continuity of payment to child care providers.

Amended: Effective Date 10/12/2022

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).

Maryland's child care payment is based on Units of Care per day of up to three (3) hours, 3-6 hours, or 6 or more hours per day. Payment based upon Units of Care is a generally accepted payment practice in Maryland that is not based upon hourly reimbursement. This payment practice is not only provider-friendly: the policy enables Maryland to serve children eligible for CCDF benefits without establishing a minimum participation level for parents. MSDE's payment practice takes into consideration the fixed cost of child care required of a child care provider to pay for quality services and staffing, whether a child is present or absent. In addition, Maryland's payment practices includes payment above the authorized scholarship amount for nontraditional hours up to:(a) 5 percent for one unit of care; (b) 10 percent for two units of care; or (c) 15 percent for three units of care. Nontraditional hours are: (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. Likewise, reimburses above the child care scholarship rate for child care providers at Maryland EXCELS Levels 3-5.

    ii. Paying for reasonable mandatory registration fees that the provider charges to private- paying parents. Describe the policy or procedure.

Maryland pays a registration fee per enrollment with a provider. The payment of a registration fee will only be paid once per year for the same child re-enrolling multiple times at the same child care facility. Maryland believes the practice of supporting the payment of the child's registration fee increase ⬜Parental Choice⬜ options for families by reducing out-of-pocket expenses. Likewise, parents do not have to fear remaining at the same provider due to the loss of the registration fee or the inability to pay the registration fee at a subsequent provider. In addition, this practice supports child care providers in their effort to collect additional fees that are needed to support the provision quality child care.

Amended: Effective Date 10/12/2022

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, including fees related to COVID 19, and the dispute-resolution process.

Describe:

Maryland's provider payment procedures include the following: (1). A Statement of Understanding that accompanies each scholarship that is a written payment agreement and authorization for services between the parent, child care provider and MSDE that outlines the Child Care scholarship Program Programs. (2). Providers are provided with a Child Care Scholarship that outlines the reimbursement amount that is paid by Maryland and the assigned copayment agreement that is paid by the parent. The Scholarship provides the maximum amount in which the Child Care Scholarship reimburses based upon the payment region in which the parent resides and requires the child care provider to enter the amount they charge for private paying customers with children of the same age and Unit of Care.   The reimbursement rate on the Child Care Scholarship is based upon the families income, family size and payment region in which the family resides and whether the provider's rate is lower than Maryland's reimubursement rate. (3). The Co-Payment Agreement that is signed between the parent and the child care provider establishes the assigned co-payment amount and establishes that if the Child Care Scholarship Reimbursement amount and the assigned co-payment does not cover the full amount of the Child Care Provider's tuition, the parent is responsible for paying the difference owed. (4). Maryland Child Care Scholarship Regulations address payment procedures for anytime a state of emergency, i.e., COVID-19 is declared. During state declared emergencies: the Child Care Scholarship Program pays based upon the last enrollment before the state emergency was declared. (5). Providers have an appeal dispute-resolution process in which they can submit an informal inquiry through the Provider Inquiry Link found at Money4ChildCare.com or they can submit an informal appeal. Maryland's formal appeal process is outlined section 4.4.1f of Maryland's State Plan. (6). Maryland pays based upon enrollment instead of attendance and completes payment processing for payments covering the 1-14th by the first of each month and completes payment processing for payments covering the 15th ⯑ 31st by the 15th of each month.

Amended: Effective Date 10/12/2022

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:

Except for parents and providers who do not return the signed scholarship to the contractor within 60 days, the contractor shall send a written notice to the parent and the provider at least 5 calendar days before termination of child care services or reduction of child care benefits.

Amended: Effective Date 10/12/2022

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

On the blue tile on the right side of the screen at Money4ChildCare.com parents and providers can submit any inquiries concerning payment inaccuracies or any other concerns. The MSDE contractor will responded within three business days of the receipt of the inquiry. In addition, Maryland has a very detailed and timely appeal and resolution process that may begin with a customer requesting a hearing if the contractor: (1) Denies, suspends, reduces, or terminates assistance; (2) Fails to act with reasonable promptness on an application for, or a request for adjustment of assistance; or (3) Imposes sanctions on a recipient; or (4) Recovers an overpayment in assistance. The customer or provider may appeal within 90

calendar days of the date of the notice of adverse action. An appeal request: (1) Is made by filing a completed MSDE appeal request form with the contractor; (2) May be received by any employee of the contractor whose assignment requires contact with the public; and(3) Shall be submitted immediately by the contractor to the designated hearing coordinator. The filing date of the appeal request is the date the contractor received the completed MSDE appeal request form.

The contractor shall send written notice of any adverse action in writing: (1) To the customer; and (2) To a provider who is denied payment for committing an intentional program violation. Notice of any adverse action shall include the:(a) Decision; (b) Basis for the decision; (c) Specific regulation supporting the decision; (d) Right to request an appeal; (e) Method by which an appeal may be requested; (f) Right to be represented in an appeal by a lawyer, relative, friend, or other individual; and (g) Availability of any free legal services. The contractor shall assist the appellant in completing an appropriate appeal request form to ensure that it contains all the information required to process the request and, if necessary, shall provide an interpreter.

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

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

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

OAH shall complete the following upon the receipt of an appeal: (1) Upon receiving an appeal request, OAH shall: (a) Promptly schedule a hearing; and (b) Send the parties a hearing notice at least 15 calendar days before the scheduled hearing. (2) Intentional

Program Violation Hearing. When the contractor makes a referral to OAH concerning an intentional program violation, OAH shall: (a) Promptly schedule a hearing; and (b) Send the parties a hearing notice at least 30 calendar days before the scheduled hearing. (3) Hearing Notice. The hearing notice shall: (a) Summarize the hearing procedures; (b) Advise the appellant of: (i) The date, time, and place of the hearing; (ii) The right to be represented at the hearing by a lawyer, relative, friend, or other individual; (iii) The availability of any free legal services; (iv) The right to present documents and witnesses, including contractor employees, at the hearing; (v) The right to examine the case record in preparation for the hearing; (vi) The procedure to follow if the appellant cannot attend the hearing; and (vii) Except in an appeal concerning an intentional program violation, the authority of an administrative law judge to dismiss the appeal if the appellant fails, without good cause, to attend the hearing; and (c) In an appeal concerning an intentional program violation, include: (i) The charge; (ii) A warning that the decision shall be based solely on information provided at the hearing if the appellant fails to appear at the hearing; (iii) A statement that, to have a hearing rescheduled, the appellant has 10 calendar days from the date of the hearing to present to the administrative law judge good cause for not appearing and for not asking for a postponement before the hearing; (iv) A description of the disqualification penalties and a statement of the applicable penalty; (v) A statement of the appellant's rights during the hearing; and (vi) A warning that the hearing does not preclude the State or federal government from prosecuting the appellant or pursuing collection of the overpayment.

Prehearing appeal procedures include the following: (1) Rescheduling: (a) A party may request a change in a hearing time, date, or location by: (i) Submitting a written request, with copies served on all parties, to the OAH clerk's office at least 5 business days before a scheduled hearing; or (ii) In the case of an unforeseen event requiring postponement and occurring less than 5 business days before a scheduled hearing, calling the OAH clerk's office as soon as possible. (b) If OAH finds that good cause exists, OAH shall set another time or place for the hearing and notify the parties of the change. (c) In an appeal concerning an intentional program violation, the appellant is entitled to one postponement of the scheduled hearing of up to 30 calendar days without the need to demonstrate good cause. (d) Any time limits applicable to the issuance of a final administrative decision are extended by the length of the delay caused by a postponement: (i) Requested by the appellant; or (ii) Granted by the administrative law judge due to the appellant's introduction of new evidence. (2) Summaries. The contractor shall: (a) Prepare a summary of the facts pertinent to the case and of the basis for its action; and (b) Send the summary and copies of all documents that it intends to present at the hearing to the appellant and to OAH at least 6 calendar days before the date of the hearing.

The Administrative Law Judge's involvement is as follows: (1) The administrative law judge shall render a final decision. (2) The decision shall contain: (a) Separate statements of findings of fact and conclusions of law; (b) Citation to pertinent State and federal law; and (c) An order.

The Final Decision will be as follows: (1) Within 90 calendar days of the filing of the appeal request: (a) The administrative law judge shall issue a final decision to all parties; and (b) The contractor shall complete all administrative or corrective action necessary to implement the decision. (2) If the decision is favorable to the contractor, the contractor may: (a) Take immediate steps to implement the decision; and (b) Reduce or terminate assistance that has been continued while the appeal was pending by: (i) Decreasing the subsidy amount or closing the customer's case; and (ii) Notifying the child care provider of the reduction or termination pursuant to Regulation .10A. (3) If the decision is favorable to the appellant, the

contractor shall, within 10 calendar days of the date of the decision: (a) Comply with the decision; (b) Take corrective action retroactive to the date the incorrect action was taken; (c) Restore the services; and (d) Notify OAH that it has completed all required action. (4) The Record. After issuing a final administrative decision, OAH shall promptly forward to the CCS Branch the complete record, including all: (a) Papers filed; (b) Evidence submitted; and (c) Orders and decisions issued.

Amended: Effective Date 10/12/2022
g. Other. Describe:

Maryland has one of the most innovative authorization and payment practices being utilized by CCDF lead agencies. The implementation of a centralized authorization and provider payment processing functions is a process that better supports the administration of CCDF benefits to eligible children, increase consistent implementation of policy and payment statewide, and increases efficiencies related to provider payment and payment resolution. With a centralized child care model providing Maryland with great administrative oversight by managing one entity vs multiple: Maryland can focus on the establishment of program policies and payment practices that support measures like delinking provider payments from a child's occasional absences by paying for absences in excess of five days per month. Likewise, ensuring that payment practices of the Child Care Scholarship Program in Maryland's are reflective of the generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. Other payment and policy practices that support children, families and child care providers that participate in the Maryland Child Care Scholarship Program are as follows:

1. Child care 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 provides the appeal process, provider policy/procedures and addresses payment and withdrawal expectations.

2. Maryland 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.

3. Except for parents and providers who do not return the signed scholarship to the contractor within 60 days, Maryland sends a written notice to the parent and the provider at least 5 calendar days before termination of child care services or reduction of child care benefits.

4. Payment is based on units of care per day of up to three (3) hours, 3-6 hours, or 6 or more hour's vs hourly reimbursement.

5. Maryland assists parents with the payment of registration fees per enrollment with a provider.

6. Child care providers are paid in accordance with a written payment agreement and an authorization for services that includes: information regarding provider payment policies,

payment rate for scholarship reimbursement, assigned parental copayment to be paid to the child care provider, and effective dates of scholarship reimbursement.

7. COMAR 13A.14.06.11 describes additional payment practices. For example, the payment practice of paying based upon enrollment during declared State emergency closures, as was implemented during the COVID-19 pandemic; payment for holidays; and dispute-resolution process.

8. Child care scholarship reimbursement does not exceed the maximum reimbursement rate per payment region, and the amount in which the child care provider charges a similar aged child not receiving a child care scholarship, whichever is the lesser amount.

4.4.2   Payment practices across regions counties, and/or geographic areas

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

[x] No, the practices do not vary across areas.
[ ] Yes, the practices vary across areas. Describe:

Amended: Effective Date 05/23/2023

4.4.3   Payment practices supporting equal access

Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.
65% of Maryland families were issued child care scholarships where the reimbursement rate and the assigned parental copay did not cover the provider's tuition. Maryland increased provider reimbursement up to the 60th percentile on November 23, 2020, this change increased financial support provided to providers. On May 23, 2022, Maryland increased provider reimbursement up to the 70th percentile. In order for Maryland to achieve payment practices that support equal access to a full range of providers, Maryland must continue to increase the provider reimbursement rates and continue to implement policies or procedures that increase continuity of payment, for example, payment during Emergency Closures and paying up to 60 absences per calendar year.

4.5   Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1   Affordable family contribution/co-payment

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

[ ] a. Limit the maximum co-payment per family. Describe:

[ ] b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.

[ ] c. 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 3.2.5. Describe:

[x] d. Other. Describe:

Maryland does not charge a co-pay for families enrolled in TANF, for children receiving SSI or no co-pay for any children enrolled if one parent in the household receives SSI. Maryland limits the number of children for whom families must pay a co-pay. For example, a family with more than three children enrolled in child care does not pay a copay for the enrollment of the 4th child or greater. Maryland is currently revising COMAR to limit the maximum co-payment per family based upon a percentage of the gross household income.

Amended: Effective Date 05/23/2022

4.5.2   Option to allows providers to charge additional amounts

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
[x] 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.

If Maryland limited child care providers serving children eligible for the child care scholarship to tuition rates equal to the child care scholarship reimbursement and the assigned parental co-payment, that policy decision would limit the parental choice options to less than 34% of the providers currently participating in the Child Care Scholarship Program. In addition, the policy would become a major deterrent to MSDE's attempt to recruit higher quality child care providers that currently do not accept the child care scholarship, as a form of child care tuition reimbursement. Maryland recognizes child care as a private business, as such, Maryland does not regulate the amount child care providers determine they must collect in child care tuition in order to run their business and to provide quality early care and educational opportunities for children. Not limiting the tuition based upon child care scholarship reimbursement was an imperative policy decision in support of increasing equal access to higher quality child care for all parents, especially when Maryland's reimbursement rates were at 11th percentile of the Child

Care Provider Market Rate Survey (MRS). Effective May 23, 2022 child care scholarship reimbursement are set at the 70th percentile across Maryland. MSDE's analysis of the June 2021 Market Rate Survey results, supports that this policy should remain in effect in order to provide a gateway for parents deciding to access educational programs with tuition rates above or below their eligible child care scholarship reimbursement. Data suggests that the implementation of this policy enables parents to have greater accessibility to additional child care options. This payment practice gives parents the option to determine if they can or cannot afford to pay the difference between an early care and educational setting that charges below or above their child care scholarship reimbursement rate. Additional information in support of Maryland's rational to allow child care provider to charge families additional amounts above the required co-payment can be found at:
(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/09-15-2021_june_2021_mrs_report.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/19/09-15-2021_june_2021_mrs_report.pdf

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.
Maryland's analysis of the June 2021 MRS results indicated that 66% of the child care providers charge a tuition rate that is above the reimbursement of the child care scholarship plus the assigned copayment. The following is MSDE analysis of 26,097 scholarships to determine the amount parents pay out-of-pocket above the scholarship reimbursement plus the assigned copayment in order to cover the balance owed by the provider: 13,441 parents pay $1.00 - $25.00 per week above their child care scholarship and copayment, an amount totaling $55,282.00; 3,548 parents pay $26.00 - $50.00 per week above their child care scholarship and copayment, an amount totaling $136,064; 2,734 parents pay $51.00 ⬜$75.00 per week above their child care scholarship and copayment, an amount totaling $172.073; 2,398 parents pay $76.00 - $100.00 per week above their child care scholarship and copayment, an amount totaling $212,095; 2,388 parents pay $101.00 - $150.00 per week above their child care scholarship and copayment, an amount totaling $29,040; 1,005 parents pay above their child care scholarship and copayment, an amount totaling $173,713; and 583 parents pay $200.00 or more per week above their child care scholarship and copayment, an amount totaling $141,823. A total for 26,097 scholarships with a weekly total of $920,090 per week.

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.
Maryland's analysis of the interaction between the additional amounts charged to families with the required family co-payment concluded: allowing providers to determine their cost of child care enables parents eligible for a child care scholarship to access greater child care types. Maryland reviewed the reimbursement rate, co-payment rate and provider child care tuition rate of 26,432 scholarship. MSDE's analysis determined that of the 26,432 scholarships: 9,065 child care providers charged a rate that was equal to the total weekly scholarship reimbursement rate plus the assigned parental copayment and 17,353 providers charged a higher rate. In addition, 14 child care providers charged a rate that was lower than the total weekly scholarship reimbursement payment plus the assigned parental copayment. Thus, based on the analysis: 34% of the parents selected a care type where they did not have to pay the difference between the scholarship reimbursement with the assigned parental copayment and 66% of the parents selected a care type where the child care tuition was above the scholarship reimbursement with the assigned parental

copayment. Thus, data supports that Maryland's policy support equal access to child care by allowing 66% of the families participating in the Child Care Scholarship (CCS Program) Program to use the scholarship to leverage access to child care that is above the scholarship reimbursement rate. The data also suggests that Maryland's policy would limit parental access to 34% of the child care providers that are currently participating Child Care Scholarship Program, if MSDE capped child care provider reimbursement at the 65th percentile of the June 2021 MRS and child care providers with rates above the payment rates of the CCS Program. Data indicates that the increase to the 65th percentile of the June 2021 MRS will not cover the true cost of child care in Maryland. Whether or not the increase in scholarship reimbursement is enough for parents to disrupt continuity in care in order to access other child care options or if the increase in scholarship reimbursement will make reduce the out-of-pocket expense of higher quality child care more affordable to parents is to be determined. MSDE will continue analyze the impact of going from the 60th to the 70th percentile of the June 2021 MRS will have parental access. Likewise, MSDE will use the results of the analysis to support the decision to move from using a MRS to Alternative Methodology in order to determine the true cost of child care in Maryland.

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 all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

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 apply to all child care staff members who are licensed,

regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

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   Providers subject to licensing

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, identify, and describe all that apply, and provide a citation to the licensing rule.

[x] a. Center-based child care.

i.   Identify the providers subject to licensing:

Child Care Center 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;

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

Letter of Compliance COMAR 13A.17.01.01(A)

Letter of Compliance Facility - means a tax-exempt religious organization that operates a

nursery school or child care program in a school building used exclusively for children who are enrolled in that school.

    ii. Describe the licensing requirements:

Under Maryland law, a child care center that is run by an individual, an agency, or an organization and offers child care services for part or all of any day for at least twice a week, must meet licensure requirements before operating. The requirements consist of health and safety requirements established by the state. Most child care centers are regulated under COMAR 13A.16 ("Licensed Child Care Centers"). Some nursery schools and child care programs run by tax-exempt religious organizations are regulated under COMAR 13A.17 ("Letters of Compliance").

    iii. Provide the citation:

COMAR 13A.16.02 License Application and Maintenance and COMAR 13A.17.02 Letter of Compliance Application and Maintenance
http://www.dsd.state.md.us/COMAR/ComarHome.html

[x] b. Family child care. Describe and provide the citation:

    i. Identify the providers subject to licensing:

Family child care providers offer care in their own home to one or more children who aren't related to the provider. To ensure a safe environment, Maryland limits the number of children in a family child care home:

Family Child Care Home ⬛ A provider may care for up to eight children with no more than four children under the age of two. The provider's own children under the age of six are counted within the group of eight. COMAR 13A.15.04.03 (D)

Large Family Child Care Home ⬛ A provider may care for between nine and 12 children with no more than four under the age of two. The provider's own children under the age of six are counted within the group of nine to 12. COMAR 13A.18.01.02 (B) (24)

    ii. Describe the licensing requirements:

Family child care is regulated under the Code of Maryland Regulations COMAR 13A.15, which require that you obtain a "certificate of registration" (which is a form of license) before you operate a family child care program. Being registered means your program meets the child health and safety requirements established by the state.

    iii. Provide the citation:

COMAR 13A.15.02 Registration Application and Maintenance

http://marylandpublicschools.org/about/Pages/Regulations/COMAR.aspx

[ ] c. In-home care (care in the child's own) (if applicable):

    i. Identify the providers subject to licensing:

    ii. Describe the licensing requirements:

    iii. Provide the citation:

5.1.2   CCDF Eligible Providers Exempt from Licensing Requirement

Identify the CCDF-eligible providers who are exempt from licensing requirements. 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. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

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

    i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption: **Maryland does not exempt child care centers from licensing requirements.**

    ii. Provide the citation to this policy:
        N/A

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

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

    i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

        Maryland does not exempt any family child care homes from licensing requirements.

    ii. Provide the citation to this policy:

        N/A

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

        N/A

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

    i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non- relative)

providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

N/A

    ii. Provide the citation to this policy:

N/A

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

N/A

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have 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. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Age classifications definitions

Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

Family: Children under 2

Center: 6 weeks old to under 18 months

b. Toddler. Describe:

Family: Children under age 2

Center: 18 to under 24 months

c. Preschool. Describe:

A child who is 2 years of age and older and does not attend kindergarten or a grade higher.

d. School-Age. Describe:

A child who is 5 years of age and older and enrolled in school.

5.2.2 Ratio and group size for settings and age groups

To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a. Licensed CCDF center-based care:

     i.   Infant
        A.   Ratio:

           1:3

        B.   Group size:

           6

ii.   Toddler
        A.   Ratio:

           1:3

        B.   Group size:

           9

iii. Preschool
        A.   Ratio:

           Two year olds: 1:6

           Three/four year olds: 1:10

        B.   Group size:

           Two year olds: 12

           Three/Four year olds: 20

iv. School-Age
        A.   Ratio:

           1:15

        B.   Group size:

           30

v.   Mixed-Age Groups (if applicable)
        A.   Ratio:

           (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.

B. Group size:
(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.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.
N/A-Maryland does not have exempt child care centers.

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

1:8

B. Group size:

8 children with 2 under the age of 2, 8 children with 3 to 4 under the age of 2 or 8 children (preschool and/or school age mix)

ii. Infant (if applicable)

A. Ratio:

1:2

B. Group size:

8 children with 2 under the age of 2

iii. Toddler (if applicable)

A. Ratio:

1:2

B. Group size:

8 children with 2 under the age of 2

iv. Preschool (if applicable)

A. Ratio:

1:8

B. Group size:

8

v. School-Age (if applicable)

A. Ratio:

1:8

B. Group size:

8

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.
N/A

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

    B. Group size:

      N/A

  iii. Toddler (if applicable)

    A. Ratio:

      N/A

    B. Group size:

      N/A

  iv. Preschool (if applicable)

    A. Ratio:

      N/A

    B. Group size:

      N/A

  v. School-Age (if applicable)

    A. Ratio:

      N/A

    B. Group size:

      N/A

  vi. Describe the ratio and group size requirements for license-exempt in-home care.

    N/A

5.2.3   Teacher/caregiver qualifications

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

a. Licensed Center-Based Care

  i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Teacher/caregiver qualifications for Infant and Toddler:

High school diploma or equivalent; 90 clock hours of approved preservice training; 45 clock hours of approved preservice infant/toddler training; 9 clock hours of approved preservice training in communication; approved ADA compliance training; supporting breastfeeding practices; and 1 year of experience.

Minimum age: 19 years old.

Completion of the Basic Health & Safety training within 90 days of employment.

Teacher/caregiver qualifications for Preschool:

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

Compliance training; supporting breastfeeding training; and 1 year of experience.

Minimum age: 19 years old.

Completion of the Basic Health & Safety training within 90 days of employment.

Teacher/caregiver qualifications for School Age: High school diploma or equivalent; 90 clock hours of approved preservice training; 9 clock hours of approved preservice training in communication; approved ADA Compliance training; and 400 hours working primarily with school age children.

Minimum age: 19 years old.

Completion of the Basic Health & Safety training within 90 days of employment.

Aide -

 1) Be 16 years old or older;

 2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned;

 3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:

   a) Proper child supervision;

   b) Workplace professionalism; and

   c) Interacting with parents. Completion of the Basic Health & Safety training within 90 days of employment.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

1) Be at least 21 years old;

2) Hold a high school diploma or equivalent, or have successfully completed at least two courses for credit from an accredited college or university;

3) Have successfully completed 9 clock hours of approved preservice training in

communicating with staff, parents, and the public, or at least one academic college course for credit; 3 semester hours or their equivalent of approved administrative training, unless approved as a school-age center director in a center authorized to serve only school-age children; and 3 clock hours of approved training in complying with the Americans with Disabilities Act;

4) Have successfully completed 6 semester hours or 90 clock hours, or their equivalent, of approved preservice training, or hold the Child Development Associate National Credential that is issued by the Council for Professional Recognition; and

5) Within 6 months of hire, complete a regulation training that is conducted by the Office of Child Care.

6) Completion of the Basic Health & Safety training within 90 days of employment.

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

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

N/A

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

Staff requirements- Maryland Child Care Center and Maryland Child Care Preschool Director Requirements/School Age Director Requirements:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/chart-center-staff_requirements_jan_09_revised_march_2016.pdf

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/chart-center-preschool_director_requirements_jan_09_revised_march_2016.pdf

b. Licensed Family Child Care

   i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Family Child Care Teacher/caregiver qualifications:

CPR/First Aid (age appropriate);

SIDS (only if caring for children under age 2);

24 clock hours of approved preservice training,

medication administration;

emergency and disaster planning training;

approved ADA Compliance training and

Supporting Breastfeeding Practices.

Completion of the Basic Health & Safety training within 90 days of employment.

A Minimum age: 19 years old.

Large Family Teacher/caregiver qualifications for Infants and Toddlers:

High school diploma or equivalent;

90 clock hours of approved preservice training;

45 clock hours of approved preservice Infant/Toddler training;

9 clock hours of approved preservice training in communication;

1 year of experience;

approved ADA Compliance training; and

Supporting Breastfeeding Practices.

Completion of the Basic Health & Safety training within 90 days of employment.

A Minimum age: 19 years old.

Large Family Teacher/caregiver qualifications for Preschool and School Age:

High school diploma or equivalent;

SIDS (only required if caring for children under 2);

90 clock hours of approved preservice training;

9 clock hours of approved preservice training in communication; and

1 year of experience.

Completion of the Basic Health & Safety training within 90 days of employment.

A Minimum age: 19 years old.

Large Family Aide/caregiver qualifications for Preschool and School Age:

1) Be 16 years old or older;

2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned;

3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:

a) Proper child supervision;

b) Workplace professionalism; and

c) Interacting with parents.

4) Completion of the Basic Health & Safety training within 90 days of employment.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

N/A

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

The link to the family child care orientation that reviews the requirements and qualifications for a licensed/registered family child care provider, is at the bottom

of the page. https://earlychildhood.marylandpublicschools.org/child-care-providers/family-child-care-providers

Additional Resources:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/checklist-initial_application-family_child_care_registration.pdf (For qualifications see C 1 - 8 on checklist)

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/checklist-initial_application-large_family_home_registration.pdf

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_large_family_child_care_home_-_staff_requirements.pdf

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)
  i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:
    N/A

  ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

    In-home child care can be provided within a child's home by anyone over the age of 18 that has completed the Criminal Background and Protective Service Clearance, passed the Health and Safety examination, and completed the Health and Safety Clearance.

5.3   Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. 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. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety **standards** for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 – 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1   Prevention and control of infectious diseases

Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i.   Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The topic of Prevention and control of infectious diseases provides information regarding the prevention of and control of infectious illnesses and diseases in the child care program. Maryland requires providers to obtain a completed Health Inventory and immunizations for each child enrolled in care. Providers are required to monitor the children in care for signs and symptoms of disease and illness, notify parents in the event that a child needs to be picked up from care and provide a safe and temporary area to isolate sick children until they are picked up from care. Providers are to refer to the Communicable Disease Summary and prohibit a child from care to prevent the spread of infections and diseases; as well as, report any child or associated party to the local Health Department of a suspected illness or disease in the summary. The providers are required to post and follow the approved hand washing procedures and the approved diapering procedures.

ii.   Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
There is no variation by category. There are no variations based on ages of children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Providers: Licensing specialist ensure this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation and the review of supporting documentation, licensing specialist will also question the providers about how they are following the basic health and safety requirements as well.

Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance. Family providers, substitutes or operators may not knowingly care for a child who has a serious transmissible infection or communicable disease during the period of exclusion for that infection or disease shown on a list (Communicable Disease Summary) provided by the agency. An operator has to immediately report to the health officer a report of the name and address of a child or a staff member who appears to be infected with a reportable communicable disease or who has been exposed to a reportable communicable disease.

**(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/communicabledisease summary.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/communicabledisease summary.pdf**

**(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmh_896_-_february_2014.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmh_896_-_february_2014.pdf**

**(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/covid_guidance_full_080420.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/covid_guidance_full_080420.pdf**

Family Child Care: 13A.15.11.02, 13A.15.11.03, 13A.15.03.02A-B, 13.15.03.02.D

MSDE Child Care Centers: 13A.16.11.01, 13A.16.11.02, 13A.16.11.03, 13A.16.03.04G, 13A.16.03.04H

MSDE Letters of Compliance: 13A.17.11.02, 13A.17.03.04G, 13A.17.03.04G(3)(4), H

MSDE Large Family Child Care: 13A.18.11.02, 13A.18.03.04G, 13A.03.04G(3)(4), HMSDE Family Child Care: 13A.15.06.02A(4)

Licensed Exempt (Informal Providers): The Informal Provider Monitoring Specialist and lead agency vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation, the monitoring specialist will also request to see the provider's current (required each year) Basic Health and Safety certificate.

Informal Child Care providers meet this requirement by taking the Basic Health and Safety training and CPR certification. Providers are required to show proof of the required trainings before they're approved to provide care and at every annual inspection.

Licensed-Exempt Providers (Informal Providers): COMAR 13A.14.06.03.D(a), 13A.14.06.03.D(b), 13A.15.06.02.B(1)

b. Pre-Service and Ongoing Training

   i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

   Effective December 3, 2019, COMAR 13A 15-18 were adopted by the Board of Education and went into effect on 01.13.2020. Regulations can be found at (http://www.dsd.state.md.us/COMAR/ComarHome.html) http://www.dsd.state.md.us/COMAR/ComarHome.html

   Family Child Care: MSDE COMAR 13A.15.06.02A(4) and B

   Child Care Center MSDE COMAR 13A.16.06.05B(5) and C(3), 13A.16.06.09A(5) and C(3), 13.16.06.10A(4) and C(3), 13A.16.06.11A(4) and C(3), 13A.16.06.12A(3) and B(3)

   Letter of Compliance MSDE COMAR 13A.17.06.02L and M

   Large Family Child Care MSDE COMAR 13A.18.06.05E(3)(d) and F(4), 13A.18.06.06B(e) and D(3), 13A.18.06.07A(3) and (6)

   License-Exempt providers: 13A.15.06.02 and 13A.15.06.02.B(1)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed Providers: There are no variations in the standard by category of care or the age of the children in care.

License-Exempt Non-Relative Informal Care Providers: Before the office may approve an individual to serve as a non-relative informal provider, the individual shall: Complete approved basic health and safety training as required by the office. There are no variations in the standard by category of care or the age of the children in care.

License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service

[x] Orientation within three (3) months of hire

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

[ ] Yes

[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all licensed and registered child care providers complete an annual Basic Health and Safety training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development

opportunities.

License-Exempt providers receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training.

5.3.2   Prevention of sudden infant death syndrome

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

a. Standard(s)

i.   Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The topic of sudden infant death syndrome and safe sleep practices provides information for the high-risk populations experiencing SIDS, the factors that are believed to contribute to SIDS cases and measures to prevent SIDS for children in care. Additionally, providers are required to provide the approved and age appropriate rest furnishings, provide age appropriate supervision to resting children and complete visible checks on sleeping children.

ii.   Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed Providers: This requirement only applies to licensed family child care providers who care for children under age 2. However, even though programs that are licensed with a Letter of Compliance are only for children ages 2 and above, they are still required to complete the Basic Health and Safety training.

License-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers must pass the Basic Health and Safety training annually. There are no variations in the standard by category of care or the age of the children in care.

License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii.   The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s),

including citations for both licensed and license-exempt providers.

Licensed Providers: Licensing specialist ensure this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation and the review of supporting documentation, licensing specialist will also question the providers about how they are following the basic health and safety requirements as well.

Sudden infant death syndrome training is a Maryland regulation requirement for all family child care providers. This standard is evaluated by review of the provider's SIDs certificate and the inspection of infant/ toddler equipment to ensure it meets approved standards for sleep equipment 13A.15.05.06. This is also discussed with the provider to ensure understanding of the requirements for no soft bedding items and children being placed on their back to sleep 13A.15.10.06.

Letter of Compliance providers do not provide infant and toddler care, therefore they are not required to take the SIDS training.

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/msde_occ _s afe_sleep_practices_and_swaddling_in_child_care.pdf

Child care center directors and child care teachers of infant/toddler programs and Large family home directors and teachers receive training Maryland in safe sleep practices through the 45hr or 3 semester hour course for infant/ toddler care 13A.16.06.06, 13A.16.06.09, 13A.18.06.05E(5), 13A.18.06.06E(1)

License-Exempt (Informal Providers): The Informal Provider Monitoring Specialist and lead agency's vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation, the monitoring specialist will also request to see the provider's current (required each year) Basic Health and Safety certificate.

COMAR 13A.15.06.02.B(1)

b. Pre-Service and Ongoing Training
   i.   Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education (http://www.dsd.state.md.us/COMAR/ComarHome.html) http://www.dsd.state.md.us/COMAR/ComarHome.html

Family Child Care - 13A.15.06.02E; 13A.15.05.06G-H

Child Care Centers -13A.16.06.06A(1); 13A.16.06.09D;13A.16.09.04A(4); FG, 13A.16.10.05A

Large Family Child Care Homes 13A.18.06.05E(5); 13A.18.06.06E(1); 13A.18.06.05E(5); 13A.18.06.06E(1)

License-Exempt- 13A.15.06.02, 13A.15.06.02.B(1)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed Providers: This requirement only applies to licensed family child care providers who care for children under age 2.

Licensed-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers must pass The Basic Health & Safety training on an annual basis. Maryland has created a 5 hour Health and Safety training that incorporates all 11 standards and requirements as directed by the CCDBG. There is also a 3 hour online version of the training. 13A.15.06.02 A2(4). There are no variations in the standard by category of care or the age of the children in care.

Licensed-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an

orientation period within three (3) months of hire.

[ ] Pre-Service
[x] Orientation within three (3) months of hire

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

[ ] Yes
[x] No

v.   How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development

opportunities.

License-Exempt providers receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training.

5.3.3   Administration of medication

Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i.   Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The medication administration training includes safe and accurate administration of medication, including measuring, proper dosage, purpose of medication and the 6 Rights of Medication Administration. Allergic reaction is also discussed along with the proper administration of Asthma medications and treatment for Anaphylaxis. Participants will practice using the new Epi-pen. Additionally, Maryland requires providers to obtain a Medication Authorization form to be completed and signed by the child's health care professional for all children who are prescribed medication that is to be administered while in child care. Providers are required to review children's

forms including a listing of any medications administered to children. Only staff that have successfully completed the training are approved to administer medications as directed by the required medication forms. As well, the approved staff ensure that medication is stored according to COMAR requirements.

For Informal Providers the counter preventive medication only requires parent permission and all medication prescribed for treatment purposes requires physician approval and signature as outlined in sections 4 and 5 of the Emergency Care and Medication Authorization form.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Licensed Providers: There are no variations in the standard by category of care or the age of the children in care.

Licensed-Exempt Non-Relative Informal Care Providers: For Informal Providers the counter preventive medication only requires parent permission and all medication prescribed for treatment purposes requires physician approval and signature as outlined in sections 4 and 5 of the Emergency Care and Medication Authorization form.

Licensed-Exempt Relative Informal Care Providers: For Informal Providers the counter preventive medication only requires parent permission and all medication prescribed for treatment purposes requires physician approval and signature as outlined in sections 4 and 5 of the Emergency Care and Medication Authorization form.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Providers: Licensing specialist ensure this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation and the review of supporting documentation, licensing specialist will also question the providers about how they are following the basic health and safety requirements as well. (Include with comment) Specialist will also check the medication administration form to ensure a parent or guardian's signature is visible.

Licensing Specialists ensure that providers have medication administration training through observation of the medication administration training certificate. Medication administration is discussed on inspections if it is not observed. Children's forms are reviewed including a listing of any medications administered to children, the medication authorization form and medication log. As well, staff ensure that medication is stored according to COMAR requirements. 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.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education http://www.dsd.state.md.us/COMAR/ComarHome.html Regulation changes reflect how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics on of Administration of medication, consistent with standards for parental consent.

MSDE - Family Child Care   13A.15.11.04A(1)(a-b)

MSDE - Child Care Center   13A.16.11.04A(1)(a-b)

MSDE - Letters of Compliance   13A.17.11.04A(1)(a-b)

MSDE - Large Family Child Care 13A.18.11.04A(1)(a-b)

Resource Documents:
(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-%20medicationadministrationauthorization.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medicationadministrationauthorization.pdf
(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/matrainlist.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/matrainlist.pdf

License-Exempt (Informal Providers): The Informal Provider Monitoring Specialist and lead agency's vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation, the monitoring specialist will also request to see the provider's current (required each year) Basic Health and Safety certificate and their emergency care medication agreement.

Licensed Exempt Informal Care: Monitoring Specialist and the contractor assess compliance by reviewing Health & Safety certifications and CPR certification cards during application processing, inspections and annual re-determination. 13A.15.06.02.B(1)

b. Pre-Service and Ongoing Training

    i.   Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

          Family Child Care 13A.15.06.02A(5)(c)

          Child Care Center 13A.16.11.04F(1) and (2)

          Letters of Compliance 13A.17.11.04F(1) and (2)

          Large Family Child Care 13A.18.11.04F(1) and (2)

          License-Exempt 13A.15.06.02.B(1)

    ii.   Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

          Licensed Providers: There is no variation by category. There are no variations based on ages of children in care.

          Licensed-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers must complete the Basic Health & Safety training annually to maintain compliance. There are no variations in the standards by category of care or the ages of children in care.

          Licensed-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

    iii.   To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

[x] Pre-Service

[ ] Orientation within three (3) months of hire

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

[x] Yes
[ ] No

    v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development

opportunities.

License-Exempt providers receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training.

5.3.4 Prevention and response to food and allergic reactions.

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

   a. Standard(s)

    i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Providers are required to maintain and review children's records for information pertaining to allergies and asthma including allergy action plans for children with allergies. The regulations also require providers to maintain and post a planned weekly menu of the food and snacks to be served to the children for up to 4 weeks in case of a possible allergic reaction.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Licensed Providers: There is no variation by category. There are no variations based on ages of children in care.

Licensed-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers must complete the Basic Health & Safety training annually to maintain compliance. There are no variations in the standards by category of care or the ages of children in care.

Licensed-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Providers: Licensing specialist ensure this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation and the review of supporting documentation, licensing specialist will also question the providers about how they are following the basic health and safety requirements as well. (Include with comment)

Licensing specialists review children's records for information pertaining to allergies and asthma. Licensing Specialists also ensure providers maintain allergy action plans for children with allergies.

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/asthmaand all ergiesresourceguide.pdf.

Effective December 3, 2019, COMAR 13A 15-18 were adopted by the Board of Education and went into effect on 01.13.2020. Regulations can be found at (http://www.dsd.state.md.us/COMAR/ComarHome.html) http://www.dsd.state.md.us/COMAR/ComarHome.html

MSDE - Family Child Care COMAR 13A.15.03.04C(2), COMAR 13A.15.06.03E; COMAR 13A.15.06.03F, COMAR 13A.15.06.05A(2), COMAR13A.15.06.02B(1)

MSDE - Child Care Center COMAR 13A.16.03.04D(2); COMAR 13A.16.06.02; COMAR 13A.16.12.02; COMAR 13A.16.12.01E(2); COMAR 13A.16.11.04F(1) and (2); COMAR 13A.16.06.05B(5) and C(3); COMAR 13A.16.06.09A(5) and C(3); COMAR 13A.16.06.10A(4) and C(3); COMAR 13A.16.06.11A(4) and C(3), COMAR 13A.16.06.12A(3) and B(3).

MSDE - Letter of Compliance COMAR 13A.17.03.04D(2); COMAR 13A.17.06.02; COMAR 13A.17.12.02; COMAR 13A.17.12.01E(2); COMAR 13A.17.11.04F(1) and (2); COMAR 13A.17.06.02L; COMAR 13A.17.06.02M MSDE

Large Family Child Care Homes COMAR 13A.18.03.04D(2); COMAR 13A.18.06.02, COMAR 13.A 18.12.02, COMAR 13A.18.12.01E(2), COMAR 13A.18.11.04F(1) and (2), COMAR 13A.18.06.05E(3)(d), 06.05F(4), 06.06B(1)(e), 06.06D(3), 06.07A(3) and 06.07A(6).

Resource Documents:
(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/allergyacti onform_jun14.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/allergyacti onform_jun14.pdf

(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/asthmaact ionform_jun14.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/asthmaacti onform_jun14.pdf

(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/matrainlis t.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/matrainlist .pdf

License- Exempt (Informal Providers): The Informal Provider Monitoring Specialist and lead agency's vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation,

the monitoring specialist will also request to see the provider's current (required each year) Basic Health and Safety certificate. 13A.15.06.02.B(1)

b. Pre-Service and Ongoing Training

  i.   Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Effective December 3, 2019, COMAR 13A 15-18 were adopted by the Board of Education and went into effect on 01.13.2020. Regulations can be found at (http://www.dsd.state.md.us/COMAR/ComarHome.html) http://www.dsd.state.md.us/COMAR/ComarHome.html

Family Child Care: MSDE COMAR 13A.15.06.02A(4) and B

Child Care Center MSDE COMAR 13A.16.06.05B(5) and C(3), 13A.16.06.09A(5) and C(3), 13.16.06.10A(4) and C(3), 13A.16.06.11A(4) and C(3), 13A.16.06.12A(3) and B(3)

Letter of Compliance MSDE COMAR 13A.17.06.02L and M

Large Family Child Care MSDE COMAR 13A.18.06.05E(3)(d) and F(4), 13A.18.06.06B(e) and D(3), 13A.18.06.07A(3) and (6)

License-Exempt Providers COMAR 13A.15.06.02.B(1)

  ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed Providers: There is no variation by category. There are no variations based on ages of children in care.

License-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers must complete the Basic Health & Safety training annually to maintain compliance. There are no variations in the standards by category of care or the ages of children in care.

License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service
[x] Orientation within three (3) months of hire

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

[ ] Yes
[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development

opportunities.

License-Exempt providers receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training.

5.3.5   Building and physical premises safety

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All facilities must comply with all applicable state and local fire, zoning, health, safety and environmental codes, be in good repair, free of health and safety hazards including infestation by insects and rodents; have operable and safe utilities for lighting and heating; hot and cold running water; working, accessible toilet; operable refrigerator,

stove, and telephone. In addition, providers are required to use child safety latches and equipment to ensure the indoor and outdoor child care space is free from all hazards including bodies of water, vehicular traffic and other potentially hazardous items.

The agency has posted guidance on the Consumer Website for providers regarding playground safety standards and the barrier policy.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Licensed Providers: There is no variation by category. There are no variations based on ages of children in care.

Licensed-Exempt Non-Relative Informal Care Providers: Informal Non-Relative must complete and gain an annual certification from Basic Health & Safety training through our online training or approved MSDE local trainer's courses. Monitoring Specialist and the contractor conducts inspections to ensure the care location is in compliance. There are no variations based on ages of children in care.

License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Provider: Licensing specialist ensure this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation and the review of supporting documentation, licensing specialist will also question the providers about how they are following the basic health and safety requirements as well.

Specialist will walk through the child care areas and the outdoor activity area to scan for potential hazards and to ensure all protective barriers are put in place, when and if required.

Licensing specialists inspect the indoor facility, outdoor play areas and surrounding

areas to observe and assess whether additional safety precautions need to be put in place.

(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/playgroundsafety_april08.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/playgroundsafety_april08.pdf

(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/barrierstoprotectchildrenfromsafetyhazards.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/barrierstoprotectchildrenfromsafetyhazards.pdf

(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/playgroundsafety.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/playgroundsafety.pdf

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education

http://www.dsd.state.md.us/COMAR/ComarHome.html

MSDE - Family Child Care COMAR 13A.15.05.01A-C; COMAR 13A.15.05.04A-C, COMAR 13A.15.05.05, COMAR 13A.15.08.03A-E, COMAR 13A.15.10.02, COMAR 13A.15.10.03A-D; COMAR 13A.15.10.04A-C; COMAR 13A.15.10.05A-B

Child Care Center COMAR 13A.16.05.01-.13; COMAR 13A.16.10.04 A-I, COMAR 13A.16.10.06 A-B

Letter of Compliance COMAR 13A.17.05.01-.13;COMAR 13A.17.10.04A-I; COMAR 13A.17.10.05 A-B

Large Family Child Care Homes COMAR 13A.18.05.01 A-C; COMAR 13A.18.10.06 A-B; COMAR 13A.18.05.03A(1)-(3); COMAR 13A.18.05.12D-J . COMAR 13A.18.05.13; COMAR 13A.18.10.04A-H

Licensed Exempt (Informal Providers): The Informal Provider Monitoring Specialist and lead agency's vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation, the monitoring specialist will also request to see the provider's current (required each year) Basic Health and Safety certificate. COMAR 13A.15.06.02.B(1)

b. Pre-Service and Ongoing Training

    i.   Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Maryland has created a 5 hour Health and Safety training that incorporates all 11 standards and requirements as directed by the CCDBG. There is also a 3 hour online version of the training.

Regulations can be found at (http://www.dsd.state.md.us/COMAR/ComarHome.html) http://www.dsd.state.md.us/COMAR/ComarHome.html

Family Child Care: MSDE COMAR 13A.15.06.02A(4) and B

Child Care Center MSDE COMAR 13A.16.06.05B(5) and C(3), 13A.16.06.09A(5) and C(3), 13.16.06.10A(4) and C(3), 13A.16.06.11A(4) and C(3), 13A.16.06.12A(3) and B(3)

Letter of Compliance MSDE COMAR 13A.17.06.02L and M

Large Family Child Care MSDE COMAR 13A.18.06.05E(3)(d) and F(4), 13A.18.06.06B(e) and D(3), 13A.18.06.07A(3) and (6)

Informal Providers: Relative are exempt from this regulation. Non-Relative Informal

Health and Safety Training COMAR 13A.15.06.02.B(1).

    ii.   Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed Providers: There is no variation by category. There are no variations based on ages of children in care.

Licensed-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Care addresses this in the Health and Safety Training. http://earlychildhood.marylandpublic-schools.org/basic-health-safety-training. There are no variations based on ages of children in care.

Licensed-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[x] Pre-Service

[ ] Orientation within three (3) months of hire

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

[ ] Yes

[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development opportunities.

License-Exempt providers receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training. Informal Care Monitoring Specialist and the contractor assess compliance by reviewing Health & Safety certifications and CPR certification cards during application processing, inspections and annual re-determination.

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

a. Standard(s)

i.   Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The information presented in the training for this topic includes information about shaken baby syndrome, signs and symptoms of head trauma, and the indicators of abuse and neglect. Providers are required to monitor children for signs of abuse, neglect and/or maltreatment and report suspected incidences to the child protective service agency. Additionally, providers must submit and maintain an age appropriate discipline policy for the children they plan to serve in child care. Children may not be subjected to abuse, neglect, mental injury, or injurious treatment. Indicators of abuse, neglect and mental injury area also listed in a resource guide.

ii.   Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Licensed Providers: There is no variation by category. There are no variations based on ages of children in care.

License-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Care addresses this in the Health and Safety Training. (http://earlychildhood.marylandpublic-schools.org/basic-health-safety-training) http://earlychildhood.marylandpublic-schools.org/basic-health-safety-training. There are no variations based on ages of children in care.

License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Provider: Licensing specialist ensure this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation and the review of supporting documentation, licensing specialist will also question the providers about how they are following the basic health and safety requirements as well.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education http://www.dsd.state.md.us/COMAR/ComarHome.html

Family Child Care COMAR 13A.15.01.02B(1) and (20) - (22); COMAR 13A.15.07.01; COMAR 13A.15.07.02A; COMAR 13A 15.07.02; COMAR 13A.15.07.04B(4); COMAR 13A.15.06.02E(2); COMAR 13A 15.06.04A(7)

Child Care Center COMAR 13A.16.01.02B(1), (33), (38) and (40); COMAR 13A 16.07.01, COMAR 13A 16.07.02A; COMAR 13A.16.07.03B(4)

Letters of Compliance COMAR 13A.17.01.02B(1), (22), (27) and (28); COMAR 13A 17.07.01, COMAR 13A 17.07.02A; COMAR 13A.17.07.03B(4)

Large Family Child Care Homes COMAR 13A.18.01.02B(1), (23), (27) and (28); COMAR 13A 18.07.01, COMAR 13A 18.07.02A; COMAR 13A.18.07.03B(4)

Licensed Exempt (Informal Providers): The Informal Provider Monitoring Specialist and lead agency's vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation, the monitoring specialist will also request to see the provider's current (required each year) Basic Health and Safety certificate. COMAR 13A.15.06.02.B(1)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Effective December 3, 2019, COMAR 13A 15-18 were adopted by the Board of Education and went into effect on 01.13.2020.

Regulations can be found at (http://www.dsd.state.md.us/COMAR/ComarHome.html) http://www.dsd.state.md.us/COMAR/ComarHome.html

Family Child Care: COMAR 13A.15.06.02A(4) and B

Child Care Center COMAR 13A.16.06.05B(5) and C(3), 13A.16.06.09A(5) and C(3), 13.16.06.10A(4) and C(3), 13A.16.06.11A(4) and C(3), 13A.16.06.12A(3) and B(3)

Letter of Compliance COMAR 13A.17.06.02L and M

Large Family Child Care COMAR 13A.18.06.05E(3)(d) and F(4), 13A.18.06.06B(e) and D(3), 13A.18.06.07A(3) and (6)

License-Exempt COMAR 13A.15.06.02.B(1)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed Providers: There is no variation by category. There are no variations based on ages of children in care.

License-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers must complete the Basic Health & Safety training annually to maintain compliance. There are no variations in the standards by category of care or the ages of children in care.

License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service
[x] Orientation within three (3) months of hire

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

[ ] Yes
[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains   compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development

opportunities.

License-Exempt providers receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training.

5.3.7   Emergency Preparedness and Response Planning

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.

a. Standard(s)

i.   Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Maryland requires all providers to complete an Emergency Preparedness Training which includes the provider to write an Emergency Plan specific to their program and facility. The written emergency and disaster plan must include procedures for evacuation, relocating to a safe site, sheltering in place, notifying parents and communicating how they can reunite with their children, and addressing all children's needs. The plan must contain contact information for the emergency operations center, local emergency numbers, and the radio station call sign and frequency for the Emergency Alert System. The plan must be updated annually to ensure up to date and accurate information. In addition, providers are required to complete and document monthly fire drills and at least 2 emergency/disaster drills per year.

ii.   Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Licensed Providers: There are no variations in the standards by category of care or the age of the children in care.

Licensed-Exempt Non-Relative Informal Care Providers: There are no variations in the standards by category of care or the age of the children in care.

Licensed-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Providers: Licensing specialist ensure this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation and the review of supporting documentation, licensing specialist will also question the providers about how they are following the basic health and safety requirements as well. The emergency and disaster plan is also reviewed bi-annually to ensure updates are made and the two required drills have been documented.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education http://www.dsd.state.md.us/COMAR/ComarHome.html

The following MSDE licensing citations specifically address the "shelter in place"

MSDE-Family Child Care COMAR 13A.15.10.01A(1)(c), COMAR 13A.15.10.01A, COMAR 13A.15.06.02A(3) , COMAR 13A.15.10.01D

MSDE-Child Care Center COMAR 13A.16.10.01A(3)(a)(iii); COMAR 13A.16.10.01A and B; COMAR 13A.16.10.01A(1) and (2), COMAR 13A.16.10.01A(5

MSDE-Letter of Compliance COMAR 13A.17.10.01A(3)(a)(iii), COMAR 13A.17.10.01A and B; COMAR 13A.17.10.01A(1) and (2), COMAR 13A.17.10.01A(5)

MSDE - Large Family Child Care Homes COMAR 13A.18.10.01A(3)(a)(iii); COMAR 13A.18.10.01A and B; COMAR 13A.18.02.02D(5); COMAR 13A.18.10.06.02C; COMAR 13A.18.10.01A(1) and (2); COMAR 13A.18.10.01A(5)

License Exempt (Informal Providers): The Informal Provider Monitoring Specialist and the lead agency vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation, the monitoring specialist will also request to see the provider's current (required to take course each year) Basic Health and Safety certificate. COMAR: 13A.15.10.01.A

b. Pre-Service and Ongoing Training

    i.   Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

       Family Child Care COMAR 13A.15.06.02A(3)

       Child Care Center COMAR 13A.16.06.01A(1) and (5)

       Letter of Compliance COMAR 13A.17.10.01A(1) and (5)

       Large Family Home COMAR 13A.18.10.01A(1) and (5)

       License-Exempt COMAR COMAR 13A.15.06.02.B(1)

    ii.   Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

       Licensed Providers: There are no variations in the standards by category of care or the age of the children in care.

       License-Exempt Non-Relative Informal Care Providers: There are no variations in the standards by category of care or the age of the children in care.

       License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

    iii.   To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

       [ ] Pre-Service
       [x] Orientation within three (3) months of hire

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

       [ ] Yes
       [x] No

    v.   How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development opportunities.

License-Exempt providers receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training.

5.3.8   Handling and Storage of Hazardous Materials

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

a. Storage

i.   Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The training for this topic includes information regarding the safe handling and storage of hazardous materials including the disposal of bio-contaminates. Providers must ensure the building/home is free from health and safety hazards and ensure that all potentially hazardous items are stored in an approved manner, as specified in the regulations.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Licensed Providers: There are no variations in the standards by category of care or the age of the children in care.

License-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers must complete the Basic Health & Safety training annually to maintain compliance. There are no variations in the standards by category of care or the ages of children in care.

License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in

effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Providers: Licensing specialist ensure this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation and the review of supporting documentation, licensing specialist will also question the providers about how they are following the basic health and safety requirements as well.

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Family Child Care COMAR 13A.15.10.02; COMAR 13A.15.05.03C, COMAR 13A.15.05.03E(1)-(3); COMAR 13A.15.05.03F(1)-(3)

Child Care Center COMAR 13A.16.10.04A-I; COMAR 13A.16.05.08A(1); COMAR 13A.16.05.11D; COMAR 13A.16.11.03B and C

Letter of Compliance COMAR 13A.17.10.04A-I; COMAR 13A.17.05.11C; COMAR 13A.17.11.03A-C

Large Family Child Care COMAR 13A.18.10.04A-H; COMAR 13A.18.05.11C; COMAR 13A.18.11.03A-C

Licensed Exempt (Informal Providers): The Informal Provider Monitoring Specialist and lead agency vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation, the monitoring specialist will also request to see the provider's current (required each year) Basic Health and Safety certificate. COMAR 13A.15.10.02

b. Pre-Service and Ongoing Training

    i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

        Family Child Care 13A.15.06.02A(3)

        Child Care Center 13A.16.06.01A(1) and (5)

Letter of Compliance 13A.17.10.01A(1) and (5)

Large Family Home 13A.18.10.01A(1) and (5)

License-Exempt Provider 13A.15.06.02.B(1)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There is no variation by category. There are no variations based on ages of children in care. Relatives are exempt from this requirement.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service
[x] Orientation within three (3) months of hire

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

[ ] Yes
[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development

opportunities.

License-Exempt providers receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training.

5.3.9   Precautions in transporting children

Precautions in transporting children (if applicable).

a. Standard(s)

i.   Provide a brief description of the standard(s). This description should identify the
     practices which must be implemented by child care programs.

     **This topic provides information regarding transportation safety including the state
     requirements for the appropriate height weight requirements for car seats and seat belt
     use and supervision while transporting children. In Family child care, when transporting
     child care children, the provider must follow Maryland law: Each child is separately
     secured in a car safety seat or belt and it is appropriate for their height and weight. In
     center care, unless being transported in a school bus or motor coach, children must be
     in a car seat or seat belt appropriate for their height and weight. Vehicles used to
     transport children must comply with applicable state and federal requirements.**

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home),
     licensing status (i.e. licensed, license-exempt), and the age of the children in care.
     **Licensed Providers: There are no variations in the standards by category of care or the age of the
     children in care.**

     **License-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers address
     this standard on the 11th Module of the Health and Safety Training, as well as in the Statement of
     Understanding and in the Emergency Preparedness Plan. There are no variations in the standards
     by category of care or the ages of children in care.**

     **License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this
     requirement.**

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in
     effect and enforced through monitoring. Provide the citation(s) for the standard(s),
     including citations for both licensed and license-exempt providers.

     **Licensed Providers: Licensing specialist ensure this basic health and safety requirement
     is in effect and enforced, by conducting annual monitoring inspections, which include
     the requirement on the monitoring report. In addition to making assessments based
     on observation and the review of supporting documentation, licensing specialist will
     also question the providers about how they are following the basic health and safety
     requirements as well.   Specialist will also check records to ensure providers have
     permission to transport children in care. Some of the permission slips from providers**

even list the importance of having required and appropriate seating.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education http://www.dsd.state.md.us/COMAR/ComarHome.html

Family Child Care COMAR 13A.15.03.04B(2) and (3), COMAR 13A.15.08.02D, COMAR 13A.15.10.05A and COMAR 13A. 15.10.05B.

Child Care Center COMAR 13A.16.06.14A; COMAR 13A.16.07.06D(1)(e); COMAR 13A.16.08.01E; COMAR 13A.16.08.06A and B; COMAR 13A.16.10.02C and D, COMAR 13A. 16.10.06A and B;

Letter of Compliance COMAR 13A.17.06.06A, COMAR 13A.17.07.06C(1)(e); COMAR 13A.17.08.01E; COMAR 13A.17.08.06A and B; COMAR 13A.17.10.02C and D and COMAR 13A.17.10.05A and B.

Large Family Child Care Homes COMAR 13A.18.06.09A; COMAR 13A.18.07.06D(1)(e); COMAR 13A.18.08.01E; COMAR 13A.18.08.06A and B; COMAR 13A.18.10.02C and D; COMAR 13A.18.10.06A and B

License Exempt (Informal Providers): The Informal Provider Monitoring Specialist and lead agency's vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation, the monitoring specialist will also request to see the provider's current (required each year) Basic Health and Safety certificate. COMAR 13A.15.06.02.B(1)

b. Pre-Service and Ongoing Training

   i.   Provide the citation(s) for the training requirements, including citations for both licensed and license-exempt providers.

Family Child Care COMAR 13A.15.06.02A(3)

Child Care Center COMAR 13A.16.06.01A(1) and (5)

Letter of Compliance COMAR 13A.17.10.01A(1) and (5)

Large Family Home COMAR 13A.18.10.01A(1) and (5)

License-Exempt Provider COMAR 13A.15.06.02.B(1)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed Providers: There are no variations in the standards by category of care or the age of the children in care.

Licensed-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers address this standard on the 11th Module of the Health and Safety Training, as well as in the Statement of Understanding and in the Emergency Preparedness Plan. There are no variations in the standards by category of care or the ages of children in care.

Licensed-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
[ ] Pre-Service
[x] Orientation within three (3) months of hire

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

[ ] Yes
[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety training update. Providers and staff are issued a certificate upon completion. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional

development

opportunities. All Informal Providers received informative letters about policy change and trainings via postal mail.

License-Exempt providers receive training and communication about policy changes.The Child Care Scholarship program has a training titled ⬚The ABC's of Child Care Scholarship⬚ that is presented at conferences and provider events to ensure providers receiving a child with a scholarship have the necessary tools to complete paperwork and understand their role in the process. The ABC's of Child Care Scholarship is the manual of the Informal Providers application process.

License-Exempt providers also receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training.

5.3.10   Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standards

i.   Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All family child care providers are required to have first aid and age appropriate 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 age appropriate CPR training for every 20 children in attendance.

Family providers and center staff must hold a current certificate in first aid and age appropriate CPR. The current certificate must indicate successful completion of training in approved:

a) Basic first-aid through the American Red Cross, or a program with equivalent standards; and

b) Cardiopulmonary resuscitation (CPR) through the American Heart Association, or a program with equivalent standards, appropriate for each age group approved for care in the child care program.

Informal Providers must hold a current certificate in first aid and CPR. The current

certificate must indicate successful completion of training in approved:

(a) Basic first-aid through the required Health & Safety training through our online training or approved MSDE local trainers courses; and

b) Cardiopulmonary resuscitation (CPR) through the American Heart Association, or a program with equivalent standards, appropriate for each age group approved for care

in the child care program.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Licensed Providers: There are no variations in the standards by category of care or the age of the children in care.

License-Exempt Non-Relative Informal Care Providers: There are no variations in the standards by category of care or the ages of children in care.

License-Exempt Relative Informal Care Providers: There are no variations in the standards by category of care or the age of the children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Providers: Licensing specialist ensure this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation and the review of supporting documentation, licensing specialist will also question the providers about how they are following the basic health and safety requirements as well. Licensing Specialist assess compliance by reviewing First aid and CPR cards during inspections.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education http://www.dsd.state.md.us/COMAR/ComarHome.html

Family Child Care13A.15.06.02A(1)(a)(b), D

Child Care Centers 13A.16.10.02

Child Care Letters of Compliance 13A.17.10.02

Large Family Child Care Homes 13A.18.10.02 on the age of the children in care.

License- Exempt (Informal Providers): The Informal Provider Monitoring Specialist and lead agency's vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation, the monitoring specialist will also request to see the provider's current (required each year) Basic Health and Safety certificate. Informal Care Monitoring Specialist and the contractor assess compliance by reviewing Health & Safety certifications and CPR certification cards during application processing, inspections and annual re-determination. COMAR 13A.15.06.02

b. Pre-Service and Ongoing Training

    i.   Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

Family Child Care COMAR 13A.15.06.02A(1)(a) and (b)

Child Care Center COMAR 13A.16.10.02A-C

Letters of Compliance COMAR 13A.17.10.02 A-C

Large Family Child Care COMAR 13A.18.10.02A-C

License-Exempt COMAR 13A.14.06.06D.(7)(b)(i) and COMAR 13A.15.06.02

    ii.   Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed Providers: There are no variations in the standards by category of care or the age of the children in care. Only CPR training is specific to specific age groups. First aid training is universal and is not offered for specific age groups in MD.

License-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers must complete and gain an annual certification from Basic Health & Safety training through our online training or approved MSDE local trainers courses. There are no variations in the standards by category of care or the ages of children in care.

License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service

[x] Orientation within three (3) months of hire

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

[ ] Yes

[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all child care providers to maintain current certification; hence providers are completing this training every two years and receiving updates during said training.

License-Exempt providers receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training. The Child Care Scholarship program has a training titled The ABC's of Child Care Scholarship that is presented at conferences and provider events to ensure providers receiving a child with a scholarship have the necessary tools to complete paperwork and understand their role in the process. The ABC's of Child Care Scholarship is the manual of the Informal Providers application process. COMAR 13A.15.06.02.B(1)

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development

opportunities.

5.3.11   Recognition and reporting of child abuse and neglect

Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

    i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

        Children may not be subjected to abuse, neglect, mental injury, or injurious treatment. Indicators of abuse, neglect and mental injury are listed in a resource guide. Family providers, family members, center staff and operators are required to inform the agency if they suspect abuse and/or neglect in the child care program or outside of the child care program. They must also report that belief directly to the protective services unit of the local department or to a law enforcement agency, as required under Maryland law. If a child has been subjected to injurious treatment, it must be reported to the agency.

        https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/childabuse neglectandmentalinjury2015.pdf

        License-Exempt (Relatives Informal Care Providers) are exempt from the Basic Health & Safety training requirement.

        License-Exempt (Non-Relative Informal Care Providers) must complete and gain an annual certification from Basic Health & Safety training which provides recognition and prevention of child abuse and neglect. All Providers sign an agreement stating they must also report that belief directly to the protective services unit of the local department or to a law enforcement agency, as required under Maryland law. If a child has been subjected to injurious treatment, it must be reported to the agency. as well.

    ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
        Licensed Providers: There are no variations in the standards by category of care or the age of the children in care.

        License-Exempt Non-Relative Informal Care Providers: There are no variations in the standards by category of care or the ages of children in care.

License-Exempt Relative Informal Care Providers: There are no variations in the standards by category of care or the age of the children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Providers: Licensing specialist ensure this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation and the review of supporting documentation, licensing specialist will also question the providers about how they are following the basic health and safety requirements as well.

Licensed Exempt (Informal Providers): The Informal Provider Monitoring Specialist and lead agencies vendor ensures this basic health and safety requirement is in effect and enforced, by conducting annual monitoring inspections, which include the requirement on the monitoring report. In addition to making assessments based on observation, the monitoring specialist will also request to see the provider's current (required each year) Basic Health and Safety certificate.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education (http://www.dsd.state.md.us/COMAR/ComarHome.html) http://www.dsd.state.md.us/COMAR/ComarHome.html

Family Child Care 13A.15.07.02

Child Care Centers 13A.16.07.02

Child Care Letters of Compliance 13A.17.07.02

Large Family Child Care Homes 13A.18.07.02

License-Exempt Providers 13A.14.06.06D(7), 13A.15.01.02B. 13A.15.07.02 and 13A.15.06.02.B(1)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

Family Child Care COMAR 13A.15.06.02A(3)

Child Care Center COMAR 13A.16.06.01A(1) and (5)

Letter of Compliance COMAR 13A.17.10.01A(1) and (5)

Large Family Home COMAR 13A.18.10.01A(1) and (5)

License-Exempt Providers COMAR 13A.14.06.06D(7), COMAR 13A.15.07.02 and COMAR 13A.15.06.02.B(1)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed Providers: There are no variations in the standards by category of care or the age of the children in care.

License-Exempt Non-Relative Informal Care Providers: Non-Relative Informal Providers must complete and gain an annual certification from Basic Health & Safety training through our online training or approved MSDE local trainers courses. There are no variations in the standards by category of care or the ages of children in care.

License-Exempt Relative Informal Care Providers: Relative informal providers are exempt from this requirement.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[ ] Pre-Service
[x] Orientation within three (3) months of hire

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

[ ] Yes

[x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains

compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development opportunities.

License-Exempt providers receive updated information from Tuesday Tidbits, postal mail and emails. Updated training regarding the standard is received from their annual Basic Health and Safety Training.

5.3.12 Child development

Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

    i.   Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.

Family child care providers are required to complete 12 hours of continued training annually. Six of the twelve hours must be completed in one of the six (6) core of knowledge areas, which includes child development.

Directors and teachers in all child care facilities and family child care providers are required to complete 12 hours of continued training on an annual basis, of which at least 6 hours must be in the core of knowledge areas.

There are no training requirements for these topics under Informal Care.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education http://www.dsd.state.md.us/COMAR/ComarHome.html

Family Child Care COMAR 13A.15.06.02[A](2);

Child Care Center COMAR 13A.16.06.05.(4); 13A.16.06.09[A]1(b), .10[B]1;

Large Family COMAR 13A.18.06.05[E](4)

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ-100-recordofprofessionaldevelopmentcoursework.pdf

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/chart-center-preschool_director_requirements_jan_09_revised_march_2016.pdf

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/chart-center-staff_requirements_jan_09_revised_march_2016.pdf

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_large_family_child_care_home_-_staff_requirements.pdf

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations based on age. Programs licensed under a Letter of Compliance are exempt from this requirement.

There are no training requirements for these topics under Informal Care.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

[x] Pre-Service
[ ] Orientation within three (3) months of hire

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

[ ] Yes
[x] No

v. How do providers receive updated information and/or training regarding this topic?

This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Providers are required to take at least six (6) hours of continued training in core of knowledge areas yearly, which consist of Child Development; Curriculum; Health, Safety and Nutrition; Special Needs; Professionalism; and Community.

Maryland requires all licensed and registered child care providers to complete an annual Basic Health and Safety training update. Licensing specialists evaluate these areas through review of records and observation to ensure the provider and/or operator maintains compliance.

The Office of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development

opportunities.

5.3.13   Ongoing training annual requirements

Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

12 hours per year for Directors and Teachers, 6 hours for aides.

b. License-exempt child care centers:

N/A

c. Licensed family child care homes:

12 hours per year for family child care providers, 12 hours per year for directors and teachers of large family homes and 6 hours for large family aides.

d. License-exempt family child care homes:

N/A

e. Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

License-Exempt non-relative Informal Providers are required to complete 3 hours of the Basic Health & Safety training annually but relative (informal) child care providers are exempt from training requirements. Non-Relative Informal Providers who care for a child in that child's own home must take and pass an approved Health and Safety training course and present proof of this.

5.3.14   Optional standards compliance

In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

[x] a. Nutrition:

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. Child care providers are also informed about the benefits of joining the food program at orientation, along with contact numbers should they decide to do so. Family providers are informed about the importance of ensuring parents no the meal plan for the week, should they decide to provide meals. However, child care centers are have to post their menus in 4 weeks increments. If any adjustments are made to the menu, providers are required to inform parents ahead of time, in case of food allergies.

Any child care provider that has joined the food program is subject to additional inspections from the CACFP and they are required to take trainings with them as well.   Family child care providers that are not in the food program are still required to take training in nutrition, as part of their preservice requirement.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education http://www.dsd.state.md.us/COMAR/ComarHome.html

Family Child Care COMAR 13A.15.06.02 F(1)a;

Child Care Center COMAR 13A.16.06.06 A(2);

Large Family Child Care COMAR 13A.18.06.05 E(3)(c)(ii)

[x] b. Access to physical activity:

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. 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. 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.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education http://www.dsd.state.md.us/COMAR/ComarHome.html

MSDE - Family Child Care COMAR 13A.15..05.05A; COMAR 13A.15.05.05B; COMAR 13A.15.09.01A(7); COMAR 13A.15.09.02A(2)(f); COMAR 13A.15.09.02B;

MSDE - Child Care Center COMAR 13A.16.05.12; COMAR 13A.16.09.01A;

MSDE - Letters of Compliance COMAR 13A.17.05.12; COMAR 13A.17.09.01A(7); COMAR 13A.17.09.03A;

MSDE - Large Family Child Care COMAR 13A.18.05.12; COMAR 13A.18.09.01A(7)

MSDE ⍰ Informal Providers are exempt from this requirement.

[x] c. Caring for children with special needs:

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.

COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education http://www.dsd.state.md.us/COMAR/ComarHome.html

MSDE - Family Child Care COMAR 13A.15.08.06.02A(5);

MSDE - Child Care Center COMAR 13A.16.06.05B(3)(c);

MSDE - Large Family Child Care COMAR 13A.18.06.05E(3)(c)(i)

MSDE ⍰ Informal Providers COMAR 13A.16.10

[x] d. 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

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all 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 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

Child care licensing specialists conduct annual unannounced inspections of all licensed and registered 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. As part of that inspection, the child care licensing specialists review staff files to ensure training, and other mandatory requirements, are being met. This includes reviewing the certificate issued after completing the Basic Health and Safety training as well as proof of the yearly update for Basic Health and Safety training.

Informal Care Monitoring Specialist and the contractor conduct unannounced Inspections during authorized care hours to review provider's files and ensure the care location is in compliance with all Health & Safety requirements.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Training** as described in Section 5.3.

The online Health and Safety Training is tracked by the licensing staff after completion. Providers are required to print the certificate and maintain the certificate for verification.

The online Health and Safety Training for License-Exempt Informal Non-Relative Providers is tracked by the Informal Care Monitoring Specialist and the contractor after completion. All Providers are required to print the certificate and maintain the certificate for verification.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

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).

The Informal Provider inspections for fire standards includes the inspection of an operational smoke detector. COMAR13A.15.05.01.A

All Informal Provider must agree to both annual and announced inspection during authorized care hours before informal care option receives approval. All

of these inspections include Health and Safety standards, Child Abuse and Neglect, and Emergency Preparedness Plan review. COMAR 13A.16.10 and COMAR

13A.14.06.06D.(10)(a)(i)-(xiii)

5.4.2   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 describing, in the questions below, 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

   i.   Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

        All providers are required to meet all requirements prior to being approved for a license/registration this includes the health, safety and fire standards. Providers must submit a fire and use and occupancy permit as documentation that this standards are met. The inspection report and training certificates are maintained in the provider's file as proof that all health and safety standards have been met.

        COMAR 13A.16.02.02B 13A.17.02.02B 13A.16.02.03B 13A.17.02.03B 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;

   ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.
        COMAR 13A.16.02.02B 13A.17.02.02B 13A.16.02.03B 13A.17.02.03B COMAR 13A.16.17.02 [E] An agency representative shall inspect each center: (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. In addition, the operator must provide the agency with evidence of compliance with all applicable zoning and building codes and proof of an on-site inspection and approval by the local fire authority having jurisdiction.

   iii. Identify the frequency of unannounced inspections:

        [x] A. Once a year
        [ ] B. More than once a year. Describe:

   iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable

licensing standards, including health, safety, and fire standards.

MD completes an initial inspection prior to approving a license for a child care program. Once, a license is approved the program is inspected annually on an unannounced basis. In addition, the child care program must submit updated documents to OCC to verify continued compliance of regulations, health and safety standards and fire and county approvals. The licensing specialist continues to maintain the program's files and required documents as well as completes the required annual inspection.

The OCC also completes complaint inspections as needed when there is an allegation that the provider or program is not in compliance with the regulations and health and safety standards.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers.
COMAR 13A 15-18 are effective 01.13.2020 and were adopted on 12.03.2019 by the Board of Education http://www.dsd.state.md.us/COMAR/ComarHome.html

COMAR 13A.16.17.02 A-C

b. Licensed CCDF family child care home

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

Once an application has been submitted to OCC, the assigned Licensing Specialists tracks and maintains all documents to verify completion of the requirements to be registered/licensed. Once all of the required documents, including the local county and fire approvals, have been received by OCC, then the LS schedules the initial inspection to verify that the health and safety standards are followed.

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.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.
Annual, unannounced inspections are conducted at least once a year. However, if a follow up is

required, which is usually based on the severity of the violations received, the provider will then be subjected to another unannounced inspection within that same year.

    iii. Identify the frequency of unannounced inspections:

       [x] A. Once a year
       [ ] B. More than once a year. Describe:

    iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Once an application has been submitted to OCC, the assigned Licensing Specialists tracks and maintains all documents to verify completion of the requirements to be registered/licensed. Once all of the required documents, including the local county and fire approvals, have been received by OCC, then the LS schedules the initial inspection to verify that the health and safety standards are followed.

MD completes an initial inspection prior to approving a license for a child care program. Once a license is approved the program is inspected annually on an unannounced basis. In addition, the child care program must submit updated documents to OCC to verify continued compliance of regulations, health and safety standards and fire and county approvals. The licensing specialist continues to maintain the program's files and required documents as well as completes the required annual inspection.

The OCC also completes complaint inspections as needed when there is an allegation that the provider or program is not in compliance with the regulations and health and safety standards.

    v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers.
COMAR 13A.15.05.01 [A], 13A.18.05.01. 13A.18.02.02C(2)n, 13A.15.02.02B(7)a, 13A.15.13.01A(1), 13A.18.14.01A(2), 13A.15.13.01A(2), 13A.18.14.01A(1).

c. Licensed in-home CCDF child care

    i. Does your state/territory license in-home child care (care in the child's own home)?

       [x] No
       [ ] Yes. If yes, answer A – E below:
          A. Describe your state/territory's policies and practices for pre-licensure

inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B.   Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C.   Identify the frequency of unannounced inspections:
[ ]1. Once a year
[ ]2. More than once a year. Describe:

D.   If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E.   List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.
N/A

d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

In addition to the Office of Child Care conducting pre-licensure inspections and unannounced inspections of licensed providers, depending on the type of program, other entities conduct pre-licensure inspections as well. Family providers are inspected by fire, lead inspectors (pending upkeep of the home or when the structure was built), the health department (pending the jurisdiction) and zoning (pending jurisdiction and Large family). Child care centers are inspected by fire, lead inspectors (pending structure and type of building), the health department (pending the jurisdiction), building, zoning and boiler inspectors (pending if a boiler is on site).

5.4.3   Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

a. To certify, describe the policies and practices for the annual monitoring of:

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

i.   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

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

N/A

5.4.4   Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

In Maryland these providers are considered "informal" providers. If in-home care is provided by a non-relative provider, Maryland requires the home to pass an annual Health and Safety Inspection. The Informal Provider Monitor verifies in-home providers have met all requirements when conducting the unannounced site visits.

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

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/informal_provider_initial_application.pdf

c. 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 Scholarship and/or the designated TO Contractor inspects care locations provided by Non-Relative Providers.

5.4.5   Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

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

Job qualifications are established by the Maryland Department of Budget and Management and require applicants to meet standards for education and experience.

Maryland has three levels for licensing inspectors

- Licensing Specialist Trainee, Licensing Specialist and Licensing Specialist Lead.

The trainee position is the entry level position requiring no previous experience. A trainee must complete initial, on-going training, and a full year under supervision in conducting inspections before becoming a Licensing Specialist.

Requirements for the position include:

Education: Possession of a bachelor's degree in child development, education, social work or psychology from an accredited college or university.

Experience: Trainee - None

Licensing Specialist and Licensing Specialist Lead - One year of experience inspecting, licensing and monitoring child care centers, family child care homes and non-public nursery schools.

Notes:

1. Possession of an associate's degree in early childhood development, teacher education, sociology or psychology and two years' work experience inspecting, licensing and monitoring child care centers, family (day) child care homes and non-public nursery schools may be substituted for the bachelor's degree.

2. The above requirements are set by the MSDE in accordance with Education Article, Section 2-104.

All licensing staff receive initial and on-going training on all aspects of the job, including comprehensive customer service training, working with diverse populations and licensing procedures and protocols. All licensing staff are required to complete the Basic Health and Safety training and the annual updates; staff are required to print the certificate of completion as part of their personnel file. Initial training includes 10-14 days of new hire training and ongoing training includes 2 full days a year, weekly and monthly regional office training sessions, state wide licensing branch training sessions

and division wide training sessions. Additionally, licensing specialists both trainee and non-trainee positions are constantly learning as they perform the duties of the job and encounter new or atypical situations and incidents that occur.

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&R

Child Care Licensing Specialist Lead:
https://www.jobaps.com/MD/specs/classspecdisplay.asp?ClassNumber=006088&R

b. To certify, describe how inspectors and monitors 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)).

All licensing staff receive initial and on-going training on all aspects of the job, including comprehensive customer service training, working with diverse populations and licensing procedures and protocols. All licensing staff are required to complete the Basic Health and Safety training and the annual updates; staff are required to print the certificate of completion as part of their personnel file. Initial training includes 10-14 days of new hire training and ongoing training includes 2 full days a year, weekly and monthly regional office training sessions, state wide licensing branch training sessions and division wide training sessions. Additionally, licensing specialists both trainee and non-trainee positions are constantly learning as they perform the duties of the job and encounter new or atypical situations and incidents that occur.

The initial and ongoing training includes training of policies, procedures and guidance for all types of child care and for children ages birth through 12.

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

Licensing Specialists are hired as trainees for a one year period. OCC requires all trainees to complete new hire training as well as on-site training in the regional offices. OCC provides ongoing training through monthly staff meetings, all staff meetings and yearly

professional development days. OCC is in the process of hiring a Licensing Training Coordinator who will be responsible for creating a uniform new hire training program.

5.4.6   Ratio of Licensing Inspectors

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 1:62 to 1:101. The current ratio of inspectors to child care providers has been sufficient for inspectors to conduct effective inspections on a timely basis. However, the agency continues to evaluate the need to increase the number of inspectors based on fluctuations in the provider and facility populations and increased needs in other areas of licensing.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

OCC has 98.5 Licensing Specialist positions and at any given time, there is approximately a 5-10% vacancy rate. The caseload reports in CCATS provides the breakdown of cases assigned to each Licensing Specialist. This report is reviewed on a monthly basis.

5.5   Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive 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 family child care 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)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1   Background check requirements

Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

[x] Licensed, regulated, or registered child care providers

Citation:

Citation:

Centers - COMAR 13A.16.02.01(I), 13A.16.02.02C, 13A.16.02.02A(4)

Letter of Compliance - COMAR 13A.17.02.01C, 13A.17.02.02C

Family Homes - COMAR 13A.15.02.02C, 13A.15.02.02.5B(2)(c)

Large Family Homes - COMAR 13A.18.02.01A(2), 13A.18.02.01I, 13A.18.02.02C and F

[x] All other providers eligible to deliver CCDF Services

Citation:

Informal Care Providers

COMAR 13A.14.06.06D(6)

ii. Sex offender registry or repository check in the current state of residency

[x] Licensed, regulated, or registered child care providers

Citation:

Centers - COMAR 13A.16.02.01(I), 13A.16.02.02C, 13A.16.02.02A(4)

Letter of Compliance - COMAR 13A.17.02.01C, 13A.17.02.02C

Family Homes - COMAR 13A.15.02.02C, 13A.15.02.02.5B(2)(c)

Large Family Homes - COMAR 13A.18.02.01A(2), 13A.18.02.01I, 13A.18.02.02C and F

[x] All other providers eligible to deliver CCDF Services

Citation:

Informal Care Providers

COMAR 13A.14.06.06D(6)X

iii. Child abuse and neglect registry and database check in the current state of residency

[x] Licensed, regulated, or registered child care providers

Citation:

Centers - COMAR 13A.16.02.01(I), 13A.16.02.02C, 13A.16.02.02A(4)

Letter of Compliance - COMAR 13A.17.02.01C, 13A.17.02.02C

Family Homes - COMAR 13A.15.02.02C, 13A.15.02.02.5B(2)(c)

Large Family Homes - COMAR 13A.18.02.01A(2), 13A.18.02.01I, 13A.18.02.02C and F

[x] All other providers eligible to deliver CCDF Services

Citation:

Informal Care Providers

COMAR 13A.14.06.07(b)

Amended: Effective Date 10/12/2022

b. Components of National Background Check

i. FBI Fingerprint Check

[x] Licensed, regulated, or registered child care providers

Citation:

Centers - COMAR 13A.16.02.01(I), 13A.16.02.02C, 13A.16.02.02A(4)

Letter of Compliance - COMAR 13A.17.02.01C, 13A.17.02.02C

Family Homes - COMAR 13A.15.02.02C, 13A.15.02.02.5B(2)(c)

Large Family Homes - COMAR 13A.18.02.01A(2), 13A.18.02.01I, 13A.18.02.02C and F

[x] All other providers eligible to deliver CCDF Services

Citation:

Informal Care Providers

COMAR 13A.14.06.06D(6)

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

[x] Licensed, regulated, or registered child care providers

Citation:

Maryland continues to collaborate with State law enforcement in order to create procedures that will bring us into compliance with the Administration for Children and Families (ACF) state requirements for the NSOR, primarily because they are the only agency that have access to the NSOR. Maryland will also try to strategize a way to obtain NSOR clearances by utilizing all available resources

and technical assistance supports put in place by the ACF. Central Office, the Licensing Branch, State Law Enforcement, the Department of Public Safety and Correctional Services (DPSCS) and Information Technology from both agencies meet quarterly to continue to strategize a way to obtain NSOR clearances.

Centers - COMAR 13A.16.02.01I, 13A.16.02.02A(4), 13A.16.02.02C, 13A.16.06.03A, 13A.16.06.03B

Letter of Compliance - COMAR 13A.17.02.01C, 13A.17.02.02C, 13A.17.02.03C(2)(b), 13A.17.06.03A, 13A.17.06.03B

Family Homes - COMAR 13A.15.02.02C, 13A.15.02.02(5), 13A.15.02.07B-G, 13A.15.02.03A(7)

Large Family Homes - COMAR 13A.18.02.01I, 13A.18.02.02C, 13A.18.02.02F, 13A.18.02.03A(7), 13A.18.02.07B, 13A.18.02.07G

Background Checks and Fingerprinting Link:
https://earlychildhood.marylandpublicschools.org/fingerprinting

[x] All other providers eligible to deliver CCDF Services

Citation:

Maryland continues to collaborate with State law enforcement in order to create procedures that will bring us into compliance with the Administration for Children and Families (ACF) state requirements for the NSOR, primarily because they are the only agency that have access to the NSOR. Maryland will also try to strategize a way to obtain NSOR clearances by utilizing all available resources and technical assistance supports put in place by the ACF. Central Office, the Licensing Branch, State Law Enforcement, the Department of Public Safety and Correctional Services (DPSCS) and Information Technology from both agencies meet quarterly to continue to strategize a way to obtain NSOR clearances.

Informal Care - COMAR 13A.14.06.06D

c. Components of Interstate Background Checks

i. 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.

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 to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

[x] Licensed, regulated, or registered child care providers

Citation:

Centers - COMAR 13A.16.02.01(I), 13A.16.02.02C, 13A.16.02.02A(4)

Letter of Compliance - COMAR 13A.17.02.01C, 13A.17.02.02C

Family Homes - COMAR 13A.15.02.02C, 13A.15.02.02.5B(2)(c)

Large Family Homes - COMAR 13A.18.02.01A(2), 13A.18.02.01I, 13A.18.02.02C and F

[x] All other providers eligible to deliver CCDF Services

Citation:

Informal Care Providers

13A.14.06.06D(6)

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

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) to mitigate any gaps that may exist between the two sources.

[x] Licensed, regulated, or registered child care providers

Citation:

Centers - COMAR 13A.16.02.01(I), 13A.16.02.02C, 13A.16.02.02A(4)

Letter of Compliance - COMAR 13A.17.02.01C, 13A.17.02.02C

Family Homes - COMAR 13A.15.02.02C, 13A.15.02.02.5B(2)(c)

Large Family Homes - COMAR 13A.18.02.01A(2), 13A.18.02.01I, 13A.18.02.02C and F

[x] All other providers eligible to deliver CCDF Services

Citation:

Informal Care Providers

13A.14.06.06D(6)

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

[x] Licensed, regulated, or registered child care providers

Citation:

Centers - COMAR 13A.16.02.01(I), 13A.16.02.02C, 13A.16.02.02A(4)

Letter of Compliance - COMAR 13A.17.02.01C, 13A.17.02.02C

Family Homes - COMAR 13A.15.02.02C, 13A.15.02.02.5B(2)(c)

Large Family Homes - COMAR 13A.18.02.01A(2), 13A.18.02.01I, 13A.18.02.02C and F

[x] All other providers eligible to deliver CCDF Services

Citation:

Informal Care Providers

COMAR 13A.14.06.07(b)

5.5.2   Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

Amended: Effective Date 10/12/2022
a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

Maryland requires all child care providers, residents, staff, substitutes, volunteers, support personnel, additional adults, co-providers, and associated parties to complete a Maryland and FBI criminal history clearance, child and abuse neglect clearance and sex offender registry. In Maryland, fingerprinting services are provided through the Criminal Justice Information System (CJIS) or its approved fingerprint vendors. More information regarding Maryland's fingerprinting process is available on the following website:(http://earlychildhood.marylandpublicschools.org/fingerprinting) http://earlychildhood.marylandpublicschools.org/fingerprinting.

Maryland Criminal fingerprint clearance:

The requirements and procedures for obtaining the criminal background clearances are described in the orientation presented by regional staff which is the first step in obtaining a child care registration or license. Once the orientation has been completed, the interested part is able to submit an application to the regional licensing office.

Family Child Care: Once the regional licensing office has received an application for a registered family child care provider, the applicant is sent an acknowledgement letter which includes the information and a live scan form for the applicant and associated parties (adult residents and substitutes) to obtain the criminal background clearance.

Child Care Center, Letter of Compliance and Large Family Child Care Home:

Once a Notice of Intent and/or application has been received by the regional licensing office, an acknowledgement letter which includes the information for obtaining the criminal background information as well as the letter of verification to request the program's authorization number and the live scan form.

The criminal background clearances are then emailed directly to OCC for each individual printed for the OCC.

All Informal Providers: Once OCC has received a request for an informal provider option, the applicant is sent an acknowledgement letter and informal packet which includes the information and a live scan form for the applicant and associated parties (adult residents over 18 years of age in the household count) to obtain the criminal background clearance.

Maryland-Child abuse and neglect

Each adult associated with a child care program is required to submit a notarized Release of Information form to the OCC to allow for the child abuse and neglect clearance to be completed through the Department of Human Services data system.

Maryland Sex Offender Registry check is completed though CJIS as part of the Maryland criminal background clearance.

Amended: Effective Date 10/12/2022

b. The state/territory must ensure 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. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

No fees are charged by MSDE or the OCC for criminal background checks. CJIS or the approved fingerprint vendor collects fees for providing the service. 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.

Amended: Effective Date 10/12/2022

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received 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 prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Prospective staff members are allowed to begin working at a child care program on a provisional basis only if the individual has successfully passed the child abuse and neglect clearance and a federal or state criminal fingerprint background check in the state where the prospective staff member resides. However, until all clearances have been received, the prospective staff member cannot be left unattended with children and he/she must be supervised at all times, by an existing staff member that has successfully passed all required background clearances.

Family providers do not have staff and are not eligible for an initial registration until all associated

parties (substitute, resident, volunteer, additional adult, co-provider) have completed their clearances. Once a provider is approved to provide care and they need to add on a new associated party member after receipt of their registration, the person cannot be approved for care until they have been cleared.

Family Child Care 13A.15.03.05 and 13A.15.03.06

Large Family Child Care 13A.18.03.06

Child Care Center 13A.16.03.06

Letter of Compliance 13A.17.03.06

Maryland added the following to our Licensing regulations:

13A.16.01.01(I) states that an operator may not allow an employee, staff member, substitute or volunteer to be assigned to a group of children or have access to a child in care until the individual has successfully passed the child abuse and neglect clearance and a federal or state criminal background check; or be alone with a child or group of children until all checks have been successfully passed.

All providers are aware of the 13A.16.01(I) regulation and are currently following the regulation, bringing Maryland into compliance.

Amended: Effective Date 10/12/2022

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

There are varying laws regarding how other states disseminate and/or share the criminal background checks to other states. OCC requests that provider send criminal background clearances directly to the regional office through mail or secure email. If the outside state sends the criminal background results to the provider then we ask that the provider submit the results immediately and directly to the OCC without opening the envelope. Again Maryland has not been able to obtain access to the NSOR database and is awaiting further guidance.

The out of state child abuse and neglect clearances are obtained either by OCC or the applicant depending on each state's requirements. OCC also conducts checks of sex offender registries in other states, based on where the staff member lived within the previous 5 years.

Amended: Effective Date 10/12/2022

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

Maryland Criminal Background Clearances:

Maryland is developing a report in our CCATS system to track all parties associated with child care providers and programs. In addition, Maryland has developed and implemented an Associated Party (AP) log which is utilized by all staff to track and ensure that all components of the criminal background checks have been completed initially and every 5 years. The Maryland criminal background clearance includes the FBI results which includes participation in a Rapback program providing notification of arrests and pending charges on a daily basis. The alerts are reviewed by the regional licensing office on a daily basis for suitability of employment.

In addition, both central and regional staff will utilize the criminal background clearance tracking systems to ensure that all associated parties in child care will obtain the required clearances every 5 years.

Maryland Sex Offender Registry:

The Maryland Criminal Justice Information System includes a review of the Maryland Sex Offender   Registry as part of the Maryland Criminal Background Check.

Out of State Criminal Background Clearances:

Maryland is developing a report in our CCATS system to track all parties associated with child care providers and programs. In addition, Maryland has developed and implemented an Associated Party (AP) log which is utilized by all staff to track and ensure that all components of the criminal background checks have been completed initially and every 5 years.

Providers and child care staff who live out of state or have previously lived out of state in the last 5 years are instructed to obtain this information through the State in which they live, or have lived, in the previous five (5) years. Contact information and procedures for obtaining out of state clearances is maintained on a state shared drive for regional licensing staff. The licensing staff then utilizes this information to instruct individuals who are required to obtain out of state background clearances on how to obtain the required clearances.

More information is available on MSDE's fingerprinting website:

https://earlychildhood.marylandpublicschools.org/fingerprinting

Child Neglect and Abuse clearance:

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

Maryland's regulated child care providers (center, family, large family home and Letter of Compliance) are required to have a Child Protective Services clearance every two years in existing regulations. All child care providers and associated parties (staff, adult residents, substitutes, volunteers and support staff) are required to submit a Release of Information every two years as part of the anniversary licensing requirements. The release of information is cleared and maintained in the program file. Individuals who currently reside or have resided out-of-state during the last five years are also required to have this check performed in the state in which they live, or have lived, within the preceding five (5) years. Information for individuals requiring to obtain out of state records is provided and maintained on a state shared drive by regional licensing staff. The licensing staff then share the information with the individuals to obtain the records as part of the approval process and every two years thereafter while associated with child care per regulations.

National Sex Offender Registry:

Maryland continues to collaborate with Maryland State Police, Criminal Justice Information System and Department of Public Safety and Correctional Services to create procedures for accessing the NSOR records. OCC is currently drafting a Memorandum of Understanding to outline the protocols and process for the NSOR background check. We have met to discuss what information is being requested and the process required for the exchange of information. One major obstacle is that the search will only be conducted by name and date of birth so there is a strong possibility that there will be multiple individuals resulting from that search. Additionally, OCC will only be provided with a yes or no answer. This will then need further investigation by OCC to obtain the specific details and to determine suitability of employment. OCC is continuing to work on developing the procedures to access the information needed to evaluate the said individual's suitability of employment.

Amended: Effective Date 10/12/2022
f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

All staff who return to employment in child care is treated as a new employee and required

to complete the 8 point background check unless there are current cbc results on file and in the rap back program. If the individual indicates that they resided in a state other than MD during the break in employment the out of state clearances would be required as well.

Amended: Effective Date 10/12/2022

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

More information regarding Maryland's fingerprinting process is available on the following website: (http://earlychildhood.marylandpublicschools.org/fingerprinting).

5.5.3   Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

Amended: Effective Date 10/12/2022

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Once an individual has been fingerprinted for the prospective employer and the Office of Child Care (OCC), the results are emailed directly to the OCC so the regional manager/designee can make a determination of eligibility for employment. In addition, the OCC receives notification and results of criminal charges through the email system as part of the rap back program. The regional manager/designee then reviews and evaluates the criminal history after obtaining the court documentation.

When the documentation is obtained, the information is reviewed by the regional manager/designee, central office licensing staff and the Office of the Attorney General as part of the evaluation process. If the individual is identified as not suitable for

employment, then the employee exclusion letter is drafted and reviewed by the Office of the Attorney General and central licensing staff. Once approved, the regional manager/designee then meets with the individual and center operator to provide the written letter of exclusion and the appeal rights. At this time, the individual and program are both informed that the individual is excluded from working at the facility. If the facility does not terminate the employee, the facility may face further enforcement action. All enforcement actions, including employee exclusions, have appeal rights.

Family child care: If an applicant and/or resident is found not suitable for child care by the regional manager/designee, then the OCC would follow the same protocols for obtaining court documents and approval for an enforcement action, which may include denial of the applicant or an emergency suspension of the home.

Amended: Effective Date 10/12/2022
b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

The evaluation process is not different for the FBI clearances.

Maryland continues to collaborate with Maryland State Police, Criminal Justice Information System and Department of Public Safety and Correctional Services to create procedures for accessing the NSOR records. OCC is currently drafting a Memorandum of Understanding to outline the protocols and process for the NSOR background check. We have met to discuss what information is being requested and the process required for the exchange of information. One major obstacle is that the search will only be conducted by name and date of birth so there is a strong possibility that there will be multiple individuals resulting from that search. Additionally, OCC will only be provided with a yes or no answer. This will then need further investigation by OCC to obtain the specific details and to determine suitability of employment. OCC is continuing to work on developing the procedures to access the information needed to evaluate the said individual's suitability of employment.

Maryland is unable to obtain results from an NSOR check or access to the NSOR database to conduct checks at this time and is currently waiting for further guidance from the ACF.

Amended: Effective Date 10/12/2022
c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

The out of state fingerprint checks are obtained either by OCC or the applicant depending on each state's requirements. Maryland has a shared drive available to all regional

licensing offices that provides instructions for obtaining criminal background clearances from states outside of Maryland that can be shared with providers who need assistance with the out of state background clearances.

The out of state child abuse and neglect clearances are obtained either by OCC or the applicant depending on each state's requirements.

The National Sex Offender Registry check continues to be a challenge for Maryland as the procedures, requirement and requesting authority varies from state to state. Maryland continues to work with the Maryland State Police to develop procedures for this requirement. Once the out of state background results (includes fingerprint check, child abuse and neglect check and out of state sex offender registry) are received by OCC. The regional manager/designee then reviews and evaluates the criminal history if applicable. If the individual has pending charges or a disposition for any of the mandatory exclusion charges, the designee then requests additional court documentation. Once this documentation is obtained the information is reviewed by the regional manager/designee, Office of the Attorney General and central office licensing staff as part of the evaluation process. If the individual is identified as not suitable for employment in child care, then the employee exclusion letter is drafted and reviewed by the Office of the Attorney General and central licensing staff. Once approved, the regional manager/designee then meets with the individual and center operator to provide the written letter of exclusion and the appeal rights. At this time, the individual and program are both informed that the individual may not remain or return to the premises.

Amended: Effective Date 10/12/2022
d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

> The Licensing Staff are required to enter the date that the request for the out of state CBC in CCATS and on the AP Log. Follow up with the applicant/employee will continue until the out of state clearances are completed. If the CBC information is not obtained within the 45 day period, the Regional Manager/designee will discuss with central licensing staff and the Office of the Attorney General to determine appropriate follow up action.

Amended: Effective Date 10/12/2022
e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

> There are varying laws regarding how other states disseminate and/or share the criminal background checks to other states. In states where the applicant can only request and receive the information, OCC requires that the provider send their criminal background clearances directly to the regional office through mail or secure email. If the outside state sends the criminal background results to the provider, the provider is then required to send the results immediately and directly to the OCC, without opening the envelope. Applicant's consent to share the information with MSDE by signing the Noncriminal Justice Applicant's Privacy Rights Form: (https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/ncj_applicant _privacy_rights_05102017.pdf)

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/ncj_applicant
_privacy_rights_05102017.pdf.

5.5.4   "Compact State" and participation in the National Fingerprint File program

State designation as a "Compact State" and participation in the National Fingerprint File program.

 a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: https://www.fbi.gov/services/cjis/compact-council. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory a Compact State?

[ ] No
[x] Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory an NFF State?

[ ] No
[x] Yes

5.5.5   Respond to Interstate Background Checks

Procedures for a Lead Agency to Respond to Interstate Background Checks: Interstate
a. Criminal History Registry Check Procedures
    Provide a description of how the state or territory responds to interstate criminal history
    check requests from another state and whether there are any laws or policies that prevent
    the state from releasing certain criminal history information to an out-of-state entity for civil

purpose (i.e., for purposes of determining employment eligibility).

Criminal Justice Information Sytsem (CJIS) conducts a search of Maryland's sex offender registry as part of the state criminal background check and Maryland law does state the out of state receiving agency may only release cbc results to the individual named on the results. The out of state receiving agency is then required to request to see and verify the individual's state identification and retain a copy of the identification, along with the request in a dissemination log. CJIS also responds to requests for child abuse and neglect checks. If OCC receives a request, contact information would be provided for CJIS and Department of Human Services to the requestor.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

CJIS conducts a search of Maryland's sex offender registry as part of the state criminal background check. CJIS only conducts a search of the MD sex offender registry. Yes, the law states that the receiving agency may only release cbc results to the individual named on the results. The receiving agency is required to request to see and verify the individual's state identification and retain a copy of the identification along with the request in a dissemination log.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Department of Human Services responds to requests for child abuse and neglect checks and the results obtained are not to be disseminated by the receiving agency.

5.5.6   Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate

background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

> **[x]** i. Agency Name

> **[x]** ii. Address

> **[x]** iii. Phone Number

> **[ ]** iv. Email

> **[ ]** v. FAX

> **[x]** vi. Website

> **[x]** vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

> **[x]** viii. Forms

> **[x]** ix. Fees

> **[x]** x. Is the state a National Fingerprint File (NFF) state?

> **[x]** xi. Is the state a National Crime Prevention and Privacy Compact State?

> **[x]** xii. Direct URL/website link to where this information is posted.

> Enter direct URL/website link:

> **This information can be accessed by clicking onto our counsumer education website: https://marylandchild.org/, clicking onto the Provide Child Care tab, then clicking onto Fingerprinting Processing. The direct link to the Maryland Department of Public Safety and Correctional Services is listed on the page, along with another link to their website, where fingerprinting locations and their fees can be found.**

> **(https://dpscs.maryland.gov/publicservs/fingerprint.shtml) https://dpscs.maryland.gov/publicservs/fingerprint.shtml**

> **https://www.dpscs.state.md.us/publicservs/fingerprint.shtml**

b. Interstate Sex Offender Registry (SOR) Check:

> **[x]** i. Agency Name

> **[x]** ii. Address

[x] iii. Phone Number

[ ] iv. Email

[ ] v. FAX

[x] vi. Website

[x] vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

[x] viii. Forms

[x] ix. Fees

[x] x. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

(https://dpscs.maryland.gov/onlineservs/socem/default.shtml)
https://dpscs.maryland.gov/onlineservs/socem/default.shtml

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

[x] i. Agency Name

[ ] ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?

[x] iii. Address

[x] iv. Phone Number

[ ] v. Email

[ ] vi. FAX

[x] vii. Website

[x] viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

[x] ix. Forms

[ ] x. Fees

[ ] xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.

[x] xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://dhs.maryland.gov/child-protective-services/background-search/

5.5.7   Child Care Staff Member Disqualification

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 (98.43 (c)(1)(i-iii)). 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)(iv-v)).

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

[ ] No
[x] Yes. If yes, describe other disqualifying crimes and provide the citation:
Cruelty to animals;

A weapons or firearms violation of federal or state laws;

Manufacturing, distributing, or dispensing a controlled dangerous substance; (no time limit in current regulations);

Perjury;

Possession with intent to manufacture, distribute, or dispense a controlled dangerous substance; or (no time limit in current regulations); and

Reckless endangerment

Family Child Care COMAR 13A.15.02.07A(8), (9) and B

Child Care Center COMAR 13A.16.06.03A and B

Letter of Compliance COMAR 13A.17.06.03A and B

Large Family Child Care COMAR 13A.18.06.03A and B

Informal Providers COMAR 13A.14.06.06D.(6)(a)

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Once an applicant has been evaluated and determines that an individual may not be employed at a child care center, the office shall notify the individual and the center operator in writing of that decision and its basis.

The written letter titled Employee Exclusion letter and any documentation that was obtained

in determining the suitability of employment is not publicly posted or shared. The written notification to the individual includes the individual's right to appeal the decision to the Office of Administrative Hearings (OAH); and outlines the requirements for submitting an appeal to the OAH.

Departmental policy outlines requirements for maintaining the confidentiality of criminal history information in addition to Noncriminal Justice Applicant's Privacy Rights, and Maryland Personal Information Protection Act (Security Breaches).

c. 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).

Currently any manufacturing and distribution charges are mandatory exclusion charges regardless of the date of the crime. This regulation will be reviewed in the future.

5.5.8   Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

- The appeals process is completed in a timely manner for any appealing child care staff member

- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal

process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

> Once an applicant has been evaluated for criminal charge, child abuse and neglect finding or sex offender registry and OCC determines that the individual may not be employed at a child care center, the regional licensing office shall notify the individual and the center operator in writing of that decision and its basis.

> The written letter titled Employee Exclusion letter and any documentation that was obtained in determining the suitability of employment is not publicly posted or shared. The written notification to the individual includes the individual's right to appeal the decision to the Office of Administrative Hearings (OAH); and outlines the requirements for submitting an appeal to the OAH.

> If the individual challenges the accuracy of the criminal charges and/or sex offender registry the individual will need to contact the Criminal Justice Information System. If the individual challenges the accuracy of the child abuse and neglect history the individual will need to contact the Department of Human Services.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

> Once an applicant has been evaluated and determines that an individual may not be employed at a child care center, the regional licensing office shall notify the individual and the center operator in writing of that decision and its basis.

> The written letter titled Employee Exclusion letter and any documentation that was obtained in determining the suitability of employment is not publicly posted or shared. The written notification to the individual includes the individual's right to appeal the decision to the Office of Administrative Hearings (OAH); and outlines the requirements for submitting an appeal to the OAH.

> 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. The applicant also has the right to challenge information in a 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.

If the individual challenges the accuracy of the out of state criminal charges and/or sex offender registry the individual will have to contact the appropriate out of state agency for the procedures and process.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

Once an applicant has been evaluated and determines that an individual may not be employed at a child care center, the regional licensing office shall notify the individual and the center operator in writing of that decision and its basis.

The written letter titled Employee Exclusion letter and any documentation that was obtained in determining the suitability of employment is not publicly posted or shared. The written notification to the individual includes the individual's right to appeal the decision to the Office of Administrative Hearings (OAH); and outlines the requirements for submitting an appeal to the OAH.

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.

The applicant also has the right to challenge information in a 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.

If the individual challenges the accuracy of the out of state child abuse and neglect findings the individual will have to contact the appropriate out of state agency for the procedures and process.

5.6   Exemptions for Relative Providers

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 certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1   Licensing Requirements (as described in Section 5.1)

[x] a. Relative providers are exempt from all licensing requirements.
[ ] b. Relative providers are exempt from a portion of licensing requirements. Describe.

[ ] c. Relative providers must fully comply with all licensing requirements.

5.6.2   Health and Safety Standards (as described in Section 5.2 and 5.3)

[x] a. Relative providers are exempt from all health and safety standard requirements
[ ] b. Relative providers are exempt from a portion of health and safety standard requirements. Describe.

[ ] c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3   Health and Safety Training (as described in Section 5.3)

[x] a. Relative providers are exempt from all health and safety training requirements.
[ ] b. Relative providers are exempt from a portion of all health and safety training requirements. Describe.

[ ] c. Relative providers must fully comply with all health and safety training requirements.

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5.6.4   Monitoring and Enforcement (as described in Section 5.4)

[x] a. Relative providers are exempt from all monitoring and enforcement requirements.

[ ] b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe.

[ ] c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5   Background Checks (as described in Section 5.5)

[ ] a. Relative providers are exempt from all background check requirements.

[ ] b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

   [ ] i. Criminal registry or repository using fingerprints in the current state of residency

   [ ] ii. Sex offender registry or repository in the current state of residency

   [ ] iii. Child abuse and neglect registry and database check in the current state of residency

   [ ] iv. FBI fingerprint check

   [ ] v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.

   [ ] vi. Criminal registry or repository in any other state where the individual has resided in the past five years.

   [ ] vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.

   [ ]viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.

[x] c. Relative providers must fully comply with all background check requirements.

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.

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). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

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   Professional development framework for training and professional development

Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be 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.

Amended: Effective Date 12/03/2021
a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

   i.   State/territory professional standards and competencies. Describe:
        Maryland Knowledge and Competency Framework for Child and Youth Care Professionals consist of nine domains/ core of knowledge:

        Child development
        Curriculum and environment
        Observation, screening, and other assessments
        Health safety and nutrition
        Effective interactions
        Special needs
        Family engagement and community partnerships
        Professionalism
        Program administration

        The Child Development competencies are grouped into core of knowledge areas:

        1. Theory

2. Development

A. Stages of Development

 B. Individual Differences in Development

C. Brain Development

 D. Executive Functions & Self-regulation

 3. Developmental Domains

 A. Foundation

B. Interconnectedness of Domains

4. Influences on Development

 A. Foundation

B. Family

 C. Culture

 D. Stress & Trauma

5. Facilitation of Development

A. Foundation

 B. Environment

C. Relationships

D. Play and Play-based Learning

6. Typical & Atypical Development

 A. Foundation

B. Risk Factors

C. Regulations

The Curriculum & Environment competencies are grouped into core of knowledge areas:

 1. Strategies

2. Best Practices/Developmentally Appropriate Practice (DAP)

3. Curriculum

4. Approaches to Learning

5. English Language Proficiency

6. Fine Arts

7. Health

8. History/Social Studies

9. Mathematics

10. Media

11. Physical Education

12. Reading/English Language Arts

13. Science

14. STEAM/STEM (Science, Technology, Engineering, the Arts, and Mathematics)

15. Technology/Computer Skills

16. World Languages

17. Schedules, Routines & Transitions

18. Environment

19. Materials & Equipment

20. Diversity

21. Inclusion

22. Gifted and Talented

The Observation, Screening & Other Assessments competencies are grouped into core of knowledge areas:

1. Assessment Knowledge

2. Assessment Procedures

3. Developmental Screening

4. Observation: Progress monitoring

5. Documentation of Assessment

6. Program Assessment

7. Families

8. Confidentiality.

The Health, Safety & Nutrition competencies are grouped into core of knowledge areas:

1. Health

2. Safety

3. Prevention & Emergencies

4. Nutrition

5. Policies & Procedures

6. Abuse, Neglect & Injurious Treatment

7. Sanitation

8. Supervision

The Effective Interactions competencies are grouped into core of knowledge areas:

1. Relationships

A. Respect

B. Psychological Safety & Attachment

C. Respectful Voice Tones

D. Trust

E. Diversity

F. Differences

2. Interaction Strategies

A. Concept Development

B. Feedback

3. Group Interactions

A. Group Process & Structure

B. Classroom Management

4. Communication

A. Atmosphere

B. Forms of Communication

C. Listening

D. Verbal & non-verbal Communication

E. Oral Communication Strategies

5. Guidance

A. Expectations for Behavior

B. Expectations for Respectful Interactions

C. Autonomy & Self-regulation

D. Prosocial Skills

E. Management of Change

F. Prosocial Behaviors

G. Challenging Behaviors

H. Conflict Resolution

6. Family Partnerships

The Special Needs competencies are grouped into core of knowledge areas:

1. Foundations

2. Supports

3. Developmentally Appropriate Practices

4. Collaboration

5. Accessibility

6. Medical Considerations

The Family Engagement & Community Partnerships competencies are grouped

into core of knowledge areas:

1. Communication

2. Relationships

3. Resources

4. Confidentiality

5. Family Engagement

6. Youth Engagement

7. Diversity

8. Collaborations with Families

9. Collaborations with the Community.

The Professionalism competencies are grouped into core of knowledge areas:

1. Professional Behavior

A. Ethics

B. Confidentiality

C. Diversity & Inclusion

D. Collaboration

E. Conflict Resolution

F. Professional Attitude

G. Communication

H. Positive Relationships with Colleagues

2. Professional Development

A. Continual Updating of Knowledge

B. Learning Communities

C. Reflective Practice

D. Professional Organizations

E. Philosophy of Child and Youth Care

F. Professional Work Habits

G. Hygiene & Appropriate Dress

H. Support of Program Goals

3. Leadership

A. Mentoring/Coaching

B. Advocacy

4. Commitment to High-Quality Child and Youth Care

A. Exceeding Regulations

B. Policies, Regulations (COMAR) & Legal Topics.

The Program Administration competencies are grouped into core of knowledge areas:

1. Legal & Regulatory Standards

A. Compliance

B. Licensing

C. Record Keeping

D. Emergency Procedures

2. Program Planning & Evaluation

A. Foundations

B. Mission, Goals & Philosophy

C. Program Planning

D. Program Evaluation

E. Program Improvement

3. Family Engagement

A. Program Practices

B. Communication

C. Resources

4. Facility & Environment

Management

A. Program Practices

B. Facility Management

C. Environment Management

D. Space

5. Fiscal Management

A. Financial Planning

B. Budget Development

C. Budget Maintenance

D. Accounting Practices

E. Compensation

F. Benefits

G. Insurance

H. Marketing

I. Resource Development

6. Risk Management

A. Program Practices

B. Risk Reduction

C. Accident Protocol

D. Emergency Management

7. Human Resources Management

A. Personnel Policies

B. Schedules

C. Building of Collegiality

D. Volunteers

E. Professional Development

F. Performance Evaluation

G. Communication

8. Technology

The Maryland Knowledge and Competency Framework for Child and Youth Care Professionals serves several interrelated purposes. The

framework:

 Provides coherent structure and content for the professional development of Maryland's child and youth care workforce
 Informs the course of study that child and youth care professionals follow as they pursue courses of study in higher education institutions
 Gives guidance in the definition of child care credentials and certifications, helping to enhance and stabilize the workforce
 Presents comprehensive descriptions of the skills, knowledge, and competencies that child and youth care professionals need to support learning and professional development across program types, ensuring that children and youth (prenatally through adolescence) and their families receive services targeted to their unique developmental needs
 Reflects the broad differences in racial and cultural heritage, language, health, and family situations that constitute the diversity of the State of Maryland
 Recognizes that all children and youth, including those with special needs, special health care needs, and/or developmental delays or disabilities, possess potential for learning
 Builds on developmentally appropriate teaching and assessment practices
 Bolsters efforts to improve family engagement
 Strengthens professional development and post-secondary education programs

Supports the work of community agencies and organizations to provide appropriate and effective services to children, youth, and families.

ii. Career pathways. Describe:

The Maryland Child Care Credentialing program is a career pathway that recognizes and promotes a professional development lattice that emphasizes life-long learning and professional development. This model encourages an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education. It is a quality initiative program that recognizes child care providers for exceeding the requirement of State licensing and registration regulations. Training at the beginner level addresses basic understanding and practices; training for the higher levels addresses higher level thinking and problem solving. The progression of professional development reflects research and best practices to meet the needs of infants and toddlers, preschool, and school age children that aligns to foundational and specialized competencies to improve the quality and stability of the child care workforce. Providers are required to take training in areas that address child development in all domains and cultural competencies. The Maryland Child Care Credential outlines six core of knowledge domains (child development, curriculum, special needs, professionalism, community, and health, safety and nutrition) and addresses the promotion of social, emotional, physical, and cognitive development of children. There are seven staff credential levels and four administrator levels. Each level recognizes an early childhood professional's achievement of a specified amount of training, experience, and engagement in professional activities.

iii. Advisory structure. Describe:

Local Early Childhood Advisory Councils were formed under the Race to the Top - Early Learning Challenge grant in 2011, 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 Maryland State Department of Education and local jurisdiction school systems.

There is an active Maryland Early Childhood Advisory Council (ECAC), as well as local Early Childhood Advisory Council's in each jurisdiction. The ECAC is composed of early childhood educators, policy makers, and community advocates from across the state. The purpose of the ECAC is to coordinate efforts among early care and education programs, conduct needs assessments concerning early childhood education and development programs, and develop a statewide strategic report regarding early childhood education and care.

There is a very robust communication loop among the state and local Early Childhood Advisory Councils (LECACs) and it informs the Division of Early Childhood's decision-making and planning. LECACs serve as local governance entities by leveraging resources, coordination, and collaboration to support local early childhood system development that aligns with statewide goals and priorities.

The Office of Child Care (OCC) Advisory Council helps shape and guide the goals and operations of the office by reviewing proposed regulations related to the care of children, recommending policy priorities, and identifying issues of importance to child care providers and consumers. The Council consists of at least 25 members, but no more than 30 members. The State Superintendent

appoints members to the council, representing geographically diverse jurisdictions across the state.

The Training Advisory Council (TAC) was created to discuss and make recommendations on training issues and participated in the development of Maryland Knowledge and Competency Framework for Child and Youth Care Professionals.

iv. Articulation. Describe:

A significant number of Maryland's public high schools have the 90 hour Early Child Care training articulation agreements with the two year colleges. The Associate of Arts in Teaching (AAT) is a fully articulated degree between two and four year colleges. The AAT transfers up to 64 credit hours, satisfying all lower-division teacher education program outcomes without further review by Maryland's 4-year public and independent institutions.

Child Development Associate:

The Child Development Associate does not require an articulation agreement.

The Child Development Associate is accepted by Montgomery College for any student who has received an official Child Development Associate Certificate from the Council for Professional Recognition.

 -Students must be either a noncredit or credit student at Montgomery College to receive Credit for Prior Learning.

 -Montgomery College will accept high school student's Child Development Associate's without an articulation agreement. High school students can submit their Child   Development Associate Certificates to receive the 6 college credits.

As per an articulation agreement with Notre Dame of Maryland University (see 4-year articulation below), Notre Dame of Maryland University will accept the Credit for Prior Knowledge from Montgomery College Students.

Montgomery County Public Schools articulations:

-Montgomery County Public Schools Area Supervisors review state/federal requirements to develop proposed curriculum to MC

-Montgomery County Public Schools contacts Montgomery College Deans to coordinate meetings

to discuss the framework of the articulated curriculum pathway

-Upon Montgomery County Public Schools and Montgomery College agreement, legal counsel reviews for both organizations

-Once legal approves, the signature process begins and is completed (Office of Superintendent ⬚ Montgomery County Public Schools; Office of the President ⬚ Montgomery College)

-Annual form submission from Montgomery County Public Schools to Montgomery College at the end of each Montgomery County Public Schools school year is submitted to address potential changes for the next academic year.

4-year articulations:

-Four-year institution or Montgomery College initiates proposal to formalize an articulated partnership

-Representatives from each institution, meet to discuss the academic pathway for the partnership and the Montgomery College Articulation and Transfer department completes drafts of the academic pathway plan and articulation agreement, which is sent to four-year institution for final comments/edits

-Once academic pathway plan and articulation agreement reach departmental approval at both institutions, the documents are sent to the legal counsel for both organizations

-Once legal approves, the signature process begins and is completed(signatures vary per agreement)

-The articulation agreement and pathway are good for a term of five years. If minor changes are required during that time period, updates and addendums can be made via departmental approval at both institutions. If major changes are required, both institutions complete the original process again to create a new academic pathway and articulation

-Anne Arundel, Montgomery, Carroll Community College, and others are offering credit for prior learning to community students beginning a college degree program with their Child Development Associate. Crosswalks completed show the courses that most align with the Child Development Associate are Introduction to Early Childhood Education and Nutrition, Health and Safety.

-Several high schools have adopted the Child Development Associate for the Career Technology Education program, these are the courses that will articulate, when an articulation agreement has been signed by the designated authorities. Child Growth and Development and the Curriculum/Methods course will no longer articulate and will need to be taken for credit. New articulation agreements will have to be developed for all 2-year colleges who previously articulated the ⬚90 hours.⬚ Any courses taken at a high school level, will have to be transcripted on the Community College transcript before they could be accepted by the 4-year institution, and a new articulation agreement signed between the community college and the receiving 4 year university. The high school and community college articulation agreement may need to be made

available before the 4-year college will accept any high school credits.

-If the Child Development Associate courses mentioned above show up for college credit on the transcript, then they can be accepted, but only a finite number of transfer courses can be accepted. For example, at Towson, the registrar stops counting at 64 transferred credits. Depending on the students' program, the student can help determine which of their courses they want to have transferred. University of Maryland Eastern Shore will take up to 70 credits from the community college if it is requested, and the advisor and student may help choose which courses to transfer.

-Maryland State Department of Education/High Schools must redefine the industry standard to the Child Development Associate. Currently, there is minimal movement for the Child Development Associate in places where the 90 hours is still accepted and fully entrenched as the entry level requirement. High school students must be able to fully complete their original plan of study before Child Development Associate becomes standardized. Colleges will move on this once they see high schools following the Child Development Associate program of study.

-Competency testing must be put in place to receive credit for Child Development Associate course work. Credit for prior learning can be developed if standardized with competency-based testing. Quality, equity, and rigor of the Child Development Associate coursework must be aligned with the courses for which students receive credit.

-Credit for prior learning can be given for internships if colleges can be assured of the quality of the placement and given assessment of student progress in internships. Can the Child Development Associate Council supply this?

-If students' experiential hours are at a licensed, accredited childcare, they can provide mentors with three Professional Activity Units (according to the current Professional Activity Units acceptance) or something commensurate to public school student teaching mentors to provide equity and fairness.

-Minimum requirement for Teacher's Assistant in publicly funded Pre-K (Community-based grantees) is the Child Development Associate. This needs to be publicized.

-There should be some clear communication of the Child Development Associate as the industry standard to replace the 90 hours (Locally created program) and the timeline for implementation

-Coppin State University has an articulation agreement with Baltimore City Community College for Elementary and Special Education.

v. Workforce information. Describe:

The Maryland Knowledge and Competency Framework for Child and Youth Care Professionals supports the workforce.

The framework:

 Provides coherent structure and content for the professional development of Maryland's child and youth care workforce
 Informs the course of study that child and youth care professionals follow as they pursue courses of study in higher education institutions
 Gives guidance in the definition of child care credentials and certifications, helping to enhance and stabilize the workforce
 Presents comprehensive descriptions of the skills, knowledge, and competencies that child and youth care professionals need to support learning and professional development across program types, ensuring that children and youth (prenatally through adolescence) and their families receive services targeted to their unique developmental needs
 Reflects the broad differences in racial and cultural heritage, language, health, and family situations that constitute the diversity of the State of Maryland
 Recognizes that all children and youth, including those with special needs, special health care needs, and/or developmental delays or disabilities, possess potential for learning
 Builds on developmentally appropriate teaching and assessment practices
 Bolsters efforts to improve family engagement
 Strengthens professional development and post-secondary education programs
 Supports the work of community agencies and organizations to provide appropriate and effective services to children, youth, and families.

vi. 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.

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.

Child Development Associate program:

Funding is available to support providers to obtain Child Development Associate (CDA) Credential from the Council for Professional Recognition. The CDA is a credential that early childhood educators can earn to demonstrate certain competencies and, in turn, can help them advance their careers. The CDA credential is carefully administered to ensure that those who earn it know how to put important ECE understandings into practice. CDA educators know how to nurture the emotional, physical, intellectual and social development of children.

Amended: Effective Date 12/03/2021
b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

[x] i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:

The Division of Early Childhood requires child care providers to complete a specified number of required trainings in specific domain areas to meet continuing education requirements for licensing. Providers participating in the Maryland Child Care Credentialing program are required to take a specific number of required 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, bachelor's and master's degree in early childhood education.

[x] ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

Maryland engages the Maryland Child and Youth Care Workforce, the professionals who work with, or on behalf of all children and youth to educate, train, advocate, and facilitate their personal, social, and educational development. The Maryland Child and Youth Care Workforce includes:

Early childhood child care professionals (serving children prenatally through age 8)
School-age care professionals (serving children aged 5 through adolescence)
Those who train, educate, and advocate for the Maryland child and youth care workforce.

Examples of the Maryland Child and Youth Care Workforce include aides, assistant teachers and teachers, registered family child care providers, program directors, curriculum specialists, professional development providers, higher-education faculty, and policy makers.

The Maryland Knowledge and Competency Framework aligns with the:

Maryland Standards for College and Career Readiness (Common Core Standards)
Child Development Associate (CDA) Credential
Danielson Framework for Teaching with Early Learning Support
Maryland EXCELS
Healthy Beginnings
Head Start Standards
NAEYC Professional Standards and Competencies for Early Childhood Educator
National AfterSchool Association
Maryland State Department of Education Accreditation

[x] iii. Other. Describe:
Early Childhood Education Workforce

The Maryland State Department of Education participated in a national project in partnership with the National Governors Association (NGA) and the Council of Chief State School Officers (CCSSO) to help develop a policy agenda designed to improve the quality of the childcare and early childhood education workforce. Maryland joined eight other states to include: Arkansas, California, Delaware, Hawaii, Illinois, Michigan, Montana, North Carolina, and Pennsylvania.

Through the project, the NGA Center for Best Practices in Education Division and CCSSO provided technical assistance and grants for the development of policy. Maryland and the other states involved in the project received support to develop and carry out action plans focused on one or more specific state policy priorities related to improving their early care and education workforce. The project received funding from the W.K. Kellogg Foundation, the Alliance for Early Success, the Foundation for Child Development, and the Bill and Melinda Gates Foundation.

Major progress and accomplishments

The Maryland team made progress in all three key goal areas:

-Support an early childhood career pathway (e.g., strengthen articulation agreements, develop an on-line bachelor's degree, and increase Child Development Associate attainment);

-Evaluate current Maryland State Department of Education workforce development support programs (e.g., Maryland Child Care Credential program, Child Care Career and professional Development Fund

(CCCPDF), and Training Voucher/Reimbursement program); and

-Improve Early Childhood Education workforce compensation, including reviewing regulations to include tiered reimbursements that provide for teacher compensation.

Early Childhood Career Pathway Progress includes:

Expanding opportunities for the Child Development Associate (CDA) in high-school CTE programs: During the project, the Division of Early Childhood collaborated with the Division of Career and College Readiness to publish a Request for Proposal to develop a Career Technology Education (CTE) curriculum for high-school students to obtain an Infants and Toddlers Child Development Associate. Anne Arundel Community College was awarded a grant to develop a Career Technology Education curriculum for the Pre-K CDA. The Division will provide funds for students to obtain the CDA credential through the Council for Professional Recognition to cover fees for coaching, portfolio and exam.

Develop an on-line bachelor's degree

Three members of the workgroup were funded to attend the Early Ed U Alliance conference on May 20-22, 2019 in Seattle, Washington. Team members had the opportunity to meet with other states and universities partnering to provide the on-line modules. The Maryland State Department of Education is funding Coppin State University to develop an on-line bachelor degree in early childhood education.

Plan of Action:

-Phase One - Develop an online Bachelors of Science degree that is aligned with the Two-year online Associates of Arts degree offered at the community college. Based on the outcome of the planning initiative.

-Phase Two - Will consist of implementation, testing, and deployment of a 60 credit on-line program leading to a Bachelor of Science degree in Early Childhood Education.

There is no program that supports the proposed effort.

Evaluation of current Maryland State Department of Education workforce support programs

Maryland State Department of Education has partnered with the U.S. Department of Health and Human Services to provide technical assistance under the IMPACT project. The Division of Early

Childhood is evaluating programs within the Office of Child Care.

Next Step towards accomplishing goals:

The team continues to meet as part of a subcommittee of the State Early Childhood Advisory Council. Membership has expanded to include private universities, Local Management Boards, Maryland Higher Education Commission, principals and directors and other educators.

Maryland State Department of Education (MSDE) data supports that there is a shortage of certified early childhood teachers and the need to improve the early care and education workforce in Maryland. We need to examine what can be done to increase the number of people pursuing a degree in early childhood education. Just as important, we need to create conditions that will keep these educators in the field once they are fully trained.

An online degree is another way to make educational opportunities more accessible to a wide variety of potential educators entering the field of early childhood, including adult learners, and others. By creating options for students to earn an education degree on their terms, at a time pace and location of their choosing, these programs can help eliminate many of the barriers that prevent potential teachers from earning the education they need to enter the classroom.

MSDE recommends creating local pathways into the profession, such as career pathways for high school students. The MSDE sees a need for additional collaboration between the community colleges and the public universities and colleges to create an online early childhood degree. Articulation agreements that will address transfer of an on-line associate degree to attaining an on-line bachelor degree with a curriculum that is focused on birth to five years of age.

Currently, Subgroups are working to develop recommendations for a comprehensive, seamless career pathway to support the Early Childhood Workforce.

Online Degree: MSDE has partnered with Coppin State University and is developing an online bachelor's degree for birth through five years. This degree will be available in the fall of 2021. Montgomery Community College in conjunction with MSDE has created an alternative certification for teachers needing certifications to expand Maryland's Prek Expansion Grant Program. The Prek Expansion Grant program is for public Prek and community based providers that meet requirements.

The Early Childhood Education Human Development [ECED/HD] Program prepares culturally aware early learning professionals with skills to manage day to day operations, develop and maintain partnerships with family and community members in order to support child development, plan lessons to develop foundational academic knowledge, collect and use data to support teaching and learning. Program curricula reflects theory and practices founded in research based, best practices in culture and cognition with a focus on minority and urban learners. The Department of Teaching and Learning is committed to preparing early learners who are certified in the state of Maryland and qualified to teach and serve in professional positions that address the needs of infants, toddlers and young children while addressing a broad range of learning needs for early learners. The Early Childhood Education Human Development Program will offer two tracks -teacher or administrator.

The Maryland State Department of Education Empowering Teachers Grant has provided us with the opportunity to provide a full online offering of the Early Childhood Education Human Development program at Coppin State University. As we prepare for full online implementation of the The Early Childhood Education Human Development program, the Department of Teaching and Learning has been working towards the following: (1) Create robust online courses that are accessible and consistent for learners throughout the program, (2) Partner with Coppin State University Faculty to ensure that courses meet the learners needs, and (3) Engage in recruitment and marketing that assures local home, family, community child care providers, high school students, and community college students are aware of this great opportunity. The enrollment of potential participants will begin in Fall 2021 with the online programming starting in Spring 2022.

The Early Childhood Teacher Alternative Certification (ECTAC) program is an intensive, rigorous program leading to resident teacher status and state of Maryland certification. The Early Childhood Teacher Alternative Certification Program provides students with the required classes for certification, 8-week internship, and required residency at their worksite with ongoing solid support from Montgomery College faculty as teacher mentors. Assessment of teacher knowledge and skills during the internship and course work is performance-based. Evidence of critical thinking skills, notably in problem solving and self-reflection as teachers, will undergird all candidate assessments. The target audience for the Early Childhood Teacher Alternative Certification program is child care and family child care teachers to expand the mixed delivery system Pre-k Expansion in Maryland. The Prekindergarten Expansion program supports a mixed delivery system, meaning that private child care and preschool programs, as well as public schools, would provide publicly funded pre-K; (Schaefer, 2019). Child care centers and family child care providers cannot compete with public school systems for prekindergarten certified teachers. Many early childhood programs have child care teachers with bachelor's degrees and many years of experience; however, the child care teachers are not certified. An alternative certification program would allow child care teachers to complete the certification requirements, qualifying child care programs to meet the required qualification of having a certified teacher in pre-k classrooms, and support the mixed delivery system mandated in Maryland.

6.1.2   Consultation with state advisory council

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 Maryland Knowledge and Competency Framework was developed in collaboration with members of the advisory board. Members participated in workgroup meetings, provided professional feedback and expert opinions in various areas of the development of the framework.

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; Maryland Department of Health; 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. Maryland Family Network will send it out to all child care providers in Maryland.

6.1.3   Description of framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The Maryland Knowledge and Competency Framework for Child and Youth Care Professionals supports and improves the quality of the workforce by:

-Providing coherent structure.

-Informing the course of study.

-Giving guidance in the definition of child care credentials and certifications, helping to enhance and stabilize the workforce.

-Presenting comprehensive descriptions of the skills, knowledge, and competencies.

-Reflecting on the broad differences in racial and cultural heritage, language, health, and family situations.

-Recognizing that all children and youth, including those with special needs, special healthcare needs, and/or developmental delays or disabilities, possess potential for learning.

-Building on developmentally appropriate teaching and assessment practices

-Bolstering efforts to improve family engagement

-Strengthening professional development and post-secondary education programs; to include Training Voucher and Reimbursement, the Child Care Career and Professional Development Fund, and Maryland Child Care Credentialing Program.

-Supporting the work of community agencies and organizations.

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 Training and professional development descriptions

Describe how the state/territory incorporates into training and professional development opportunities:

- 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 mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).
  The Maryland Healthy Beginnings Birth-3 years standards were released in 2012. The Maryland College and Career Ready Standards for Prekindergarten through 2nd Grade were aligned to Healthy Beginnings and then approved and published as the Maryland Early Learning Standards Birth to age 8 in 2014. They are currently being updated.

  Maryland requires that early childhood educators must take training in the following areas:

  Prevention and control of infectious diseases (including immunization), prevention of sudden infant death syndrome and the use of safe-sleep practices, administration of medication, emergency preparedness and response planning for emergencies, pediatric first aid and cardiopulmonary resuscitation (CPR) certification, recognition and reporting of child abuse and neglect, basic health and safety, sudden infant death syndrome, and caring for children with

special needs.

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. Maryland State Department of Education sponsors Social Emotional Foundations of Early Learning Training as funding is available. Most recently, Maryland State Department of Education 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/) https://theinstitute.umaryland.edu/) 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.

Training is provided in the following areas of health and safety

-Health practices

-Safety management practices

-Illness and injury prevention and emergency preparedness

-Nutrition for all children and youth

-Health record keeping and policy considerations

-Identification and reporting of abuse, neglect and injurious treatment

-Sanitation practices and procedures

-Appropriate supervision of all children and youth at all times

 Upon successful completion of this coursework, certificates are awarded.

Training and Professional Development is aligned with Maryland's College and Career-Ready Standards and other state and national child care credentialing standards. It aims to promote

the development of skillful, knowledgeable educators and administrators committed to making high quality, early care and education services available to all children, youth and their families.

New training modules on the revised Early Learning Standards will be created and provided when the revision is completed later the fall of 2021.

6.2.2   Accessibility of professional development for tribes and tribal organizations

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   Accessibility for providers with limited English proficiency and disabilities

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 in the subsidy system:

a. with limited English proficiency.

Maryland's vendor for Child Care Scholarship provides translation services for child care providers and parents participating in the scholarship system. Some Licensing and scholarship forms are translated into Spanish. Maryland State Department of Education's website also provides translation services for other languages upon request.

The Scholarship Program requires every Non-relative Informal Provider to complete a 3 hour online or 6 hour in-person Basic Health & Safety training annually. These trainings are offered in Spanish from Penn State.

b. who have disabilities.

Maryland will partner with OCC Advisory council members to identify strategies to facilitate the participation of providers with disabilities.

6.2.4   Training and professional development requirements for CCDF providers

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 as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(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.

At this time, the Scholarship branch do not offer any specific training for the categories mentioned, there is one Basic Health & Safety training for Non-relative providers that has a module on child development. However, the Scholarship offers a different rate for children with special needs to ensure they receive quality childcare from the selected provider.

6.2.5   Training and technical assistance to identify families experiencing homelessness

The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).

Maryland State Department of Education 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 Maryland State Department of Education 's approved training organizations. Information is provided to the approved trainers at quarterly trainer's meetings on topics that trainers are required to 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 including providers serving children and their families experiencing homelessness on strategies for working with homeless families.

Family Support Centers (FSC)- FSCs serve all children and families to support their individual needs and goals. When a family who is experiencing homelessness is referred to a FSC, an intake meeting is

completed as well as a partnership agreement, where strengths and weaknesses are identified and goals are determined. The FSC will continue to work with that family to become stable.

There are two FSC that are co-located with a homeless shelter and provide support to those children and families. Two FSC sites have partnerships with the local homeless shelters to provide services to families experiencing homelessness.

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 3.3.6).

Maryland State Department of Education 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 Maryland State Department of Education '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. Through a contract with Maryland Family Network (LOCATE: Child Care) support families experiencing homelessness by connecting them to Child Care Scholarship programs and child care options.

Based on the Scholarship program's policy & procedures, families with children experiencing homelessness are categorized as Priority 1 cases and are handled and immediately expedited to support the child(ren) in transition.

6.2.6   Strategies to strengthen business practices

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 providers' business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.
Strengthening Business Practices:

The purpose of this training series is to strengthen child care providers' foundational knowledge of fiscal terms, concepts, and practices. It encourages providers to realize the importance of fiscal planning to the sustainability of their business operations. It provides tips and best practices to help break down fiscal processes into manageable steps.

Quality Assurance Specialists and Maryland State Department of Education approved trainers received Training Of Trainers instruction in Business practices from the National Center on Early Childhood Quality Assurance. The Quality Assurance Specialists and the Maryland State Department of Education approved trainers offer Strengthening Business Practices training to child care centers and family child care home providers.

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 and 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.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

[x] i. Fiscal management

[x] ii. Budgeting

[x] iii. Recordkeeping

[x] iv. Hiring, developing, and retaining qualified staff

[x] v. Risk management

[x] vi. Community relationships

[x] vii. Marketing and public relations

[x] viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance

[ ] ix. Other. Describe:

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds 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 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1   Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

   i. 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 (98.53 (a)(1)(i)(A)). Describe the content and funding:

Infant & Early Childhood Mental Health Support Services Program Project, is to provide Infant & Early Childhood Mental Health services in Montgomery County. (The other Infant & Early Childhood Mental Health programs have state funding) Services provided are for social-emotional/behavioral and early childhood mental health intervention. They include observation, assessment, a plan of action and referrals to other services when needed with the University of MD, Baltimore. The purpose of this grant is to support several aspects of Early Childhood Mental Health and social -emotional well -being efforts across early care and education settings in Maryland. Included are data collection, training, and professional development. Maryland State Department of Education sponsors Social Emotional Foundations of Early Learning Training as funding is available. Maryland State Department of Education 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/

Funding Source -State/Federal - 467,091

   Which type of providers are included in these training and professional development activities?
      [x] Licensed center-based
      [ ] License exempt center-based
      [x] Licensed family child care home
      [ ] License-exempt family child care home
      [ ] In-home care (care in the child's own home)

   ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children 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 2.4.5.) (98.53(a)(1)(iii)). Describe the content and funding:
Infant & Early Childhood Mental Health

Support Services Program Project, $148,500 to provide Infant & Early Childhood Mental Health services in Montgomery County. (The other Infant & Early Childhood Mental Health programs have state funding) Services provided are for social-emotional/behavioral and early childhood mental health intervention. They include observation, assessment, a plan of action and referrals to other services when needed with the University of MD, Baltimore, $318,591 The purpose of this grant is to

support several aspects of Early Childhood Mental Health and social-emotional well-being efforts across early care and education settings in Maryland. Included are data collection, training, and professional development.

Maryland State Department of Education sponsors Social Emotional Foundations of Early Learning Training as funding is available. Maryland State Department of Education 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/) https://theinstitute.umaryland.edu/

Funding Source-State

Which type of providers are included in these training and professional development activities?
[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

iii. 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. (98.53(a)(1)(iv)). Describe the content and funding:

The Early Childhood Family Engagement Framework Toolkit: Maryland's Vision for Engaging Families with Young Children was developed through funding with the W.K. Kellogg Foundation. The Toolkit was organized around the Family Engagement Framework and puts the theory described in the Framework into practice for early care and education providers. State -approved trainers were given training on the Family Engagement Toolkit, to, in turn, provide specific training around the toolkit to child care providers and improve their practices with their families. Additionally, The annual Maryland Family Engagement Summit, brings parents, providers, teachers, program coordinators, and other stakeholders together to learn new early learning initiatives, share best practices, and build community partnerships. This event has been funded through a combination of Child Care Development Block Grant, Federal Preschool Development Grant Birth through 5 (PDGB -5), and W.K. Kellogg funding each year.

We also have the Maryland Families Engage website, which is designed to provide resources, events, and activities for families and for teachers and providers to share with families, building school and

family relationships. The website is managed by Maryland State Department of Education staff and their salary is funded through Child Care Development Block Grant.

Which type of providers are included in these training and professional development activities?
[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

iv. 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 (98.15 (a)(9)). Describe the content and funding:

The Maryland Healthy Beginnings Birth-3 years standards were released in 2012. The Maryland College and Career Ready Standards for Prekindergarten through 2nd Grade were aligned to Healthy Beginnings and then approved and published as the Maryland Early Learning Standards Birth to age 8 in 2014. They are currently being updated.

MSDE, in conjunction with the University of Maryland has created a 4-year-old curriculum titled Children Study Their World. A curriculum for 3 year olds is currently under development.

Any program participating in Maryland EXCELS Level 5 and/or accredited, requires use of an approved curriculum.   Funding Source-State

Which type of providers are included in these training and professional development activities?
[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

v. 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 content and funding:

Judy Centers offer comprehensive, integrated, full day, and full-year early care and education services. All of Maryland's Judy Centers use a two-generational approach, which focuses on creating opportunities for and addressing the needs of children, parents, and families. Some of the services that Judy Centers offer include:

-Adult education

-Case management

-Child care assistance

-Before and After Care

-Developmental and health screenings

-Family engagement activities

-Parenting classes

-Play groups

Partnerships:

Judy Centers serve all children birth through kindergarten. Most of the work of the Judy Centers is accomplished through partnerships. The partnerships reflect Judy Hoyer's vision of how professionals must collaborate to deliver a wide spectrum of early childhood education programs and family support services. Judy Centers are required to include the following:

Judy Center Partnerships, which must include:

1) All public prekindergarten programs in the school catchment area,

2) All kindergarten programs at the school,

3) Early Intervention and preschool special education programs in the school catchment area,

4) All Head Start/Early Head Start programs in the school catchment area, and

5) A minimum of three licensed/registered Maryland EXCELS level 4 or 5 child care providers, including faith-based child care, family child care, and center-based child care programs (if there are at least three providers in the school catchment area or providers that are serving catchment area children)

6) Family Support Center (if there is a FSC in the school catchment area)

The Judy Center must include a minimum of five of the following participating partners and services:

1) Local businesses

2) Regional child care resource centers,

3) Community health programs,

4) Local public libraries,

5) An Institute of Higher Education/adult education program,

6) Family literacy programs,

7) Early childhood programs associated with institutions of higher education,

8) Local colleges and universities for higher education and job training programs, and

9) Healthy Families and/or other home visiting programs (Healthy Start, PAT, HIPPY, Nurse Family Partnership).

Judy Centers enter into Memoranda of Understanding with community agencies and organizations that are critical to meeting the needs of families. Agencies and organizations typically include departments of social services, health departments, adult education providers and public libraries, as well as programs such as Healthy Families, Head Start, and Family Support Centers (serving children prenatal to age four and their families). Judy Centers have a wide range of partners and engage others in the community who can deliver necessary services for families.

Maryland Head Start State Supplemental - state funds of 3 million to extend the day and the year of Head Start Services. Disseminated to all 26 grantees annually.

Family Support Centers - state funds of 7 million to provide comprehensive services through on-site child development programs, adult education, and home visiting. Currently funds 17 sites and expanding by 6 in Fiscal Year 21 and 3 in Fiscal Year 22.

Which type of providers are included in these training and professional development activities?
[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)). Describe the content and funding:

Maryland State Department of Education Quality Assurance Specialists from the Maryland EXCELS (QRIS) branch offer Strengthening Business Practices training to child care centers and family child care home providers. While this topic is not addressed in the training as such, there is content for providers to consider regarding how to use data to better plan for sustainability and for better business planning and practices.

Funding Source-State

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home

[ ] License-exempt family child care home

[ ] In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe the content and funding:

The Child Care Resource Centers provide specific training and technical assistance to support all child care providers, especially those in areas with significant numbers of families experiencing poverty or unemployment, in caring for the unique needs of these families. Information focuses on accessing supports and resources, connecting to local and state agencies, and supporting the developmental needs of the children. The Child Care Resource Centers conducted 52 workshops focused on supporting providers and families experiencing low-income/poverty.

Funding source: State and Federal

Which type of providers are included in these training and professional development activities?

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home

[ ] License-exempt family child care home

[ ] In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B). Describe the content and funding:

Expansion of Child Care for Medically Fragile Children Birth to Five:

Provides 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.

Funding Source: Child Care Development Block Grant

Which type of providers are included in these training and professional development activities?
  [x] Licensed center-based
  [ ] License exempt center-based
  [x] Licensed family child care home
  [ ] License-exempt family child care home
  [ ] In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii). Describe the content and funding:

Project ACT, a long-standing program of Abilities Network, helps families, caregivers, and service agencies to collaborate in successfully including children of all abilities in community-based early childhood education and care (ECEC) settings. Under this funding, Project ACT provides training and technical assistance services related to issues concerning children, birth to 3 years of age, who have special needs. Over 30 training sessions on various special needs topics are provided per year to reach over 540 early childhood education and care professionals statewide. Project ACT partners with experts, including The Hearing and Speech Agency; PACT World of Care; the Promise Center; University of Maryland Center for Infant Study/Brijan Fellows, LCSW-C; and Johns Hopkins University, to offer high quality technical assistance to over 300 early childhood education and care professionals following training. Topics for training and technical assistance include caring for infants and toddlers with particular health care needs, understanding characteristics associated with specific disabilities, providing information and referral practices in conjunction with the developmental screening, and learning practical ways to include infants and toddlers with special needs in early childhood education and care programs. Expert partners also provide consultation to Project ACT trainers to ensure high quality content and up-to-date resources are provided to early childhood education and care professionals.

Funding Source: Federal for this project supports salaries of staff providing training and project management, program supplies, marketing of services, travel expenses, and operating costs.

Which type of providers are included in these training and professional development activities?
  [x] Licensed center-based
  [ ] License exempt center-based
  [x] Licensed family child care home
  [ ] License-exempt family child care home
  [ ] In-home care (care in the child's own home)

x. Other. Describe:
N/A

Which type of providers are included in these training and professional development activities?
  [ ] Licensed center-based
  [ ] License exempt center-based

[ ] Licensed family child care home

[ ] License-exempt family child care home

[ ] In-home care (care in the child's own home)

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 and then identify which providers are eligible for this activity. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?

[x] i. Coaches, mentors, consultants, or other specialists available to support access to post- secondary training, including financial aid and academic counseling.

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home

[ ] License-exempt family child care home

[ ] In-home care (care in the child's own home)

[x] ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

[x] iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home

[ ] License-exempt family child care home

[ ] In-home care (care in the child's own home)

[x] iv. Other. Describe:

N/A

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home

[ ] License-exempt family child care home

[ ] In-home care (care in the child's own home)

6.3.2   Measurable indicators of progress

Describe the measurable indicators of progress relevant to subsection 6.3 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.

Measurable indicators for Training Voucher and Reimbursement Program

To evaluate the progress of the Training Voucher and Reimbursement program, the measurable indicator is the increase in the number of new providers that receive funding through the Training Voucher and Reimbursement program. The measuring data includes the child care providers who received funding for training and professional development. The increase in the number of providers who receive funding ensures an increase in quality child care programs.

Measurable indicators for Child Care Career and Professional Development Fund.

To evaluate the progress of the CCCPDF program, the measurable indicator is the increase in the number of new students recruited yearly. The measuring data includes the graduates from the fund with an associate degree or a bachelor's degree who received funding for full tuition fees and books. This increase in data on the number of graduates in the CCCPDF ensures qualified teachers in the workforce.

Maryland Family Network provides grant management, strategic planning, leadership and leadership development, professional development, and other oversight needed to ensure that the CCRCs provide services as required. MFN will conduct fiscal and programmatic monitoring of the CCRCs in accordance with requirements from MSDE and in turn MSDE conducts fiscal and programmatic monitoring of MFN.

Measurable indicators for Medically Fragile Children Birth to Five.

ARC of Montgomery County: Following MSDE Office of Child Care (12 hours required annually) licensing training requirements and follow compliance of Maryland Credentialing (24 hours required annually). The data used on how criteria has been met are the licensing inspection report and credential evaluation. All teachers have a goal of working towards a level five.

PACT Therapeutic Nursery: Both PACT's Therapeutic Nursery and World of Care provide extensive training and consultation to various child care providers and Judy Center in the state of Maryland which promote internal capacities to promote the social emotional well-being of children. The following promising practices are used: NCAST-Parent Child Interaction Teaching Scale, FAN-Facilitated Attuned Interaction, and COS-P⬚Circle of Security-Parent/Caregiver. Each model has a certification process, coaching/mentoring processes and various outcome scales to measure fidelity.   In total, our training and consultation team has completed the following hour hours of training and consultation:

NCAST: 40 hour with three child care leadership staff (I lic and 2 exempt) =120 hours.

FAN Training: 36 hours (for 3 lic centers and 2 exempt centers)

FAN consultation: 7 hours x 12 months = 84 (exempt child care)

FAN Coaching/Mentoring: (4 lic centers and 2 exempt centers) 6 x 6 hours coaching Mentoring = 36

COS-P: One 8 session training of 2 hours each for 8 lic centers staff = 16 hours

Lourie Center for Children's Social and Emotional Wellness has a comprehensive professional development plan, requiring all staff to complete at least 12 hours of Professional development each year to maintain their Office of Child Care Teacher credential. In addition, Lourie Center staff are expected to complete ⬚Learning Suites⬚ through Adventist Healthcare parent organization for condition of employment, which includes topics of child development, suicide assessment, mandated reporting, and anti-bias training.   The Lourie TNP offers trainings on site, such as courses in curriculum (ex: Tools of the Mind) organizational growth (ex: Crucial Conversations), trauma informed care (ex: Neurosequential Model of Therapeutics), and Equity Diversity and Inclusion workshops (ex: Keys to Culturally Responsive Practice.)

Abilities Network: For FY21, 99% of providers demonstrated competency on the Knowledge Measure following training, and 90% of technical assistance participants completed the full 2-session model.

To evaluate its progress in the improvement of child care services, Maryland's measurable indicator of progress is the increased number of providers who have received training in the above topics to support infants and toddlers. Maryland Data is available to support the increase in the number of providers who have received training.

To evaluate its progress in the improvement of Childcare services, Maryland's measurable indicator of progress is the increased number of providers who have received coaching, mentoring, and technical assistance to support infants and toddlers providers. Maryland Data is available to support the increase in the number of providers who have received coaching. mentoring, and technical assistance.

Early Learning Guidelines

A vendor will be procured with state funds to do a review and any needed revisions to the current Maryland Learning Standards. Professional development will be developed through the Training Office and data will be collected on the percentage of teachers who participate in the professional learning.

6.4   Early Learning and Developmental Guidelines

6.4.1   Implementation of early learning and developmental guidelines

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 address the following requirements:

    i.   Are research-based.

        The Early Learning Standards from Birth through Age 3 were developed by an extensive workgroup of national experts, state Division of Early Childhood staff, and local community stakeholders in the field of Early Childhood. The standards beginning at Prekindergarten 4 were developed by the Maryland State Department of Education and are approved as part of the Maryland College and Career Ready Standards for PreK-12. The current Maryland Early Learning Standards are in the process of being revised based on current research in each content area and to ensure that they are culturally and linguistically appropriate.The revised document will also be aligned from Birth to the end of Grade 2 as is the current version.

    ii.   Developmentally appropriate.

        The Birth to 8 Early Learning Standards were reviewed to ensure that they are developmentally appropriate.

    iii.   Culturally and linguistically appropriate.

        The standards were reviewed by various experts and stakeholders from the field to ensure that they are culturally and linguistically appropriate.

    iv.   Aligned with kindergarten entry.

        The Maryland Early Learning Standards contain the continuum of standards beginning at Birth through the end of 2nd Grade, so they are aligned with Kindergarten entry.

    v.   Appropriate for all children from birth to kindergarten entry.

        The Early Learning Standards were developed to address the continuum from Birth to age 8 (Grade 2) and are appropriate for each age in that continuum.

    vi.   Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

        N/A

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

    i.   Cognition, including language arts and mathematics.

        The cognition domain is represented by five separate domains for language and literacy, mathematics, science, social studies, and the fine arts.

    ii.   Social development.

These guidelines are found under the domain labelled the Social Foundations.

    iii.   Emotional development.

The emotional development standards are found within the Social Foundations domain.

    iv.   Physical development.

These guidelines are found under the domain labelled Physical Well-being and Motor Development.

    v.   Approaches toward learning.

These guidelines are found under the domain labelled Social Foundations.

    vi.   Describe how other optional domains are included, if any:

The Social Foundations domain contains 3 sections: Social-Emotional Development, Approaches to Learning, and Executive Functioning.

c. 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 Healthy Beginnings Birth-3 years standards were released in 2012. The Maryland College and Career Ready Standards for Prekindergarten through 2nd Grade were aligned to Healthy Beginnings and then approved and published as the Maryland Early Learning Standards Birth to age 8 in 2014. They are currently being updated.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school timestandards.

MSDE started a School Age Workgroup in April 2021. Child care regulations, especially the regulations that impact school age programs, are discussed at the meetings. All the feedback from those meetings are reviewed and taken into consideration for future implementation and continued improvement of state out-of-school time standards. The workgroup consists of both Licensing staff and stakeholders from after school programs.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

**(https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/msde-pedagogy-report-_appendix_2016.pdf)
https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/msde-pedagogy-report-_appendix_2016.pdf**

6.4.2   How early learning and guidelines are used

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.
Maryland's Early Learning Standards are used to guide all teachers in understanding what a child should know and be able to demonstrate by the end of the ages or grades in the standards document. This will guide teachers in their instructional planning and in selecting curriculum and assessments to use that align with the standards. These standards were used in the development of our Children Study their World curriculum for four-year-olds and in the Ready 4 Kindergarten Comprehensive Assessment System for 36 months to 72 months.

6.4.3   Measurable Indicators for early learning and developmental guidelines

If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable 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)).
State funds were used to complete the current revision of the Maryland Early Learning Standards.

7   Support Continuous Quality Improvement

Lead Agencies are required to 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 CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities 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 (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)

- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement 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, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, 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 Assessment process and frequency of assessment

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 2019, Maryland State Department of Education (MSDE) received an initial PDG B-5 award to support

continued enhancement of the state's mixed-delivery system. That initial grant provided Maryland the opportunity to analyze its ECE landscape and plan for improvements. The results of that analysis, called the Together Juntos Needs Assessment: A Systematic Review of Early Childhood Care and Education Needs in Maryland, conducted by the Mid- Atlantic Equity Consortium (MAEC) in collaboration with MSDE, Maryland Department of Health and Maryland Department of Human Services, indicated strengths and opportunities for improvement across Maryland's Early Childhood Education (ECE) system. The findings of this statewide, comprehensive needs assessment informed the development of Maryland's 5-year system strategic plan addressing the full prenatal through age 8 continuum, Maryland Ready: A Path to School Readiness and Success. The needs assessment focused on strengthening availability and access, improving and supporting program quality, family engagement, ensuring successful transitions, expanding and enhancing workforce development, and improving systems for infrastructure, data, and resource management.

Frequency of assessment of quality activities: The assessment of quality activities are conducted annually.

Input was gathered from over 2,000 individual stakeholders across the state during the development of the needs assessment and strategic plan. Stakeholders included parents and families; leaders and staff across family child care providers and centers, public schools, Head Start programs, Judy Centers, and Family Support Centers; as well as representatives of libraries, health care providers, and a wide range of community programs. The result of this widely inclusive and iterative process that occurred over several months is a strong strategic plan that reflects the perspectives and priorities of the stakeholders impacting the well-being and achievement of young children across Maryland.

There were four methods of data collection:

Document Review. This review systematically examined and consolidated documents including previous needs assessments, strategic plans, academic studies, policy reports, evaluations and progress reports related to different components of the ECE system conducted in the last 15 years. Over 100 documents (107) were identified and reviewed as a part of the document review.

Town Hall Meetings. There were 18 Town Hall meetings conducted across nine sites in Maryland. For each site, a Town Hall meeting was held in the morning and evening to provide as much access as possible. A total of 686 people attended Town Hall meetings.

Stakeholder Survey. Surveys were administered to parents and caregivers, providers, and community partners during Town Hall meetings, and to the wider ECE community through listservs, other stakeholder meetings and word of mouth. The survey assessed constituents' experiences and perceptions of ECE programs in Maryland. In total, there were 1,281 valid responses to the survey. The survey was translated into the four most commonly spoken languages in Maryland, including Spanish.

Focus Group Discussions. 17 regional focus groups were conducted with key stakeholder groups including parents and caregivers, providers, and community partners. 3 groups were conducted in Spanish. In total, 179 stakeholders participated in groups held in 4 regions of Maryland (Western Maryland, Eastern Shore, Baltimore City and Southern Maryland).

Throughout 2020, Maryland Ready was also developed in collaboration with representatives from state partnering agencies, as well as individual stakeholders from across the state. Through 7 strategic planning Community Roundtable events with dozens of participants at each event, the process further solicited and incorporated input from a broad range of stakeholders.

In 2021, MSDE began meeting with each of the 24 Local State Advisory Councils to discuss the alignment with their goals and priorities and the strategic plan.

7.1.2   Assessment findings and identified quality improvement goals

Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.
In 2021, Maryland is continuing the strategic planning and implementation process by engaging a broad and diverse range of stakeholders in developing an action plan and evaluation plan to support the ongoing implementation of Maryland Ready.

The needs assessment led to the development of six goals that will strengthen availability and access, improving and supporting program quality, family engagement, ensuring successful transitions, expanding and enhancing workforce development, and improving systems for infrastructure, data, and resource management. Each goal is supported by strategies, action steps, and measurable indicators.

All needs assessment findings are posted on the Division of Early Childhood website here: (https://earlychildhood.marylandpublicschools.org/pdg-b-5-findings-and-reports) https://earlychildhood.marylandpublicschools.org/pdg-b-5-findings-and-reports

Maryland Ready is posted here: (https://earlychildhood.marylandpublicschools.org/early-childhood-systems-strategic-plan) https://earlychildhood.marylandpublicschools.org/early-childhood-systems-strategic-plan

7.2   Use of Quality Funds

7.2.1   Quality improvement activities

[x] a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

[x] i. CCDF funds

[x] ii. State general funds

Other funds: describe

N/A

[x] b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

[x] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

N/A

[x] c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

[x] i. CCDF funds

[x] ii. State general funds

Other funds: describe

N/A

[x] d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

[x] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

N/A

[x] e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

[x] i. CCDF funds

[x] ii. State general funds

Other funds: describe

N/A

[x] f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

[x] i. CCDF funds

[ ] ii. State general funds

Other funds: describe

N/A

[x] g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

> **[x]** i. CCDF funds
>
> **[ ]** ii. State general funds
>
> Other funds: describe
>
> **N/A**

[x] h. Accreditation Support (Related Section: 7.8). Check all that apply.

> **[x]** i. CCDF funds
>
> **[ ]** ii. State general funds
>
> Other funds: describe
>
> **N/A**

[x] i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

> **[x]** i. CCDF funds
>
> **[x]** ii. State general funds
>
> Other funds: describe
>
> **N/A**

[x] j. 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 (Related Section: 7.10). Check all that apply

> **[x]** i. CCDF funds
>
> **[x]** ii. State general funds
>
> Other funds: describe
>
> **N/A**

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

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

7.3.1 QRIS or another system of quality improvement

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

[ ] a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.

[ ] b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.

[x] c. 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://marylandexcels.org/) https://marylandexcels.org/

Maryland is the lead on administration of the Quality Rating and Improvement System known as Maryland EXCELS and works with two contractors in this effort - Johns Hopkins University/IDEALS Institute and Maryland Family Network. Johns Hopkins University/IDEALS Institute 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 Maryland EXCELS standards. Program Coordinators hired by Johns Hopkins University/IDEALS Institute have a caseload of participating programs and are responsible for the verification of evidence. State employed Quality Assurance Specialists provide outreach, education, and support for participating programs and recruit new programs into the QRIS. Monthly workgroups and training led by the State Quality Assurance Specialists are held throughout Maryland to provide assistance to programs and providers working to meet or increase a quality rating. Maryland Family Network, through local Child Care Resource and Referral Centers, assists programs with developing policies to meet the Quality Rating and Improvement System standards.

[ ] d. 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.

[ ] e. Yes, the state/territory has another system of quality improvement. Describe the other

system of quality improvement and provide a link, if available.

7.3.2   QRIS or another system of quality improvement participation

Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

[ ] i. Participation is voluntary.

[x] ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 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 Scholarship 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 of 3, 4, or 5 in the Quality Rating and Improvement System receive a Child Care Scholarship differential payment that ranges from 5% to 40% per child, above the standard reimbursement rate.

[ ] iii. 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 or another system of quality improvement? Check all that apply.

[x] i. Licensed child care centers

[x] ii. Licensed family child care homes

[ ] iii. License-exempt providers

[x] iv. Early Head Start programs

[x] v. Head Start programs

[x] vi. State Prekindergarten or preschool programs

[x] vii. Local district-supported Prekindergarten programs

[x] viii. Programs serving infants and toddlers

[x] ix. Programs serving school-age children

[x] x. Faith-based settings

[ ] xi. Tribally operated programs

[x] xiv. Other. Describe:

Military Child Care Programs operated by the Department of Defense.

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

> Maryland's QRIS known as Maryland EXCELS, recognizes the differences that exist in various settings across the early childhood and school-age program sector. Maryland's QRIS standards include four separate sets of standards specific to the type of provider setting. While the requirements do not differ significantly, we recognize the importance of speaking to family child care providers with language that reflects the reality of their setting. For example, referring to ⬚classrooms', ⬚directors' or specific ⬚age groupings' may be appropriate for most child care centers, those words are not reflective of most family child care settings with mixed age groupings. Maryland includes separate standards for child care centers that are licensed to serve only school-age children. These programs that operate during out-of-school time have standards that reflect how they meet the developmental needs of children in ways that may not include the same child assessment and curricular instruction as would be required of child care centers or family child care providers. Finally, Maryland's QRIS includes standards for public school-operated prekindergarten programs. Those programs automatically meet QRIS requirements at the lower levels (1-3) and have specific indicators related to teacher certification, child assessment, curriculum and instruction and other school-related requirements that align for the most part, with child care standards but are uniquely framed to be reflective of a school setting and the resources available.

7.3.3   Identify how the state or territory supports and assesses 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 or another system of quality improvement. 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).

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

[ ] No

[x] Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

> [x] a. 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).
>
> [ ] b. 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).

[x] c. 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).

[x] d. Programs that meet all or part of state/territory school-age quality standards.

[ ] e. Other. Describe:

> N/A

7.3.4   Link between quality standards and licensing requirements

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

[ ] No

[x] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

> **[x]** a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
>
> **[x]** b. Embeds licensing into the QRIS.
>
> **[ ]** c.   State/territory license is a "rated" license.
>
> **[ ]** d. Other. Describe:
>
> > N/A

7.3.5   Financial or other incentives through QRIS or another quality improvement system

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 or another system of quality improvement.

[ ] No

[x] Yes. If yes, check all that apply.

a.   If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
i. One-time grants, awards, or bonuses	[x]	[ ]	[x]	[ ]	[ ]
ii. Ongoing or periodic quality stipends	[ ]	[ ]	[ ]	[ ]	[ ]

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
iii. Higher subsidy payments	[x]	[ ]	[x]	[ ]	[ ]
iv. Training or technical assistance related to QRIS	[x]	[ ]	[x]	[ ]	[ ]
v. Coaching/mentoring	[ ]	[ ]	[ ]	[ ]	[ ]
vi. Scholarships, bonuses, or increased compensation for degrees/certificates	[x]	[ ]	[x]	[ ]	[ ]
vii. Materials and supplies	[x]	[ ]	[ ]	[ ]	[ ]
viii. Priority access for other grants or programs	[ ]	[ ]	[ ]	[ ]	[ ]
ix. Tax credits for providers	[ ]	[ ]	[ ]	[ ]	[ ]
x. Tax credits for parents	[ ]	[ ]	[ ]	[ ]	[ ]
xi. Payment of fees (e.g., licensing, accreditation)	[x]	[ ]	[ ]	[ ]	[ ]

b. Other:

Funding for one time or on-going accommodations for children with disabilities for providers participating in Maryland EXCELS. Using State Plan funds this way would increase quality, help support the Maryland EXCELS standards, and ensure access and opportunity for more children.

7.3.6   Measurable indicators of progress relevant to Subsection 7.3

Describe the measurable indicators of progress relevant to subsection 7.3 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.

Program quality performance measures are incorporated in the Quality Rating Improvement System standards in five areas:Licensing/Compliance, Staffing and Professional Development, Rating Scales and Accreditation, Developmentally Appropriate Learning and Practice, and Administrative Practices and Policies. Measurable indicators of progress in these areas include data that shows the number of programs participating in QRIS, the quality ratings achieved, and the number of programs that move to higher quality ratings. For example, a comparison of the data for the number of programs published with a quality rating 3, 4, or 5 in February of 2018 and February 2020 shows an average increase of 21%.

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

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.

Lead Agencies are encouraged to use the required 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.

7.4.1 Activities to improve supply and quality of infant and toddler care

Identify and describe the activities that 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 and check which of the activities are available to each provider type.

[ ] a. 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.

N/A

[ ] Licensed center-based
[ ] License exempt center-based
[ ] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Maryland has increased the Family Child Care Incentive grant to $1000, as a means of attracting individuals to get registered thus increasing the supply of Infant/toddler care. The grant can be used for purchasing health and safety related items required to receive registration.

[ ] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

The Zero to Three 45 Hour Critical Competencies for Infant Toddler Early Educators is provided by approved MSDE trainers for all infant/toddler providers. The Critical Competencies defines the specific knowledge and practices required for infant-toddler educators to be professionally successful and support the future of all children. The curriculum and training reflects criteria and child development benchmarks in line with national competencies for infant-toddler educators. The Critical Competencies model addresses three core learning areas that best support infants' and toddlers' growth: social-emotional, cognitive, and language and literacy.

The Maryland Child Care Resource Network (MCCRN) provides specialized training and technical assistance related to the care of infants and toddlers (birth to 3 years of age), including a 0.5 FTE infant toddler specialist located at each Child Care Resource Center. These efforts focus on providing targeted support to infant toddler caregivers, development of training workshops relevant to the work of caring for infants and toddlers, and ensuring that caregivers have access to appropriate resources and support. Infant toddler specialists also participate in an MCCRN workgroup focused on identifying the needs of caregivers, discussing resources, and connecting with local, state, and national resources.

MSDE provides training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers through a grant provided to Abilities Network Inc. Training and professional development is delivered statewide to regulated family child care providers, licensed center-based staff, facilities operating under an OCC letter of compliance, and caregivers in the foster care system. Abilities Network Inc. delivers the training and professional development through its long-standing program, Project ACT. Project Partners include The Hearing and Speech Agency; PACT World of Care; The Promise Center; University of Maryland Center for Infant Study/Brijan Fellows, LCSW-C; and Johns Hopkins University.

[x] Licensed center-based
[ ] License exempt center-based
[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] d. 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.

MSDE provides coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists. Through a grant provided to Abilities Network Inc., Project ACT, a long-standing program of Abilities Network, helps families, caregivers, and service agencies to collaborate in successfully including children of all abilities in community settings. Project ACT provides technical assistance services related to issues concerning children, birth to 3 years of age, who have special needs. These comprehensive services are offered statewide to regulated family childcare providers, licensed center-based staff, facilities operating under an OCC letter of compliance, and caregivers in the foster care system.

This program provides technical assistance by professionals with knowledge, experience, and education on best practices and interventions for children with a variety of physical, developmental and behavioral needs. The program goal is to provide childcare providers across Maryland with access to high quality technical assistance that supports their ability to implement best practices and interventions needed to successfully include children age birth to three with special needs in their childcare programs.

Abilities Network's Project ACT partner's with The Hearing and Speech Agency; PACT World of Care; the Promise Center; University of Maryland Center for Infant Study/Brijan Fellows, LCSW-C; and Johns Hopkins University to offer high quality technical assistance to at least 180 participants on topics related to serving children birth to three with special needs to caregivers in the 13 OCC designated regions of Maryland.

Project ACT delivers high quality technical assistance related to including infants and toddlers with special needs. As a follow-up to training, this program provides technical assistance to:

-Ensure successful childcare experiences for infants and toddlers who have special needs and their families; and

-Build's the childcare provider's capacity to implement best practices and strategies that support inclusion.

Each technical assistance module offered through this program is designed to meet the needs of adult learners. Technical assistance sessions include topics:

-Related to medical interventions, adaptive technology, language development, social emotional development, trauma informed care, and cognitive development; and/or

-Include developmental screening tools, developmental delays, challenging behaviors, ADHD, autism, and ADA requirements.

Project partners host 2 technical assistance sessions at their site. Childcare providers across the state can receive technical assistance on site at their location. Technical assistance is available during the day, in the evening, and on Saturdays. To ensure that all providers have access to technical assistance, Project ACT provides virtual options.

Childcare providers participating in the full model receive 2 additional Core of Knowledge hours. Programs requesting on-site training must have at least 25% of the training participants attend both follow up technical assistance sessions. Project ACT distributes training certificates after the technical assistance has been completed.

> [x] Licensed center-based
> [ ] License exempt center-based
> [x] Licensed family child care home
> [ ] License-exempt family child care home
> [ ] In-home care (care in the child's own home)

[x] e. 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.).

The Maryland State Interagency Coordinating Council (SICC) is established in accordance with the provisions of the Individuals with Disabilities Education Act (Part C). The mission of the SICC is to advise and assist the lead agency (Maryland State Department of Education) in administering, promoting, planning, coordinating, and improving the early childhood intervention and education system of services.

The SICC is comprised of stakeholders in Maryland's early intervention and education system of services for children ages birth to kindergarten. Membership includes parents of children with disabilities, service providers, personnel preparation staff from local universities, state agency administrators, and State legislators.

> [x] Licensed center-based
> [ ] License exempt center-based
> [x] Licensed family child care home
> [ ] License-exempt family child care home
> [ ] In-home care (care in the child's own home)

[x] f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Programs are assessed using the CLASS tools specific for infants and toddlers. In addition, programs have access to a free program self-assessment specific to infants and toddlers that focuses on teacher child interaction.

> [x] Licensed center-based
> [ ] License exempt center-based

[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Maryland requires additional training for providers and programs providing care to Infants and Toddlers including but limited to the 45 hour pre service Infant/Toddler course, SIDS training, Supporting Breast Feeding training, and Basic Health and Safety training. Additionally, Maryland is initiating the use of the infant and Toddler Critical Competency for caregivers of Infants and Toddlers.

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] h. Developing infant and toddler components within the early learning and developmental guidelines.

Healthy Beginnings is a resource aligned with the Maryland's Early Learning Standards, specifically designed for the care of infants and toddlers from birth through age three.

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] i. 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.

The Division of Early Childhood made transparent easy -to -understand consumer information about high-quality infant and toddler care available in Healthy Beginnings: A Calendar for Maryland Parents and Families, which is an 18-month calendar that educates and empowers parents and caregivers of children birth through five. The Division also distributes Maryland Messenger, a free monthly email ⬚ available in English and Spanish ⬚ that offers practical tips on parenting, child development information, health and safety, and other topics related to child care. The emails feature tips to help parents care for their health and well-being as well.

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] j. 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.

With the support of the PDG B-5 Grant, MD is in the third year of implementing their Pyramid Model/FAN Two-Generational Coaching Approaches initiative. To implement this, MSDE partners with the University of Maryland (UMD) School of Social Work in order to increase the number of licensed Infant and Early Childhood Mental Health Consultants who can provide

Pyramid Model coaching and implement the Facilitation Attuned to Interactions (FAN) Model.

With the support of the PDG B-5 Grant, MD is in its second year of implementing the Promoting Positive Outcomes for Infants and Toddlers initiative, which supports 10 grantees across the state in scaling evidence-based models that promote positive developmental health and wellness for infants and toddlers, and their families.

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home

[ ] License-exempt family child care home

[ ] In-home care (care in the child's own home)

[x] k. Coordinating with child care health consultants.

Maryland has a health nurse consultant on staff with the Licensing Branch to provide guidance, training and technical assistance to Licensing Staff, Providers, Parents and the community. In addition, all licensed child care centers are required to have a nurse consultant that provides a regular service involving the use of specialized healthcare procedures and equipment.

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home

[ ] License-exempt family child care home

[ ] In-home care (care in the child's own home)

[x] l. Coordinating with mental health consultants.

Maryland's Infant and Early Childhood Mental Health Outcomes Monitoring System collects data on ages of children served, risk factors, and includes pre and post-assessments.

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home
[ ] License-exempt family child care home
[ ] In-home care (care in the child's own home)

[x] m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.
Quality levels of programs and location of programs are captured throughout the CCATS data system and in the Maryland EXCELS database.

[x] Licensed center-based

[ ] License exempt center-based

[x] Licensed family child care home

[ ] License-exempt family child care home

[ ] In-home care (care in the child's own home)

[ ] n. Other.
N/A

[ ] Licensed center-based

[ ] License exempt center-based

[ ] Licensed family child care home

[ ] License-exempt family child care home

[ ] In-home care (care in the child's own home)

7.4.2   Measurable indicators of progress relevant to Subsection 7.4

Describe the measurable indicators of progress relevant to subsection 7.4 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.
To evaluate the progress to services provided to infant and toddlers related to strengthening availability and access, improving and supporting program quality, family engagement, ensuring successful transitions, expanding and enhancing workforce development, and improving systems for infrastructure, data, and resource management the following measurable indicators will be used:

Number of programs participating in QRIS

Number of programs with quality ratings 3, 4, and 5

Number of providers who have received infant and toddler specific coaching and mentoring and who have participated in 45 Hour Critical competencies for Infants and Toddlers

Number of infant and toddler trainings and technical assistance provided through the Maryland Child Care Resource Network

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain 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.

7.5.1 Child care resource and referral agencies' services

What are the services provided by the local or regional child care and resource and referral agencies?

Through a contract with Maryland Family Network (LOCATE: Child Care) provides 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 Child Care Resource Centers Network (MCCRCN) 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 nontraditional 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. (MCCRCN) 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.

7.5.2 Measurable indicators of progress relevant to Subsection 7.5

Describe the measurable indicators of progress relevant to subsection 7.5 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 CCRCs under the direction of Maryland Family Network collect data pertaining to the training and TA services provided to child care providers and programs to support quality improvement initiatives and programs. The training data captures a wide array of information to document quantity of workshops, participant demographics, workshop content, and participant satisfaction. The TA data captures the scope and duration of services provided to support programs in pursuing quality improvement initiatives such as the QRIS and other state-sponsored programs. Training and TA are designed to support providers in meeting the requirements to participate and advance within local, state, and national quality initiatives to increase access to high quality child care throughout the State. MFN and the CCRCs provided 1,312 workshops in FFY 2020 and engaged 19,045 participants in those trainings. Technical assistance data consists of contacts and cases. Contacts are single technical assistance interactions during which a specialist works with individuals or programs on specific, short term issues. MFN/MCCRN provided 13,445 contacts which addressed professional development, curriculum, behavior concerns, environment, etc. Technical assistance cases are extended opportunities (consisting of multiple interactions over a longer period of time) and generally involve a more comprehensive approach. MFN/MCCRN conducted 771 technical assistance cases to provide assistance with issues on quality, classroom management, curriculum implementation, etc.

7.6   Facilitating Compliance with State Standards

7.6.1   Activities to facilitate provider compliance with health and safety requirements

What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5. 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. Training compliance is measured by the licensing inspector's review of required training certificates every year during unannounced inspections. Health and Safety standards are assessed during licensing/monitoring inspections.

7.6.2   Financial assistance to support complying with minimum health and safety requirements

Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

[ ] No

[x] Yes. If yes, which types of providers can access this financial assistance?

> **[x]** a. Licensed CCDF providers
> **[ ]** b. Licensed non-CCDF providers
> **[ ]** c. License-exempt CCDF providers
> **[x]** d. Other. Describe:

Maryland awards a one-time only grant of up to $1000 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.

7.6.3   Measurable indicators of progress relevant to Subsection 7.6

Describe the measurable indicators of progress relevant to subsection 7.6 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 $1000 for purchasing health and safety related items required to receive their registration. Providers may also ask for reimbursement of expenses

for required training courses.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Measures of quality and effectiveness of child care programs

Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

[ ] No

[x] Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Programs participating in Maryland EXCELS at quality rating 3, 4, or 5 complete self-assessments and are independently assessed by state approved assessors using the Classroom Assessment Scoring System (CLASS) and for school-age programs, the School-Age Environment Rating Scale (SACERS). The results of the assessments are used in the development of the child care program's Program Improvement Plan and the state tracks scores for programs that were assessed. As of January 2021, Maryland has transitioned to using only the CLASS assessment tool for program assessment. The Environment Rating Scales are no longer being used for that purpose, with the exception of the SACERS which will be used with school-age child care programs. Transitioning to CLASS supports the state's focus on the importance of teacher-child interactions. Maryland's page on the Teachstone website explains how Maryland EXCELS uses CLASS: (https://teachstone.com/maryland-excels) https://teachstone.com/maryland-excels.

7.7.2 Measurable indicators of progress relevant to Subsection 7.7

Describe the measurable indicators of progress relevant to subsection 7.7 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.

Maryland's QRIS uses data from the CLASS and School-Age Child Care Environment Rating Scale assessment scores of programs. This data is used to view progress in improving the quality of child care programs and services in child care centers and family child care homes. The measurable indicator of progress to evaluate the improvement of child care programs and services in child care centers and family homes includes the annual analysis of the scores from the Environment Rating Scales and CLASS assessments conducted in programs participating in QRIS.

7.8 Accreditation Support

7.8.1 Pursuit of Accreditation

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?

[x] a. 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. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Through the Accreditation Support Fund, Maryland provides support to child care programs voluntarily pursuing national accreditation. The Fund pays accreditation fees for family child care providers and center-based programs pursuing National Accreditation. The support fund is available for programs serving infants, toddlers, preschoolers and school-age children. Maryland Accreditation is also available for center-based child care programs. 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.

The Accreditation Support Fund pays the accreditation fees for the following accrediting organizations recognized by the Maryland State Department of   Education/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 Accreditation

[ ] b. 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:

[ ] c.   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:

[ ] d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.

    [ ] i. Focused on child care centers. Describe:

    [ ] ii. Focused on family child care homes. Describe:

[ ] e. No, but the state/territory is in the in the development phase of supporting accreditation.

    [ ] i. Focused on child care centers. Describe:

    [ ] ii. Focused on family child care homes. Describe:

[ ] f. No, the state/territory has no plans for supporting accreditation.

7.8.2   Measurable indicators of progress relevant to Subsection 7.8

Describe the measurable indicators of progress relevant to subsection 7.8 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. Programs applying for the Accreditation Support Fund will be required to provide proof of accreditation. Of the programs receiving support funds, the measurable indicator of progress will include the number of programs that achieve accreditation and increase their quality ratings in Maryland's QRIS.

The number of Maryland (state) Accredited programs grew from 317 in August 2018 to 363 in February 2020. While not all of these programs applied for instructional support assistance through the Fund, all programs received an on-site technical assistance visit from a Maryland Accreditation reliable validator, and support from the state Accreditation Specialist. There are 98 programs that received Accreditation Support funds in 2020.

7.9   Program Standards

7.9.1   High-Quality program standards

Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

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. Maryland Accreditation Standards include specific infant and toddler indicators that address care and learning opportunities for that particular age group. The state is in the process of reviewing the QRIS and Maryland Accreditation Standards and will revise standards as determined by stakeholder feedback and national trends.

b. Preschoolers

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. The state is in the process of reviewing the QRIS and Maryland Accreditation Standards and will revise standards as determined by stakeholder feedback and national trends.

c. 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 is in the process of reviewing the QRIS and Maryland Accreditation Standards and will revise standards as determined by stakeholder feedback and national trends.

7.9.2   Measurable indicators of progress relevant to Subsection 7.9

Describe the measurable indicators of progress relevant to subsection 7.9 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 measurable indicators of progress to evaluate the progress Maryland is making in improving the quality of child care programs and services includes: tracking the participation and achievement of programs in Maryland Accreditation, programs that submit for funding assistance to pursue and achieve national accreditation, and the tracking an progress of programs participation in QRIS and increased ratings. Data is collected and reviewed on a monthly basis to determine trends and needed resources.

7.10   Other Quality Improvement Activities

7.10.1   Other quality improvement activities and measurable indicators of progress

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 measurable 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:

N/A

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 (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

• MOUs, 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 Fiscal management practices

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:

[x] a. Verifying and processing billing records to ensure timely payments to providers. Describe:

Invoices are reviewed by the Division of Early Childhood's (DEC) program and fiscal grant monitoring teams within 10 business days of receipt for adherence to the approved budget and scope of work. Subsequently, they are reviewed by MSDE's Division of Business Services (DBS) Accounting team prior to being forwarded to Maryland's General Accounting Division for payment disbursement within 30 days of the invoices' initial receipt by MSDE. These direct voucher payments are monitored and tracked within the Child Care Automated Tracking System for continuous monitoring of invoice approval and payment through FMIS, Maryland's Financial Management System

[x] b. Fiscal oversight of grants and contracts. Describe:

The DEC program and fiscal grant monitoring specialists oversee and monitor grants from the point of initial application to approval and final closeout processes. The review processes include verifying enrollment and attendance documents, reviewing billing records, communicating with supervisory staff, and taking steps to ensure quality assurance. DEC grants specialists also perform risk

management tasks including monitoring visits and technical training throughout the life of the grant. Management, including the Division of Business Service's (DBS) Fiscal office, reviews and signs off on all contracts and grants. During the review phase, following the release of any requests for proposal, allowable and disallowable expenditures are identified and discussed with the applicants. The grant/contract monitors then review invoices to ensure that any requests for payment fall within the allowable charges. Signed assurances are required to ensure adherence to regulations and grant requirements.

[x]c. Tracking systems to ensure reasonable and allowable costs. Describe:

During the review of a grant proposal, the Department of Early Childhood (DEC) ensures that the project scope is specific and is only allowed if adequate cost, historical, or unit pricing data is available to establish a fixed amount award based on a reasonable estimate of the actual cost. Upon approval, the DEC creates an expenditure tracking sheet for each award that aligns with the approved budget. The sub-recipients are required to submit receipts and/or a general ledger that support the breakdown of actual expenditures reflected on the invoice. The DEC only reimburses the payment if the sub-recipients submit all required documentation and receipt of evidence of acceptable performance within a given period of performance. Also, the DEC performs routine desk audits and routine sub-recipient monitoring to ensure reasonable and allowable costs are met.

[x] d. Other. Describe:

The Fiscal team of Division of Early Childhood (DEC) works very closely with MSDE's DBS fiscal team to ensure that the use of grant funds is accurately and appropriately received, recorded, and managed. MSDE uses FMIS, as well as, an internal Google-based system to create, issue, and track grant award notices and contracts. These tools are monitored on a daily basis to track activities related to grants and contracts.

DEC has implemented and managed a uniform invoice verification process to provide financial oversight for all grants and contracts. DEC checks the sub-grantees' invoices to ensure that expenditures are aligned with the approved budget and are properly supported by receipts and/ or ledgers from the sub-grantees and/or vendors. Any inconsistencies are discussed with the sub-grantees and/or vendors until an acceptable solution is obtained.

8.1.2   Identifying risk

Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

[x] a. Conduct a risk assessment of policies and procedures. Describe:

        Maryland completes a risk assessment when new CCS policies and procedures are implemented to determine the potential barriers case managers may have with consistently implementing policies. Based upon the review, MSDE will develop communications or provide technical assistance.

[x] b. Establish checks and balances to ensure program integrity. Describe:

        Maryland limits roles in CCATS to ensure program integrity. For example, a person who issues child care vouchers cannot process child care vouchers for payment.

QRIS participation is required for programs receiving Child Care Subsidy reimbursement. The Lead Agency has policies and procedures in place to ensure that quality ratings that may affect quality differential payments to providers are being reviewed in a 3-step process before the program receives a quality rating. The first review occurs when the Program Coordinator reviews the evidence the provider uploaded to meet the QRIS requirement and marks the QRIS criteria as ▯met▯. When all criteria for a specified quality rating are met, the provider can request to publish their quality rating. Upon the provider requesting to publish, an additional two-step process is initiated whereby (a) Lead Agency staff review and verify that the evidence required to meet the quality rating was marked correctly by the Program Coordinator; and (b) Lead Agency 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 Lead Agency monitors the participation status of programs in the QRIS and regularly changes programs to Non-Participation status when they have not taken action to meet the QRIS requirements as outlined in COMAR regulations. http://earlychildhood.marylandpublicschools.org/system/files/filedepot/12/13a.14.14_comar_online_eff_032015 .pdf

[x] c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe:

        Maryland requires supervisors to review 3 cases per month, per case manager.

[x] d. Other. Describe:

        The Maryland Office of Child Care Subsidy conducts random case reviews for all programs that are authorizing vouchers on behalf of MSDE.

8.1.3   Processes to train about CCDF requirements and program integrity

States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and 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.

[x] i. Issue policy change notices. Describe:

        All child care provider types receive training and communication about policy changes. The Child Care Scholarship program has a training titled ▯The ABC's of Child Care Scholarship▯ that is presented at conferences and provider events to ensure providers receiving a child with a scholarship have the necessary tools to complete paperwork and understand their role in the process. The Office

of Child Care also ensures providers are notified of policy changes and CCDF requirements through the IMPACT newsletter, Tuesday Tidbits, professional development opportunities.

[x] ii. Issue policy manual. Describe:

MSDE Office of Child Care Scholarship staff provide technical assistance any time there is an update to COMAR, regulations impacting child care scholarship 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.

[ ] iii. Provide orientations.

N/A

[ ] iv. Provide training. Describe:

N/A

[x] v. Monitor and assess policy implementation on an ongoing basis. Describe:

Division of Early Childhood (DEC) staff monitor MSDE's vendor for Child Care Scholarship services and the local departments of social services to ensure adherence to regulation and policy. A list of the local department of social services can be found in (https://health.maryland.gov/mmcp/pages/Listing-of-Local-Departments-of-Social-Services.aspx) https://health.maryland.gov/mmcp/pages/Listing-of-Local-Departments-of-Social-Services.aspx

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.

[ ] vi. Meet regularly regarding the implementation of policies. Describe:

N/A

[ ]vii. Other. Describe:

N/A

b. 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 (98.68 (a)(3)). Check all that apply:

[x] i. Issue policy change notices. Describe:

MSDE provides technical assistance on any policy implementation made prior to and after regulation promulgation.

[x] ii. Train on policy change notices. Describe:

MSDE provides technical assistance on any policy implementation made prior to regulation promulgation.

[x] iii. Issue policy manuals. Describe:

Early Childhood Workforce and Quality Initiatives programs guidance are updated when there is a change in policies and is available to grantees, contractors, providers and programs. The vendor of the Child Care Scholarship is issued COMAR regulations that govern the Child Care Scholarship Program.

[x]iv. Train on policy manual. Describe:

MSDE Office of Child Care Scholarship staff provide technical assistance any time there is an update to COMAR, regulations impacting child care scholarship and federal policy updates. Maryland State Department of Education, Office of Child Care Credentialing Branch staff provide training and technical assistance on early childhood workforce development and quality initiative programs any time there is an update to COMAR, regulations, and policy or procedure changes.

[x]v. Monitor and assess policy implementation on an ongoing basis. Describe:

Division of Early Childhood (DEC) staff monitor MSDE's vendor for Child Care Scholarship (CCS) services and the local departments of social services to ensure adherence to (CCS) regulation and policy.

Quality assurance monitoring is conducted for all early childhood workforce quality initiative contracts and grants by Maryland State Department of Education, Office of Child Care, Credentialing Branch staff. A monitoring tool is used by Department staff to monitor all grants. Face to face or virtual monitoring is conducted on an ongoing basis. Additional monitoring is required if corrective actions are required.

The DEC 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.

[x] vi. Meet regularly regarding the implementation of policies. Describe:

Division of Early Childhood (DEC) staff hold weekly calls with the grantee administering the QRIS program to ensure that regulatory and policy procedures are being followed. Quarterly reports are submitted by the grantee, and reviewed by MSDE staff who provide feedback and guidance to ensure that funds are spent in a fiscally responsible manner adhering to CCDF requirements.Regular status meetings are held with grantees and contractors either face to face or virtually for all early childhood workforce development initiatives through grants and contracts. These meetings are held to ensure that policies are implemented as indicated in the policy manual or guidance. Monthly and quarterly reports are submitted by grantees and contractors. These reports are reviewed by staff and accounting fiscal monitors for accuracy and to ensure that funds are expended as required by CCDF requirements and the Maryland State Department of Education, Accounting Division policies.

[ ]vii. Other. Describe:

N/A

8.1.4   Evaluate internal control activities

Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The DEC has established policies, procedures, and documentation that provide guidance and training to ensure consistent performance at a required level of quality. The work duties are segregated among different staff to reduce the risk of error or inappropriate action. The fiscal team of DEC provides professional development to staff regarding the Uniform Guidance requirements and use of funding per prescribed guidance and regulations. The fiscal team also prepares routine reports to keep track of all financial activities and to timely address areas of identified potential risk. The fiscal team and program managers of DEC work closely together in the area of budget, grant management, auditing, procurement, financial reporting, and risk assessment to operate efficiently and effectively and to ensure compliance with regulations.

8.1.5   Identify fraud and other program violations

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, including the results of these activities, 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.

[ ]	i. 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 the activities and the results of these activities:
[ ]	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities:

[x]	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: **The Division of Early Childhood (DEC) reviews the attendance audits document by comparing the invoice and the attendance sheet to ensure that the provider was entitled for payment for that child for the service period and make sure that the invoice was submitted and paid within the time period per policy and guidelines. During these reviews, Maryland noted the vendor has an exceptional accuracy rate and where errors were noted: the vendor was able to initiate work to collect overpayments. Conducting attendance audits assists in the identification and prevention of fraud and intentional program violations by ensuring child care providers are receiving payment for children that attend the child care program. Maryland has discovered that the majority of providers are able to produce the supporting documentation that helps confirm program and accurate payment. Maryland has used enrollment documents to substantiate program fraud by allowing the documents to prove that it is not possible to have the same child enrolled at two separate child care programs on the same day and to determine which provider's enrollment documents are incorrect.**
[ ]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities:
[ ]	v. Audit provider records. Describe the activities and the results of these activities:

[x]	vi. Train staff on policy and/or audits.
	Describe the activities and the results of these activities:
	The Division of Early Childhood continues to provide training and technical assistance any time there is an update to COMAR, credentialing regulations, and policy or procedure changes. Maryland will conduct training with staff or vendors authorizing benefits or conducting services on behalf of the Lead Agency. Training provided is based upon guidance received from our Region III Program Specialist. Staff are given the opportunity to review changes and ask clarifying question. Maryland believes this approach increase consistent implementation of policy across the state. Appropriate training assists with the identification and prevention of fraud and intentional program violations by ensuring staff have a clear understanding of how ACF defines these events and by providing staff strategies for identification. Training helps staff keep the correct prospective on the identification of fraud and program integrity, which is critical in the prevention of the metamorphous of case managers into ⬛police⬛ or ⬛gate keepers.⬛ Appropriate training ensures that families receive services based the intent of the Final Rule. In addition, ensures that investigations or the implementation of fraud and program integrity policies and procedures are simply programmatic measures that ensure CCDF funds are being used for the education, health and safety of children, instead becoming punitive or retaliatory actions that are being implemented based upon misinformation, perceptions or biases on the part of staff.

[x]	vii. Other. Describe the activities and the results of these activities: **The DEC has established formal review and monitoring procedures that are conducted on an on-going basis to determine program compliance. MSDE has a Child Care Subsidy Investigator that investigates potential fraud or intentional program violations. The investigator researches the case in the Child Care Administration Tracking System (CCATS), interviews parents and providers and completes all the necessary paperwork to present the case to court for fraud, or to pursue overpayment for intentional program violations from the parent or child care provider. This position works in partnership with the Office of the Inspector General to investigate cases of potential and known fraud. Likewise, Maryland completes monthly ongoing first level reviews and second level reviews of cases authorized by the child care and provider payment processing vendor. First level reviews consists of a random sampling of cases authorized by a case manager. Second level reviews consists of cases authorized by a case manager and reviewed by a supervisor to determine if the case manager made any errors. Maryland completes the second level review in order to determine if the supervisor has grasped all training required to identify accurately any inaccuracies in the authorization of CCDF benefits. Cases selected for the monthly review are selected from an Application Report that identifies are work completed by the vendor. The results of ongoing programmatic reviews on fraud and program integrity has resulted in cases with errors being identified and/or corrected more timely and allows case with potential fraud and program integrity to be forwarded more timely to the CCS investigator. Cases selected for the on-going formal review and are monitored by the CCS investigator are usually flagged and forwarded from licensing or scholarship staff. The results of the fraud investigation has identified a potential recovery amount of X dollars in 20XX and X dollars in 20XX. Maryland also hopes that the increased programmatic monitoring of the Child Care Scholarship Program will result in an Improper Authorization for Payment (IAP) Error Rate of below 10% during the federal IAP review.**

b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

[ ]	i. 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 the activities and the results of these activities:
[ ]	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities:

[x]	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: **The Division of Early Childhood (DEC) reviews the attendance audits document by comparing the invoice and the attendance sheet to ensure that the provider was entitled for payment for the service period and that invoices were paid in accordance with policy and procedures. During these reviews, Maryland noted the vendor has an exceptional accuracy rate. In addition, the vendor was able to initiate overpayments for any identified errors. Conducting attendance audits assists in the identification; reduction and prevention of unintentional program violations by ensuring child care providers are receiving payment for children that attend the child care program. Maryland has discovered that the majority of providers are able to produce the supporting documentation that helps confirm program and accurate payment. Maryland has used enrollment documents to substantiate unintentional program violations by allowing the documents to prove the intent of the parent or provider.**
[x]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: **The DEC continues to provide updated policies and procedures on Case Review Process and Audit Procedures for staff. Maryland completes monthly ongoing first level reviews and second level reviews of cases authorized by the child care and provider payment processing vendor in order to identify and reduce unintentional program violations. First level reviews consists of a random sampling of cases authorized by a case manager. Second level reviews consists of cases authorized by a case manager and reviewed by a supervisor to determine if the case manager made any errors. Maryland completes the second level review in order to determine if the supervisor has grasped all training required to identify accurately any inaccuracies in the authorization of CCDF benefits. Cases selected for the monthly review are selected from an Application Report that identifies are work completed by the vendor. The results of ongoing programmatic reviews has resulted in cases with errors being identified and/or corrected more timely and allows case with unintentional program violations to be corrected more timely.**
[ ]	v. Audit provider records. Describe the activities and the results of these activities:
[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: **The DEC continues to provide training and technical assistance any time there is an update to the Code of Maryland Regulations (COMAR), credentialing regulations, and policy or procedure changes.**

[x]	vii. Other. Describe the activities and the results of these activities:
	The DEC has established formal review and monitoring procedures that are conducted on an on-going basis to determine program compliance. The Child Care Subsidy fraud investigator randomly reviews cases. Match data from QRIS participation and payments to providers to ensure compliance with regulations. Reviewing data from QRIS ensures payments for the Child Care Scholarship program were not made to provides not participating in Maryland EXCELS and reduces potential overpayment. This process as resulted in very few discoveries, but one is too many based upon policy. Maryland completes monthly ongoing first level reviews and second level reviews of cases authorized by the child care and provider payment processing vendor. First level reviews consists of a random sampling of cases authorized by a case manager. Second level reviews consists of cases authorized by a case manager and reviewed by a supervisor to determine if the case manager made any errors. Maryland completes the second level review in order to determine if the supervisor has grasped all training required to identify accurately any inaccuracies in the authorization of CCDF benefits. Cases selected for the monthly review are listed on the Application Report, which identifies all applications received by the vendor. The results of ongoing programmatic reviews on has resulted in cases with errors being identified and/or corrected more timely and allows case with unintentional program violations to be forwarded and corrected more timely. Maryland's expectation is that increased programmatic monitoring of the Child Care Scholarship Program reduces unintentional program violations, which translates to less improper authorization of CCDF benefits.

c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

[ ]	i. 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 the activities and the results of these activities:
[x]	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: The DEC prepares routine monitor report, such as Grant Monitor Report, Red Flag Report, Monthly Grant Report, Sub-grantee Payment History Report, Purchase Order Monitor Report, Real-Time Grant Balances Report, and etc, to proactively analyze all financial activities and to prevent agency errors. When errors are found, we conduct further investigations and take necessary procedures until solutions are obtained.

[x]	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: **The Division of Early Childhood (DEC) reviews the attendance audits document by comparing the invoice and the attendance sheets to prevent agency errors. During these reviews, Maryland noted the vendor has an exceptional accuracy rate. In addition, the vendor was able to initiate overpayments for any identified errors. Conducting attendance audits assists in the identification; reduction and prevention of unintentional program violations and agency errors by ensuring child care providers are receiving payment for children that attend the child care program. Maryland has discovered that the majority of providers are able to produce the supporting documentation that helps confirm program and accurate payment. Maryland has used enrollment documents to substantiate unintentional program violations by allowing the documents to prove the intent of the parent or provider. In addition, to determine if the agency made any errors with authorization of the unit of care and care level.**
[x]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: **The DEC continues to provide updated policies and procedures on Case Review Process and Audit Procedures for staff. Maryland completes monthly ongoing first level reviews and second level reviews of cases authorized by the child care and provider payment processing vendor in order to identify and prevent agency errors. First level reviews consists of a random sampling of cases authorized by a case manager. Second level reviews consists of cases authorized by a case manager and reviewed by a supervisor to determine if the case manager made any errors. Maryland completes the second level review in order to determine if the supervisor has grasped all training required to identify accurately any inaccuracies in the authorization of CCDF benefits. Cases selected for the monthly review are selected from an Application Report that identifies are work completed by the vendor. The results of ongoing programmatic reviews has resulted in cases with errors being identified and/or corrected more timely and allows case with unintentional program violations to be corrected more timely.**
[ ]	v. Audit provider records. Describe the activities and the results of these activities:
[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: **The Division of Early Childhood (DEC) continues to provide training and technical assistance any time there is an update to the Code of Maryland Regulations (COMAR), credentialing regulations, and policy or procedure changes.**

[x]	vii. Other. Describe the activities and the results of these activities: **The DEC has established formal review and monitoring procedures that are conducted on an on-going basis to determine program compliance. The Child Care Subsidy fraud investigator randomly reviews cases. Match data from QRIS participation and payments to providers to ensure compliance with regulations. Reviewing data from QRIS ensures payments for the Child Care Scholarship program were not made to provides not participating in Maryland EXCELS and reduces potential overpayment. This process as resulted in very few discoveries, but one is too many based upon policy. Maryland completes monthly ongoing first level reviews and second level reviews of cases authorized by the child care and provider payment processing vendor. First level reviews consists of a random sampling of cases authorized by a case manager. Second level reviews consists of cases authorized by a case manager and reviewed by a supervisor to determine if the case manager made any errors. Maryland completes the second level review in order to determine if the supervisor has grasped all training required to identify accurately any inaccuracies in the authorization of CCDF benefits. Cases selected for the monthly review are listed on the Application Report, which identifies all applications received by the vendor. The results of ongoing programmatic reviews has resulted in cases with errors being identified and/or corrected more timely. Maryland's expectation is that increased programmatic monitoring of the Child Care Scholarship Program reduces unintentional program violations, which translates to less improper authorization of CCDF benefits.**

8.1.6   Identify and recover misspent funds

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. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

The Office of Child Care of DEC is responsible for pursuing fraud and overpayments. The provider or family can work directly with the Office of Child Care of DEC on repayment or the information can be relayed to the Comptroller's Office for repayment.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

[x] i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

The Child Care Scholarship (CCS) Program collects overpayments made to providers. There is not a minimum dollar amount. Underpayments are paid immediately.

[x]ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the

activities and the results of these activities:

The Office of Child Care of DEC normally works directly with the provider or family to collect all repayments. However, the case will be referred to the Central Collection Agency after the third delinquent notice.

[x] iii. Recover through repayment plans. Describe the activities and the results of these activities

Once an overpayment is identified, the parent or provider is sent an overpayment agreement letter. If the parent has not responded within 30 days, a second letter is mailed to the parent or the provider. If the parent or provider has not responded by the 60th day, the third and final letter is provided to the parent. If the parent fails to respond, the overpayment amount is sent to collections. The collection of overpayment assists in the investigation and recovery of improper payment due to fraud or intentional program violations by letting parents and providers know that Maryland will enforce policy as related to the correct authorization of CCDF funds.

[x]iv. Reduce payments in subsequent months. Describe the activities and the results of these activities:

MSDE does have the ability to collect overpayments from subsequent payments by reducing the provider's payment.

[x] v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

The Office of Child Care of DEC coordinates with the Comptroller's office for any outstanding payments to recover. All repayment must be made or the provider or family will have a judgement against any future tax refunds. As describe in ⬚iii⬚, the family or provider is given three opportunities to enter into an overpayment agreement, but their case is sent to collections.   The collection of overpayment assists in the investigation and recovery of improper payment due to fraud or intentional program violations by letting parents and providers know that Maryland will enforce policy as related to the correct authorization of CCDF funds.

[ ]vi. Recover through other means. Describe the activities and the results of these activities:

[x]vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

MSDE has a payment unit that processes over and under payments and ensures the paperwork necessary to initiate payments and to collect payments is completed. The unit may be asked to review documents to determine if an intentional program violation was completed by the child or parent. MSDE has an investigator that investigates potential fraud, overpayments and intentional program violations. For identified fraud or intentional program violations, the investigator will pursue the repayment of unauthorized funds through the overpayment process described in ⬚iii⬚ or through the court system.

[ ]viii. Other. Describe the activities and the results of these activities:

c. Check and describe 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:

[ ] i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

[ ] ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

[x] iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

The Office of Child Care of DEC normally works directly with the provider or family to collect all repayments. However, the case will be referred to the Central Collection Agency after the third delinquent notice.

[ ] iv. Recover through repayment plans. Describe the activities and the results of these activities:

[x] v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

The Division of Early Childhood (DEC) regularly monitors the accounting system to track the activities of the CCDF grant fund. If the improper payment is discovered, DEC reduces payments in subsequent months immediately and notifies a client and/or provider.

[x] vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

MSDE does have the ability to collect overpayments from subsequent payments by reducing the provider's payment.

[ ] vii. Recover through other means. Describe the activities and the results of these activities:

[x] viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

MSDE does have the ability to collect overpayments from subsequent payments by reducing the provider's payment.

[ ] ix. Other. Describe the activities and the results of these activities:

d. 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.

[x] i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

[ ] ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

[ ] iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

[ ] iv. Recover through repayment plans. Describe the activities and the results of these activities:

[ ] v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

[ ] vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

[ ] vii. Recover through other means. Describe the activities and the results of these activities:

[ ] viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities:

[x] ix. Other. Describe the activities and the results of these activities:

> Upon discovery of an agency error, MSDE has the vendor to correct the administrative error in order to reduce potential under or overpayment amounts. Does not consider it an overpayment, if a child was enrolled in child care. Provides technical assistance to reduce similar errors moving forward. Completing regular case reviews and identifying agency errors helps with the investigation and recovery of improper payments due to agency errors by letting the vendor understand that the Lead Agency checks records for accuracy and administrative errors. The outcome resulting from the identification of administrative errors has increased consistent implementation of policy.

8.1.7   Sanctions to reduce improper payments

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:

[x] a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities:

> Clients have 90 days to appeal. COMAR COMAR 13A.14.06.14 and COMAR 13A.14.06.15 discuss Intentional program violations and the sanction and appeal process for clients and providers. COMAR COMAR 13A.14.06.14 and COMAR 13A.14.06.15 discuss Intentional program violations and the sanction and appeal process for clients and providers.

"Intentional program violation" (IPV) means an intentional false or misleading statement or misrepresentation, concealment, or withholding of facts for the purposes of establishing or maintaining the customer's, recipient's, or provider's eligibility for CCS payments or for increasing or preventing a reduction of the amount of assistance. The process includes investigating the case to determine if an IPV stands. If an IPV is discovered actions are taken against, the customer based upon how many other violations and/or the length of time it takes the customer to repay unauthorized fees. Addressing IPV reduces improper payments by addressing the overpayment amounts. Addressing IPV helps reduce improper payments, because it sends a clear message that Maryland will inforce policies and procedures for the correct authorization of CCDF benefits.

[x] b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities:

Provider/Parent will have to attend a "Administrative disqualification hearing," which means a hearing held by an administrative law judge of the Office of Administrative Hearings to determine if an intentional program violation (IPV) has occurred for which disqualification is a sanction. COMAR 13A.14.06.14 and COMAR 13A.14.06.15 discuss Intentional program violations and the sanction and appeal process for clients and providers. The process includes investigating the case to determine if the provider, based upon COMAR, meets the standards for disqualification. If disqualification actions are taken against the provider, it will be noted in our CCATS system to prevent future payments. Addressing disqualifications reduces improper payments by preventing continued overpayment. Disqualifying providers, helps reduce improper payments, because it sends a clear message that Maryland will inforce policies and procedures for the correct authorization of CCDF benefits.

[x] c. Prosecute criminally. Describe the activities and the results of these activities:

COMAR 13A.14.06.14 describes the activities and results faced by child care providers and/or clients that commit or allegedly commit an Intentional Program Violation. Provider/Parent will have to attend a "Administrative disqualification hearing," which means a hearing held by an administrative law judge of the Office of Administrative Hearings to determine if an intentional program violation (IPV) has occurred for which disqualification is a sanction. COMAR 13A.14.06.14 and COMAR 13A.14.06.15 discuss Intentional program violations and the sanction and appeal process for clients and providers. Once a person is prosecuted their involvement will be based upon the outcome of the overpayment agreement and the ability to participate in the CCS program is dictated by the courts and COMAR. Prosecuting criminally reduces improper payments by preventing continued overpayment and helps reduce improper payments, because it sends a clear message that Maryland will inforce policies and procedures for the correct authorization of CCDF benefits.

[ ] d. Other. Describe the activities and the results of these activities:

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

[ ] Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

3. 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.

[x] Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.
Maryland completed MRS from February 16, 2021 - March 3, 2021. COVID-19 delayed our ability to secure a vendor to complete the analysis of the MRS data and to complete the Narrow Cost Analysis. Based upon the extraordinary circumstances resulting from COVID-19, Maryland is seeking a waiver for one year to complete the Narrow Cost Analysis due to the inability to coordinate with community partners that had competing priorities in response to meeting the basic needs of children, families and communities in crisis due to COVID-19. Maryland request until 6.29.2022 to complete the Narrow Cost Analysis. The Narrow Cost analysis is being completed by Prenatal to Five Fiscal Strategies. The analysis is set to be completed by October 1, 2021.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

    A one year extension will enable Maryland enough time to complete adequate analysis of the data and will enable Maryland to determine how the results can be used to improve the delivery of services for children and the cost for parents/child care providers by gaining a more indepth estimate of a "truer" cost to provide high quality child care. Our hope is that the independent assessment of the cost of child care, as a result of completing the Narrow Cost analysis, can be shared with legislators and other bodies of authority to increase Child Care Scholarship reimbursement rates or to provide other measures that reduce the out-of-pocket cost of child care for children eligible to receive a child care scholarship. In addition, we hope the Narrow Cost Analysis will enable Maryland to determine how to better serve areas with high concentrations of poverty and unemployment. We believe that using the results of the Narrow Cost Analysis to increase access to high quality child care in these areas is the best defense for breaking generational poverty.

3. 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 certifies that the request for a waiver to complete the Narrow Cost Analysis will not reduce or change the licensing, training or monitoring requirements that are put in place to protect the health, safety and well-being of children served through assistance received through CCDF. Maryland will continue all CCDF requirements for the health, protection and well-being of children throughout the period of waiver.