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Quality Progress Report (QPR)
For
Maryland
FFY 2023

QPR Status: Accepted as of 2024-03-25 18:54:59 GMT

The Quality Progress Report (QPR) collects information from states and territories (hereafter referred to as lead agencies) to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services.

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.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

QUALITY PROGRESS REPORT

The Quality Progress Report (QPR) collects information from lead agencies to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services. Lead agencies are also required to report on their Child Care and Development Fund (CCDF) quality improvement investments through the CCDF Plan, which collects information on the proposed quality activities for a three-year period; and through the ACF-696, which collects quarterly expenditure data on quality activities.

The annual data provided by the QPR will be used to describe how lead agencies are spending a significant investment per year to key stakeholders, including Congress, federal, state and territory administrators, providers, parents, and the public.

Specifically, this report will be used to:

- Ensure accountability and transparency for the use of CCDF quality funds, including a set-aside for quality infant and toddler care and activities funded by American Rescue Plan (ARP) Act
- Track progress toward meeting state- and territory-set indicators and benchmarks for improvement of child care quality based on goals and activities described in CCDF Plans; and
- Understand efforts in progress towards all child care settings meeting the developmental needs of children
- Inform federal technical assistance efforts and decisions regarding strategic use of quality funds.

What Period Must Be Included: All sections of this report cover the federal fiscal year activities (October 1, 2022, through September 30, 2023), unless otherwise stated. Data should reflect the cumulative totals for the fiscal year being reported, unless otherwise stated.

What Data Should Lead Agencies Use: Lead agencies may use data collected by other government and nongovernment agencies (e.g., CCR&R agencies or other TA providers) in addition to their own data as appropriate. We recognize that lead agencies may not have all of the data requested initially but expect progress towards increased data capacity. The scope of this report covers quality improvement activities funded at least in part by CCDF in support of CCDF activities. Lead agencies must describe their progress in meeting their stated goals for improving the quality of child care as reported in their FFY 2022-2024 CCDF Plan.

How is the QPR Organized?

The first section of the QPR gathers basic data on the population of providers in the state or territory and goals for quality improvement and glossary of relevant terms. The rest of the report is organized according to the ten authorized uses of quality funds specified in the CCDBG Act of 2014:

- 1) Support the training and professional development of the child care workforce
- 2) Improve the development or implementation of early learning and development guidelines
- 3) Develop, implement, or enhance a quality rating improvement system for child care providers
- 4) Improve the supply and quality of child care for infants and toddlers
- 5) Establish or expand a lead agency wide system of child care resource and referral services
- 6) Support compliance with lead agency requirements for licensing, inspection, monitoring, training, and health and safety
- 7) Evaluate the quality of child care programs in the state or territory, including how programs positively impact children
- 8) Support providers in the voluntary pursuit of accreditation
- 9) Support the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

The Office of Child Care (OCC) recognizes that quality funds may have been used to address the coronavirus 2019 (COVID-19) pandemic. These activities should be reflected in the relevant sections of the QPR.

Reporting Activities Related to ARP Act Child Care Stabilization Grants

The ARP Act included approximately \$24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Please refer to the information memorandum [ARP Act Child Care Stabilization Grants](#) (CCDF-ACF-IM-2021-02) for further guidance on the child care stabilization grants made available through the ARP Act.

While the OCC has established a new data collection form, the ACF-901 – American Rescue Plan (ARP) Stabilization Grants Provider-Level Data, as the primary data collection mechanism for reporting related to ARP stabilization grants, Section 13 of the QPR asks about activities related to stabilization grants made possible through ARP funding. The OCC will inform lead agencies if the data reported through the ACF-901 is complete enough to warrant skipping Section 13 of the QPR. The following information is requested in Section 13:

- If the lead agency ran more than one grant program;
- How stabilization grants were used to support workforce compensation; and
- Methods to eliminate fraud, waste, and abuse when providing stabilization grants

Section 13 should be used to report on ARP Stabilization Grants ONLY. Other child care sustainability or stabilization grant programs established or ongoing using other funding mechanisms (i.e., CCDF or other supplemental funding e.g., CARES, CRRSA, ARP Supplemental Discretionary Funds) should be reported in Section 11.

When is the QPR Due to ACF?

The QPR will be due to the Administration for Children and Families (ACF) by the designated lead agency no later than December 31, 2023.

Glossary of Terms

The following terms are used throughout the QPR. These definitions can also be found in section 98.2 in the CCDBG Act of 2014. For any term not defined, please use the lead agency definition of terms to complete the QPR.

Center-based child care provider means a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless in care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "child care centers" and "center-based programs."

Director means a person who has primary responsibility for the daily operations and management for a child care provider, which may include a family child care provider, and which may serve children from birth to kindergarten entry and children in school-age child care.

Family child care provider means one or more individuals who provide child care services for fewer than 24 hours per day per child in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "family child care homes."

In-home child care provider means an individual who provides child care services in the child's own home.

License-exempt means facilities that are not required to meet the definition of a facility required to meet the CCDF section 98.2 definition of “licensing or regulatory requirements.” Associated terms include “legally exempt” and “legally operating without regulation.”

Licensed means a facility required by the state to meet the CCDF section 98.2 definition of “licensing or regulatory requirements,” which explains that the facility meets “requirements necessary for a provider to legally provide child care services in a state of locality, including registration requirements established under state, local or tribal law.”

Programs refer generically to all activities under the CCDF, including child care services and other activities pursuant to §98.50 as well as quality activities pursuant to §98.43.

Provider means the entity providing child care services.

Staffed family child care (FCC) networks are programs with paid staff that offer a menu of ongoing services and resources to affiliated FCC educators. Network services may include individual supports (for example, visits to child care homes, coaching, consultation, warmlines, substitute pools, shared services, licensing TA, mental health services) and group supports (for example, training workshops, facilitated peer support groups).

Teacher means a lead teacher, teacher, teacher assistant or teacher aide who is employed by a child care provider for compensation on a regular basis, or a family child care provider, and whose responsibilities and activities are to organize, guide and implement activities in a group or individual basis, or to assist a teacher or lead teacher in such activities, to further the cognitive, social, emotional, and physical development of children from birth to kindergarten entry and children in school-age child care.

1) Overview

To gain an understanding of the availability of child care in the state or territory, please provide the following information on the total number of child care providers.

1.1 State or Territory Child Care Provider Population

1.1.1 Total Number of Licensed Providers:

Enter the total number of licensed child care providers that operated in the state or territory as of September 30, 2023. These counts should include all licensed child care providers, not just those serving children receiving CCDF subsidies.

Licensed center-based programs **2569**

Unable to provide number. Indicate reason:

Additional clarification: Based on most recent submission of the FY 2023 ACF-800 data there were 1749 licensed center-based programs receiving CCDF funding. Please report the number of ALL licensed center-based programs operating in the state here, regardless of receipt of CCDF funding.

Licensed family child care homes **4164**

Unable to provide number. Indicate reason:

Additional clarification: Based on most recent submission of the FY 2023 ACF-800 data there were 1685 licensed family child care homes receiving CCDF funding. Please report the number of ALL licensed family child care homes operating in the state here, regardless of receipt of CCDF funding.

2) Supporting the training and professional development of the child care workforce

Goal: *Ensure the lead agency's professional development systems or framework provides initial and ongoing professional development and education that result in a diverse and stable child care workforce with the competencies and skills to support all domains of child development.*

2.1 Lead Agency Progression of Professional Development

2.1.1 Professional Development Registry:

Did the lead agency use a workforce registry or professional development registry to track progression of professional development during October 1, 2022, to September 30, 2023?

Yes. If yes, describe:

No. If no, what alternative does the lead agency use to track the progression of professional development for teachers/providers serving children who receive CCDF subsidy? Describe: **The Maryland Child Care Administrative Tracking System (CCATS) tracks the professional development of all early childhood educators.**

2.1.2 Participation in Professional Development Registry:

Are any teachers/providers required to participate?

Yes. If yes, describe:

No. If no, describe: **The Maryland Child Care Credential program also tracks the professional development of early childhood educators who participate in the program.**

The Maryland Child Care Credential Program is a quality incentive program that recognizes child care providers for exceeding the requirements of State licensing regulations. It is a career ladder that directs an individual to build knowledge and skills in a cumulative manner from introductory training to advanced level education. The progression of professional development reflects research and best practices to meet the needs of infants and toddlers, preschool, and school age children. It aligns to foundational and specialized professional competencies to improve the quality and stability of the child care workforce. Providers are required to take training in areas that address cultural competency and child development in all domains of learning.

For FY 2023, there were 9,893 credential providers.

There are seven Staff Credential levels and four Administrator Credential Levels.

Staff bonuses awarded:

Level 1 - no bonus

Level 2 - \$200 one time bonus

Level 3 - \$300 one time bonus

Level 4 - \$500 one time bonus

Level 4+ - \$600 awarded annually

Level 5 - \$750 awarded annually

Level 6 - \$1,000 awarded annually

2.1.3 Number of Participants in Professional Development Registry:

Total number of participants in the registry as of September 30, 2023 **9,893**

2.1.4 Spending - Professional Development Registry:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

2.2 Workforce Development

2.2.1 Professional Development and Career Pathways Support:

How did the lead agency help teachers/providers progress in their education, professional development, and/or career pathway between October 1, 2022 and September 30, 2023 (check all that apply)? If selected, how many staff received each type of support?

Scholarships (for formal education institutions) **381 (Child Care Career and Professional Development Fund)**

Financial bonus/wage supplements tied to education levels **5530 (Maryland Child Care Credential Program)**

Career advisors, mentors, coaches, or consultants **35 coaches at Child Care Resource Centers (CCRCs) provided support to 36,259 educators during group sessions, 17,754 educators in one-time supports, and 1,120 in closed cases and an additional 562 in cases which continued into Federal Fiscal Year (FFY) 2024.**

Reimbursement for training **1182 (Training Voucher/Reimbursement Program)**

Loans

Substitutes, leave (paid or unpaid) for professional development

Other. Describe: **Maryland approved trainers supported child care providers in their professional development by providing training in the areas of child development, curriculum, children with disabilities, health, safety, nutrition, professionalism, and community. A total of 3,653 trainings were conducted to 51,521 providers (29,135 center staff, 10,947 family child care providers, 11,439 others). These training and participant numbers also included professional development in Business Practices (326 center staff and 146 family child care providers trained), Mental Health (1,142 center staff and 626 family child care providers trained), Diversity, Equity, and Inclusion (1,620 center staff and 1,129 family child care providers trained), Emergency Preparedness (397 center staff and 283 family child care providers trained).**

N/A. Describe:

2.2.2 Spending - Professional Development and Career Pathways Support:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

2.3 Child Care Provider Qualifications

2.3.1 Number of Licensed Child Care Programs Qualifications:

Total number of staff in licensed child care programs with the following qualification levels as of September 30, 2023:

Child Development Associate (CDA) **2703**

Associate's degree in an early childhood education field (e.g. psychology, human development, education) **1735**

Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **2508**

State child care credential **9133**

State infant/toddler credential

Unable to report this data. Indicate reason:

2.3.2 Number of Licensed CCDF Child Care Programs Qualifications:

Total number of staff in licensed CCDF child care programs with the following qualification levels as of September 30, 2023:

Child Development Associate (CDA)

Associate's degree in an early childhood education field (e.g. psychology, human development, education) **1179**

Bachelor's degree in an early childhood education field (e.g. psychology, human development, education) **1401**

State child care credential **6862**

State infant/toddler credential

Unable to report this data. Indicate reason:

2.4 Technical Assistance for Professional Development

2.4.1 Technical Assistance Topics:

Technical assistance on the following topics is available to providers as part of the lead agency's professional development system (can be part of QRIS or other system that provides professional development to child care providers):

Business Practices

Mental health for children

Diversity, equity, and inclusion

Emergency Preparedness Planning

Other. Describe other technical assistance available to providers as part of the professional development system:

2.4.2 Spending - Technical Assistance for Professional Development:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

2.5 Spending – Training and Professional Development

2.5.1 Spending – Training and Professional Development:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to support the training and professional development of the child care workforce during October 1, 2022 to September 30, 2023? **\$9095007**

Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

2.6 Progress Update

2.6.1 Progress Update – Training and Professional Development:

Supporting the training and professional development of the child care workforce

Measurable indicators of progress the state/territory reported in section 6.3.2 of the FFY 2022-2024 CCDF Plan.

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 (1 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.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.3.2 of the FFY 2022-2024 CCDF Plan: Maryland Family Network (MFN) and the Maryland Child Care Resource Network Maryland Family Network and the Maryland Child Care Resource Network continued to provide training and professional development opportunities to the Early Childhood Education (ECE) educators both individually and collaboratively. This included hosting several conferences and symposiums, presenting at state association conferences, and expanding opportunities based on the needs and interests of the educator community. Training continued to be offered on virtual platforms, with some jurisdictions expanding

in-person opportunities based on local interests and needs. During FFY 2023, MFN and the Child Care Resource Centers (CCRCs) conducted 1,294 training workshops, issued 19,279 certificates, across a total of 4,707 training hours.

Training Approval

During FY 2023, independent trainers and training organizations provided 2,368 training to 36,299 providers (23,029 center staff; 10,108 family child care providers; 3,162 other provider types). Training covered the core knowledge areas of child development, curriculum, children with disabilities, health, safety, nutrition, professionalism, and community. This is a slight increase from the previous year (2,324 training to 34,048 providers).

Abilities Network

Abilities Network provided 23 specific training to support Infant Toddler teachers in the area of children with disabilities. 441 infant and toddler providers received training (281 infant toddler teachers and 160 family child care providers). Abilities Network also provided technical assistance to 116 Infant Toddler teachers (87 center staff and 29 family child care providers). This is a new grant for this vendor; therefore there are no previous numbers to compare. However, the number of participants trained, and technical assistance (TA) sessions provided have met their goal of 400 participants trained and 75 individual TA sessions offered by September 30, 2023.

Maryland approved trainers conducted the 45 Hour ZERO TO THREE Critical Competencies for Infant Toddler Educators to 293 Infant Toddler teachers. This is a significant increase from the 93 the previous timeframe.

Training Voucher and Reimbursement

During FY 2023, 380 providers received a voucher to help them offset the cost of attending a pre-service training or a conference and 802 providers received a reimbursement for a total of 1,182 providers participating in the Training Voucher/Reimbursement program. This is a significant increase from 621 providers participating in FY 2022.

Child Care Career and Professional Development Fund

As of September 30, 2023, there are 381 child care providers receiving scholarships through the Child Care Career and Professional Development Fund. However, there were a total of 319 participated in FY 2022 which shows an increase in participation. 56

graduates from the fund received an associate degree or a bachelor's degree, a decrease from 75 in FY 2022.

Council for Professional Recognition

During FY 2023, the Council for Professional Recognition continues to serve providers by offering the Child Development Associate (CDA) credential. The CDA credential ensures a career pathway for higher quality child care educators through a professional development training program. CDA numbers continue to grow from FY 2022 through to FY 2023 with additional growth beginning as the Council launched the CDA training initiative. This initiative successfully allowed new CDA candidates and renewal applicants to receive CDA books and child care training at no cost to participants. Currently, there are 2,703 active CDAs in the state of Maryland comprised of 1,348 Infant and Toddlers, 1,131 Preschool, and 224 Family Child Care CDA credentials. Progress to date includes successful collaboration with 8 Maryland based training organizations as a career pathway to grow credentialed early childhood providers in Maryland. Enrolled as of September 30, 2023, there are 267 CDA Trainees, 1,444 vouchers issued and 578 redeemed for the CDA credentialing.

Maryland Child Care Credentialing Program

As of September 30, 2023, there were 9,893 participants in the Credentialing program. However, a total of 12,062 provider staff participated in the program during FFY 2023. During the fiscal year, 3,642 received credentials for the first time. Additionally, of the 4,284 participants who started and ended the year with a child care credential, 835 ended the year with a higher credential level than they held a year before.

3) Improving early learning and development guidelines

Goal: To ensure the lead agency has research-based early learning and development guidelines appropriate for children birth to age 12, including children with special needs and dual language learners that are used to inform practice and professional development.

3.1 Early Learning and Development Guidelines

3.1.1 Spending - Early Learning and Development Guidelines:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to improve early learning and development guidelines during October 1, 2022 to September 30, 2023?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on improving upon the development or implementation of early learning and development guidelines? **\$1690878**

Unable to report total amount spent. Indicate reason

Optional: Use this space to tell us any additional information about how funds were spent that is not capture in the item already reported:

No

3.2 Progress Update

3.2.1 Progress Update - Early Learning and Development Guidelines:

Improving upon the development or implementation of early learning and development guidelines.

Measurable indicators of progress the state/territory reported in section 6.4.3 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **State funds were used to complete the current revision of the Maryland Early Learning Standards.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 6.4.3 of the FFY 2022-2024 CCDF Plan: **The primary goal of revamping the Maryland Early Learning Standards is to develop high-quality, developmentally appropriate standards that align with the Maryland College and Career Ready Standards. The current Early Learning Guidelines are about a decade old and do not reflect the current brain or learning sciences research. MSDE worked to engage more than 160 early childhood stakeholders, from both community-based and school-based settings, to have them review and provide feedback on the draft Early Learning Standards. MSDE was able to establish and build trust with the early childhood community by incorporating much of the feedback that was provided into a final draft of the Maryland Early Learning Standards. MSDE also collaborated and received feedback on the standards from all the Office of Teaching and Learning content directors and leads within the agency. The Early Learning Standards are culturally competent, reflect the importance of supporting a child's home language, and are reflective of target populations in the Blueprint, such as children with disabilities, children who speak a home language other than English, and children experiencing homelessness. An Early Learning Symposium is scheduled for January 2024. Local Education Agencies (LEAs) and child care providers will review and provide input on the standards. The Early Learning Standards will be shared with the Accountability Implementation Board and the Maryland State Board of Education in early 2024 for final approval.**

4) Developing, implementing, or enhancing a quality rating and improvement system (QRIS) and other transparent system of quality indicator

Goal: To ensure the lead agency implements a quality rating and improvement system, or other quality rating system, to promote high-quality early care and education programs.

4.1 Quality rating and improvement system status

4.1.1 QRIS or other system of quality improvement status:

Indicate the status and include a description of the lead agency's quality rating and improvement system (QRIS) or other system of quality improvement during October 1, 2022 to September 30, 2023?

The lead agency QRIS is operating state- or territory-wide.

- General description of QRIS: **Maryland's Quality Rating and Improvement System, Maryland EXCELS, is a voluntary, block-rated system for licensed child care centers, registered family homes, school-age only, and public prekindergarten programs. Programs participating in Maryland EXCELS publish quality ratings based on meeting requirements in: License and Compliance, Staff Qualifications and Professional Development, Accreditation and Rating Scales, Developmentally Appropriate Learning and Practice and Administrative Policies and Practices.**
- How many tiers/levels? **5** [insert number of tiers below as required and describe each tier and check off which are high quality]
 - Tier/Level 1: **Published quality rating 1 programs are licensed, offer daily activities that support individual needs, practice positive guidance, and have a process of sharing information with families and offer family-teacher conferences.**
 High Quality
 - Tier/Level 2: **In addition to the requirements of quality rating 1 published quality rating 2 programs are licensed and not in a conditional status and are observed for developmental progress, offer daily activities that are informed by Maryland Early Learning Standards, offer family engagement opportunities, and provide community resources including information on referral services to families.**
 High Quality
 - Tier/Level 3: **In addition to the requirements of quality rating 1 and 2 published quality rating 3 programs are: licensed and in substantial**

compliance, lead teaching staff and the director are credentialed at Maryland Child Care Credential level 3, have completed a program self-assessment which informs a program improvement plan, offer daily activities that incorporate the domains of the Maryland Early Learning Standards, participate in Child and Adult Care Food Program (CACFP), have policies for transition between home and school, and provide families and staff with program and policy information through a written handbook.

High Quality

- Tier/Level 4: In addition to the requirements of quality rating 1, 2, and 3 published quality rating 4 programs are licensed and in substantial compliance, lead teaching staff and the director are credentialed at Maryland Child Care Credential level 4, are participating in a recognized accreditation pathway, have had a Classroom Assessment Scoring System (CLASS) assessment conducted by an MSDE approved assessor, implement a curriculum that is aligned with the Maryland Early Learning Standards, promote multiple modes of exploration and learning by offering accessible and developmentally appropriate materials, conduct staff performance evaluations, and have a comprehensive nutrition policy.

High Quality

- Tier/Level 5: In addition to the requirements of quality rating 1,2,3, and 4 published quality rating 5 programs are licensed and in substantial compliance, lead teaching staff and the director are credentialed at Maryland Child Care Credential level 4+, have achieved national or state recognized accreditation, have a process of ongoing child assessment aligned with the Maryland Early Learning Standards that is shared with families during scheduled and requested conferences, provides a variety of family engagement opportunities, and supports staff development through evaluation, feedback, and planning.

High Quality

- Tier/Level 6:
 High Quality
- Tier/Level 7:
 High Quality
- Tier/Level 8:
 High Quality

- Tier/Level 9:
 High Quality
- Tier/Level 10:
 High Quality

- Total number of licensed child care centers meeting high quality definition: **720**
- Total number of licensed family child care homes meeting high quality definition: **489**
- Total number of CCDF providers meeting high quality definition: **872**
- Total number of children served by providers meeting high quality definition: **11,875**

The lead agency QRIS is operating a pilot (e.g., in a few localities, or only a few levels) but not fully operating state- or territory-wide.

- General description of pilot QRIS (e.g., in a few localities, or only a few levels):
- Which localities if not state/territory-wide?
- How many tiers/levels? [insert number of tiers below as required and describe each tier and check off which are high quality]
 - Tier/Level 1:
 High Quality
 - Tier/Level 2:
 High Quality
 - Tier/Level 3:
 High Quality
 - Tier/Level 4:
 High Quality
 - Tier/Level 5:
 High Quality
 - Tier/Level 6:
 High Quality
 - Tier/Level 7:
 High Quality
 - Tier/Level 8:
 High Quality
 - Tier/Level 9:
 High Quality
 - Tier/Level 10:
 High Quality

- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:
- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:

The lead agency is operating another system of quality improvement.

- General description of other system:
- Describe assessment scores, accreditation, or other metrics associated with this system:
- Describe how “high quality” is defined in this system?
- Total number of licensed child care centers meeting high quality definition:
- Total number of licensed family child care homes meeting high quality definition:
- Total number of CCDF providers meeting high quality definition:
- Total number of children served by providers meeting high quality definition:

The lead agency does not have a QRIS or other system of quality improvement.

- Do you have a definition of high quality care?
 - Yes, define:
 - Total number of licensed child care centers meeting high quality definition:
 - Total number of licensed family child care homes meeting high quality definition:
 - Total number of CCDF providers meeting high quality definition:
 - Total number of children served by providers meeting high quality definition:

No

4.1.2 Spending - Quality rating and improvement system status:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

4.2 Quality Rating and Improvement Systems participation

4.2.1 QRIS or other system of quality improvement participation:

What types of providers participated in the QRIS or other system of quality improvement during October 1, 2022 to September 30, 2023 (check all that apply)?

Licensed child care centers

Licensed family child care homes

License-exempt providers

Programs serving children who receive CCDF subsidy

Early Head Start programs

Head Start programs

State Prekindergarten or preschool programs

Local district-supported Prekindergarten programs

Programs serving infants and toddlers

Programs serving school-age children

Faith-based settings

Tribally operated programs

Other. Describe: **Faith Based programs consist of child care centers that are either licensed or hold a letter of compliance.**

4.3 Quality Rating and Improvement Systems Benefits

4.3.1 Quality Rating and Improvement Systems Benefits:

What types of financial incentives or technical assistance are available for providers related to QRIS or other system of quality improvement? Check as many as apply.

One-time grants, awards or bonuses

o Licensed child care centers **399**

o Licensed family child care homes **434**

On-going or periodic quality stipends

o Licensed child care centers

o Licensed family child care homes

Higher CCDF subsidy rates (including tiered rating)

- o Licensed child care centers **649**
- o Licensed family child care homes **351**

[x]Ongoing technical assistance to facilitate participation in QRIS or improve quality of programs already participating in QRIS (or some other technical assistance tied to QRIS)
[x]Other. Describe **Programs and staff participating in Maryland EXCELS are invited monthly to participate in free and approved professional development session. The training content includes positive guidance, inclusion, lesson planning, and business practices.**

4.3.2 Spending - Quality Rating and Improvement Systems Benefits:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

[x] Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

4.4 Spending – Quality Rating and Improvement Systems

4.4.1 Spending – Quality Rating and Improvement Systems:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) related to **QRIS or other quality rating systems** during October 1, 2022 to September 30, 2023? **\$6003092**

Unable to report total amount spent. Indicate reason

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

4.5 Progress Update

4.5.1 Progress Update – Quality Rating and Improvement Systems:

Developing, implementing, or enhancing a quality rating and improvement system (QRIS) or other transparent system of quality indicators.

Measurable indicators of progress the state/territory reported in section 7.3.6 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **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%.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.3.6 of the FFY 2022-2024 CCDF Plan: **In a review of September 2023 publication date, 31% of all published programs have a quality rating of 3, 4, or 5 or a total of 1,401 program, which is a 10% increase from the FFY 2022-2024 CCDF plan.**

5) Improving the supply and quality of child care programs and services for infants and toddlers

Goal: Ensure adequate and stable supply of high quality child care with a qualified, skilled workforce to promote the healthy development of infants and toddlers. Please report on all activities funded by quality dollars and infant toddler set-aside.

5.1 Infant/Toddler Specialists

5.1.1 Infant/Toddler Specialists:

Did providers have access to infant/toddler specialists during October 1, 2022 to September 30, 2023?

Yes

- Number of specialists available to all providers **There was a total of 14 specialists/coaches, comprising of 8.5 Full Time Equivalentents (FTEs), who were assigned from the Child Care Resource Centers.**
- Number of specialists available to providers serving children who receive CCDF **There were a total of 12 specialists that were assigned from the Child Care Resource Centers.**
- Number of specialists available specifically trained to support family child care providers **Specialists are trained to support to support both family child care providers and child care center programs.**
- Number of providers served **N/A, this data is not collected.**
- Total number of children reached **N/A, this data is not collected.**

No, there are no infant/toddler specialists in the state/territory.

N/A. Describe:

5.1.2 Infant/Toddler Specialists Supports Provided:

If yes, what supports do the infant/toddler specialists provide?

Relationship-caregiving practices (or quality caregiving/developmentally appropriate practices)

On-site and virtual coaching

Health and safety practices

Individualized professional development consultation (e.g., opportunities for or awareness on career growth opportunities, degreed/credential programs)

Group professional development

- Family engagement and partnerships
- Part C early intervention services
- Mental health of babies, toddlers, and families
- Mental health of providers
- Behavioral Health
- Other. Describe **The infant/toddler specialists also provide teaching strategies, assist with room arrangement, classroom environment, child development, and inclusion strategies.**

5.1.3 Spending – Infant/Toddler Specialists:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

- Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

- No

5.2 Staffed Family Child Care Networks

5.2.1 Number and Description of Staffed Family Child Care Networks:

How many staffed family child care networks operated during October 1, 2022 to September 30, 2023?

- Number of staffed family child care networks:
 - Describe what the network/hub provides to participating family child care providers:
- No staffed family child care networks operate in state/territory

5.2.2 Spending - Staffed Family Child Care Networks:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

5.3 Spending - Programs and services for infants and toddlers

5.3.1 Spending - Programs and services for infants and toddlers:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside), above and beyond to the 3% infant and toddler set-aside, to improve the supply and quality of child care programs and services for infants and toddlers during October 1, 2022 to September 30, 2023? **\$1193949**

Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

5.4 Progress Update

5.4.1 Progress Update - Programs and services for infants and toddlers:

Improving the supply and quality of child care programs and services for infants and toddlers.

Measurable indicators of progress the state/territory reported in section 7.4.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.

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

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.4.2 of the FFY 2022-2024 CCDF Plan: **Maryland Family Network (MFN) and the Maryland Child Care Resource Network**. During FFY 2023, Maryland Family Network and the CCRCs supported the infant toddler caregivers by conducting 158 workshops which were specific to the care of children birth to three years old. This included the ZERO TO THREE Critical Competencies for Infant Toddler Educators series which is accepted by Maryland licensing to qualify a staff member for infant/toddler care. This also included The Pyramid Model training series for infant/toddler caregivers. The CCRCs provided targeted coaching support to all licensed child care programs in Maryland to support infant/toddler caregiving. In this regards, coaching contacts (a one-time interaction) were provided to 557 child care centers, 51 Early Head Starts, 192 family child care providers, 7 Head Start programs, 5 Public Pre-K classrooms, and 53 family child care providers during the startup process and 20 centers during the startup process. Coaching cases, which are longer intensive coaching around a focused goal, were provided to 271 programs. These cases focus on a variety of needs for the infant/toddler educators including environment, curriculum, developmentally appropriate practices, health & safety, licensing regulations, engagement strategies, and other areas of need and interest to educators. Finally, MFN and the CCRCs conducted 29 group sessions for 1,163 participants, these group sessions are peer/group coaching opportunities to connect and network around a specific goal or area. These sessions were focused on infant/toddler caregiving, including understanding community partners and agencies, teaching strategies, Child Development Associate (CDA) support, and general infant/toddler care.

Abilities Network

Abilities Network, through a specialized training grant, provided specialized training and technical assistance to child care providers around supporting the inclusion of children age birth to three with disabilities. Topic areas included personal/social/emotional, communication/language; cognitive; and physical development. 23 training sessions were conducted for 441 infant/toddler providers (281 center staff; 160 family child care providers). Technical assistance (TA) was provided to 116 infant/toddler providers (87 center staff; 29 family child care providers). This is a new vendor for this grant so there are no previous numbers to compare it too; however, projected training and TA numbers have been met at this time (400 participants trained and 75 individual TA sessions by September 2023).

Training Approval

Maryland approved trainers provided the 45 Hour ZERO TO THREE Critical Competencies for Infant Toddler Educators to 293 infant/toddler teachers. This is an increase of 200 providers from the previous year's number of 93.

6) Establishing, expanding, modifying, or maintaining a statewide system of child care resource and referral services

Goal: Lead agency provides: services to involve families in the development of their children, information on a full range of child care options, and assistance to families in selecting child care that is appropriate for the family's needs and is high quality as determined by the lead agency.

6.1 Spending – Child Care Resource and Referral Services

6.1.1 Spending – Child Care Resource and Referral Services:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to establish, expand, modify, or maintain a statewide CCR&R during October 1, 2022, to September 30, 2023?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to **establish, expand, modify, or maintain a statewide CCR&R** during October 1, 2022 to September 30, 2023? **\$11903133**

Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent

No

6.2 Progress Update

6.2.1 Progress Update – Child Care Resource and Referral Services:

Establishing, expanding, modifying or maintaining a statewide system of child care resource and referral services.

Measurable indicators of progress the state/territory reported in section 7.5.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **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.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.5.2 of the FFY 2022-2024 CCDF Plan: **State Coordinating Entity (SCE) Services for the Maryland Child Care Resource Network (MCCRN) grant: Maryland has had an established Child Care Resource Network since 1989 and during FFY 2023 there were no significant structural changes to CCRCs. During this time, there was an expansion in the number of coaches available in most jurisdictions due to the increased funding from American Rescue Plan Act funds. These coaches were primarily targeting quality enhancement, infant/toddler educator supports, and family child care supports (specifically how to startup and business management). There were additional investments around family resource and referral with the expansion of Family Resource Specialists in each CCRC (one to three total depending on the size of the jurisdiction). These staff members support families with finding licensed high quality child care which meets their needs. They also support families with applying for the Child Care Scholarship (subsidy/vouchers) program. MFN and the CCRCs will be evaluating available funding in FFY 2025 to determine what staffing is sustainable.**

There is no numerical data about the coaches. Maryland Family Network data system has not been revised to capture the data. Maryland Family Network is working on revising the data feedback system.

Family Resource Specialist - For the time period 10/1/2022 to 9/30/2023

LOCATE intakes: 2104

Child Care Scholarship (CCS) calls: 1694

CCS Full Applications submitted/resubmitted with FRS assistance: 315

Fast Track assistance: 48

CCS inquiry and customer service calls 938

Navigation calls (additional assistance such as housing, food banks etc) 136

Of those rating LOCATE in the follow ups, 86% rated LOCATE a 4 or a 5 on a 1 - 5 Effectiveness Rating scale.

Follow ups were done by email during most of this time period and resulted in follow ups on 26% of intakes. The FRS are now calling to do follow ups with parents and have a better response rate with a goal of 40%. Of 332 follow ups completed in FY 23, where the family indicated a decision for care 115 of the families found care through LOCATE, this is a 35% conversion rate. This was higher than the number who indicated they found care in other ways (49 or 15%). 95 (29%) of the families were still looking for care and were given the option of additional referrals.

7) Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards

Goal: To ensure child care providers maintain compliance with lead agency licensing, inspection, monitoring, and health and safety standards and training.

7.1 Complaints about providers

7.1.1 Number of Complaints about providers:

How many complaints were received regarding providers during October 1, 2022 to September 30, 2023? **MSDE has received 1,678 complaints, 197 were associated with unlicensed providers and 1,481 were associated with licensed providers.**

7.1.2 Spending - Complaints about providers:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity (including maintaining a hotline)?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

7.2 Licensing Staff

7.2.1 Number of Licensing Staff:

How many licensing staff positions were there in the state or territory during October 1, 2022, to September 30, 2023? Number of staff **102**

7.2.2 Spending – Licensing Staff:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set aside
- Unable to report. Indicate reason:

No

7.3 Health and Safety Standards Coaching and Technical Assistance

7.3.1 Coaching or technical assistance on health and safety standards as a result of inspection:

How many child care programs received coaching or technical assistance to improve their understanding and adherence to CCDF health and safety standards as a result of an inspection or violation during October 1, 2022, to September 30, 2023? **75**

7.3.2 Spending - Coaching or technical assistance on health and safety standards as a result of inspection:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

7.4 Spending - Compliance with health, safety, and licensing standards

7.4.1 Spending - Compliance with health, safety, and licensing standards:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on facilitating compliance with lead agency requirements for inspections, monitoring, health and safety standards and training, and lead agency licensing standards during October 1, 2022 to September 30, 2023? **\$9386990**

Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

7.5 Progress Update

7.5.1 Progress Update - Compliance with health, safety, and licensing standards:

Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards.

Measurable indicators of progress the state/territory reported in section 7.6.3 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **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.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.6.3 of the FFY 2022-2024 CCDF Plan: **In addition to the 9,796 inspections conducted, licensing staff have facilitated virtual monthly orientation and regulation review sessions, quarterly roundtables, and information sessions. As part of the application tracking, the licensing staff monitors and records the preservice and continued training completed by child care applicants, providers, and staff, including the Basic Health and Safety training and annual updates.**

Maryland EXCELS requires programs to be in substantial compliance to publish a quality rating higher than one. Substantial compliance is defined as programs with more than one inspection

date within 12 months with noncompliance in capacity, child protection and injurious treatment, supervision, and group size and staffing. As a result, 86 programs between October 1, 2022 and September 30, 2023, had quality ratings lowered to one and 21 programs were prevented from publishing ratings higher than one.

Please note the \$1000 grant is unavailable now as the funds have been allocated to support scholarship initiatives, including presumptive eligibility and advance payments.

8) Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children

Goal: Lead agency investment in effective quality improvement strategies using reliable data from evaluation and assessment

8.1 Evaluation and assessment of center-based programs

8.1.1 Evaluation and assessment of center-based programs:

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in center-based programs during October 1, 2022 to September 30, 2023?

- QRIS
- CLASS
- ERS
- FCCERS
- ITERS
- State evaluation tool. Describe
- Core Knowledge and Competency Framework
- Other. Describe
- Do not evaluate and assess quality and effective practice

8.1.2 Spending - Evaluation and assessment of center-based programs:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

8.2 Evaluation and assessment of family child care programs

8.2.1 Evaluation and assessment of family child care programs:

What measure(s) or tool(s) were used to evaluate and assess the quality of and effective practice in family child care programs during October 1, 2022 to September 30, 2023?

- QRIS
- CLASS
- ERS
- FCCERS
- ITERS
- State evaluation tool. Describe
- Core Knowledge and Competency Framework
- Other. Describe
- Do not evaluate and assess quality and effective practice

8.2.2 Spending - Evaluation and assessment of family child care programs:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

- Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

- No

8.3 Spending - Evaluation and assessment of child care programs

8.3.1 Spending - Evaluation and assessment of child care programs:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on evaluating and assessing the quality of child care programs, practice, or child development during October 1, 2022 to September 30, 2023?

\$137467

[] Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

8.4 Progress Update

8.4.1 Progress Update - Evaluation and assessment of child care programs:

Evaluating and assessing the quality of child care programs and services, including evaluating how programs positively impact children.

Measurable indicators of progress the state/territory reported in section 7.7.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **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.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.7.2 of the FFY 2022-2024 CCDF Plan: **The results of the assessment are used to inform the program's Program improvement plan as a requirement of Maryland EXCELS quality ratings of 3, 4, and 5. Programs use the feedback provided by the CLASS assessment and develop programmatic goals for areas in the assessment where the score is less than 4.5. Program improvement plans are required for programs to publish quality ratings of 3, 4, and 5. In a review of September 2023 publication date, 31% of all published programs have a quality rating of 3, 4, or 5 or a total of 1,401 program, which is a 10% increase from the FFY 2022-2024 CCDF plan.**

9) Supporting child care providers in the voluntary pursuit of accreditation

Goal: Support child care programs and FCCs in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of quality

9.1 Accreditation Support

9.1.1 Accreditation Support:

How many providers did the lead agency support in their pursuit of accreditation (e.g., financial incentives, technical assistance with the accreditation process, coaching/mentoring by accredited programs) during October 1, 2022 to September 30, 2023?

Yes, providers were supported in their pursuit of accreditation

- a. Licensed center-based programs **51**
- b. License-exempt center-based programs **0**
- c. Licensed family child care homes **43**
- d. License-exempt family child care homes (care in providers' home) **0**
- e. Programs serving children who receive CCDF subsidy **51**

No lead agency support given to providers in their pursuit of accreditation.

N/A. Describe:

9.1.2 Spending – Accreditation Support:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on accreditation during October 1, 2022 to September 30, 2023? **\$270987**

Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent
The accurate expenditure for Accreditation Support Validator is reflected in the provided amount. The funds allocated for accreditation support were disbursed through the MD EXCEL bonus program, and unfortunately, detailed breakdown data is not available.

No

9.2 Progress Update

9.2.1 Progress Update – Accreditation Support:

Supporting providers in the voluntary pursuit of accreditation.

Measurable indicators of progress the state/territory reported in section 7.8.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
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.

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.8.2 of the FFY 2022-2024 CCDF Plan:
Despite the fact that not all of the programs applied for instructional support assistance through the fund, all programs still 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. September 2023 data showed, 420 programs have been awarded Maryland Accreditation, with 437 programs pursuing accreditation. As of September 30, 2023, 689 programs were published at ratings that require the pursuit of or the award of accreditation, an increase of 57 programs from October 1, 2022.

10) Supporting providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

Goal: Assist programs to meet high-quality comprehensive program standards relating to health, mental health, nutrition, physical activity, and physical development

10.1 High-Quality Program Standards

10.1.1 High-Quality Program Standards:

How did the state or territory help providers develop or adopt high quality program standards during October 1, 2022, to September 30, 2023?

QRIS, check which indicators the lead agency has established:

Health, nutrition, and safety of child care settings

Physical activity and physical development in child care settings

Mental health of children

Learning environment and curriculum

Ratios and group size

Staff/provider qualifications and professional development

Teacher/provider-child relationships

Teacher/provider instructional practices

Family partnerships and family strengthening

Other. Describe:

Early Learning Guidelines

State Framework. Describe

Core Knowledge and Competencies

Other. Describe **MSDE provides funding to nine organizations located throughout the State that provide indirect services that support early childhood programs. The grant, known as Infant and Early Childhood Mental Health Support Services (IECMHSS), is competitive and is awarded to organizations whose goal is to assist early childhood programs in improving the quality of education for children ages birth through five years old.**

The Infant and Early Childhood Mental Health Support Services improves the ability of staff, programs, and families to prevent, identify, treat, and reduce the impact of social, emotional, and other mental health problems among children birth through five years old.

N/A – did not help provider develop or adopt high quality program standards

10.1.2 Spending - High-Quality Program Standards:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) to **support providers in the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development** during October 1, 2022 to September 30, 2023? **\$7041263**

Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

No

10.2 Progress Update

10.2.1 Progress Update - High-Quality Program Standards:

Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development.

Measurable indicators of progress the state/territory reported in section 7.9.2 of the FFY 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan. **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.**

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.9.2 of the FFY 2022-2024 CCDF Plan: **Maryland's progress to improve the quality of child care programs is measured through monthly data and priorities set by the agency. On a monthly basis, data reports that capture the participation and rating information on programs participating in Maryland's quality rating and improvement system are reviewed and posted on the agency's webpage for public view. Accreditation Support Fund applications submitted and processed to support programs through the accreditation process with organizations outside of the Maryland State Department of Education are also tracked on a monthly basis. For programs pursuing Maryland Accreditation measurable indicators include the number of programs who are able to complete the accreditation process within the provided time frame. The data is used to determine trends and identify resources that would support continuous program improvement as well as determine targeted outreach that supports equitable access to quality care.**

Maryland EXCELS standards require programs published at a quality rating of 4 or 5 to have policy and procedure that focuses on health, nutrition, physical activity, and physical development. In addition, these programs need to provide access to information to support the development progress, including mental health of children through updated community resources. These same programs need to be participating in an accreditation pathway or have been awarded accreditation and are in good standings with the accrediting organization. As of September 30, 2023, 689 programs were published at a quality rating of 4 or 5, an increase of 57 programs from October 1, 2022.

The Infant and Early Childhood Mental Health Support Services program started as a three-year pilot program in 2002, within Baltimore City and on the Eastern Shore. Based on the program's success, MSDE funded the expansion of the pilot program in 2006 to include 12 statewide child care licensing regions.

In Maryland, Infant and Early Childhood Mental Health Support Services (IECMHSS) program is both child/family and classroom/program focused. This hybrid model allows consultants to

focus on specific child behaviors while working with teachers to improve the overall quality of the classroom environment.

The Infant and Early Childhood Mental Health Support Services program's goals are to:

Refer children and families in need of more intensive mental health services to appropriate support and/or clinical programs;

Help children remain in stable, quality child care arrangements that support their individual needs;

Increase teacher confidence and competence in dealing with challenging behaviors through training, coaching, and mentoring, and

Build close partnerships with local community resources including Judy Centers, Head Start Centers, health departments, Child Find, Maryland Infants & Toddlers Program, preschool special education, and private consultation providers.

The Infant and Early Childhood Mental Health consultants build strong relationships with families, programs, and teachers to prevent, identify, treat, and reduce the impact of mental health problems among children.

11) Other activities to improve the quality of child care services

Goal: To improve the quality of child care programs and services related to outcomes measuring improved provider preparedness, child safety, child well-being, or kindergarten-entry

11.1 Sustainability funding to child care providers

11.1.1 Sustainability funding to child care providers:

Did the state or territory continue to provide stabilization grants to child care providers using funds other than the American Rescue Plan (ARP) Act Stabilization funds during October 1, 2022 to September 30, 2023?

Yes. If yes, describe and check which types of providers were eligible and number served.

Licensed center-based programs

License-exempt center-based programs

Licensed family child care homes

License-exempt family child care homes (care in providers' home)

In-home (care in the child's own home)

Other (explain)

No.

N/A. Describe:

11.1.2 Spending – Sustainability funding to child care providers:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

11.2 Data Systems Investment

11.2.1 Data Systems Investment:

Did the state/territory invest in data systems to support equitable access to child care (e.g., modernizing and maintaining systems; technology upgrades and data governance improvements to provide more transparent and updated information to parents; a workforce registry; updated QRIS systems; CCR&R updates; monitoring systems) from October 1, 2022 to September 30, 2023?

Yes. Describe:

No

11.2.2 Spending - Data Systems Investment:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

CCDF quality funds

Non-CCDF funds

CARES funds

CRRSA Funds

ARP Supplemental Discretionary

ARP Stabilization 10% set-aside

Unable to report. Indicate reason:

No

11.3 Supply and Demand Analysis

11.3.1 Supply and Demand Analysis:

Did the state/territory conduct an analysis of supply and demand or other needs assessment to identify areas of focus to build supply or target funding from October 1, 2022 to September 30, 2023?

Yes. Describe findings:

No

11.3.2 Spending - Supply and Demand Analysis:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

11.4 Supply and Demand Initiatives

11.4.1 Supply and Demand Initiatives:

Did the state/territory implement initiatives designed to address supply and demand issues related to child care deserts and/or vulnerable populations (such as infants and toddlers, children with disabilities, English language learners, and children who need child care during non-traditional hours) during October 1, 2022 to September 30, 2023? Check all that apply.

- Child care deserts
- Infants/toddlers
- Children with disabilities
- English language learners
- Children who need child care during non-traditional hours
- Other. Describe:

11.4.2 Spending - Supply and Demand Initiatives:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds

- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary
- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

11.5 Provider Compensation and Benefits

11.5.1 Spending - Provider Compensation and Benefits:

What compensation and benefits improvements did teachers/providers receive between October 1, 2022 and September 30, 2023 (check all that apply)? If indicated, how many providers received each type of support?

- Financial bonuses (not tied to education levels) **1478**
- Salary enhancements/wage supplements
- Health insurance coverage
- Dental insurance coverage
- Retirement benefits
- Loan Forgiveness programs
- Mental Health/Wellness programs
- Start up funds
- Other. Describe:
- N/A. Describe:

11.5.2 Spending - Provider Compensation and Benefits:

Were funds from any sources (e.g., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, or ARP Stabilization 10% set-aside) spent to support this activity?

Yes, if so which funding source(s) were used?

- CCDF quality funds
- Non-CCDF funds
- CARES funds
- CRRSA Funds
- ARP Supplemental Discretionary

- ARP Stabilization 10% set-aside
- Unable to report. Indicate reason:

No

11.6 Spending – Other Activities to Improve the Quality of Child Care Services

11.6.1 Spending – Other Activities to Improve the Quality of Child Care Services:

What is the total amount spent across all funding sources (i.e., CCDF quality set aside, non-CCDF funds, CARES, CRRSA, ARP Supplemental Discretionary, and ARP Stabilization 10% set-aside) on other activities to improve the quality of child care services during October 1, 2022 to September 30, 2023? **\$12999767**

Unable to report total amount spent. Indicate reason:

Optional: Use this space to tell us any additional information about how funds were spent that is not captured in the items already reported.

11.7 Progress Update

11.7.1 Progress Update – Other Activities to Improve the Quality of Child Care Services:

Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

Measurable indicators of progress the state/territory reported in section 7.10.1 of the 2022-2024 CCDF Plan:

Note: The information displayed is from the most recent approved FFY2022-2024 CCDF Plan.
N/A

Please include information on the outcomes and numerical targets achieved based on the measurable indicators of progress specified in section 7.10.2 of the 2022-2024 CCDF Plan: **In Maryland, all child care programs and the majority of educators are required to complete a six hour Emergency Preparedness training which reviews not only critical information for safety during emergencies, but also results in the development and certification of an emergency plan, including evacuation plans. This workshop was conducted 40 times with 756 educators successfully completing it. The CCDF mandated Basic Health & Safety Training was conducted by the CCRCs 34 times for 520 participants during this FFY 2023. During this year, the CCRCs also contracted approved individuals to conduct CPR and First Aid certification courses for educators; these were conducted 45 times for 546 participants. There was a total, inclusive of**

those previously noted, of 246 workshops conducted this year focused on the overall health and safety of children in child care programs. While coaching and technical assistance supports are provided to educators around emergency preparedness, child safety, well-being and school readiness, the data are not captured in a way which allows for this granular reporting. It is also important to note that these topics are infused throughout the majority of coaching and TA work as the foundation of all other initiatives and needs of a program.

12) Annual Report

Lead agencies must submit an annual report, as required at 45 CFR § 98.53(f) (4), describing any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on an annual review and assessment of serious child injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible.

12.1 Annual Report and Changes

12.1.1 Annual Report:

Describe the annual review and assessment of serious injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible. **Licensing Branch (Licensed Providers): Regional Managers for the Office of Child Care (OCC) attend county-level child fatality review board meetings monthly to review and assess if public service announcements, information sessions or regulations are needed to provide guidance to providers to prevent future fatalities. Additionally, the Central OCC team also conducts reviews of serious injuries and deaths on an ongoing basis to determine if information sessions and/or regulations are needed to provide guidance to providers to prevent future occurrences.**

Child Care Scholarship Branch (Licensed-Exempt Providers): There were no serious injuries or deaths for licensed-exempt providers reported during the period requested. At the point in which a serious injury or death should occur, the CCS Branch will conduct a review of each incident to determine if information sessions and/or regulations are needed to provide guidance to informal care providers to prevent future occurrences.

12.1.2 Annual Report Changes:

Describe any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on the annual review and assessment. **Licensing Branch (Licensed Providers): Maryland is seeking the approval of a regulation amendment for Emergency Intermediate Sanctions. The purpose of this action is to allow MSDE's Division of Early Childhood, Office of Child Care (OCC), if it determines that a situation impacting the health, safety, and welfare of children in care can reasonably be contained, to take immediate action to address that situation without necessarily having to suspend a program in its entirety,**

as is currently the only option for emergencies. The OCC may currently impose intermediate sanctions that include restricting the ages or number of new children enrolled, reducing the number of children in care, requiring training, and increasing monitoring visits. However, these sanctions are taken on a nonemergency basis, which means they do not go into effect until 20 days from the date of the notification and are stayed if a hearing request is timely filed. The proposed change in regulation would allow the OCC to impose the same type of sanctions but on an emergency basis, resulting in the sanctions taking effect immediately and not being stayed if a hearing request is filed. If a hearing is requested, it would occur within seven days and a decision would be issued within seven days after the conclusion of the hearing, as is the case for emergency suspensions. In addition, the proposed change in regulation would add two new sanctions for use on an emergency basis. One would allow the OCC to limit the spaces, rooms, or areas used for care and another would allow the OCC to prohibit an associated party (employee, staff member, substitute, or volunteer) who previously passed their clearances (criminal background checks and abuse or neglect clearance) from being alone with a group of children pending an open child protective services or criminal investigation.

Child Care Scholarship Branch (Licensed-Exempt Providers): There were no changes to regulations, enforcement mechanisms or other policies that address health and safety based on the annual review and assessment of licensed-exempt providers during the period requested.

13) American Rescue Plan (ARP) Act Child Care Stabilization Grants

Goal: To ensure the lead agency implements an equitable stabilization grant program. The American Rescue Plan (ARP) Act included approximately \$24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend most stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Section 13 should be used to report on ARP Stabilization Grants ONLY.

13.1 Multiple Grant Programs

13.1.1 ARP Act Stabilization multiple grant programs:

Did you run more than one grant program? If so, list the number of separate grant programs and describe their uses.

Yes. Describe:

No

13.2 ARP Act Stabilization Grants workforce compensation

13.2.1 ARP Act Stabilization Grant strategies for workforce compensation:

Which of the following methods were used to support workforce compensation (e.g., bonuses, stipends, increased base wages, or employee benefits) with stabilization grants? (check all that apply)

Targeted grants to support workforce compensation (no other allowable uses)

Providing bonus funds to providers that increased child care staff compensation through stabilization grants

Requiring a specific percentage or amount of stabilization grant funding go toward child care staff compensation increases. Percent or amount for staff compensation:

Other (Describe):