

# Joint Committee on Children, Youth, and Families

*Senator Nancy J. King, Senate Chair*  
*Delegate Ariana Kelly, House Chair*

## Agenda

Wednesday, July 20, 2016, 10:00 a.m.  
Room 120, House Office Building  
Annapolis, Maryland

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I. ~~10:00~~ Call to Order and Chairs' Opening Remarks

II. History of Child Care in Maryland

- Margaret E. Williams, Executive Director, Maryland Family Network
- Steve Rohde, Deputy Director, Maryland Family Network

III. Licensing Process and Cost

- Elizabeth A. Kelley, Director, Office of Child Care, Division of Early Childhood Development, Maryland State Department of Education
- Paula D. Johnson, Licensing Branch Chief, Office of Child Care, Division of Early Childhood Development, Maryland State Department of Education
- Amanda S. Conn, Esquire, Director of Education Policy and Government Relations, Maryland State Department of Education


IV. Providers – Regulation Concerns

- Delia Aguilar, Senior Manager Workforce Development, CASA
- Fatima Whitmore, Vice-President of the Child Care Division, Service Employees International Union Local 500
- Christina Peusch, Executive Director, Maryland State Child Care Association, Maryland Association for the Education of Young Children
- Diane Mellott, Vice President, Maryland School-Age Child Care Alliance
- Mary M. Gunning, Co-Director, Catholic Charities Head Start of Baltimore City

V. Closing Remarks and Adjournment



MARYLAND FAMILY NETWORK



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NETWORK

**Margaret E. Williams**  
**Executive Director**  
**&**  
**Steve Rohde**  
**Deputy Director**

MARYLAND FAMILY NETWORK

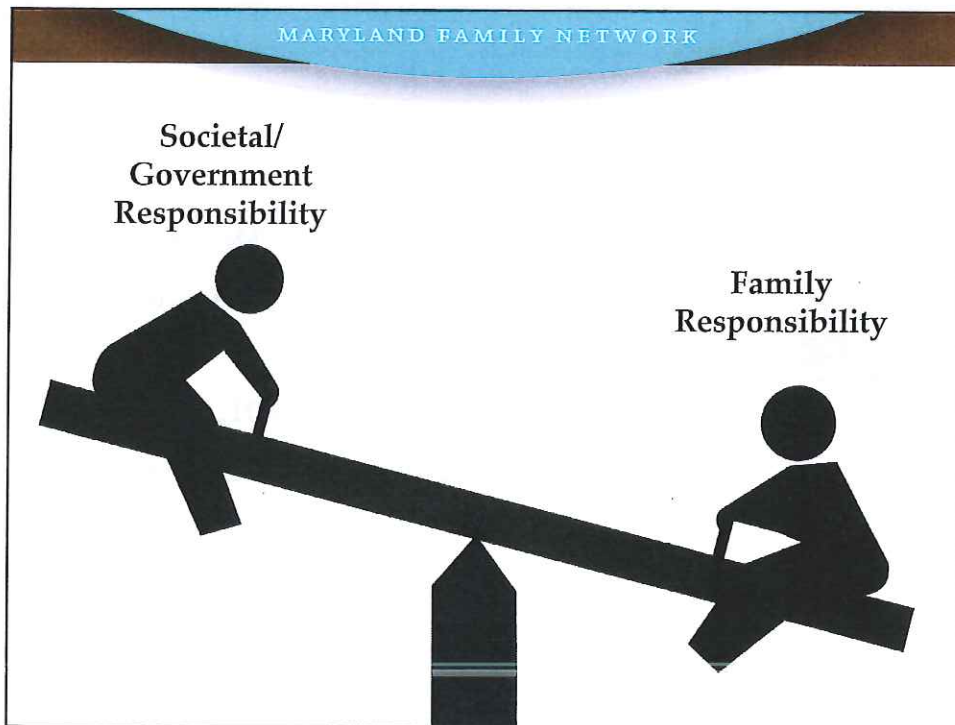


**Quality**      **Affordability**

**Availability**

**Child Care Trilemma**

Source: Gwen Morgan 1986



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1. At the beginning of the 20<sup>th</sup> century who established and funded most day nurseries?

a. The federal government  
b. State governments  
c. Philanthropic or charitable organizations  
d. Employers

The complex block contains a question, two photographs, and a list of multiple-choice answers. The question is "1. At the beginning of the 20<sup>th</sup> century who established and funded most day nurseries?". The first photograph shows the exterior of a two-story wooden building with a porch. The second photograph shows a large group of young children, mostly girls in white dresses, standing in front of a building. To the right of the photographs is a list of four options: a. The federal government, b. State governments, c. Philanthropic or charitable organizations, and d. Employers.

**2. What was the first early childhood program sponsored by the federal government?**

- a. Head Start
- b. Works Progress Administration (WPA) nurseries**
- c. Lanham Act child care centers
- d. Military child care



**3. How many children were served in the Lanham Act child care centers during World War II per year?**



- a. 12,000
- b. 45,000
- c. 130,000**
- d. 210,000

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4. How many Lanham Act child care centers continued to operate a year after the end of World War II?

- a. 3,102
- b. 1,800
- c. 300
- d. None



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5. In what year were working mothers first permitted to deduct their child care expenses on their federal tax returns?

- a. 1939
- b. 1954
- c. 1976
- d. 1995



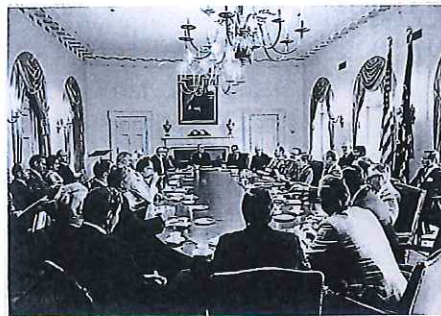
## 6. Why was Head Start launched by the federal government in the 1960's?

- a. To help mothers on welfare seek and participate in employment
- b. To assist all working women with their child care needs
- c. To provide jobs for teachers and health practitioners
- d. To offer children and their families a comprehensive early childhood intervention program



## 7. What kept the Comprehensive Child Development Act of 1971 from being enacted?

- a. It passed the U.S. House of Representatives, but not the U.S. Senate
- b. It passed the U.S. Senate, but not the U.S. House of Representatives
- c. It was vetoed by then President Nixon
- d. Public outcry derailed the bill before it ever reached Congress



For more information on this, go to the video series  
The Raising of America @ <http://www.raisingofamerica.org/watch>

### 8. What was the purpose of the Military Child Care Act of 1989?



- a. To mandate improvements in military child care programs
- b. To provide child care to active duty personnel
- c. To encourage mothers to work in war-related industries
- d. To create a child care program for veterans

### 9. What was the primary purpose of the Child Care Development Block grant?



- a. To provide affordable child care to low-income parents to participate in work or job training programs
- b. To provide child care to all working families, regardless of income
- c. To provide public preschool for all children
- d. To expand Head Start



**10. In 2009, the federal government invested \$5 billion in early care and education (American Recovery and Reinvestment Act - ARRA) for what purpose?**

- a. To fund universal preschool for all four-year olds
- b. To fully fund Head Start for all eligible children
- c. To create and save early care and education jobs and invest in education services**
- d. To expand child care access to all parents currently working or looking for work, regardless of income



**For more information:**



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**Comments Concerning Child Care in Maryland**  
**From Margaret Williams, Executive Director, Maryland Family Network**  
**Presented to the Joint Committee on Children, Youth, and Families**  
**July 20, 2016**

Good morning, Senator King, Delegate Kelly and members of the Committee. I'm Margaret Williams, Executive Director of Maryland Family Network. Also here today is MFN Deputy Director Steve Rohde. Thank you for your invitation to speak about child care in Maryland.

For many Americans, child care is one of the most challenging issues of their lives. In Maryland, I suspect from our work with the Child Care Resource Centers and LOCATE—together touching the lives of over ½ a million Marylanders each year—that there are few legislators here who have not heard from constituents about their concerns. Whether you're a parent, a grandparent, an employer, or a child care provider, it's very likely you are dealing with the needs of very young children and the impact of those needs on family, community, and work life.

This is the first in a series of hearings that will address a variety of aspects of child care—its quality, affordability, and availability. Touching all three of these areas are REGULATIONS, the topic of today's hearing. Regulations here—meaning the rules of licensing, credentialing, MD EXCELS, and so forth—are crucial in establishing not only a baseline for health and safety in child care, but also the achievement of high-quality standards, i.e. the characteristics of care that give children a great start. Maryland has forward-looking regulations that give us a baseline higher than many states have. What is missing from Maryland's child care system is a sufficient allocation of resources to put high-quality, affordable, available child care within reach for all families.

In a moment, Steve will present a brief history of child care in Maryland. It is the story of what one national expert calls the "CHILD CARE TRILEMMA": the difficulty of balancing between the government and families the quality, affordability, and availability of child care.

- **QUALITY** refers to child care that offers optimum (research-based, practice-proven) staff-to-child ratios, professional development opportunities, space and site conditions, developmentally appropriate adult-child interactions, and so forth.
- **AFFORDABILITY** means what parents can, or are willing to, pay for care. Lack of affordability is the #1 reason parents cannot find child care in Maryland. Costs vary based on the type of care (e.g. family home, center-based, nursery), the age of the child, market forces in the geographic area, and other considerations.

Even in high-end programs, parent fees or tuition seldom generate sufficient income to cover the full cost of care. If the gap between revenue and expense is large, a program will not be able to pay salaries and benefits high enough to attract and retain staff with degrees, and this often has a negative impact on quality.

- **AVAILABILITY** is the supply of care in a location that is convenient, during hours that meet parents' schedules, and that serves the ages and needs of all children. The #2 reason Maryland parents can't find child care in Maryland is that they can't find a single place for children in the family who are of different ages. The #3 reason is that they can't find care for hours that match their work schedules.

Steve will present a short history of government participation in child care, then I will talk about Maryland's current child care system and how it stands in comparison to other states.

[.....]

As you can see, the history of government involvement in child care is the story of efforts to find the delicate balance between family and government responsibilities. Where does a parent's responsibility for choosing safe and healthy child care end, and where does the state's responsibility for health and safety regulations and quality standards begin? What percentage of family income should families pay for child care, and when should the state subsidize the cost? If parents can't afford – let's say, to pay more than a third of their income for -- quality care, is it acceptable for families to pay for substandard care? There isn't a bright line that separates family from government responsibilities. What we know is that in the vast majority of Maryland communities, the market will not naturally yield enough child care that is high-quality, affordable, and available to all children in Maryland.

Licensing and registration are the major regulatory tools that Maryland uses to assure a level of quality that at least meets health and safety standards.

Thirty years ago in Maryland, *child care centers* were licensed by local health departments, and *family child care homes* were registered by local departments of social services. There was a shortage of regulated care, especially for infants and toddlers and for school-age children, and there was a proliferation of unregulated providers operating illegally. Today, with all regulation consolidated at MSDE, we still have a shortage of infant and toddler care and a proliferation of unregulated providers operating illegally. According to LOCATE statistics, lack of infant/toddler care is the #4 reason parents can't find care for their children.

During the 2016 fiscal year, as in the previous five years, Maryland Family Network received almost 300 complaints about unlicensed care. Parents who use illegal care often tell researchers that they select unregulated options because it's affordable. The main reason child care—particularly infant/toddler care (children who cannot walk or talk)—is expensive is because of staff ratios. In Maryland, a kindergarten class might have one teacher supervising 25 children. In regulated, center-based child care, a group of infants requires one trained professional for every three babies.<sup>1</sup> There are two important reasons for this requirement: (1) the Fire Marshal has set these limits to ensure safe evacuation in an emergency; and (2) neuroscience tells us that human brain development requires that very young children have frequent, responsive, consistent interaction with a primary caregiver who meets their social and emotional needs, in addition to their physical needs of diapering and feeding and rocking that consume so much of the day. These low ratios result in high tuition rates for infants and toddlers – the average in Maryland is \$275 per week for center-based care.

Yet the compensation paid to providers (center-based teachers make an average of \$26,500 per year), even at places charging high tuition, is still so low it's more comparable to parking lot attendants' salaries (\$22,000/yr.) than to public school teachers' (\$65,500/yr.) Few child care centers, let alone family child care homes, offer health insurance, retirement benefits, vacation and sick leave, or close for three months during the summer. And still the tuition rates are often out of reach for young parents, who turn to unregulated care with no health and safety standards and ratios that often exceed what is developmentally appropriate for children. In Maryland, 15 children in illegal care died in the last five years.

In spite of these challenges, Maryland's child care system has many strengths. I'm frequently reminded of this by my counterparts from other states and by our national advocacy partners, who view Maryland as a leader in child care and early childhood education. Beginning in 1989, when child care licensing previously overseen by local jurisdictions first came under the authority of the State Department of Human Resources, Maryland's regulations were seen as among the most comprehensive nationwide. With few exceptions, child care providers became subject to background checks, health and safety training requirements, and inspections. Many states have followed Maryland's lead in the intervening years, and in 2014, Congress incorporated many of Maryland's standards into the regulatory framework of its reauthorization of the Child Care and Development Block Grant.

Another positive development for parents and providers came in 1989 with the creation of the Maryland Child Care Resource Network (MCCRN) and the opening of the first three Child Care Resource Centers (CCRCs)—one of the first such networks in the country. Today, there are 12 CCRCs, one for each of the state's child care licensing regions. CCRCs promote quality in child care by providing training and capacity building services to any regulated provider in

Maryland. They are also the home of the Early Childhood Mental Health Specialists who greatly add to quality of care throughout the state. Though recruiting and training *new providers* and working to retain current providers were originally part of the mission of CCRCs, funding cuts over the years eliminated those services in favor of supports to providers to move up the quality ladder in Maryland's quality rating improvement system, MD EXCELS.

Largely due to Maryland's strong baseline of regulations and structural supports such as MCCRN, Maryland was for seven consecutive years in the 1990s cited as one of the Ten Best States for Child Care by *Working Mother* magazine. (The magazine last published those ratings in 1999.) More recently, our state has been highly rated by the national advocacy organization Child Care Aware, which ranked Maryland in the top five states for child care center regulations twice, and in the top ten states for family child care regulations three times, since 2007.

Child care programs in the Office of Child Care were transferred from DHR to a newly created Division of Early Childhood Development at MSDE in 2005 and 2006, making Maryland the first state to consolidate and align child care and other early education programs within a state education department. At the time, Maryland became a model frequently cited by other states, advocacy organizations, and partners in the federal government.

And yet, for all its strengths, Maryland's child care system continues to face serious challenges. Since its beginning in the 1990s, the Child Care Subsidy Program (CCSP)—currently supported by approximately \$97 million in State and federal dollars—has been through three multi-year enrollment freezes due to insufficient funding. Again frozen for at least some eligible families since 2011, the waiting list as of May 31, 2016, was 3,629 children. The impact of these freezes on low-income families is almost always a choice of who will care for their children: relatives or another unregulated (unsafe?) option. We look forward to the opportunity to consider CCSP and its regulations in depth at a subsequent hearing of this Committee.

The CCSP freeze, coupled with the ramping up of quality improvement initiatives like the Child Care Credential program and MD EXCELS, without support and funding commensurate with the increased demands on providers, is having a detrimental impact on our licensed child care programs. Many of the small businesses in the child care industry are coming to the conclusion that the burdens of these programs, on top of regulatory requirements, are simply too onerous, and they are closing their doors. Even worse, we hear

that some family child care providers are not renewing their licenses and continuing to operate illegally.

Representatives from the child care provider community on an upcoming panel can speak to these issues from first-hand experience. In the meantime, thank you for your attention, and I'll be happy to answer any questions.

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† A center teacher can care for no more than 3 children under age 2, and a family child care provider can care for no more than 2 children under age 2 with 6 additional children age 2 and older





# Maryland State Department of Education

Child Care Licensing/Registration Process

Presentation to the Joint Committee for  
Children, Youth and Families

July 20, 2016

## Statutory Authority

### □ State

- Family Law Article (SB282/CH185 transfer of authority to Education Article effective June 1, 2016)
  - Family Child Care - §§5-550, 5-551, 5-557.1, and 5-560
  - Large Family Child Care - §§5-501, 5-505, 5-550—5-557.1, and 5-560—5-563
  - Child Care Centers and Letters of Compliance - §§5-502, 5-560, 5-564, and 5-570—5-585

## Statutory Authority

### □ Federal

- Federal Statutory Reference—Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.)
- Pro-Children Act of 1994 (20U.S.C. §6081 et seq.)



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## Statutory Authority

### □ Federal

- The Child Care and Development Block Grant Act (42 USC 9858) and section 418 of the Social Security Act (42 USC 618)
  - Conditions of funding, requiring State's to:
    - Monitor child care facilities
    - Establish training requirements in 10 specific areas
    - Set requirements for meeting standards of quality
    - Develop criteria for income eligibility for child care services (Child Care Subsidy)



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*CDF Reauth of 2014*

## Types of Care

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### □ Family Child Care

- Care provided in an individuals' home for up to 8 children, including 2 under the age of 2 years
- May care for 4 under age 2 with an additional adult
- Relatives are not required to be registered



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## Types of Care

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### □ Large Family Child Care (LFCCH)

- Care provided in an individuals' home for up to 12 children
- Employ a number of staff based on the ages and number of children served



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## Types of Care

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- Child Care Center
  - Operated by an individual, agency, or organization.
  - Offers child care services for part or all of any day, at least twice a week.



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## Types of Care

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- Letters of Compliance (LOC)
  - Programs run by tax-exempt religious organizations.
  - Exemptions from:
    - Professional qualifications and training requirements
    - Schedule of Daily Activities
    - Materials and Equipment



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## General Process

- Complete an Orientation for the type of care to be provided:
  - Family Child Care
  - Large Family Child Care
  - Child Care Center/Letters of Compliance
- Once the orientation is completed, the appropriate regional office of child care is notified.



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## General Process

- Web link to orientation sessions:  
<http://earlychildhood.marylandpublicschools.org/child-care-providers/family-child-care-providers>



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## General Process

- An application and all documentation is submitted to the appropriate Regional Licensing Office.
- The documentation is reviewed.
- Inspections are conducted by the Fire Authority, Health Department if applicable, and MSDE.



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## Family Child Care Inspection

- The home is inspected for safety and program requirements
  - Home, furnishings, and outdoor areas are inspected for safety
  - Napping arrangements are reviewed and areas to be used are inspected
  - Materials for various age groups are observed
  - Activities are discussed/observed
    - Screen-time (SB 716, 2014)



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## Family Child Care Inspection

- The home is inspected for health
  - Food preparation areas
  - Nutrition requirements are discussed (SB 716, 2014)
  - Bathrooms and diapering areas
- Initial inspections typically take 4 hours and may require a follow-up



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## Center/LOC/LFCCH Inspection

- Areas (classrooms) to be used for child care are measured to determine capacity
- Facility is inspected for safety and program requirements (indoors and outdoors)
  - Equipment and furnishings are inspected
  - Materials are observed for the age groups to be served
  - Activities and schedule are discussed
    - Screen-time (SB 716, 2014)



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## Center/LOC/LFCCH Inspection

- Facility is inspected for health
  - Food preparation areas
  - Nutrition requirements are discussed (SB 716, 2014)
  - Bathrooms, hand sinks, water sources and diapering areas
- Initial inspections typically take 8 hours and may require a follow-up



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## Inspections

- The Licensing Specialist and applicant discuss:
  - Items needed to complete the application packet – for example Staff Records
  - Areas not able to be observed at initial inspection – for example Child Records, Food service, and Screen-time practices
  - Items that need to be corrected – for example locks on cabinets that hold items that should be inaccessible to children



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## Associated Fees - State

- Background Checks - \$54 per person (18 years of age or older) (HB 163, 2005)
- Medical Reports – varies depending on insurance and health care practitioner (\$10-\$200)
- Training – varies depending on type of care and position held (\$100-\$1,190)
- Insurance – varies by carrier, type of care and the number of children/staff



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## Associated Costs - Local

- Inspections
  - Fire (\$0-\$100)
  - Well & Septic (\$45-\$700)
- Zoning (\$15-\$1,240+)
- Use and Occupancy (\$0-\$1,000+)



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## Associated Costs - General

- ❑ Facility improvements (fencing, bathrooms, hand sinks, lead abatement, painting, carpet, etc.)
- ❑ Materials (books, puzzles, games, blocks, dolls, balls, art materials, etc.)
- ❑ Equipment (tables, chairs, cribs, shelves, etc.)
- ❑ Supplies (soap, paper towels, toilet paper, cleaning products, etc.)
- ❑ Staffing



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## Cost Summary

Family Child Care		Child Care Center	
<b>State Fees (Reflect Average Cost)</b>		<b>State Fees (Reflect Average Cost)</b>	
Background Checks (2)	\$108	Background Checks	\$54 per person
Medical Reports	\$105 per person	Medical Reports	\$105 per person
Training (Includes First Aid, CPR, Emergency Planning and Medication Administration)	\$409 or \$759 if applying for a 4 infant home	Training (Does not include First Aid, CPR, Emergency Planning and Medication Administration)	Aide - \$0 Infant/Toddler Teacher - \$601 Preschool/School-Age Teacher - \$590 Director - \$861 - \$1,381
<b>Local Fees (Reflect Average Cost)</b>		<b>Local Fees (Reflect Average Cost)</b>	
Fire	\$60	Fire	\$86
Well/Septic	\$187	Well/Septic	\$215
Zoning	\$131	Zoning	\$244
Use & Occupancy	\$108	Use & Occupancy	\$238
<b>Total - Average Cost</b>	<b>\$1,108 - \$1,458</b>	<b>Total - Average Cost</b>	<b>\$2,603+</b>

NOTE: General Associated Costs for equipment and materials not included.



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## Completing the Process

- Timeframe for completing the licensing process is dependent on the applicant's response to the Office for outstanding information and approvals from locally required inspections.
- The Specialist processes the file for supervisory approval, when complete.
- The initial license is issued for a two year period.



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## Licensing Process

- Additional Information and Resources at:  
<http://earlychildhood.marylandpublicschools.org/>



- Questions



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**MARYLAND STATE DEPARTMENT OF EDUCATION - OFFICE OF CHILD CARE  
APPLICATION FOR FAMILY CHILD CARE REGISTRATION**

**CHECKLIST**

The applicant must submit the following information to the Office of Child Care (OCC) before the application can be considered complete. (Check appropriate column for each listed item.)

	Submitted	N/A
A. Application for Family Child Care Registration (OCC 1230) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
B. Provider Information and Plan of Operation (OCC 1267) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
C. Applicant's Pre-Service Training Documents: (STATE)		
1. First Aid/CPR (current and appropriate for each age group approved for care)	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency and Disaster Planning	<input type="checkbox"/>	<input type="checkbox"/>
3. Medication Administration (effective Jan 1, 2016)	<input type="checkbox"/>	<input type="checkbox"/>
4. Americans with Disabilities Act (ADA) (effective Jan 1, 2016)	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>At least one of the following:</b>		
a. a. 24 clock hours of approved training - 4 clock hours in each of the 6 core of knowledge competencies (OCC 101)	<input type="checkbox"/>	<input type="checkbox"/>
b. b. 90 Clock hour course;	<input type="checkbox"/>	<input type="checkbox"/>
c. Department of Defense Modules for Child Care Providers;	<input type="checkbox"/>	<input type="checkbox"/>
d. Child Development Associate Credential (CDA)	<input type="checkbox"/>	<input type="checkbox"/>
e. Associate Degree that includes 15 semester hours of early childhood or elementary education coursework;	<input type="checkbox"/>	<input type="checkbox"/>
f. Bachelor's or higher degree in early childhood education, elementary education or other discipline approved by the Office; or	<input type="checkbox"/>	<input type="checkbox"/>
g. Other coursework approved by the Office <i>and</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>If planning to care for 1-4 children under the age of 2 years:</i></b>		
6. Sudden Infant Death Syndrome (SIDS) (taken within last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
7. Supporting Breastfeeding Practices effective Jan1, 2016), <i>and</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>If planning to care for 3-4 children under the age of 2 years you must also include:</i></b> Three (3) semester hours or 45 clock hours of approved training related to the care of children younger than 2 years old.	<input type="checkbox"/>	<input type="checkbox"/>
D. Substitute Form(s) (OCC 1229) (to include Additional Adult's substitute, if applicable) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
E. Additional Adult Application (OCC 1275) <i>and documents to meet</i> Training Requirements: Current CPR/First Aid for children younger than 2 yrs and SIDS (within past 5 years) (STATE)	<input type="checkbox"/>	<input type="checkbox"/>
F. Release of Information (OCC 1260) (No cost)		
1. Applicant and each resident 18 yrs old or older	<input type="checkbox"/>	<input type="checkbox"/>
2. Additional Adult	<input type="checkbox"/>	<input type="checkbox"/>
3. Substitute(s) to include Additional Adult's substitute, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
4. Others with regular access to child care area during approved hours of operation	<input type="checkbox"/>	<input type="checkbox"/>
G. Medical Reports (OCC 1204) (STATE)		
1. Applicant and all residents	<input type="checkbox"/>	<input type="checkbox"/>
2. Additional Adult	<input type="checkbox"/>	<input type="checkbox"/>
H. Evidence of Lead Safe Environment (Certificate for Pre 1978 Rental Property) (STATE)	<input type="checkbox"/>	<input type="checkbox"/>
I. Evidence of Compliance with Local Building and Zoning Codes (U&O Permit) (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
J. Homeowners Liability Insurance (if home located in area which requires Homeowner Association Membership) (STATE)	<input type="checkbox"/>	<input type="checkbox"/>
K. Private Sewage & Water Inspection Results (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
L. Environmental Health Survey (OCC 1268) (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
M. Fire Inspection Report (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
N. Emergency Escape Plan (OCC 1261) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
O. Program Plan (Schedule of Activities) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
P. Discipline Policy (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
Q. Menu Plan for 4 Weeks (OCC 1218) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
R. Rabies Certificate(s) (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
S. Swimming Pool Certificate (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: The applicant, residents 18 years or older, and all paid individuals ages 14 years or older, must get Criminal Background Checks. (STATE)**

**MARYLAND STATE DEPARTMENT OF EDUCATION - OFFICE OF CHILD CARE  
APPLICATION FOR A LARGE FAMILY CHILD CARE HOME REGISTRATION**

**CHECKLIST**

The applicant must submit the following information to the Office of Child Care (OCC) before the application for a Large Family Child Care Home (LFCCH) can be considered complete. *(Check appropriate column for each listed item.)*

	Submitted	N/A
A. Application for Large Family Home Registration (OCC 1240) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
B. Floor Plans <i>(with architectural detail)</i> (Do not need to be prepared by an architect - No cost associated)	<input type="checkbox"/>	<input type="checkbox"/>
C. Plan of Operation <i>(Schedule of Activities)</i> (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
D. Discipline Policy (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
E. Menu Plan for 4 weeks (OCC 1218) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
F. Evidence of Compliance with Local Building and Zoning Codes <i>(U&amp;O Permit)</i> (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
G. Homeowner's Liability Insurance <i>(if home located in areas which requires Homeowner Association Membership)</i> (STATE)	<input type="checkbox"/>	<input type="checkbox"/>
H. Environmental Health Survey (OCC 1268) (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
I. Private Sewage & Water inspection Results (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
J. Fire Inspection Report (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
K. Fire Evacuation Plan(s) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
L. Lead Safe Environment <i>(Certificate for Pre 1978 Residential Rental Property)</i> (STATE)	<input type="checkbox"/>	<input type="checkbox"/>
M. Rabies Certificate for each animal on premises (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
N. Swimming Pool Certificate (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
O. Workers Compensation Insurance Information (OCC 1201) (STATE)	<input type="checkbox"/>	<input type="checkbox"/>
P. Personnel List (OCC 1203) <i>(with all related supporting documentation)</i> (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
Q. Medical Reports (OCC 1204) (STATE)		
1. Applicant	<input type="checkbox"/>	<input type="checkbox"/>
2. Each Resident of the Home	<input type="checkbox"/>	<input type="checkbox"/>
3. Each staff person	<input type="checkbox"/>	<input type="checkbox"/>
R. Individual Personnel Information (OCC 1205) <i>(with all requested documentation)</i> (No cost)		
1. Applicant	<input type="checkbox"/>	<input type="checkbox"/>
2. Child Care Home Director <i>(applicant must also qualify as a Director)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Family Child Care Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>
4. Aide(s)	<input type="checkbox"/>	<input type="checkbox"/>
5. Substitute(s)	<input type="checkbox"/>	<input type="checkbox"/>
S. Staffing Pattern (OCC 1206) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
T. Emergency Adult Agreement/On-Call Statement <i>(for LFCCH with children ages 2 and above)</i> (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
U. Release of Information (OCC 1260) for: (No cost)		
1. Applicant <i>(applicant must qualify as a Director)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Each Employee <i>(teachers, aides, support staff)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Each resident of the home 18 years old or older	<input type="checkbox"/>	<input type="checkbox"/>
4. Each Substitute <i>(whether paid or unpaid)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Others with access to child care area during approved hours of operation	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: The applicant, each employee, including paid substitutes, and each resident of the home who is 18 years old or older, must get Criminal Background Checks. Be sure to use the LFCCH and OCC authorization numbers. (STATE)**

**MARYLAND STATE DEPARTMENT OF EDUCATION - OFFICE OF CHILD CARE  
APPLICATION FOR CHILD CARE CENTER LICENSE OR LETTER OF COMPLIANCE**

**CHECKLIST**

The applicant must submit the following information to the Office of Child Care (OCC) before the application can be considered complete. (Check appropriate column for each listed item.)

■ Remove for LOC

	Submitted	N/A
A. Notice of Intent (OCC 1270) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
B. Application for Child Care Center License or LOC (OCC 1200) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
C. Articles of Incorporation (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
D. IRS Letter of Determination stating Tax-Exempt Status (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
E. MSDE Exemption Letter (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
F. <span style="color: red;">Proof of Montessori Validation</span> (STATE)	<input type="checkbox"/>	<input type="checkbox"/>
G. Site Plans (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
H. Floor Plans (with architectural detail) (Do not need to be prepared by an architect - No cost associated)	<input type="checkbox"/>	<input type="checkbox"/>
I. Evidence of Compliance with Local Building and Zoning Codes (U&O Permit) (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
J. Environmental Health Survey (OCC 1268) (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
K. Private Sewage & Water inspection Results (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
L. Boiler Inspection Report (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
M. Fire Inspection Report (LOCAL)	<input type="checkbox"/>	<input type="checkbox"/>
N. Fire Evacuation Plan(s) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
O. Lead Safe Environment (Certificate for Pre 1978 Residential Rental Property) (STATE)	<input type="checkbox"/>	<input type="checkbox"/>
P. Workers Compensation Insurance Information (OCC 1201) (STATE)	<input type="checkbox"/>	<input type="checkbox"/>
Q. Personnel List (OCC 1203) (with all related supporting documentation) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
R. Medical Reports (OCC 1204) (for all staff) (STATE)	<input type="checkbox"/>	<input type="checkbox"/>
S. <span style="color: red;">Individual Personnel Information</span> (OCC 1205) (with all requested documentation) (No cost)		
1. <span style="color: red;">Director</span>	<input type="checkbox"/>	<input type="checkbox"/>
2. <span style="color: red;">Teacher(s)</span>	<input type="checkbox"/>	<input type="checkbox"/>
3. <span style="color: red;">Assistant Teacher(s)</span>	<input type="checkbox"/>	<input type="checkbox"/>
4. <span style="color: red;">Aide(s)</span>	<input type="checkbox"/>	<input type="checkbox"/>
T. Staffing Pattern (OCC 1206) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
U. Emergency Adult Agreement/On-Call Statement (for centers with children ages 2 and above) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
V. Release of Information (OCC 1260) for: (No cost)		
1. The Director	<input type="checkbox"/>	<input type="checkbox"/>
2. Each Employee	<input type="checkbox"/>	<input type="checkbox"/>
3. Each individual 18 years old or older living on the same premises as the center	<input type="checkbox"/>	<input type="checkbox"/>
4. Each Substitute	<input type="checkbox"/>	<input type="checkbox"/>
5. The applicant, if the applicant is an individual who will have frequent contact with the children in care	<input type="checkbox"/>	<input type="checkbox"/>
6. Trustee, managers, or board members who may have frequent contact with the children in care, if the applicant is a corporation, agency, association, or organization	<input type="checkbox"/>	<input type="checkbox"/>
W. <span style="color: red;">Plan of Operation (Schedule of Activities)</span> (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
X. Discipline Policy (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
Y. Menu Plan for 4 weeks (OCC 1218) (No cost)	<input type="checkbox"/>	<input type="checkbox"/>
Z. <span style="color: red;">Operations Care Plan(s) (Sick Care, Adolescent, Drop-in Centers)</span> (No cost)	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: The applicant, if an individual who will have frequent contact with children in care, each employee, including paid substitutes and each individual 14 years old or older living on the premises as the child care center, must get Criminal Background Checks. Be sure to use the child care facility and the OCC authorization codes. (STATE)**





## **Child Care Center/Letter of Compliance Inspection Process**

### **Licensing Inspections**

#### **Initial Inspection** (prior to approval)

- A Licensing Specialist will arrange with the applicant a date and time for the initial inspection. The Specialist will discuss with the applicant what they will be looking for and what to have available for at the time of inspection. They will remind the applicant of any documentation needed – staff information, training certificates, u&o/zoning/fire/health approvals, etc.
- The Specialist will visit the facility on the date and time scheduled.
  - When the Specialist arrives they introduce themselves and talk with the applicant about their application and ask for a tour of the areas that will be used for child care.
  - As the Specialist and applicant go through the facility and outdoor areas, the Specialist will make notes and ask questions. The Specialist will measure the spaces to be used by children (the classrooms) to determine the capacity of each space. The Specialist uses an electronic inspection form on a tablet. The inspection form is the same for all inspections and lists all the regulatory requirements that can be observed or discussed to determine compliance. Items that will be looked at and discussed during the first inspection are:
    - The area(s) used for play – are there toys, books, activities for the age ranges the applicant wants to serve?
    - The area(s) used for napping – do these areas pose any risks (curtain or blind cords in the reach of the children), are there sufficient number sleeping areas (cribs, porta-cribs, cots, mats, or beds) for the ages and numbers to be served?
    - The area for meal preparation and service – is the kitchen/food prep area clean, is food stored properly and safely, are there latches on cabinets and drawers where hazardous items are stored
    - The bathroom(s) that will be used by the children – is there soap, towels, tissue available and accessible to the children
    - The outdoor area(s) – are there any hazards, is there a fence if needed to protect children from busy traffic areas or water hazards, is the play equipment safe, if there is a pool – is there a fence that is locked to prevent a child from gaining access
  - Once the Specialist has had the opportunity to go through the facility, they will sit with the applicant to discuss anything that may need to be corrected. The Specialist will review the inspection form with the applicant. The applicant is given the opportunity to correct anything at the time of the inspection or they may submit documentation of corrections at a later date. In some instances a follow-up inspection may be required.

#### **Annual Inspection**

- A Licensing Specialist will conduct an unannounced inspection prior to the ‘anniversary date’ (within the 12 months of approval) to determine on-going compliance with the regulations. The process is similar to the first inspection – except that the annual inspection is not scheduled.

#### **Fire Inspection** (required at initial application and every two years)

- Fire inspections are conducted by the State Fire Marshall or, in home rule counties, the Local Fire Marshall’s Office.
- The inspections are scheduled.

- The Fire Marshall will inspect all areas of the facility to determine compliance with the Fire Code. They inspect:
  - All areas proposed for use to determine two means of egress
  - Sleeping areas
  - Heating system
  - Escape Plan (must be posted)
  - Smoke detectors

**Well and Septic** (if applicable, required at initial application and every two years)

- Well and septic inspections are conducted by local environmental health
- The inspections are scheduled
- The water is tested for any contaminants
- The well cap is inspected for any signs of wear
- The septic drain field is inspected for any signs of failure

## **Family/Large Family Child Care Home Inspection Process**

### **Licensing Inspections**

#### **Initial Inspection** (prior to approval)

- A Licensing Specialist will arrange with the applicant a date and time for the initial inspection. The Specialist will discuss with the applicant what they will be looking for and what to have available for at the time of inspection. They will remind the applicant of any documentation needed – training certificates, u&o/zoning/fire/health approvals, medicals, etc.
- The Specialist will visit the home on the date and time scheduled.
  - When the Specialist arrives they introduce themselves and talk with the applicant about their application and ask for a tour of the areas that will be used for child care.
  - As the Specialist and applicant go through the home and outdoor areas, the Specialist will make notes and ask questions. The Specialist uses an electronic inspection form on a tablet. The inspection form is the same for an all inspections for family child care homes and lists all the regulatory requirements that can be observed or discussed to determine compliance. Items that will be looked at and discussed during the first inspection are:
    - The area used for play – are there toys, books, activities for the age ranges the applicant wants to serve?
    - The area(s) used for napping – do these areas pose any risks (curtain or blind cords in the reach of the children), are there sufficient number sleeping areas (cribs, porta-cribs, cots, mats, or beds) for the ages and numbers to be served?
    - The area for meal preparation and service – is the kitchen/food prep area clean, is food stored properly and safely, are there latches on cabinets and drawers where hazardous items are stored
    - The bathroom(s) that will be used by the children – is there soap, towels, tissue available and accessible to the children
    - The outdoor area(s) – are there any hazards, is there a fence if needed to protect children from busy traffic areas or water hazards, is the play equipment safe, if there is a pool – is there a fence that is locked to prevent a child from gaining access
  - During the inspection the Specialist will inspect the areas identified as those to be used for child care, but they will also look at other areas of the home. This is to determine that there are no concerns about the overall safety of the home – such as space heaters running in unoccupied areas of the home or hazards that could pose a danger should a child wander into an area not approved for care (weapons not properly stored for example).
  - Once the Specialist has had the opportunity to go through the home, they will sit with the applicant to discuss anything that may need to be corrected. The Specialist will review the inspection form with the applicant. The applicant is given the opportunity to correct anything at the time of the inspection or they may submit documentation of corrections at a later date. In some instances a follow-up inspection may be required.

#### **Annual Inspection**

- A Licensing Specialist will conduct an unannounced inspection prior to the ‘anniversary date’ (within the 12 months of approval) to determine on-going compliance with the regulations. The process is similar to the first inspection – except that the annual inspection is not scheduled.

**Fire Inspection** (required at initial application and every two years)

- Fire inspections are conducted by the State Fire Marshall or, in home rule counties, the Local Fire Marshall's Office.
- The inspections are scheduled.
- The Fire Marshall will inspect all areas of the home to determine compliance with the Fire Code. They inspect:
  - All areas proposed for use to determine two means of egress
  - Sleeping areas
  - Heating system
  - Escape Plan (must be posted)
  - Smoke detectors

**Well and Septic** (if applicable, required at initial application and every two years)

- Well and septic inspections are conducted by local environmental health
- The inspections are scheduled
- The water is tested for any contaminants
- The well cap is inspected for any signs of wear
- The septic drain field is inspected for any signs of failure

**CHILD CARE CENTER INSPECTION REPORT**

INSPECTION TYPE	
<input type="checkbox"/>	Initial Application
<input type="checkbox"/>	Conversion
<input type="checkbox"/>	Mandatory Review
<input type="checkbox"/>	Full
<input type="checkbox"/>	Complaint Investigation
<input type="checkbox"/>	Monitoring
<input type="checkbox"/>	Other

INSPECTION CODES	
C	- In Compliance
D	- Discussed
N	- Not in Compliance
X	- Not Inspected
NA	- Not Applicable

Approved Capacity			
AGES	Licensed for	# Enrolled	# Present
6 wks. - 17mos.			
18 mos. - 23 mos.			
2's			
3's			
4's			
5's (pre-school)			
5-15 (school-age)			
<b>TOTAL</b>			

NURSERY SCHOOL:  Y  N TIER \_\_\_\_\_

ACCREDITED:  Y  N

ACCREDITING ORGANIZATION: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

WORKER'S COMPENSATION INSURANCE COVERAGE:  Y  N EXP. DATE: \_\_\_\_\_

OPERATOR NAME: \_\_\_\_\_

JURISDICTION: \_\_\_\_\_ REGION: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INSPECTION DATE/TIME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PERSON(S) INTERVIEWED: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TITLE(S): \_\_\_\_\_

**PART 1 - MANDATORY REVIEW ITEMS**

- INSTRUCTIONS:** (1) Review each regulation that applies to the inspection being conducted.  
 (2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.  
 (3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

- \_\_\_ .02.01 D License Conspicuously Displayed
- \_\_\_ .03.05B Staffing Pattern Posted
- \_\_\_ .03.06A Notification of New Employee
- \_\_\_ .04.01 Capacity
- \_\_\_ .05.01A Building Safety
- \_\_\_ .05.08B Sanitary Facilities and Supplies
- \_\_\_ .05.11 General Cleanliness
- \_\_\_ .05.12 Outdoor Activity Area
- \_\_\_ .06.05C Director - Continued Training
- \_\_\_ .06.09B Preschool Teacher - Continued Training
- \_\_\_ .06.10C School-age Teacher - Continued Training
- \_\_\_ .06.11C Asst. Teacher - Continued Training
- \_\_\_ .06.12A(3)-(4) Aides - Continued Training
- \_\_\_ .07.02 Abuse and Neglect Reporting

- \_\_\_ .07.06 Child Security
- \_\_\_ .08.01A Child Supervision
- \_\_\_ .08.02B Qualified Staff in Charge of Groups
- \_\_\_ .08.03 Group Size and Staffing
- \_\_\_ .08.07 Playground Supervision
- \_\_\_ .08.08 Rest Time Supervision
- \_\_\_ .09.04F No Soft Bedding with Cribs
- \_\_\_ .10.01A(4) Emergency Escape Route Posted
- \_\_\_ .10.01C Emergency Contact Information
- \_\_\_ .10.03 Safe Use of Materials and Equipment
- \_\_\_ .10.04 Potentially Hazardous Items
- \_\_\_ .10.05 Rest Time Safety
- \_\_\_ .12.04A Food Safety

**PART 2 – GENERAL COMPLIANCE REVIEW**

**INSTRUCTIONS:** The compliance status of an item listed under Part 1 is excepted (exc.) from recording under this Part 2.

**CHAPTER 02 LICENSE APPLICATION & MAINTENANCE**

- \_\_\_\_.03C Continuing license
- \_\_\_\_.04B Conditional status

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

- \_\_\_\_.01 Multi-site facilities
- \_\_\_\_.02 Admission to care
- \_\_\_\_.03 Program records
- \_\_\_\_.04 Child records
- \_\_\_\_.05 Staff records
- \_\_\_\_.06 Notifications [exc. A]
- \_\_\_\_.07 Change of operation
- \_\_\_\_.08 Variances

**CHAPTER 04 OPERATIONAL REQUIREMENTS**

- \_\_\_\_.02 Enrollment and Attendance

**CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT**

- \_\_\_\_.01 Building Safety [exc. A]
- \_\_\_\_.02 Accessibility
- \_\_\_\_.03 Indoor Space
- \_\_\_\_.04 Building Repair and Maintenance
- \_\_\_\_.05 Lead-Safe Environment
- \_\_\_\_.06 Ventilation and Temperature
- \_\_\_\_.07 Water Supply
- \_\_\_\_.08 Sanitary Facilities and Supplies [exc. B]
- \_\_\_\_.09 Lighting
- \_\_\_\_.10 Telephone and Communication
- \_\_\_\_.13 Swimming Facilities

**CHAPTER 06 STAFF REQUIREMENTS**

- \_\_\_\_.01 Minimum Staff Age
- \_\_\_\_.02 Staff Orientation
- \_\_\_\_.03 Suitability for Employment
- \_\_\_\_.04 Staff Health
- \_\_\_\_.05 Directors of All Child Care Centers [exc. C]
- \_\_\_\_.06 Directors – Preschool Centers
- \_\_\_\_.07 Directors – School Age Centers
- \_\_\_\_.08 Directors – Combined Age Centers
- \_\_\_\_.09 Child Care Teachers – Preschool [exc. B]
- \_\_\_\_.10 Child Care Teachers – School Age [exc. C]
- \_\_\_\_.11 Assistant Child Care Teachers [exc. C]
- \_\_\_\_.12 Aides [exc. A(3)-(4)]
- \_\_\_\_.13 Substitutes
- \_\_\_\_.14 Support Personnel
- \_\_\_\_.15 Volunteers

**CHAPTER 07 CHILD PROTECTION**

- \_\_\_\_.01 Prohibition of Abuse, Neglect, Injurious Treatment
- \_\_\_\_.03 Child Discipline
- \_\_\_\_.04 Parental Access
- \_\_\_\_.05 Authorized Release

**CHAPTER 08 CHILD SUPERVISION**

- \_\_\_\_.01 Individualized Attention/Care [exc. A]
- \_\_\_\_.02 Supervision by Qualified Staff [exc. B]
- \_\_\_\_.04 Variations in Group Size
- \_\_\_\_.05 Supervision during Water Activities
- \_\_\_\_.06 Supervision during Transportation

**PART 2 -- GENERAL COMPLIANCE REVIEW (continued)**

**INSTRUCTIONS:** The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

**CHAPTER 09 PROGRAM REQUIREMENTS**

- \_\_\_\_.01 Schedule of Daily Activities
- \_\_\_\_.02 Activity Plans for Infants and Toddlers
- \_\_\_\_.03 Activity Materials, Equipment, Furnishings
- \_\_\_\_.04 Rest Furnishings [exc. F]
- \_\_\_\_.05 Infant and Toddler Equipment
- \_\_\_\_.06 Storage

**CHAPTER 10 SAFETY**

- \_\_\_\_.01 Emergency Safety Requirements [exc. A(4) & C]
- \_\_\_\_.02 First Aid/CPR
- \_\_\_\_.06 Transportation

**CHAPTER 11 HEALTH**

- \_\_\_\_.01 Exclusion for Acute Illness
- \_\_\_\_.02 Infectious and Communicable Diseases
- \_\_\_\_.03 Preventing Spread of Diseases
- \_\_\_\_.04 Medication Administration/Storage
- \_\_\_\_.05 Smoking
- \_\_\_\_.06 Alcohol and Drugs

**CHAPTER 12 NUTRITION**

- \_\_\_\_.01 Food Service
- \_\_\_\_.02 Modified Diet
- \_\_\_\_.03 Food Sources
- \_\_\_\_.04 Food Storage and Preparation [exc. A]
- \_\_\_\_.05 Food Preparation Area and Equipment
- \_\_\_\_.06 Infant Feeding

**CHAPTER 13 CENTERS FOR CHILDREN WITH ACUTE ILLNESS**

- \_\_\_\_.03 Approved Plan of Operation
- \_\_\_\_.04 Director Requirements
- \_\_\_\_.05 Use of Health Consultant

**CHAPTER 14 ADOLESCENT CENTERS**

- \_\_\_\_.01 Approved Plan

**CHAPTER 15 DROP-IN CENTERS**

- \_\_\_\_.04 Approved Plan
- \_\_\_\_.06 Admission Requirements

**CHAPTER 16 EDUCATIONAL PROGRAMS**

- \_\_\_\_.06 Personnel Qualifications
- \_\_\_\_.07 Educational Program
- \_\_\_\_.08 Child Record
- \_\_\_\_.09 Health, Fire Safety, Zoning

**CHAPTER 17 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

- \_\_\_\_.02 Inspections

\_\_\_\_\_  
Signature of Facility Representative

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

Summary of Findings - PART 1

OPERATOR NAME: \_\_\_\_\_

CENTER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

JURISDICTION: \_\_\_\_\_ REGION: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

INSPECTION DATE/TIME: \_\_\_\_\_

PERSON(S) INTERVIEWED: \_\_\_\_\_

VISIT TYPE: \_\_\_\_\_

DURATION (MINUTES): \_\_\_\_\_

Total number of regulations not in compliance: \_\_\_\_\_ Total number of regulations discussed: \_\_\_\_\_

I request a review of findings.  N  Y  
Review requested for the following regulation(s):

Inspection results have been reviewed with me and will be:  e-mailed to \_\_\_\_\_  
 mailed

Signature of Facility Representative \_\_\_\_\_

Signature of Agency Representative \_\_\_\_\_

Date \_\_\_\_\_



Summary of Findings – PART 2

**REGULATION(S) NOT IN COMPLIANCE:**

NOTE: Failure to correct violation(s) listed below may result in sanctions being imposed or in the suspension or revocation of your license.

REGULATION NUMBER	REGULATION TEXT	COMMENTS	ADDITIONAL COMMENTS	DATE CORRECTED

Signature of Facility Representative

Signature of Agency Representative

Date

Summary of Findings – PART 3

REGULATION(S) DISCUSSED:

REGULATION NUMBER	REGULATION TEXT	COMMENTS	ADDITIONAL COMMENTS

Signature of Facility Representative

Signature of Agency Representative

Date

**Summary of Findings - PART 4**

Remarks:

Signature of Facility Representative

Signature of Agency Representative

Date



## Costs Associated with Opening a Family Child Care Home

### State Fees

**Background Checks** - \$54 per resident over 18 years of age

**Medical Reports** - varies (\$10-\$200) depending on insurance and health practitioner (required for all residents)

**Training** – costs vary depending on trainer (Range \$320-\$498 or \$520-\$998 if applying for a 4 infant home)

o 24 clock hours of pre-service training	\$130-\$225
o Communication Training	\$45
o First Aid & CPR (6 clock hours) – must be renewed to keep maintain certification	\$50
o SIDS	\$0-\$17
o Emergency Preparedness	\$15-\$20
o Supporting Breastfeeding Practices	\$5-\$17
o ADA Compliance	\$25
o Medication Administration	\$50-\$99
<b>TOTAL</b>	<b>\$320-\$498</b>
Additional Training - if applying for 4 children under the age of 2	\$200-\$500
o 45 clock hour Infant/Toddler Course	\$200-\$500
<b>TOTAL</b>	<b>\$520-\$998</b>

### Local Fees

Region	Fire	Well/Septic	Zoning	Use & Occupancy	Other	Total Fees
1 – Anne Arundel County	\$0-\$50	\$125 - \$350	\$50-75+	Included in Zoning		<b>\$175-\$475+</b>
2 - Baltimore City	Up to 6 children - \$20 7-8 children - \$30			\$98		<b>\$118 - \$228</b>
3 – Baltimore County	\$17	\$360-\$690	\$100			<b>\$153-\$807</b>
4 - Prince George's County	\$50-\$75			\$160	Municipalities Business Fees \$75-\$200.	<b>\$285-\$435</b>
5 – Montgomery County	\$55-\$200	\$100-\$350				<b>\$155-\$550</b>
6 - Howard and Carroll Counties	\$75	\$120	\$35-\$200			<b>\$230-\$395</b>
7 – Frederick, Washington, Allegany, & Garrett Counties	\$75	\$45	\$75-\$245	\$60		<b>\$255-\$425</b>
8 – Caroline, Dorchester, Kent, Queen Anne's, & Talbot Counties	\$75	\$50-\$140	\$50			<b>\$175-\$265</b>
9 – Somerset, Wicomico, & Worcester Counties	\$50-\$75	\$105-\$200	\$30-\$500			<b>\$185-\$775</b>
10 – Calvert, Charles, & St. Mary's Counties	\$75	\$90-\$121	\$15-\$200	\$75-\$150		<b>\$255-\$546</b>
11 – Harford and Cecil Counties	\$50	\$85				<b>\$135</b>

# Costs Associated with Opening a Child Care Center

## State Fees

**Background Checks** - \$54 per person, required of all employees

**Medical Reports** - varies (\$10-\$200) depending on insurance and health practitioner (required for all employees)

**Training** – costs vary depending on trainer and position

o First Aid & CPR - at least one staff person for every 20 children – must be renewed to keep certification current	\$50
o Emergency Preparedness - at least one staff person to develop the plan and train staff on content	\$15-\$20
o Medication Administration - required for staff administering medication to children in care	\$50-\$99
<b>TOTAL</b>	<b>\$115-\$169</b>

## Pre-Service Training by Position

<b>Notes:</b> - Amounts represent average cost - Requirements may be met by approved college coursework	<b>Director</b> (Depending on size of facility a degree may be required)	<b>Infant-Toddler Teacher</b>	<b>Preschool Teacher</b>	<b>School-Age Teacher</b>	<b>Assistant Teacher</b>	<b>Aide</b>
45 clock hours child development	\$260	\$260	\$260	\$260		
45 clock hours in methods (infant/toddler, preschool, or school-age depending age group)	\$260 (1-3)	\$260	\$260	\$260		
Director Pre-Service Training	\$260					
ADA Compliance	\$25	\$25	\$25	\$25	\$25	
Supporting Breastfeeding Practices	\$11	\$11				
Communication Training	\$45	\$45	\$45	\$45	\$45	
Orientation Session Conducted by Director						\$0
<b>TOTALS</b>	<b>\$861-\$1,381</b>	<b>\$601</b>	<b>\$590</b>	<b>\$590</b>	<b>\$70</b>	<b>\$0</b>

## Local Fees

Region (Counties)	Fire	Well/Septic	Zoning	Use & Occupancy	Other	Total Fees
1 – Anne Arundel	\$0-\$100	\$120-\$350	\$50-\$75+	Annapolis - \$0-\$1,000+		\$170-\$1,525
2 - Baltimore City	\$81			\$98	If a zoning hearing is required an additional cost of \$250 is imposed prior to applying for the Use and Occupancy Permit.	\$179+
3 – Baltimore County	\$17	\$360-\$700	\$100			\$153-\$817
4 - Prince George's	\$100			\$160	Municipalities Business Fees \$100-400	\$360-\$660
5 – Montgomery	\$55-\$200	\$357	\$355-\$1,240+	Included with Zoning		\$767-\$1,797+
6 – Howard, Carroll	\$100	\$75-\$80	Howard Co - \$50/parcel Carroll Co - Information not available	Howard Co - \$22/square feet and 10% technology fee plus \$200 filing fee		\$380+-430+
7 – Frederick, Washington, Allegany, Garrett	\$75	\$45	\$75-\$245	\$60		\$255-\$425
8 – Caroline, Dorchester, Kent, Queen Anne's, Talbot	\$100	\$50-\$140	\$200			\$350-\$440
9 – Somerset, Wicomico, Worcester	\$75-\$100	\$105-\$200	\$30-\$500			\$185-\$775
10 – Calvert, Charles, St. Mary's	\$100	\$90-\$121	\$15-\$200	\$100-\$250		\$305-\$671
11 – Harford and Cecil	\$100	\$249-\$400	Starts at \$85	Included with Zoning		\$434-\$585+

## Child Care Center - COSTS



**Maryland Association for the Education of Young Children**

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**[www.marylandaeyc.com](http://www.marylandaeyc.com)**

Maryland Association for the Education of Young Children (MAEYC) is a professional organization of over 1,700 Marylanders who educate and care for young children in all jurisdictions of the State, and is the Maryland affiliate of the National Association for the Education of Young Children. (NAEYC)

NAEYC is a nationally respected association leading the country in standards of early care and education as well as influencing public policy at a federal level.

The first principle of the NAEYC Code of Ethical Conduct Supplement states: "We shall place the welfare and safety of children above other obligations. . . ."

MDAEOYC appreciates the opportunity to share written comments on the topic of child care regulations. A collaborative effort with MSCCA, MSFCCA, SEIU 500, MHSA, MSACCA and CASA has been made to allow providers to address the Child Care Centers 13A State Board of Education from a number of geographic areas across the state and advocate through representatives and chapters some recommended changes on regulations that feel onerous or are causing concern for child care centers. It is the hope of providers to be able to be proactive and work together with our licensing entity in the future when new regulations arise or change in order to be prepared, as well as have a voice in the process to benefit all parties, especially children.

The providers and leaders working together compiled a list of recommended changes to 20 regulations out of 49 pages of the existing regulations, which have been submitted in writing with this testimony for review. We also have an additional list of concerns with recommended solutions. The important overall concerns we would like to share are more about the interpretation, communication and accountability by the licensing agency. Our Association supports all the testimony shared with the committee as a collaborative effort to impact change and progress.

MDAEOYC members are concerned about the regulations governing other quality initiatives including regulations pertaining to child care providers in relation to Training, Maryland Excels Quality Rating Improvement Standards, Pre-K Expansion and Credentialing. Providers have recommendations for changes and many concerns about all of the regulated fields.

MDAEOYC along with are partner associations recommends a workgroup or task force to collaborate with MSDE on these regulations that are all very much related to our field and have direct effect on small business and providers in Maryland.

MDAEOYC has heard from many members about the issues with the Credentialing Branch. They are sharing their frustration about wait time for response time, no response or confirmation of receiving documents, bonuses taking too long to be paid, documentation no longer being accepted as it previously was counted and many more concerns. MDAEOYC knows the department is training Xerox staff and MSDE has asked for understanding and patience as they process close to 5000 applications that were backlogged. We understand Child Care Central, run by Xerox as the vendor for MSDE, is new and the computer system capability is limited at MSDE, but the frustration is real for provider community and we are tiring of accepting the poor customer service when Credentialing is tied directly to other quality initiatives such as; Subsidy, Excels and Accreditation.

Additionally, MDAEYC recommends Excels needs revert to the initial standards written for Race to the Top to allow the foundation of Level 1 being the licensing baseline of quality in Maryland to help providers serve the at risk children in the subsidy system in quality early care environments.

Thank you for your time and effort to shed light on the child care community concerns. MDAEYC appreciates the opportunity to be a partner of the process for progress along with Maryland Legislators and MSDE.

Christina Peusch, Chief Administrator  
Maryland Association for the Education of Young Children





## **Concerns and Recommendations:**

1. Recommending more frequent and more comprehensive training for licensing specialists who are charged with onsite visits to Child Care Centers, Letter of Compliance programs and Family Child Care homes to inspect and license businesses. The findings have a direct impact on our businesses. If we cannot open due to timelines not being met by MSDE, we lose money and we have no recourse. If specialists make mistakes, there is no recourse, only frustration. This important role should have more accountability, more collaboration and partnership with the provider community and more oversight including surveys from providers without fear of retaliation or negativity from Office of Child Care. The option to request a review of the findings is frowned upon by many licensing specialists and providers are fearful of checking the box on the inspection form.
2. Child Care Providers and Provider Associations currently invite MSDE-Office of Child Care Licensing Specialists and Regional Supervisors to participate in our trainings and meetings to discuss regulations. We are open to collaboration and building a mentoring/coaching partnership for success that impacts children and families across the state. Providers/Provider Association representatives are not, but should be invited to participate in at least two of the licensing specialist trainings/meetings to have shared discussion about regulation and preparation for inspections. This concept is inclusive of a partnership and coaching model for success.
3. The Branch Chief for Licensing Office should be required to attend and report to the Office of Child Care Advisory Council meeting on a quarterly basis. The majority of the Branch Chiefs are in attendance, except Licensing.
4. Develop, reinstate or resurrect the Regulations Manual and align with all current regulations to use as a newly created Guidance Resource Manual for Licensing Specialists and Providers to encourage consistent interpretation of all child care related regulations. This resource will assist specialists performing inspections to be consistent with state regulations and providers will have a resource to refer to in order to guide them throughout the regulatory process. Now that all documents can be uploaded electronically, the cost will not be prohibitive.
5. Require Licensing Specialists to have experience in a particular setting (center based, family child care, LOC or School Age Care) before conducting an inspection (minimum 3 years)
6. Require advance drafts of proposed regulations prior to publication in the Maryland Register in order for provider groups to be proactive and not reactive with changes affecting their businesses.
7. Accountability is a recurring issue of concern for providers. We recommend to require strict timelines for response from all branches of Office of Child Care including Licensing, Credentialing, Excels, Accreditation and Subsidy offices to providers and programs and have a grievance or reporting mechanism when timeline is not met. Providers are held accountable to some of the highest standards/regulations in the country with respect to child care each day, as well as each inspection period by MSDE to comply with regulations. When we are cited for noncompliance the information is posted online for all current and prospective parents to review. The same accountability standards should be reciprocated for the state agency enforcing and inspecting child care programs, which directly impacts our businesses.
8. Inspection reports are to be signed at completion, but providers are not given a copy onsite. All inspections should be emailed onsite at completion of inspection visit so provider is clear about what they are signing.
8. Licensing specialists should be trained to only be allowed to give a "discussed" (D) on inspection report for first 6 months a new regulation is rolled out until all providers are familiar with new regulation and or forms.
9. Surveys or feedback cards with objective, brief questions should be completed on an annual basis by providers covering information on the inspection process and the specialists conduct, as well as adherence to timelines throughout the year. The cards or surveys must be returned to neutral office and reviewed for quality standards of a state agency. All positive and negative info should be addressed for better accountability and customer service.
10. Maryland Excels is a positive initiative with quality standards and value added Quality Assurance Specialists who have worked tirelessly to assist in a collaborative, approachable way all providers across the state to participate and move up in the ratings. Providers appreciate the voluntary options and were very supportive initially when the first level of the rating system was aligned with Maryland's already high licensing standards. Unfortunately, changes in standards without any feedback or input from providers have pushed programs and providers away from participation. Also, the bonus program tied to Excels ended when Race to the Top ended. The child care subsidy and tiered reimbursement monies are tied to Maryland Excels participation. Excels started Level one with the basic foundation of licensed programs, which in Maryland is quite a high standard in national comparison. The Child Care Associations were very supportive and spent money to market and tout the Maryland Excels initiative. MSDE changed the standards less than a year later and upgraded to even more standards for Level

one which has been confusing and has incited concerns. Providers are opting out more and therefore less providers accessible for subsidy children and families.

11. Concerns are widespread about unfunded mandates and costs associated with regulations. Providers could be penalized through non-compliance or have to raise prices to cover funding the costs for new federal required trainings along with other regs that are parent's responsibilities such as Lead testing, staff immunizations and Developmental Screenings.

12. Licensing Specialists should have a section for response time for compliance and accountability included in COMAR.

13. OCC website alerts for new regulations and forms monthly and online individual Branch newsletters to replace or coincide with Partners newsletter

14. Many providers have expressed stories and concerns about inconsistencies in interpretation of regulations across the state. Licensing specialists are governed by statewide regulations and standards. We all have the same regulations and forms across the state. Counties/city cannot interpret or conduct agency business differently or with varying degrees.

15. Credentialing program is a wonderful opportunity for providers to voluntarily participate and receive some additional funds as they work their way up the credentialing ladder. Unfortunately, many complaints and concerns have arisen due to issues of vendors and backlog. Even before the issues with Xerox taking over and handling the backlog of applications, the credentialing system suffered from backlog due to Race to the Top and surge of providers applying at a greater rate with not enough staff to process applications. Preparation, planning and proactive measures need to be addressed in some departments of Office of Child Care in order to avoid frustration and distrust of system.

**The following are our written recommendations to specific regulations as written in COMAR for purpose of review for the July 20, 2016 session:**

COMAR 13A.16.01 Scope and Definitions

.02 .31 Infant – defined as 6 weeks to 18 months.

Recommend: Can this be 15 months as defined by NAEYC in its best practices teacher-ratios? This gives programs more flexibility in how they arrange their groups which can reduce costs.

.59 Toddler - change to start at 15 months instead of 18 months

COMAR 13A.16.02 License Application and Maintenance

.03 A.(2) and C.(3)(a) – delete requirement that providers submit notarized forms every 2 years from all employees allowing a review of records of abuse and neglect. This is time consuming and costly to providers and is redundant. These forms are signed and notarized upon hire and can continue for the term of employment. Liz Kelley noted at our last meeting that she thought this had already been removed.

.05 Recommend:

A. add "Within 30 days" -- This gives the Office 30 days to review an application for an initial or continuing license and perform an inspection

B. change "within 30 days after completing the procedures in 5A of this regulation" to "within 15 days". --This gives the Office 15 days to issue or deny the license after the 30 days they had to perform the inspection and review the paperwork. Right now, they can take as long as they want to review the paperwork and do the inspection. The current 30 day requirement only kicks in after they finish their review and inspection.

Also add "If the Office fails to act within the timeframe set out in this provision, the license will be considered provisional until the Office issues the license or denial." This will allow providers to operate even if the office fails to meet its obligations, which it frequently does.

COMAR 13A.16.03 Management and Administration

.06 Should require the Office to send operators a staff qualification evaluation. In this section, operators are required to notify the Office of a new hire within 5 days and submit the required paperwork within 15 days. The Office should be required to send

a completed staff qualification evaluation within 30 days along with information about why a staff was not qualified at the level for which they were submitted. So, if you submit paperwork for a new hire and say they should be qualified as an infant teacher, and the staff qualification evaluation comes back only qualifying them as an aide, there should be an explanation. This process is currently taking months in some cases and is a chief area where providers complain that paperwork gets lost and they have to resubmit the same things over and over. Also, it needs to be clear that the operator can use the new hire in the position for which the operator claims they are qualified until notified otherwise by the Office (and given grace period to remedy any deficiency).

.07 B. add "within 30 days from receiving the written request for approval" – This gives the Office 30 days in which to respond. Also add "If the Office fails to act within the timeframe set out in this provision, the change of operation will be deemed approved." This will allow providers to operate even if the office fails to meet its obligations, which it frequently does.

.08 B. add "If the Office fails to act within the timeframe set out in this provision, the request for a variance will be deemed approved." This will allow providers to operate even if the office fails to meet its obligations, which it frequently does.

#### COMAR 13A.16.04 Operational Requirements

.02 B. add "more than three times in any 30 day period" to allow for emergency, nontraditional working hours, or events like "Parents Night Out" that may require an occasional exception to the 14 hour limit.

#### COMAR 13A.16.05 Physical Plant and Equipment

.10 Discuss mobile phone use. Providers have been told by licensing specialists that cell phones not being satisfactory for this provision, which is a problem if there is a storm or other issue that damages phone lines. Add "In the event of a temporary disruption to normal phone service lasting no longer than 3 days, an operator may rely on mobile phones provided that the parents of the children in the facility have been notified of the disruption and provided with temporary number that they can call during the disruption. If the disruption will last longer than 3 days, the operator must get permission from the Office to continue operations."

#### COMAR 13A.16.05 Physical Plant and Equipment

.06 E. Add "Has completed at least 5 years of experience as an assistant director or preschool administrator, or at least 7 years of experience working primarily with preschoolers in a licensed child care center, nursery school, church-operated school, or similar setting." This allows an alternate advancement track for child care professionals who have worked in the field for many years and provides a broader pool of applicants for centers to choose from in hiring directors. COMAR 13A.16.17 Inspections, Complaints and Enforcement

.02 Add "at any time within 30 days of receiving the finding of noncompliance." Currently, providers are asked to make the decision on the spot while the licensing agent is concluding the review. Sometimes, the person in charge at the time is a teacher or lower level administrator. Sometimes, providers are flustered. There needs to be a time period for a provider to consider whether they want to appeal and they should not have to decide on the spot.

Another section that should be added is a requirement that the Office notify all licensed operators of any changes to statutes, regulations, guidelines or forms by email at least 30 days before those changes are due to go into effect. In the case of new trainings, there should be a requirement that the Office allow at least 1 year for staff to get any new training.

Breastfeeding training, ADA training and First Aid /CPR (as well as any new CCDBG required trainings that are to be added) should count towards the annual training requirements of all staff.

#### COMAR 13A.16 Child Care Centers

##### .02 License Application and Maintenance

This section needs a better timeline for the period from initial application to the issuance of the license. Currently, an applicant is required to submit the application packet at least 60 days before opening, and MSDE is then required to evaluate the application and inspect the center, but there is no timeframe for the evaluation and inspection.

Recommendation: Amend 13A.16.02.05 Response of the Office to Application in paragraph A to give the Office 30 days from the submission of a complete application to evaluate it and inspect the facility and in paragraph B to reduce the time for issuing the license to 15 days after completing the procedures in paragraph A.

It would be interesting to know how many initial licenses are issued with provisional status for conditions that do not put the health and safety of the children in care in imminent danger.

#### .03 Management and Administration

13A.16.03.06 Notifications gives operators 5 days to notify the Office about new hires and 15 days to provide qualifications for the staff assignment and CBC, but there is no timeline for MSDE's.

Recommendation: Add a new 13A.16.03.07 Response of the Office to Notifications (and renumber subsequent paragraphs) giving the Office 15 days after receipt of notification and qualification information to evaluate the new staff documentation and issue an approval or denial of the staff member for the assignment.

13A.16.03.0[7]8 Change of Operations does not give a timeframe for the Office to approve or disapprove a request for a change of operations.

Recommendation: Amend 13A.16.03.0[7]8 Change of Operations to require the Office to approve or disapprove a change of operations within 15 days of receipt of a request for a change of operation.

#### .05 Physical Plant and Equipment

13A.16.05.03 Indoor Space sets out floor space requirements and exclusions from floor space calculations.

Recommendation: Amend 13A.16.05.03B(2) to delete "An adult-size couch" from the exclusions and add cots stacked for storage during activity time and used by the children for naps (if this exclusion isn't already being used in the calculations).

#### 13A.16.08 Child Supervision

.03-Section E- Group Size Staffing in Approved Educational Programs allows for a group size a 1-12 ratio for teachers and programs meeting the educational program qualifications.

Recommendations: Propose raising the limit to group size cap of 24 as long as square footage is met with 2 staff members including a Child Care Teacher and Aide. This would allow 4 more children as a group but require 2 staff instead of 1 making up for the specific educational program requirements by adding staff. This could allow for more income for providers without sacrificing quality and safety for children. The capacity for group size currently for child care programs is 20 with 2 staff, one being a qualified Child Care Teacher.

#### 13A.16.17 Inspections, Complaints, and Enforcement

.02- Inspections- Section C- states an operator shall make the records required by agency representative available upon request for inspection and copying but in Section E #1 and 2 states unannounced visits which does not allow for the operator to be prepared to make the documents available because if all inspections are unannounced the operator could be in a classroom teaching and supervising children or performing administrative duties outside the center (vacation, doctor appointment, shopping for food or supplies, banking, etc)

Recommendation: Propose scheduling one of the two inspection visits in order to allow operator to schedule a substitute for the classroom and or to be in the center or program when the agency representative arrives to make best use of tax payers money.

Section F- should not be discouraged by licensing specialists and regional supervisors- operators/providers have been admonished for opting to check this box to review the findings.

#### .03 Intermediate Sanctions

Recommendations: to add the right to appeal the intermediate sanctions and the new Guidance Manual recommended will give clear description on how to appeal.

#### 13A.16.18 Administrative Hearings

##### .03 Hearing Requests #4

Recommendations: Propose changing the 90 days for a decision from the agency to 30 days due to the possibility of operator losing money and staff waiting for decisions.

##### .05 Denial or Dismissal of a Hearing Request

Recommendations: Omit #1 or define who decides if the Letter of Compliance program is adversely affected.

.06 Hearing and Appeal Procedures

Recommendations: Add a neutral representative from the Provider Community to be a part of the appeal hearing for balance in decision making.

Thank you for examining the child care regulations and concerns of the professional child care community. We hope to continue to be proactive and invited to the table to be partners in process and progress with the MSDE-Office of Child Care and with our Legislators in Maryland.

Christina Peusch, Chief Administrator  
MDAEYC





Maryland School-Age Child Care Alliance  
P.O. Box 4811  
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July 19, 2016

Joint Committee on Children, Youth and Families  
Nancy J. King, Senate Chair  
Ariana B. Kelly, House Chair  
House Office Building  
6 Bladen Street, Room 120  
Annapolis, MD 21401

Good Morning Chairpersons King and Kelly and Committee Members.

My name is Diane Mellott and I am here today on behalf of the members of Maryland School-Age Child Care Alliance (MSACCA), a professional organization for providers of school-age care in a wide variety of settings, including schools, churches, homes, community centers, and more. My fellow providers and I are here because of our **commitment** to what we do, not because we want to complain but, instead, because we want to improve the **quality** of our system of child care for the families and children that we serve. We appreciate the equal commitment of the legislators in the room.

While I would echo many of the other issues raised by my colleagues, the focus of my testimony is on improving **communication** and **collaboration** between MSDE and the provider community. We are seeking to have a stronger coaching/mentoring model between licensing specialists and providers. We are seeking transparency and clear, timely communication. We are seeking to form **a true partnership** with MSDE so that we can work together on achievable goals of quality child care, specifically when it comes to new regulations and unfunded mandates that continue to be imposed on providers.

### **Better Collaboration Between MSDE and Provider Community on New Regulations**

With new regulations, we would like the opportunity to collaborate and be substantively involved in the development of the regulations well in advance of their formal publication in the Maryland Register which allows for only 30 days of comments before a regulation becomes final. We strongly believe that involving providers earlier in the process would result in higher quality regulations. It would allow MSDE to more fully consider the real world impacts of theoretical concepts after hearing what providers and families encounter on a daily basis. Transparency and openness would allow the provider community to better understand the reasons and objectives of new regulations and would help with the education process so that when a new regulation goes into effect, we might better avoid misunderstandings and misinterpretation.

Collaboration needs to start with a much better system of communication by MSDE to providers that could take the form of round tables, an initial comment period (in advance of formal publication), and/or





work groups. After hearing from providers, it is critical that there is transparency about the status of draft regulations and that subsequent drafts are made public.

MSDE and providers have common goals - safety, quality, developmentally appropriate educational and recreational opportunities for children and youth. But it is difficult to achieve those goals if we do not work together to use our limited resources as effectively as we can.

### **New Regulations and Requirements Can't Continue to be Unfunded Mandates**

In addition to communication on new regulations and other requirements, there needs to be better recognition that our system has very limited resources and cannot continue to bear unfunded mandates. The vast majority of our funding resources come from families who struggle to afford quality care and committed child care professionals who are willing to work for low wages.

Each time we add new regulations, we need to be doing a cost impact analysis to determine how it will increase costs to child care providers in terms of hard costs, staff time, training hours and time away from working with our children and families. There needs to be a realization that increases in costs impact tuition that many of our families already struggle to afford. When we increase annual training requirements for all of our child care teachers, while it may increase quality, it also increases our tuition. A marginal improvement to quality could have devastating consequences for the families that can no longer afford licensed child care and may have to lose their job or put their child in unsafe care. We also need to acknowledge that our child care teachers are not highly paid. Many live from paycheck to paycheck and struggle to provide for their own families. They don't always have the ability to spend more and more time outside of their regular hours with the kids to get more training.

We recognize that MSDE is in the forefront when it comes to taking the unique needs of school-age programs into consideration in regulations and separate standards for Accreditation and Maryland EXCELS. Taking that work a step further to craft regulations that are appropriate for programs serving older youth would help to bring a greater number of programs into these systems thus improving the safety and quality for a larger number of children and youth. For example, a twelve year old boy should be able to go to restroom without an escort just as he does during the school day. Use of playgrounds and other school facilities that school age children use during the school day shouldn't be altered or prohibited by regulation from use during afterschool programs.

On a related topic, one of the other issues for afterschool programs in this state is the process by which the state determines which programs must be licensed and which are exempt from licensing. There are a number of publicly funded and private programs that meet the regulatory definition of child care but are currently not required to adhere to the regulations. We would propose that, before a publicly funded program is granted funds, they be required to undergo some process, such as a simple questionnaire, to determine whether or not they meet the regulatory definition of a child care program and, if so, that they make arrangements to come into compliance before funds are released.

In closing, we want you each to know how much we appreciate your commitment to this work and for offering us this opportunity to speak with you today. Thank you.



**Hearing Testimony July 20, 2016**  
**Joint Committee on Children, Youth, and Families**  
**Child Care Provider**  
**Service Employees International Union, Local 500, CTW, CLC**

My name is Fatima Whitmore and I am proud to be child care provider. I have been a child care provider for 12 years. I am also a leader of Service Employees International Union, Local 500 - the collective bargaining representative of home based child care providers who participate in the Maryland state child care subsidy program.

I am here today to speak about the many licensing requirements family childcare providers face daily. Families that elect to use our care are starting to see the burnout and stress that some providers are up against.

Providers are stretched to the max as we attempt to meet the deadlines for Maryland Excels, state approved curriculums, Accreditation, Child Care Subsidy, CACFP (Food Program), daily attendance, medication administration that requires us to log each medication/ dosage/ and time given if a child is on meds, breastfeeding course, the logging of sunscreen when applied, following our daily schedules, and daily notes for dismissals, just to name a few.

Please keep in mind that your childcare is considered to be out of compliance if you do not follow the requirements, of the above mentioned programs or services. Providers also have to tolerate licensing specialist writing up their programs for violations that does not accurately reflect the situation. For instance, our program was cited for having the FIRST AID SUPPLIES accessible to children, however that violation was not true. The violation was actually not having unscented liquid soap in the first aid kit. We had soap in the kit, however, it was not unscented.

Providers understand that Health and Safety regulations are needed to keep our homes safe, for children in our care, however some regulations are not planned for family childcare providers. Our childcare businesses have endured many policy challenges over the last decade, and although we agree that some regulations should be advanced, many are not a representation of what MSDE now deems to be high quality. Many of Maryland's family childcare providers feel that there is no distinction between family childcare providers, and certified pre-k and kindergarten teachers. In some areas we are held more accountable for children in our care in comparison to care and instruction in public schools, daycare centers, public pre-k, or Headstart.

I challenge the Joint Committee on Children, Youth, and Families to take a deep look into the percentage of providers exiting our industry, providers are struggling to maintain an experienced qualified workforce in childcare.

Please understand that there is no compensation for all of the paperwork we must maintain to keep our businesses in compliance. Reimbursements for trainings and cost of our services for care does not cover the cost we spend to maintain high quality care that we feel is micromanaged by MSDE.

**Service Employees International Union, Local 500, CtW, CLC**  
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**301-740-7100 [www.seiu500.org](http://www.seiu500.org)**  
**Merle Cuttitta, President**





Maryland State Family Child Care Association, Inc.  
4502 Sheridan Street  
Riverdale, MD 20737

July 18, 2016

Joint Committee on Children, Youth and Families  
Nancy J. King, Senate Chair  
Ariana B. Kelly, House Chair  
House Office Building  
6 Bladen Street, Room 120  
Annapolis, MD 21401

Maryland State Family Child Care Association (MSFCCA) appreciates the opportunity to present to you issues and concerns we have regarding family child care regulations. We represent family child care providers across the state of Maryland, many of whom have expressed dissatisfaction over some of the Family Child Care Regulations.

MSFCCA has reviewed and analyzed the family child care regulations to the best of our abilities. Based on our analysis as well as feedback we have received from our fellow providers, we have determined that many of the regulations are too broad and left to individual interpretation. Other regulations are so restrictive that they are unattainable by family child care providers and large family homes given the nature of our programs. In an effort to organize our issues, we have identified four categories where the regulation issues fall. The attached document identifies the categories and the specific regulations under each category.

We believe that in order to ensure compliance of all relevant regulations, it is first necessary for providers to understand the core requirements of the regulations and the impact these requirements have on their daily profession. Therefore, it is necessary to state that in addition to family child care regulations, providers are required to follow many other sets of regulations in order to participate in Maryland's Child Care Subsidy (POC), Quality Rating System, and Maryland Child Care Pathways. We are expected to be early childhood experts yet, very little consideration is given to our good judgment. Over-regulation has restricted our ability to offer quality care to the children.

Once again, thank you for giving us this opportunity to present these issues that affect our ability to care for Maryland's children.

Respectfully,

Theresa Rivers  
President, MSFCCA

Kathy Embly  
Vice President of Public Policy  
Chairperson, MSFCCA Regulations Review Committee

cc: Members, MSFCCA Regulations Review Committee  
Valerie Lavala  
Dawn Mowell

## MSFCCA Family Child Care Regulations Issues

### Broad left to individual interpretation:

1. The statement “including but not limited to” is used several times throughout the regulations. An example is found on page 15, regulation **13A.15.05.06 Rest Furnishings under F**. This regulation reads “Soft bedding items including but not limited to pillows, quilts, comforters, and crib bumpers may not be used as rest furnishings for a child who uses a crib.” Some specialists have interpreted this to include security blankets. Many children will not nap without the comfort of their security blanket. Giving the very strict regulation regarding supervision of resting children, we feel it is unnecessary to have this particular regulation interpreted to include security blanket.

Solution: Providers prefer the regulation to state the exact requirement and not have it left to individual specialists to determine what ‘not limited to’ includes. This is especially important when the regulations relate to the health and welfare of the children.

2. **Definitions 13A.15.01.02 B (1) (a) – Abuse** “The physical or mental injury of a child, under circumstances that indicate that the child’s health or welfare is **significantly** harmed or at risk of being **significantly** harmed by:”

Solution: We would like this regulation to give more information into how “significantly” is measured, especially as it relates to mental abuse.

3. **Child Protection 13A.15.07.07 B Child Security** – “Whenever an area of the home is being used for a child care activity and children are present, the provider may not allow that area to be used at the same time for any other purpose without prior approval of the office.” We are family child care providers, not centers. Many of us do not have designated areas of our homes used exclusively for childcare because our child care children are an extension of our families. This regulation as written suggests that our businesses run like centers.

Solution: We would like this regulation to be removed or at least, rewritten so that it is clearly understood and that it takes into consideration the dynamics of family child care.

### Regulations where the exact meaning is unclear:

1. **13A.15.01.02 Definition Employee 13 D (iii)** – “Does not clearly meet, or is not excluded from, the definition of independent contractor as set forth in B(19) of this regulation”. We find this statement to be unclear and confusing as written. It appears to contradict the definition of independent contractor as referenced in B (19).

Solution: We would like this regulation to be rewritten and/or guidelines established to help interpret these regulations so that the meaning is clear to both providers and our specialists.

2. **13A.15.06.02 Pre-Service Training Requirements (2) (a-f)** – As currently listed it appears all of these requirements are to be met for pre-service training. There are no established standard guidelines for training requirements to assist in interpreting the regulations. As a result, training regulations such as this is left to the individual interpretation of the licensing specialists.
3. **13A.15.02.02 B (3) (a) – (c) Initial Registration & 13A.15.02.03 Continuing Registration (3) (b)** – These regulations refer to the requirement for medical evaluation for residents of your home. They are inconsistent as one of them state each resident in the home and the other states each resident in the home who has child care responsibilities. On the continuing registration checklist and the medical form from Office of Child Care, it states each resident 18 years and above. That statement does not match either of the regulation.

Solution: These regulations are inconsistent and should be rewritten so that they are the same requirements.

4. **13A.15.02.02 Initial Registration B (6) (e) and .03 Continuing Registration A (4) (e)** – “if required by the office, any other individual with regular access to the child care area during the approved hours of operation”. As family child care providers our businesses are conducted in our private homes and it is natural to have neighbors, friends or family member visit. What are the criteria for determining this additional documentation? What is considered regular access? Also regarding the approved hours of operations, there is already regulation in place to prevent individuals not approved for child care responsibilities to be left alone with a child in care.
5. **12A.15.02. 05 Resumption of Service A (1)** currently when a provider moves the resumption of service is treated like an initial registration. We are given new registration #'s and new anniversary dates that are inconsistent with provider's years of service in family child care. This becomes an issue when interviewing prospective clients and our tenure we claim does not match our registration displayed.

Solution: We do not understand why our registration number and issue date of registration have to change. We would like to retain our original issue date to reflect actual years of service.

6. **13A.15.03.04 Child Records (B) (6)** – We are confused as to what type of written information is needed, as the 'ALL ABOUT ME' form was discontinued. There is no current format or form with which to refer to in meeting the child's individual care needs and to review every 12 months.

Solution: This regulation needs to be required only at enrollment because we observe and assess the children in our care on an ongoing bases and plan accordingly.



7. **13A.15.07 Child Protection .07 Child Security B.** Whenever an area of the home is being used for a child care activity, the provider may not allow that area to be used at the same time for any other purpose without prior approval of the office. What are the criteria for 'other purpose'?

**Regulations that are too restrictive and unattainable by family child care providers given the nature of our programs:**

1. **13A.15.03.03 Program Records D (2) (b) A medical evaluation of the volunteer** – Our volunteers are typically parents who chaperone on field trips (Parent involvement), service learning hours' students, and early childhood education internships students. These volunteers should not be required to incur the expense of a medical evaluation. MSDE, itself, is not requiring this of their volunteers.
2. **13A.15.03.04 Child records- b. (1)** This regulation requires providers to maintain the current address of a child no longer in care for a period of 2 yrs. after child disenrollment. It is unattainable as there may be no further contact with the child's family after that point.

Solution: Change the regulation to require maintenance of the last known address.

3. **13A.15.03.05 Notifications G (1)** This regulation states, within 10 days of receiving notice of a contaminated drinking water supply; send written notices of the drinking water contamination to the parent or legal guardians of each child enrolled that: Identifies the contaminants and their levels. Providers would be unable to identify the exact contaminants and levels, as they would not have that level of detail.

Solution: Change the regulation to require that providers notify the parents of breach and how it would be remediated.

4. **13A.15.06 Provider Requirements .05 Volunteers A. (1)** this regulation requires that the provider ensure the individual presents no risk to the health, safety, or welfare of children? We feel ensure is a strong word and would like to see this regulation reworded. Providers already attempt to ensure the health, safety, and welfare of the children to the best of our abilities. These are not our employees but volunteers who may only help once/ occasionally and there is no way to ensure the integrity of the individual. However, volunteers are necessary in order to expand parent involvement and engagement in our programs. We acknowledge parents and community members as important partners in strengthening our programs and community.
5. **13A.15.11.04 Medical Administration and Storage D (2) Recording requirement (2)** "Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's record." In the Medication Administration training class, we were told to use gloves prior to applying sunscreen, diaper rash ointment or insect repellent and

to wash hands after each application. We are also required to document each time these products are applied to a child, the same procedure as a prescription medication. Providers find this regulation to be unrealistic and unnecessary. As a point of reference, we will use a family child home with eight children. According to the regulation Program Requirement, we are required to take the children outside twice a day. Since this is summer, we need to apply sunscreen and insect repellent to all eight children twice a day. Using the above mention procedure, most of our time will be spend on ensuring that we follow procedure. This is time away from the children and spent on documentation. It appears that the health and welfare of the children has become secondary to documentation and administrative responsibilities.

6. **Solution:** We would like to see this regulation changed to reflect a requirement to have written parental permission to use these products provided by the parents. This documentation should be kept in each child's file.

**Regulations that are inconsistent:**

1. **13A.15.02 Initial Registration B (5) (c)** Application for Federal and State criminal background checks for a paid employee of the family child care home who is 14 years old or older. We do not believe State and Federal laws allow for release of criminal backgrounds check for minors.
2. **13A.15.03 D (2) (b) Program Records Volunteer medical evaluation.** Volunteers do not have to disclose their medical information, as they are not employees. MSDE, itself, Centers and Large Family Homes are not required to have medical evaluations for volunteers.
3. **13A.15.08.01 General Supervision D (1)** If a resting or napping child is younger than 2 yrs. (b) observe the child at least every 15 min and **13A.15.08.03 B. Supervision of Resting Children A** resting child younger than 12 months old shall be observed at least every 15 minutes. The age requirement is inconsistent for these two related regulations.
4. **13A.15.03.02.B** This regulation calls for removal of a child under 6 years old whose parent has not complied with the regulation to supply evidence of a lead screening within 30 days after a child's admission. Although harmful to an affected child, lead poisoning is not a communicable disease and therefore does not pose a risk to the other children in care. Removing the child from care is unnecessary as it directly affects the family and provider.

Solution: We can encourage the parent to get this done, but ideally would like this to be the responsibility of the parent and doctors.

Kimberley Hayas  
14 Stanford Rd.  
Hagerstown, MD 21742

July 15, 2016

Joint Committee on Children, Youth and Families  
Nancy J. King, Senate Chair  
Ariana B. Kelly, House Chair  
House Office Building  
6 Bladen Street, Room 120  
Annapolis, MD 21401

Re: Credentialing Issue

Ladies and Gentlemen:

Thank you for the opportunity to address my concerns today. I am a family childcare provider. In May 2016, I received my 2015-credential renewal packet back asking for additional information. I found a document included in the returned packet showing I had received a Level 4 Credential Bonus in 2013. I contacted Child Care Central (CCC) and informed them that this was not the case. I received my final check for Level 4 in 2010. Maryland State Department of Education (MSDE) sent this check by mistake and after contacting MSDE about it, I returned it to them. CCC informed me, that I needed to contact MSDE to have this issue resolved and they gave me an email address. I sent an email on May 28, 2016, to the email address I was given. To make a long story short, after numerous emails were returned for incorrect email addresses, I contacted Angeline Oshoko-Bishop on June 6, 2016, by email explaining that I needed help with this and she responded on the same day that she forwarded my email to Child Care Central! I then responded that CCC said it was something MSDE had to take care of and asked if I was going to receive an email from them stating this fact again? She responded to my email on June 6, later in the afternoon, that she was having Ms. Agneatha Wright contact the accounting department to resolve this issue. I received an email on June 8, from Ms. Bishop-Oshoko that Ms. Wright had contacted the accounting department and she would contact me after hearing from them. As of the writing of this letter, I still have not been contacted. This morning I have sent another email to Ms. Bishop-Oshoko asking her to please check on the status of this issue.\*

There is no excuse for this issue to still be unresolved and for me to have to contact them again to check on it. I am no longer participating in this program, which I address in a separate letter to you, but for future participants this needs to be corrected.

Respectfully submitted,

Kimberley Hayas

Kimberley Hayas  
Letter to JCCYF Credentialing Bonus Check Issue

**\*Update:** July 18, 2016, I have not received anything in writing; however, I received a telephone call from Ms. Agneatha Wright of Maryland State Department of Education's (MSDE) Credentialing Branch. I told her that MSDE sent me this check by mistake and that I returned it. She stated that when the new system was put in place documents were scanned over. After this conversation it is my understanding that my record does not show a bonus check received in 2013.



Caution! Kids At Play Child Care  
Andrea Campbell  
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Millersville, MD. 21108  
(410)729-9592

Email: [cautionkidsatplay@gmail.com](mailto:cautionkidsatplay@gmail.com)  
NAFCC Accredited Provider  
Maryland Credentialed – Level 6  
Maryland EXCELS – Level 5  
CDA

July 16, 2016

Children, Youth, and Families Joint Committee  
Nancy J. King, Senate Chair  
Ariana B. Kelly, House Chair  
Room 120  
House Office Building  
6 Bladen Street  
Annapolis, MD

Good Afternoon: My name is Andrea Campbell and I have been a licensed family child care provider in Anne Arundel County for the last 12 years now. I have always wanted to work with young children and provide them with a safe, caring, loving environment in which they can enjoy a variety of experiences and opportunities that they otherwise might not experience all the while preparing them to be ready for Kindergarten.

Over the last 12 years our profession has seen a number of changes in regulations, required training and the addition of voluntary programs. While it does make our “job” more difficult I completely understand the need for protecting our children and that the health and safety of our children is most important. I also understand the need for making our profession “professional” and to do so our profession needs the additional training requirements, changes in regulations and additional programs to help challenge each family child care provider to step up to the challenge and to push him or herself to offer the best we can. But, in our profession are also a lot of challenges.

To name just a few challenges:

1. The additional training and voluntary programs set for us because we already work long hours and work late into the night and on weekends to make sure our programs are quality programs for our children. Now we have additional requirements to fulfill (afterhours and on weekends) and voluntary programs which require a lot of time to compile necessary documentation to show how we are meeting the requirements set forth, scan that documentation and upload/submit it to the correct office, all of which, once again, is completed afterhours and on the weekends.

2. Be ready at any point for our licensing specialists from the Office of Child Care or from food program to show up for unannounced inspections.
3. Make sure we are ready daily with a smile on our face and a pep in our step to help motivate and challenge our children who are with us for 10 - 12 hours each day Monday through Friday and to help these children who sometimes have been faced with struggles in their personal lives that they shouldn't have to deal with at their age work through those struggles. Providers then help to research how to help these children and their families during these tough times.
4. The financial aspect of our business – you have parents who don't feel we should be entitled to provide financially for our family. Parents who complain about the expense of child care but want long hours of care from providers. Parents who don't realize the cost associated with caring for children and how much of their weekly fee actually goes towards paying into required training, maintenance, insurance, food, supplies, arts & crafts, books, toys, needed equipment, wear and tear on household items, overhead, and the list goes on and on.
5. Late pickups - parents who are disrespectful to us and our personal time by not picking their child(ren) up on time and then get upset when we require them to pay us for late pickups (overtime).
6. Paid days off – Parents who feel providers don't deserve to have a paid day off (holiday) or vacation time. I can't tell you how many times when I am closed for a day I have at least one family show up. Even after providing each family with a list of closed dates at the beginning of every year, reminding them in emails, on my facebook page and even in person. There have been many times I've felt guilty about sending a child home that I've kept them and have put off what I needed to that day for my family.
7. All of that aside, to me, the biggest challenge I personally face (and a number of providers share my concern) is that of stay at home moms and dads providing unlicensed care. I know to most it doesn't seem like a big deal but for licensed providers and the safety and well being of all our children it is! "Why do I need to be licensed to watch kids?" "It's really not that hard." Truth is, it is the most important job that is out there and it is the hardest job out there. Anytime anything negative happens when a child is being cared for outside their home, in licensed or unlicensed care, it is publized on the news which then affects how people feel about child care and depending on what has happened it then means additional training or more stringent regulations for licensed providers who are already burdened with heavy requirements.

I do know that a law was passed and will be in effect October 1, 2016 giving licensing specialists the authority to issue citations to unlicensed programs who advertise on Craigslist and have the ability to close those programs down. I am excited to see how this will help our profession. I know from messages I've seen back and forth between licensed providers and unlicensed programs that discussions get very heated and both feel very passionate about what they are doing but what unlicensed programs don't seem to realize is how their actions affect every licensed provider who has worked hard to ensure their program is the best it can be and has followed all the requirements and expectations set before us. My sincere hope is with the passing of this law last session it will eventually help reduce and eliminate unlicensed care and licensed providers will start feeling as though others see us as the professionals we are!

I appreciate your time, understanding and support!

*Andrea Campbell*  
Owner/Operator  
Caution! Kids at Play Childcare

Ms. Lynn's Educational Playzone  
517 Majestic Prince Drive  
Annapolis MD 21409  
410-533-2226

Children, Youth, and Families Joint Committee  
Nancy J. King, Senate Chair  
Ariana B. Kelly, House Chair  
Room 120  
House Office Building  
6 Bladen Street  
Annapolis, MD

Good Afternoon,

I have been a Family Childcare Provider in Anne Arundel County for the last 11 years. I do not have issues with the regulations. The regulations are put in place to keep the children safe, which is the most important element of our jobs.

As a provider, I do have a problem with what is happening specifically with Family Childcare. The word Family is extremely important to the parents looking for "family childcare." Children are growing up killing others, hurting others with hate and seem to have no empathy.

We are living in a world where mental health is becoming very prominent. It is now, even more important that children are having more of a chance to grow as the research suggests. I am very active in staying current with my knowledge. We are required to have a certain amount of hours to stay licensed. I go beyond that and take every new class that is offered because I not only provide care for children. I want to help each child that comes through my door leave happy, loved and have heaps of self-esteem. Children are no longer allowed to be children and grow as they should. The government keeps handing down new programs that do not benefit the child. The research proves this, our classes teach this. I would love to meet with someone and explain exactly why I do childcare. Also, exactly how impersonal all of the new programs that extend from the grants such as The Race to the Top are causing family childcare to no longer remain "family" childcare.

Please understand Family Childcare Providers do not want to reduce the safety of children. The word family is the most important word in our description. We do not disagree that the world is changing and more and more is expected of a child at early ages despite the research and what we know. We watch children learn, grow and discover the world from the very beginning. We do not only care for one, two, five children that our given for us to raise. We have generations of children going through our homes. Our jobs are not explaining and teaching a one year old how to read an encyclopedia. We are here to help children love, learn, care, feel, help, laugh, love, handle sadness and most of all how to have empathy for another person. The research shows the maximum growth a child will have, is when they are comfortable and feel vital to their environment. If they cannot have this at home with their parents. Then if nothing else a parent should have the option to choose the closest environment they are able to. A family childcare, which is exactly that; a home away from home. We did have an issue with being called a babysitter, but I know I do not in any way want the word family removed from my description. I am much more than a babysitter. I am a mother and an educator of unique, growing, and well-functioning delicate children.

With that being said can you understand where my problem lies? Having homes that children can go to everyday and feel at home, in a home. Research proves this is very important. A child thrives, grows and surpasses the child that is uncomfortable and alone in a daily changing environment. You cannot build a building without the foundation; it will collapse. It may take years, it may take decades; but it will happen.

Thank you for your time and concern,  
Lynn Griffiths  
Family Childcare Provider



July 15, 2016

Joint Committee on Children, Youth and Families  
Nancy J. King, Senate Chair  
Ariana B. Kelly, House Chair  
House Office Building  
6 Bladen Street, Room 120  
Annapolis, MD 21401

Good Afternoon,

I thank you for this opportunity to share my issues with the current child care regulatory process in Maryland. My name is Linda Church and I have been a registered family child care provider since 1994, and have worked for many years with the *Maryland State Family Child Care Association (MSFCCA)*. When I first became registered we were under the jurisdiction of the *Department of Social Services (DSS)*, where we were treated as a social program rather than an early learning program. We were eventually moved to the *Maryland State Department of Education (MSDE)*, which brought about some positive changes to the profession. The main one being that we were finally recognized for the important work that we were doing and this brought steps toward real professionalism in the field. In addition, the move also brought much needed funding for training, this was good for children and families as it raised the level of quality in child care.

Unfortunately, the move to MSDE also brought with it some negative outcomes as well, the most notable being our ever-increasing and/or changing regulations. It was great that we were finally recognized as teachers, but because of that we were treated like schools. This matters because if you know anything about family child care, you

know that the term "family" is what separates us from the preschools, nursery schools and other early childhood programs. Many children flourish in family child care as it does not have the institutional feel that you may find in the more traditional settings. Children benefit from the close bond they develop with the provider, his/her family, as well as the small mixed-age group of children with which they spend many of their waking hours. Peter Gray, a Boston College Research Professor described the benefits of environments such as ours in the following way "mixed-age play allows younger children to learn skills and sophisticated ways of thinking from older children and it allows older children to learn how to nurture, lead, and in general, be the mature person in a relationship." The opportunity I have had over the years to influence so many young minds is an inspiring legacy but it has been difficult with the ever-increasing role of regulation.

Registered family child care is a small business in most cases run by one person. The provider is the sole owner/teacher/nurse/counselor/cook/secretary/accountant and janitor for their business. On average they work alone 9 to 12 hours per day and after that spend much of their free time continuing to deal with the many aspects of running their business. Don't get me wrong I relish the opportunity to be a small business owner and be my own boss, but being my own boss is seeming to be disappearing as the presence of MSDE in my business grows. It's frustrating that something as simple as letting my children spend a hot sunny day in a wading pool is against regulation, because MSDE feels the risk of contamination is too great.

These cumbersome regulatory barriers as well as the endless task-associated paperwork are forcing many providers to leave the profession. From the increasingly

mandatory training and paperwork to continue your registration to maintaining each child's records, to the research and preparation for a daily curriculum as well as regular observations and assessments that have their own records, and finally to the paperwork generated by Maryland EXCELS. All of which needs to be done in our off hours because our workday is dedicated to caring and nurturing children. This does not include the tasks and paperwork from the voluntary programs associated with this profession that MSDE promotes like NAFCC Accreditation, Credentialing and the CACFP Food Program, which by the way has standards that are now mostly enforced in our regulations, so you would be crazy to not participate to get the small stipend it allows. In addition, there are many family child care providers who are in college in an effort to be better qualified and competitive, and finally let's not forget the small number of us who are heavily involved in local, state and national volunteer organizations that support the profession. All of these efforts are admirable and benefit children but they come at a cost. It is without question that over-regulation has entered the field of early childhood and has left many children no longer cared for by those who just love kids; those people left the field because "good judgement" was no longer an acceptable standard for care, we have to be told what we can and cannot do just like the children we care for.

This burdensome regulation and busy work in operating a child care has become increasingly daunting. A perfect example is that I am currently getting some much needed time away this weekend but it also includes a six-hour training, composing statements for EXCELS and writing this letter. I think that a few specifically targeted actions could be taken to simply combine the flow of paperwork. Combining and/or

streamlining the processes for some of the programs could really help or maybe there should be some serious consideration for reducing the amount of programs, mandatory and voluntary. For example, maybe Maryland does not need EXCELS and Credentialing. Maybe EXCELS could be scaled down and incorporated into Credentialing. Credentialing is more popular because there are training dollars associated with participation. EXCELS participation *has* increased in the last few years due to it being made mandatory for those who accept subsidies, but those newer participants are not happy about it. That can be demonstrated by looking at the number of programs in each level, almost all are operating at level one which satisfies the participation requirement but does not necessarily encourage better quality.

I could continue this letter and complain about more specific regulations but honestly I understand that maintaining health and safety is key and not all people are as responsible as they should be, but consideration must be given to the overwhelming amount of things providers, who work alone mind you, are responsible for keeping up with. I will close by saying I hope this letter has given your committee some insight into the frustrations that providers in Maryland are feeling, and that you are willing to make adjustments that could bring about positive change for the profession in the future. Thank you again and have a great day.

Respectfully,

Linda Church  
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410-695-5256

**Darlene Richardson**  
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**Odenton, MD**  
**410-370-1244**  
**darlojones@yahoo.com**

**18 July 2016**

Children, Youth, and Families Joint Committee  
Nancy J. King, Senate Chair  
Ariana B. Kelly, House Chair  
Room 120  
House Office Building  
6 Bladen Street  
Annapolis, MD

Good Afternoon,

COMAR 13A.15.04 Operational Requirements  
.03 Child Capacity.

B. Care may not be provided at any one time to more than two children younger than 2 years old unless approved by the office.

C. Whenever more than two children younger than 2 years old are present in care, an additional adult shall be present who has met the applicable requirements of COMAR 13A.15.06.04.

This rule has been in effect for over 20 years. The needs of families have changed. I feel we (Providers) whoever desires to do so, should be able to care for 3, under the age of 2. ie, 6, 12, 19 month old. Not 3, 5 month olds, without having to hire a helper. This regulation should be revisited and revised.

Sincerely,  
**Proud to be a Family Childcare Provider**  
*Darlene Richardson*



Joint Committee on Children, Youth, and Families

Written Testimony from Lavonne Taylor, Owner and Director of Forest Hill Nature Preschool in Harford County, Maryland, License #161110

Maryland State Child Care Association member and Harford/Cecil County Chapter Co-President

Ladies and Gentleman,

Thank you for your time in review of the licensing process in the State of Maryland and the regulations that cause hardship to the providers who care for children in Maryland. As a director of a licensed preschool in Maryland, I understand that regulations are necessary to ensure the safety of our children. The Office of Child Care employs licensing specialists to oversee centers and family daycare homes with the intent that these centers will be able to provide quality care for the children and their families.

There are providers who would prefer to operate family daycares and group centers without going through the licensing process, and it has been suggested that this may be an acceptable option for providing childcare options to parents. The issue with such care is that there are no regulatory agencies overseeing these childcare operations for either quality or basic safety—no fire inspections, no health department inspections, no licensing specialists checking regularly to make sure that the environment is safe, that the care is consistently provided by approved individuals, and that the adults providing care are capable of handling the number of children under their supervision. Without a regulatory system in place, we are leaving the health and safety of Maryland's children to chance and we are shirking our responsibility for providing an appropriate place for our children to grow during their earliest years.

Regulations are necessary and should work to protect children and keep high quality providers in the business of licensed child care. To that end, there are some adjustments that need to be made to Maryland's regulations—some specifically and some generally—and work should be invested in making these changes. Generally, one of the biggest challenges facing licensed childcare providers is that on many counts the Office of Child Care is not accountable to their providers, even from the beginning of the licensing process. When an individual or organization wants to open a new childcare home or center, they are required to submit an initial application at least 60 days before they plan to open. The Office of Child Care has an unspecified period of time to review the application and then 30 days after they have completed reviewing the regulation to issue or deny a license. For individuals or organizations who have invested time and money into a new childcare venture, having no idea when or if a license is forthcoming can make just initiating the process expensive and difficult. The regulations should be revised to hold the Office of Child Care to a reasonable time frame so that initial license applications can be reviewed and decided on a predictable schedule, giving potential providers control over their own investment.

**\*\*COMAR 13A.16.02.05 Response of the Office to the Application**

- A. *(Within 30 days)* Upon receiving a completed application, whether for an initial license or a continuing license, and all documentation required by law or regulation, the office shall determine compliance with the requirements of this chapter by:
  1. Evaluating the application and required documentation; and
  2. Inspecting the:





- a. Facility proposed for use as a child care center, if the application is for an initial license; or
  - b. Child care center, if the application is for a continuing license
  3. *(Providing written documentation to applicant for all necessary corrections and additional actions necessary to qualify for license.)*
- B. Except as specified at C of this regulation, the office shall within 30 *(revise to 15)* days after completing the procedures in A of this regulation:
1. For an initial license application:
    - a. Issue an initial license;
    - b. Issue an initial license with provisional status; or
    - c. Deny an initial license

**\*\*Suggested revisions are indicated in italics**

Another systemic problem for center directors is that the Office of Child Care is required to review the qualifications of any new hires in the center and to approve these individuals to supervise children as appropriate, but there is no time frame by which they are required to complete this review and no current regulation requiring that they inform the center director of the results of their review. This leaves center directors the challenging task of hiring excellent staff and then leaving these staff without child care responsibilities for an undetermined period of time. In no other profession would a manager hire a new worker and then be incapable of giving the applicant a starting date for employment. In the past, licensing specialists completed a card to document a childcare worker's approved qualifications and sent it to the individual to keep as proof of their qualifications. This gave concrete evidence to center directors that workers were qualified to supervise children.

**\*\*COMAR 13A.16.03**

*Propose additional section:*

**09. Response of Office to New Staff**

*A. Within 15 days of receipt of completed staff application for new employee or staff member, the office will provide written notification to the center regarding the staff member's approval.*

The written notification could even be as informal as email, as licensing specialists currently use email as the preferred communication method with providers. Center directors simply want to know decisively whether staff are approved to work in the positions for which they have been hired.

Programs in Maryland invest a great deal of time and money in creating high quality environments for the children in our care. Indoor space requirements for childcare centers provide for 35 square feet per child in each classroom. In addition, some space in the classroom is not permitted to be included in the measurements for the total required space. Space for a teacher's desk and teacher storage are subtracted from the square footage of the classroom. Children's furniture and an adult sized chair are permitted within the measurements, but children's cots are not. Providers who care for children full day are required to have cots or mats for the children to rest, and we are happy to comply. I propose that the space occupied by children's cots should be included in the required space of the classroom. When



our center's licensing specialist calculated our classroom space and subtracted the space for the cots, I asked where we are supposed to keep the cots to maintain our full classroom size. My licensing specialist suggested that we keep the cots in the hallway. If providers are encouraged to remove the cots from the classroom, then teachers will need to leave the classroom multiple times each day to set up cots for the children to rest. This then becomes a supervision issue. The cots are children's furniture as much as the children's tables, chairs, play equipment, and shelves of materials. I propose that children's cots be added to the COMAR regulation for Indoor Space.

**\*\*COMAR 13A.16.05.03 Indoor Space**

- A. ...
- B. In calculating the square footage of floor space provided for each child, the following may not be included:
  - 1. Any floor space, rooms, or areas that are not suitable or available for the daily program activities of the children...
  - 2. Furniture, except for:
    - a. Children's chairs and tables which are nonfixed and multipurpose;
    - b. Moveable equipment used for infant care, such as high chairs and swings;
    - c. Moveable play equipment;
    - d. An adult-size rocking chair or other adult-size comfortable chair;
    - e. An adult-size couch (*No centers that I am aware of keep an adult-size couch in their classrooms. I am not sure why this is included*)
    - f. Open shelves for children's activities; *and*
    - g. *Children's cots*

**\*\*Suggested revisions are indicated in italics**

There are many regulations regarding the administration and storage of medication, and providers invest time and money in having staff members trained in First Aid and CPR, which unfortunately they are not allowed to count toward required continued training hours, and in following COMAR procedures. Prescription medications and over-the-counter medications require written authorization by the child's pediatrician and parent, and staff document each incident of administration of these medications. In addition, the current regulations (COMAR 13A.16.11.4B) require topical applications including diaper rash products, sunscreen, and insect repellent to be provided by the child's parent and authorized in writing by the child's parent. COMAR 13A.16.11.4D requires that the application of diaper rash products, sunscreen, and insect repellent to be documented in the child's records. Practically, this means that a provider must store and apply a separate, parent-provided diaper rash cream, sunscreen, and insect repellent for each child, and then stop application (and stop direct supervision of the students) to document these applications in each child's separate records. This not only takes time away from supervision, but serves no purpose to the child or the parents. These products were already provided and approved by parents. If the child has a reaction to the products, providers can certainly inform the child's parents who will likely replace the topical product with something else. The providers are not legally at fault for applying a product that was provided and authorized by the parent, even if they do not record the application of each product on a daily basis.



Besides some issues that exist with specific regulations, there is an overall problem with accountability in the licensing system. Providers have many specific regulations that they must comply with. Annual unannounced inspections are conducted for centers and family homes so that specialists can ensure that programs are in compliance with all regulations. Any issues of noncompliance are documented and published on a public website for parents to review, often with canned comments that may not accurately reflect the issues that were identified in the inspection. To this end, programs are held accountable for continued compliance with regulations in a very public forum. The Office of Child Care, however, has no accountability to any overseeing agency for failure to comply with their responsibilities. Providers who have not heard back about licensing requests, staff approval, or even reports from conducted inspections have no recourse for getting answers to their questions or closure and documentation for licensing actions and decisions. Holding Office of Child Care to accountability for doing their job will provide safer, higher quality childcare environments for Maryland's children. Setting up a system of accountability will require careful reflection, but is important to ensure that the Office of Child Care handles their responsibilities to play their part in making sure that Maryland's childcare centers and homes are regulated.

There also exists a great deal of inconsistency within the interpretation of licensing regulations. Years ago a document was created to provide guidance to licensing specialists for interpreting each regulation, including specific things that licensing specialists were to look for in a program to meet compliance with the regulation. This document was then shared with providers so that everyone would have the same information about what was required to meet Maryland's high standards for childcare providers. Use of this document was abandoned because of the printing costs for reproducing it. In a digital age, the process of scanning this document into a digital file for easy reference to licensing specialists and providers is an easy fix. I propose a return to a guidance document for regulations. Currently, licensing specialists can interpret regulations in any way they see fit, requiring volumes of additional documentation, and huge expenses of additional time and money on the part of the provider. Childcare providers should know exactly what licensing specialists are looking for in terms of compliance with regulations so that they can comply. Providers are willing to take actions to make their programs safer and better for the children in their care, but we would like to understand exactly what those actions will be before a specialist comes in and announces a new policy or procedure in the name of a regulation we've been in compliance with for countless previous inspections. A guiding document for implementation of regulations combined with additional training for licensing specialists will do much to improve the consistency of the regulations in child care centers and homes across Maryland.

There is some important work to be done in the COMAR regulations for Childcare in Maryland, but I think it is important to recognize that much work has already been done. Our licensing regulations comprise 49 pages of carefully constructed laws regulating every aspect of the childcare center or home environment and the staff who provide care. The changes proposed here represent only a few adjustments in the system, hopefully ones that will make it easier to operate a high quality licensed center with qualified staff. I thank you for taking the time to research the effectiveness of our childcare licensing systems and for considering the suggestions and experiences of childcare providers. I wish you luck in your task and hope that we will be able to continue to work together to create a partnership of providers, licensing specialists, and legislators. Together we can make Maryland's licensed childcare centers and homes work better for the children and families that we serve.



Lavonne Taylor

Owner/Director Forest Hill Nature Preschool & Childcare LLC







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Important Natural Resource™**

## **Maryland State Child Care Association**

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*July 19, 2016*

Joint Committee on Children, Youth and Families  
Nancy J. King, Senate Chair  
Ariana B. Kelly, House Chair  
House Office Building  
6 Bladen Street, Room 120  
Annapolis, MD 21401

### **Senator Nancy King, Delegate Kelly and Esteemed Committee Members:**

*The Maryland State Child Care Association (MSCCA) is a non-profit, statewide, professional association incorporated in 1984 to promote the growth and development of child care and learning centers in Maryland. We have 10 Chapters in Maryland and represent membership in Baltimore City, as well as 23 counties. MSCCA has over 2500 members and our members provide care and learning for more than 12,000 children therefore assisting over 20,000 working parents. We believe children are our most important natural resource and work hard to advocate for children, families and for professionalism within the child care provider community.*

MSCCA appreciates the opportunity to share our written comments on the child care regulations with the Joint Committee. A collaborative effort has been made to allow providers from a number of geographic areas across the state to address the child care center regulations and advocate through representatives and chapters some recommended changes on regulations that they find onerous or of concern for child care centers. It is the hope of providers to be able to be proactive and work together with our licensing entity in the future when new regulations arise or change in order to be prepared, as well as have a voice in the process to benefit all parties, especially children.

The providers and leaders working together compiled a list of recommended changes to 20 regulations out of 49 pages of the existing regulations, which we have submitted in writing with this testimony for review. We also have an additional list of concerns with recommended solutions. The important overall concerns we would like to share are more about the interpretation, communication and accountability by the licensing agency.

Although the federal government recommends that no family spend more than 10% of family income on child care, many families spend a minimum of 20% of their income or more on child care expenses at an average of \$180.00 per week per child for child care services. The average salary of a child care provider is approximately \$9.99 per hour or \$20,780 according to the Bureau of Labor Statistics. The profit margin for child care businesses is between 1-3% due to many factors including demographics for tuition prices, the strict standards and ratios in Maryland, high rents for space and space needed for child care programs along with many more factors. There is a workforce crisis in child care. It is difficult to find qualified providers and programs.

We need to work together to keep small businesses functioning and parents working. Research from MSDE's annual school readiness reporting year after year proves child care centers are preparing children for Kindergarten at the highest rates and have built in wrap around care programs for working parents. Yet, it continues to be more cumbersome to run our businesses and to serve at risk children due to the broken child care subsidy system, the ever changing initiatives and regulations in child care, whether it be through federal requirements, legislative mandates or state Race to the Top requirements to receive monies. There is little support for small businesses, even in an industry as important as child care. We do not want to lose our children to illegal child care or compete with public school system taking our preschoolers, which will close more and more quality businesses in Maryland.

## Concerns and Recommendations:

1. Recommending more frequent and more comprehensive training for licensing specialists who are charged with onsite visits to Child Care Centers, Letter of Compliance programs and Family Child Care homes to inspect and license businesses. The findings have a direct impact on our businesses. If we cannot open due to timelines not being met by MSDE, we lose money and we have no recourse. If specialists make mistakes, there is no recourse, only frustration. This important role should have more accountability, more collaboration and partnership with the provider community and more oversight including surveys from providers without fear of retaliation or negativity from Office of Child Care. The option to request a review of the findings is frowned upon by many licensing specialists and providers are fearful of checking the box on the inspection form.
2. Child Care Providers and Provider Associations currently invite MSDE-Office of Child Care Licensing Specialists and Regional Supervisors to participate in our trainings and meetings to discuss regulations. We are open to collaboration and building a mentoring/coaching partnership for success that impacts children and families across the state. Providers/Provider Association representatives are not, but should be invited to participate in at least two of the licensing specialist trainings/meetings to have shared discussion about regulation and preparation for inspections. This concept is inclusive of a partnership and coaching model for success.
3. The Branch Chief for Licensing Office should be required to attend and report to the Office of Child Care Advisory Council meeting on a quarterly basis. The majority of the Branch Chiefs are in attendance, except Licensing.
4. Develop, reinstate or resurrect the Regulations Manual and align with all current regulations to use as a newly created Guidance Resource Manual for Licensing Specialists and Providers to encourage consistent interpretation of all child care related regulations. This resource will assist specialists performing inspections to be consistent with state regulations and providers will have a resource to refer to in order to guide them throughout the regulatory process. Now that all documents can be uploaded electronically, the cost will not be prohibitive.
5. Require Licensing Specialists to have experience in a particular setting (center based, family child care, LOC or School Age Care) before conducting an inspection (minimum 3 years)
6. Require advance drafts of proposed regulations prior to publication in the Maryland Register in order for provider groups to be proactive and not reactive with changes affecting their businesses.
7. Accountability is a recurring issue of concern for providers. We recommend to require strict timelines for response from all branches of Office of Child Care including Licensing, Credentialing, EXCELS, Accreditation and Subsidy offices to providers and programs and have a grievance or reporting mechanism when timeline is not met. Providers are held accountable to some of the highest standards/regulations in the country with respect to child care each day, as well as each inspection period by MSDE to comply with regulations. When we are cited for noncompliance the information is posted online for all current and prospective parents to review. The same accountability standards should be reciprocated for the state agency enforcing and inspecting child care programs, which directly impacts our businesses.
8. Inspection reports are to be signed at completion, but providers are not given a copy onsite. All inspections should be emailed onsite at completion of inspection visit so provider is clear about what they are signing.
8. Licensing specialists should be trained to only be allowed to give a "discussed" (D) on inspection report for first 6 months a new regulation is rolled out until all providers are familiar with new regulation and or forms.
9. Surveys or feedback cards with objective, brief questions regarding the quality of a licensing inspection should be completed on an annual basis by providers covering information on the inspection process and the specialists conduct, as well as adherence to timelines throughout the year. The cards or surveys must be returned to neutral office and reviewed for quality standards of a state agency. All positive and negative info should be addressed for better accountability and customer service.
10. Maryland EXCELS is a positive initiative with quality standards and value added Quality Assurance Specialists who have worked tirelessly to assist in a collaborative, approachable way all providers across the state to participate and move up in the ratings. Providers appreciate the voluntary options and were very supportive initially when the first level of the rating system was aligned with Maryland's already high licensing standards. Unfortunately, changes in standards without any feedback or input from providers have pushed programs and providers away from participation. Also, the bonus program tied to Excels ended when Race to the Top Early Learning Challenge funding ended. The child care subsidy and tiered reimbursement monies are tied to Maryland Excels participation. Excels started Level one with the basic foundation of licensed programs, which in Maryland is quite a high standard in national comparison. The Child Care Associations were very supportive and spent money to market and tout the Maryland Excels initiative. MSDE changed the standards less than a year later and upgraded to even more standards for Level one which has been confusing and has incited concerns. Providers are opting out more and therefore less providers accessible for subsidy children and families.
11. Concerns are widespread about unfunded mandates and costs associated with regulations. Providers could be penalized through non-compliances or have to raise prices to cover funding the costs for new federal required trainings along with other regulations that are parent's responsibilities such as Lead testing and Developmental Screenings as well as providers funding staff immunizations that will be required.
12. Recommend OCC website post regulation changes and form updates monthly for providers to have a section dedicated on the new, improved website to stay current and in compliance.
13. Many providers have expressed stories and concerns about inconsistencies in interpretation of regulations across the state. Licensing specialists are governed by statewide regulations and standards. We all have the same regulations and forms across the state. Different Regional Offices cannot interpret regulations differently or with varying degrees.
14. Credentialing program is a wonderful opportunity for providers to voluntarily participate and receive some additional funds as they work their way up the credentialing ladder. Unfortunately, many complaints and concerns have arisen due to issues of vendors and backlog. Even before the issues with Xerox taking over and handling the backlog of applications, the credentialing system suffered from backlog due to Race to the Top and surge of providers applying at a greater rate with not enough staff to process applications. Preparation, planning and proactive measures need to be addressed in some departments of Office of Child Care in order to avoid frustration and distrust of system.

**16. Please note there are regulations pertaining to child care providers in relation to Training, Maryland Excels Quality Rating Improvement Standards, Pre-K Expansion and Credentialing. Providers have recommendations for changes and many concerns about all of the regulated**

*fields. We would like a workgroup or task force to collaborate with MSDE on these regulations that are all very much related to our field and have direct effect on small business and providers in Maryland.*

**The following are our written recommendations to specific regulations as written in COMAR for the July 20, 2016 hearing:**

COMAR 13A.16.01 Scope and Definitions

.02 .31 Infant – defined as 6 weeks to 18 months.

Recommend: Can this be 15 months as defined by NAEYC in its best practices teacher-ratios? This gives programs more flexibility in how they arrange their groups which can reduce costs without changing staff child ratio.

.59 Toddler - change to start at 15 months instead of 18 months

COMAR 13A.16.02 License Application and Maintenance

.03 A.(2) and C.(3)(a) – delete requirement that providers submit notarized forms every 2 years from all employees allowing a review of records of abuse and neglect. This is time consuming and costly to providers and is redundant. These forms are signed and notarized upon hire and can continue for the term of employment. Liz Kelley noted at our last meeting that she thought this had already been removed.

.05 Recommend:

A. add “Within 30 days” – This gives the Office 30 days to review an application for an initial or continuing license and perform an inspection

B. change “within 30 days after completing the procedures in §A of this regulation” to “within 15 days”. –This gives the Office 15 days to issue or deny the license after the 30 days they had to perform the inspection and review the paperwork. Right now, they can take as long as they want to review the paperwork and do the inspection. The current 30 day requirement only kicks in after they finish their review and inspection.

Also add “If the Office fails to act within the timeframe set out in this provision, the license will be considered provisional until the Office issues the license or denial.” This will allow providers to operate even if the office fails to meet its obligations, which it frequently does.

COMAR 13A.16.03 Management and Administration

.06 Should require the Office to send operators a staff qualification evaluation. In this section, operators are required to notify the Office of a new hire within 5 days and submit the required paperwork within 15 days. The Office should be required to send a completed staff qualification evaluation within 30 days along with information about why a staff was not qualified at the level for which they were submitted. So, if you submit paperwork for a new hire and say they should be qualified as an infant teacher, and the staff qualification evaluation comes back only qualifying them as an aide, there should be an explanation. This process is currently taking months in some cases and is a chief area where providers complain that paperwork gets lost and they have to resubmit the same things over and over. Also, it needs to be clear that the operator can use the new hire in the position for which the operator claims they are qualified until notified otherwise by the Office (and given grace period to remedy any deficiency).

.07 B. add “within 30 days from receiving the written request for approval” – This gives the Office 30 days in which to respond. Also add “If the Office fails to act within the timeframe set out in this provision, the change of operation will be deemed approved.” This will allow providers to operate even if the office fails to meet its obligations, which it frequently does.

.08 B. add “If the Office fails to act within the timeframe set out in this provision, the request for a variance will be deemed approved.” This will allow providers to operate even if the office fails to meet its obligations, which it frequently does.

COMAR 13A.16.04 Operational Requirements

.02 B. add “more than three times in any 30 day period” to allow for emergency, nontraditional working hours, or events like “Parents Night Out” that may require an occasional exception to the 14 hour limit.

COMAR 13A.16.05 Physical Plant and Equipment

.10 Discuss mobile phone use. Providers have been told by licensing specialists that cell phones not being satisfactory for this provision, which is a problem if there is a storm or other issue that damages phone lines. Add “In the event of a temporary disruption to normal phone service lasting no longer than 3 days, an operator may rely on mobile phones provided that the parents of the children in the facility have been notified of the disruption and provided with temporary number that they can call during the disruption. If the disruption will last longer than 3 days, the operator must get permission from the Office to continue operations.”

COMAR 13A.16.05 Physical Plant and Equipment

.06 E. Add "Has completed at least 5 years of experience as an assistant director or preschool administrator, or at least 7 years of experience working primarily with preschoolers in a licensed child care center, nursery school, church-operated school, or similar setting." This allows an alternate advancement track for child care professionals who have worked in the field for many years and provides a broader pool of applicants for centers to choose from in hiring directors. COMAR 13A.16.17 Inspections, Complaints and Enforcement

.02 Add "at any time within 30 days of receiving the finding of noncompliance." Currently, providers are asked to make the decision on the spot while the licensing agent is concluding the review. Sometimes, the person in charge at the time is a teacher or lower level administrator. Sometimes, providers are flustered. There needs to be a time period for a provider to consider whether they want to appeal and they should not have to decide on the spot.

Another section that should be added is a requirement that the Office notify all licensed operators of any changes to statutes, regulations, guidelines or forms by email at least 30 days before those changes are due to go into effect. In the case of new trainings, there should be a requirement that the Office allow at least 1 year for staff to get any new training.

Breastfeeding training, ADA training and First Aid /CPR (as well as any new CCDBG required trainings that are to be added) should count towards the annual training requirements of all staff.

#### COMAR 13A.16 Child Care Centers

##### .02 License Application and Maintenance

This section needs a better timeline for the period from initial application to the issuance of the license. Currently, an applicant is required to submit the application packet at least 60 days before opening, and MSDE is then required to evaluate the application and inspect the center, but there is no timeframe for the evaluation and inspection.

Recommendation: Amend 13A.16.02.05 Response of the Office to Application in paragraph A to give the Office 30 days from the submission of a complete application to evaluate it and inspect the facility and in paragraph B to reduce the time for issuing the license to 15 days after completing the procedures in paragraph A.

It would be interesting to know how many initial licenses are issued with provisional status for conditions that do not put the health and safety of the children in care in imminent danger.

##### .03 Management and Administration

13A.16.03.06 Notifications gives operators 5 days to notify the Office about new hires and 15 days to provide qualifications for the staff assignment and CBC, but there is no timeline for MSDE's.

Recommendation: Add a new 13A.16.03.07 Response of the Office to Notifications (and renumber subsequent paragraphs) giving the Office 15 days after receipt of notification and qualification information to evaluate the new staff documentation and issue an approval or denial of the staff member for the assignment.

13A.16.03.0[7]8 Change of Operations does not give a timeframe for the Office to approve or disapprove a request for a change of operations.

Recommendation: Amend 13A.16.03.0[7]8 Change of Operations to require the Office to approve or disapprove a change of operations within 15 days of receipt of a request for a change of operation.

##### .05 Physical Plant and Equipment

13A.16.05.03 Indoor Space sets out floor space requirements and exclusions from floor space calculations.

Recommendation: Amend 13A.16.05.03B(2) to delete "An adult-size couch" from the exclusions and add cots stacked for storage during activity time and used by the children for naps (if this exclusion isn't already being used in the calculations).

##### 13A.16.08 Child Supervision

.03-Section E- Group Size Staffing in Approved Educational Programs allows for a group size a 1-12 ratio for teachers and programs meeting the educational program qualifications.

Recommendations: Propose raising the limit to group size cap of 24 as long as square footage is met with 2 staff members including a Child Care Teacher and Aide. This would allow 4 more children as a group but require 2 staff instead of 1 making up for the specific educational program requirements by adding staff. This could allow for more income for providers without sacrificing quality and safety for children. The capacity for group size currently for child care programs is 20 with 2 staff, one being a qualified Child Care Teacher.

##### 13A.16.17 Inspections, Complaints, and Enforcement

.02- Inspections- Section C- states an operator shall make the records required by agency representative available upon request for inspection and copying but in Section E #1 and 2 states unannounced visits which does not allow for the operator to be prepared to make the documents available because if all inspections are unannounced the operator could be in a classroom teaching and supervising children or performing administrative duties outside the center (vacation, doctor appointment, shopping for food or supplies, banking, etc)

Recommendation: Propose scheduling one of the two inspection visits in order to allow operator to schedule a substitute for the classroom and or to be in the center or program when the agency representative arrives to make best use of tax payers money.

Section F- should not be discouraged by licensing specialists and regional supervisors- operators/providers have been admonished for opting to check this box to review the findings.

.03 Intermediate Sanctions

Recommendations: to add the right to appeal the intermediate sanctions and the new Guidance Manual recommended will give clear description on how to appeal.

13A.16.18 Administrative Hearings

.03 Hearing Requests #4

Recommendations: Propose changing the 90 days for a decision from the agency to 30 days due to the possibility of operator losing money and staff waiting for decisions.

.05 Denial or Dismissal of a Hearing Request

Recommendations: Omit #1 or define who decides if the Letter of Compliance program is adversely affected.

.06 Hearing and Appeal Procedures

Recommendations: Add a neutral representative from the Provider Community to be a part of the appeal hearing for balance in decision making.

Thank you for examining the child care regulations and concerns of the professional child care community. We hope to continue to be proactive and invited to the table to be partners in process and progress with the MSDE-Office of Child Care and with our Legislators in Maryland.

Christina Peusch, Executive Director  
Maryland State Child Care Association





Dear Senator King, Delegate Kelly and Committee Members:

Thank you and the Joint Committee so much for taking the time to examine issues relating to child care and early education in our State. It is a critical time. Just as we are coming to a more widespread understanding of the importance of quality early childhood education and care, many providers see the future of their programs as uncertain. Continued unfunded mandates from the Maryland State Department of Education (MSDE) and the Office of Child Care (OCC) are increasing the costs of quality care. Meanwhile, more and more families are unable to keep up with the struggle to pay for it. We see this playing out in real life on a daily basis and it is troubling.

As a member of Montgomery County's Commission on Child Care, our County's Organization of Child Care Directors, and the Maryland State Child Care Association, I have been discussing these issues with as many of my colleagues as possible. I reached out to dozens of providers in Montgomery County as well as from other parts of the State to ask their opinion about what they would change about the licensing regulations. I was struck by the fact that most of the suggestions for regulatory change were relatively minor. Instead, the recurring theme in the feedback I received was the lack of trust and communication between the provider community and MSDE.

Child care providers are held to a very high standard and we are punished if we fail to meet those standards. We understand that this is because these standards help ensure safe and quality care and education for our children. However, MSDE has not been able to hold itself to those same high standards. There is a lack of transparency, poor communication, and inconsistent and conflicting interpretation of the regulations. This damages the quality of care providers are able to provide, erodes public confidence in the system, and threatens the safety of our children just as much as when child care providers don't follow the regulations.

As a result, many of the specific changes to the regulations that I compiled from the feedback (attached) are intended to hold MSDE accountable by giving OCC set time periods to act as well as consequences if they fail to act. We'd also like to see annual performance surveys done of licensing specialists and regional offices and have a clear grievance procedure and independent inspector general who is empowered to act when needed. MSDE should be encouraged to improve communication, build trust, and create partnerships with the provider community so that we may more effectively build a quality system of early education and care for the children and families of Maryland. We need to end the top down approach that is threatening to collapse our system.

I very much appreciate the opportunity to provide information to the Joint Committee. Please let me know if you need anything further.

Sincerely,

Shaun M. Rose  
President, Rock Spring Children's Center







## CHILDREN'S CENTER

- Add a section similar to .08 (which allows for an exception to staff/child ratios for teachers to take breaks during nap times) to allow a temporary (10 minute) exception for staff child ratios for a teacher to attend to a personal need (restroom) or to attend to a need of one or more of the children (out of classroom restroom, bus pickup for PEP or other special services, going to the office to administer medicine, escorting them to a special program). Some licensing specialists have given violations for such temporary variations.

### COMAR 13A.16.17 Inspections, Complaints and Enforcement

- **.02 Inspections**

- E.(1) Add to announced visits "and for any visits requiring review of paperwork, files or other documentation." There is no problem with an unannounced licensing inspection to look at the group sizes, teacher ratios, and general safety of the program. However, when a licensing inspector needs to be in the office reviewing paperwork and files, an administrator needs to be present. Unannounced visits of this nature can cause problems when they occur during a vacation, field trip, or other instance where the director is absent. The program can get marked for violations just because the staff person who happens to be in charge that day has nothing to do with the administration of paperwork and is unable to get the licensing inspector the needed documents.
- F. Add "at any time within 30 days of receiving the finding of noncompliance." Currently, providers are asked to make the decision on the spot while the licensing agent is concluding the review. Sometimes, the person in charge at the time is a teacher or lower level administrator. Sometimes, providers are flustered. There needs to be a time period for a provider to consider whether they want to appeal and they should not have to decide on the spot.

### Additional Regulatory Changes/Issues

- **Actual Notice of Changes:** Another section that should be added is a requirement that the Office notify all licensed operators of any changes to statutes, regulations, guidelines or forms by email at least 30 days before those changes are due to go into effect. In the case of new trainings, there should be a requirement that the Office allow at least 1 year for staff to complete any new training.
- **Financial Impact Analysis:** All proposed changes should require a financial impact analysis of how the change will impact providers (and subsequently the cost of care for parents). In addition to real costs (a new training that costs \$50 per staff member which breaks down to an average of about \$1000 per child care center annually), the analysis should look at staff time (the training is 3 hours long, so an average of about \$45 per staff member which is an average of \$900 per child care center annually), and logistical costs (the training is only offered at night at the community colleges which requires overtime pay and transportation at an average additional cost of \$60 per staff member or an average of \$1200 per center). MSDE should then provide reimbursement of these costs. If it is not within their budget, the change should only be allowed when the justification is compelling.
- **Accountability:** OCC should be required to do performance surveys on its specialists and regional offices and release those results on an annual basis. There should be a clear grievance procedure as well as an independent inspector general empowered to act if there are failures in OCC's performance. Their poor performance can impact the quality and safety of programs just as much as failure by providers to comply with regulations. Licensing specialists and regional offices often lose documents, give wrong information, misinterpret the regulations and are not responsive to emails and phone calls.





## CHILDREN'S CENTER

- **Communication:** Communication between OCC and providers needs to drastically improve. We are told we are responsible for knowing all of the regulations and using all of the correct forms and we get penalized when we do not. However, there is no source of reliable information on these issues. The website is often wrong and we have witnessed information go up, come down, change and not once are we notified that it is happening.
- **Licensing Specialist Training:** Licensing specialists and regional managers need more training to ensure they properly understand the licensing regulations and so that there is not such a wide variance among licensing specialists and among regional offices as to correct procedures and interpretation of the regulations. Providers should be allowed to participate in this training so that they can hear what licensing specialists are being taught and so that they can provider specialists with their perspective. This would improve communication, build trust and collaboration with providers, and help end the "gotcha" mentality that many specialists have.
- **Provider Training:** Breastfeeding training, ADA training, and any other new trainings added in the future should count towards the current annual training requirements. While the topics may change, the total number of training hours should not change. This is a significant cost not only for providers to pay for training, but also in terms of staff time and logistics, especially for a profession with such low pay.
- **Align EXCELS and Accreditation:** EXCELS duplicates much of the work done for Accreditation, but the two are not inclusive of each other. EXCELS requires a significant expense in staff time and its incentives and financial supports are underfunded. At a minimum, we need to make the process more efficient so that it is simpler and takes less time for providers.
- **Credentialing:** Credentialing continues to be an issue. It has been a mess for years and there was a horrible backlog. Now that it is outsourced, things seem like they are getting processed faster. However, providers are experiencing customer service issues with credentialing packets being returned after months of waiting with no explanation as to why. Activities that were once accepted for PAU credit are no longer being accepted. This happened during the back log and some providers are just learning about the issue when their packets get returned a year later. This is an area that still needs significant work.
- **Unfunded Mandates:** We are also concerned about possible upcoming unfunded mandates that are not yet in regulation:
  - requiring staff members to document their immunization status and to update their medical forms every two years (this is a staff expense an additional administrative burden)
  - requiring lead testing, rather than screening for children who are in child care (this is a disincentive for parents to put their children into child care - it should be a requirement for physicians and child care providers should not have to police it)
  - Developmental Screening of children (this requires a significant amount of training, time and coordination and there is no funding support tied to it. Keep it as a tool for providers to use voluntarily with results communicated only with the parents.)
  - Early Learning Assessment (same concerns as Developmental Screenings, but even more training and staff time would be required)
  - Daily attendance reporting (interacting with MSDE is already a nightmare. Having to submit information to them every day seems like a disaster and is another time consuming administrative burden.)
- **Licensing Specialist Experience:** Require that licensing specialists have a background in child care. If their background is in one type of child care, such as a center, they should have to spend time some time visiting a school age and family program BEFORE being allowed to do a formal licensing visit.





## JOINT COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

JULY 20, 2016

Good morning. My name is Mary Gunning and I am the Co-Director of Catholic Charities Head Start of Baltimore City and the Co-Chair of the Public Policy Committee of the Maryland Head Association.

Thank you for the opportunity for our Associations to share our concerns and suggestions regarding communication to and from the Maryland State Department of Education's Office of Child Care. We are grateful for all that our Office of Child Care colleagues do to ensure that our children are receiving licensed, high quality and affordable care, yet we also know that one of the main ways that any relationship can be improved and strengthened is through honest dialogue and feedback.

It has been the experience of many of my colleagues that the expectations surrounding communication from the Office of Child Care tends to be somewhat one sided. The provider community is held to strict deadlines and time lines concerning the submission of forms, qualifications, credentials and reports, yet there are very few reciprocal time lines for the Office of Child Care to communicate back to the provider community. For example, often providers have no way of knowing if the information they have submitted to the Office of Child Care was received, accepted and/or approved. At times, paperwork gets lost by the Office of Child Care which results in providers having to resubmit information. Another concern is, that without specific time lines in place to respond to the submission and review of staff qualifications, providers have hired staff whom they believe to be qualified for specific positions only to learn six months later that the person was not actually qualified. We recommend that the Office of Child Care be held to the same standard as the provider community and have recommended some specific time frames which you can find in the report from the Regulation Review Workgroup.

Our next area of concern relates to follow up from our licensing inspections. At present, there is no set time frame for Office of Child Care to provide the results of these inspections. In cases where programs may have received a noncompliance, this delays the time for providers to correct the noncompliance. This is especially true for large multi sited programs where there are not always administrators on site who may be aware of the results of the licensing inspection. This clearly impacts quality and may impact health and safety as well if providers are not rectifying the non-compliances immediately or putting a corrective action plan in place to do so. We are requesting that there be a time frame attached to when the Licensing Specialists submit the inspection results to the providers, just as we are held to a time frame in which to submit our corrective action plans to our Licensing Specialists.

We also are concerned that there have been instances when non-compliances have been posted on the website in a manner that can be misleading and harmful to the provider. For example, a Family Child Care provider was cited for having “potentially hazardous items” when in fact she simply did not have unscented soap in her First Aid kit. Several years ago, my own program was cited for a non-compliance because we did not have the Director’s personnel file on site. (It was at our main office and was delivered to the Licensing Specialist 15 minutes after her arrival, however she refused to look at it since it had not been on site.) Instead of simply citing us for not having the file onsite, we were cited for numerous non-compliances including “The Director does not have a high school diploma, the Director has not had a Criminal Background Check and the Director has not completed required training.” These misleading citations lead parents to believe that we are not operating quality programs.

We also would like to see more mutual accountability when it comes to the acknowledgement and response to emails and phone calls from providers. A colleague at Celebree Learning Center has shared that she is trying to open a new center and has been sending an email to a Regional Supervisor every Monday for the past six weeks in order to begin this process. To date, she has not received any acknowledgement of her request. This is not an isolated incident, and several other providers have told similar stories. The impact of this can be felt on several levels. It obviously delays the opening of new centers resulting in children not receiving care and it has a huge financial impact on providers who are losing money due to paying rent in buildings that are not yet licensed as well as losing fees for service. Many providers also experience a great deal of frustration around Licensing Specialists who do not return phone calls in a timely manner. We would like to recommend that the Office of Child Care create some protocols around customer service and a reasonable expectation of when providers can expect to have emails and phone calls returned.

Finally, we are requesting that any changes to regulations and forms be posted once a month as an alert or in some manner that makes it easier for providers to know when changes have occurred. At present, we have to sift through the regulations to find changes and it is a very cumbersome process.

Thank you again for this opportunity to improve communication and strengthen mutual accountability with the Office of Child Care.

The purpose of the Baltimore City Child Care Coalition is to establish a cohesive partnership to communicate our concerns and develop solutions between the Maryland State Department of Education (MSDE), Child Care Subsidy Program-Purchase of Care Program (POC) and Neighborhood Child Care Centers in Baltimore City.

The goals of the coalition are to..

1. Unify Baltimore City Child Care Providers and Associations
2. Develop a Clearinghouse of information within our child care industry
3. Representation for Neighborhood Child Care Centers
4. An alliance with corresponding government agencies

On behalf of Neighborhood Child Care Centers in Baltimore City, we would like the committee to review our concerns in regards to Child Care regulations.

(For the purpose of this email, The Office of Child Care will be referred to as "OCC.")

1. COMMAR 13A.16.02 License Application and Maintenance

After the completion of all types of inspections, we would like the option to ask for a "Review of Findings" within 10 days instead of having to notifying the Licensing Specialist at the completion of the visit. The allotted wait time will give providers a chance to process and review the findings instead of making a decision at the completion of the visit.

2. COMMAR 13A.16.02 License Application and Maintenance

We would like to address the regulation regarding the timeframe in which the Office of Child Care has to open a center and make amendments to a Child Care operating license. Constituents that are opening private Neighborhood Centers oftentimes find the process to be extremely cumbersome and costly and at the mercy of the Staff of OCC. We are asking for an abolishment to unlimited wait times to open centers and/or make amendments to a license. We are requesting the committee review this this regulation.

3. COMAR 13.A16.03 Management and Administration

The current regulation requires providers to notify the OCC within 5 days of a new hire and submit the remaining paper work within 15 days. \*In return, We are asking that OCC send a completed staff qualification evaluation within 30 days. The evaluation should include a report with information regarding the new hires qualifications or deficiencies. The report should include a clear statement to the provider as to the status and level of the new hire.

Proposal of New Regulations:

1. We would like request an annual training with Providers and the Office of Child Care (OCC). The annual training would emulate the comprehensive CACFP annual training. The training would also include the top 10 infractions that Licensing Specialist uncover during visits.
2. We would like to request OCC a systematic approach to announcing new forms, changes and/or new regulations passed. Currently, OCC does not have a mandate to alert providers of changes. We are asking for a formalized process.

Our History...

The Baltimore City Child Care Coalition was developed in 2015 upon the commencement of the newly selected Purchase of Care vendor, Xerox, to manage the Purchase of Care program. Neighborhood Child Care Centers in Baltimore suffered greatly after the change in process. Most of the centers rely completely on Purchase of Care reimbursements to operate. Eleven months later into the newly developed process, there are chronic problems. Parents are required to enroll in the newly developed system via US mail, fax and/or email. These requirements and lack of resources put Baltimore City parents at a significant disadvantage and negatively affecting Neighborhood Child Care Centers. Lengthy wait times, lost paperwork and a call center environment that is unable to provide a personal service to resolve and troubleshoot problems further compile the problems.

Respectfully Submitted,

Trina Powell, Community Liaison



Below are regulations that concern me :

13A.16.08.02D3a - this is unclear concerning the use of staff to supervise children under 2 ,will a staff person with proper background checks and notarized release completed suffice to meet staff child ratios when such an individual is available in the center?

13A.16.08.02C- unclear as to the staff person assigned to handle an infant or toddler; can it be another staff person with proper credentials even if that person doesn't have 45 hour infant / toddler training as long as they are designated by the operator? Would this apply to assigning a substitute for the infant/ toddler group?

13A.16.08.08A2- unclear concerning assigned infant/ toddler staff's ability to leave the floor for breaks or lunch, must the same person be with the child for the entire time the child is in our care

Thank you,  
Favia Hicks-Operator  
Little Bears' Den Learning Center  
2140 McCulloh street  
Baltimore, Md. 21217



Our laws are supposed to be written by our elected officials and administered by a government agency. In the case of child care, our laws are written by our elected officials and then changed by OCC.

HB 640 in 1989 defined family child care, permitted a business to care for 8 children not counted the providers children under the age of 2.

In 1996, child care administration changed the law with the regulation to counting the providers children under the age of 6.

The regulations also changed the definition of family child care around 2013, by changing the definition from in a residence to in the primary residence of the provider. The verbiage in 1998 was specifically written to make sharing a nanny or anyone caring for children outside of their own residence to be required to be registered. It is now legal, according to the regulations, to care for any children you want to as long as it is not in the primary residence.

In addition to changing our laws with the regulatory process, OCC is not complying with the law or the regulations. Instead of "counting" the providers children in the capacity of 8 permitted by both the laws and regulations, their procedure is to "subtract" the provider's children under the age of 6 and issue a certificate for a lower number. That way when the provider's child is 5 and in kindergarten; the provider may not care for a school teacher's child even though both the law and the regulations allow it.

Additional, procedures are allowing OCC to skip both the requirement to get a law passed and to get a regulations changed. Diaper changing roll paper is required as a procedure. This issue should have been a bill where the economic cost of a recurring expenses could be looked at, the cost of increase paper waste in our land fills, the environmental impact of losing more trees, the safety hazard of having paper in close range of an infant who could tear it and eat it quickly when the provider's hands are dealing with the diaper change. OCC didn't even bother with publishing a regulation change.

Large family child care is a great improvement until you look at the requirement to have two staff members in attendance even if there is one baby in care. Does the legislator really want to require an employee to arrive early for work just for one baby, or to have to stay when only one baby is left who's parent is late? Family child care should be permitted to care for 8 children with two under the age of 2 with one adult. This is the exact staff ratio permitted in regular family child care. With the large family child care certificate a provider should be permitted the same staff ratio and be permitted to care for more than 8 children with two adults when there are more than 8 children or 2 under age 2 in attendance.

Administrative hearing decisions should be reviewed by our elected officials. The case court records are being returned to OCC and a request for information regarding them does not result in obtaining the information. I have been a child care provider for 33 years and the abuse of power is severe.

Robin Rice  
5913 Wild Flower Ct.  
Derwood, MD 20855

301 963-7190

July 18, 2016

To Whom It May Concern:

My name is Meghan K. Leach and I have been an educator and administrator in the early childhood field for the last 15 years. I have experience working in New York, Pennsylvania, Texas, as well as Maryland. I would like to first start off by stating that I feel strongly that Maryland has some of the best, if not the best early childhood regulations in the country. It is due to this that I chose to come to Maryland in 2007 to obtain my M.Ed in Early Childhood Education and ultimately why I have stayed in Maryland. With that being said, I do feel that there are some concerns I have faced with the MSDE Office of Child Care licensing specialists as well as with the regulations and interpretations of them.

During my 9 years in Maryland I have worked in two counties and had three different specialists. One specialist in particular stands out as being very helpful to me and is an example of what I think a specialist should be; more of a coach/mentor. My first year as a Director in Maryland, I had an unannounced licensing visit on my second day. This specialist acknowledged it was my second day and walked me through everything. She answered any questions I had and took the time to explain any noncompliance she found. After the visit she was available by phone or email for any additional questions. This relationship lasted for the next 6 years as I moved on to two other centers. The specialist did her job and made sure we met all regulations but did not come in with an out to get you attitude. She always had an "I am here to make you better" attitude.

This brings me to my first "complaint" with MSDE OCC. The licensing specialists often walk in with an out to get you attitude. They make you feel as if they have to find or make up non compliances. This in turn leads to an interpretation of the regulations as the specialist sees fit. For example, I was recently cited at Celebree Learning Centers in Eldersburg for regulation 13A.16.10.04A "Potentially harmful items were stored in a location accessible to children." More specifically in a classroom for children 18-24 months there was a stapler in the back of a drawer out of the reach of the children. This drawer did not have a safety lock and has not had a safety lock for the last 15 years. However, on this visit it was decided that storing this stapler was unsafe for the children and we now have a public record of storing potentially harmful items in a location accessible to children. This begs to question, why was this okay for 15 years but on this day with this visit it is not? It also goes into the interpretation of the regulation being up to the discretion of the specialist

My next complaint has to do with reciprocal communication from the MSDE Office of Child Care, specifically the lack of response regarding staff qualifications. MSDE requires that they are notified of all new staff in writing within 5 days. However, more times that not we are not notified if the staff member we hired is qualified for the position. Most recently we hired a

teacher from out of state to be a toddler teacher. All of her paperwork and training was sent to the Office of Child Care in November of 2015. June 22, 2016 I received an email from our licensing specialist (after I requested the staff members qualifications since credentialing had no record of the teacher yet) stating that she was only qualified as an aide and that her trainings did not transfer. This meant that for 7 months I had an unqualified individual in direct supervision of children. This is a non compliance if she was left alone. For 7 months I was highly over paying a teacher who was not qualified. All of this could have been avoided if within 5 days of receiving notification that we had a new teacher licensing reciprocates the communication and notifies us of their qualifications.

Communication is further lacking when trying to open a center. I assisted in the opening process for Celebree Learning Centers of Lutherville. During this time frame touching base with the specialist to schedule a visit for a walk through to open the center was like pulling teeth. There was hurdle after hurdle to jump through. She needed a lead test of the building done, understandably so based on the age of the building. We complied and had the results sent. The response was that it was the wrong type of lead test and we needed to contact someone to do a different test. We rushed to get this test done and paid extra to get the results rushed as we had an anticipated opening that we had told parents and they were planning on starting care. The specialist did not respond to us as to when she would be out for a walk through. This resulted in calls to her supervisor to keep the process rolling. After the walk through the specialist again did not communicate how long it would take to process the initial license. This led to frustration with us not being able to let parents know our exact opening date. Once again we had to reach out to her supervisor and the Friday before we planned to open I was able to drive to the MSDE OCC office in Baltimore County and pick up the license.

I could go on and give many more examples from the last 9 years in Maryland however I feel that this gives a good idea of the lack of communication as well as the interpretation of regulations by the specialists. I would like to close by saying that while I feel that Maryland is at the top when it comes to early childhood we have a long way to go when it comes to the breakdown between licensing specialists and providers.

Thank you,

Meghan K. Leach M. Ed



**Testimony Concerning Child Care Licensing and Regulation Issues  
Presented to the Joint Committee on Children, Youth, and Families  
July 20, 2016**

Early Head Start (EHS), established by the U.S. Department of Health and Human Services, provides an array of services and supports to pregnant women and children younger than age three and their families who live in poverty. Maryland Family Network (MFN) is the largest EHS grantee in Maryland, working directly with public and private agencies at the local level to operate 15 center-based programs within five jurisdictions: Baltimore City, Anne Arundel, Caroline, Cecil, and Talbot Counties. EHS programs are subject to the same State regulations that govern traditional child care centers.

Over the past several years, MFN's delegate programs have encountered an indifferent approach rather than a helpful or supportive one from the Maryland State Department of Education's Office of Child Care (OCC) Licensing Specialists. EHS Center Directors have experienced difficulty working with OCC staff at the local level, and as a result the licensing process moved slowly, causing delayed service delivery to families. EHS Center Directors and staff new to the licensing process relied upon OCC licensing staff to lead them through the requirements but faced examples of inadequate service, including:

- ❶ Lost or misplaced paperwork submitted from programs to OCC;
- ❷ Slow response, and in some cases no response, to questions raised by EHS programs needing direction;
- ❸ Disregarded timelines upon which there had been prior agreement;
- ❹ Unreturned phone calls and emails; and
- ❺ Provision of incorrect or misleading information to the EHS Centers.

OCC licensing staff are understandably busy and have many duties and responsibilities to fulfill. However, the inefficiency and poor service EHS Centers have encountered go beyond a simple failure to support programs. They impeded the Centers' ability to navigate the licensing process and compromised their ability to serve families and children.

In one instance in early July 2015, while sitting with an OCC Licensing Specialist and her supervisor, an EHS Center Director was told that all paperwork had been reviewed and approved, and that the EHS Director needed to do nothing more. The Specialist indicated that she simply needed to enter the information into her computer system and the license would be issued – and promised it would be available for pick-up within one week. As it turned out, the Center Director needed to resubmit duplicate paperwork because some had been lost between the time of that face-to-face meeting and the Specialist's attempt to enter it into the computer system. The license was finally issued in mid-August, six weeks after the July meeting.

(over)



Experienced EHS Center Directors report that they must be in constant, sometimes daily contact with their Specialist during the licensing process. After submitting paperwork, they must immediately check with the Specialist to confirm it was received and reviewed, and must follow up to ensure nothing more is needed. Center Directors report that they cannot trust the Licensing Specialists to give them accurate and complete information, even though the Specialists should be the experts. Most Center Directors comment that the licensing process in Maryland seems to be a game with a constantly moving target.

These failures seem to be performance issues that can be corrected, if not with skills development, then with competent supervision and support. We know that MSDE is aware of these difficulties and has tried to remove obstacles whenever problems of the sort described above are called to the Department's attention. It is our hope that with sufficient attention, MSDE and its OCC sites can make efficient, helpful service the norm rather than the exception.



**Hearing Testimony July 20, 2016**  
**Joint Committee on Children, Youth, and Families**  
**Written Testimony**  
**Service Employees International Union, Local 500, CTW, CLC**

In order to bring information from a large group of Family Child Care providers to the Committee, SEIU Local 500 conducted an email poll of providers over the past 2 weeks. A leader from SEIU Local 500 will be testifying about her individual experiences, we hope this report will give members of the committee a broad perspective from providers. The email poll was sent out to the approximately 3,000 family child care providers.

In response to the first question, 88% of providers agree that Maryland has too many regulations for Family Child Care providers. The largest problem that providers have with the regulations are the sheer number of regulations. This was closely followed by the concern that many regulations are confusing and hard to understand, as well as the fact that many providers find that MSDE does not enforce the regulations in a standard manner. Many (83%) of family child care providers feel as though the regulations are more applicable for a child care center than for child care in home setting.

When asked to rank areas of regulations, providers identified the below topics, with 1 being the most concerning:

1. The amount of paperwork
2. Curriculum Regulations
3. Regulation of Indoor Space
4. Cleanliness Standards
5. Regulation of Outdoor Space
6. Food regulations

The amount of paperwork required from providers was far and away one of the most difficult area for family child care providers.

When it comes to the new regulation that requires family child care providers to participate in EXCELS program in order to service families in the child care subsidy program, 36% of providers stated that this rule has no impact on their business. However, 27% of providers said it made them less likely to serve subsidy families and 24% of providers stated that it made them drop out of the subsidy program all together.

By and large, providers understand that regulations are necessary and appropriate to protect children. Most providers agree that while regulations at times can be problematic, they are necessary. However, 22% of providers feel strongly that regulations have become overly burdensome and 18% of child care providers stated that the regulations have become so much that they are considering closing their child care.

Of the providers that filled out the survey, the majority (68%) had been child care providers for 10 years or longer. Providers living in 17 counties participated in the survey.

SEIU Local 500 would encourage MSDE to better train licensing specialists for more uniform enforcement, greatly cut down on paperwork and reporting, consider changes to the EXCEL program to encourage family child care providers to participate and radically change how MSDE reports violations on the website.

**Hearing Testimony July 20, 2016**  
**Joint Committee on Children, Youth, and Families**  
**Written Testimony**  
**Service Employees International Union, Local 500, CTW, CLC**

**A sample of some of the written comments:**

*Child care should be regulated and it should be heavily regulated. Should family daycare programs be micromanaged? No. For example the specific rules about screen time and a written posted plan of daily activities is intrusive and unnecessary. While these are good recommendations and definitely will appeal to parents I am not sure if the state needs to regulate the moment by moment activities - a good provider can handle this. And there is no real way to enforce these types of rules.*

*My biggest issue is the several homes in my area that provide "babysitting" services for several families and they are not licensed by the state to do so. There doesn't seem to be any consequences to those who choose to operate a home daycare without a license.*

*I do not like when MSDE comes out to check our facility and sees one small thing that is not right and marks us down as something hazardous to the community. Parents see the corrections, but it is wrong when there are minor things that are wrong with our facility.*

*Medication forms for sunscreen, diaper rash cream, and bug spray are too excessive. Home providers have a more one on one relationship with families and children to know what allergies the children have and what can be used.*

*This past year family child care providers were required to take three courses as part of continuing education. The state should provide these classes and they should not be at the providers' expense. If the state wants to determine the specific coursework we have to take then revise the continuing credit requirement and just make certain classes mandatory and offer the classes at different locations, times and days.*

*In DC, infants are age one and under. I feel that if they are old enough to walk, they are able to get outside safely in an emergency. I wish they would change the ratio for in home child cares so that there is no limit to how many younger children you have, that it is similar to a center where you can have for example nine children under age two as long as there are three teachers. Also, it should be 18 months and under not 2 and under.*

*I feel the EXCELS program will cause a large drop in licensed care that can accept voucher children. This rule will wind up being changed due to the negative impact on providers. We get no more money from clients for getting in excels because the people do not have the money or choose not to spend it on child care.*

*Regulations are necessary but enforced differently by each specialist as they some are up to individual interpretation. They should be clarified so all providers and specialists alike are on the same page with each and every regulation.*

*Regulations should be in place to protect children. Not to micromanage child care providers. Also, I only provide care before and after school (never all day) and yet I STILL am required to have a schedule. I have a master's degree in Elementary education and have three children of my own but I can't be trusted to determine an appropriate amount of screen time per week. Unbelievable.*

**Hearing Testimony July 20, 2016**  
**Joint Committee on Children, Youth, and Families**  
**Written Testimony**  
**Service Employees International Union, Local 500, CTW, CLC**

**What should state legislators know?**

*Having the Child Care Specialist drop by to do a major review is very disruptive to my program. The former arrangement of every other year drop in was manageable, but dropping in requires that I devote my undivided attention to her while the children are also trying to get my attention. In a small home day care, I don't have anyone else to direct the children. I find this policy very adversarial and not in the best interest of the children.*

*What bothers the majority of Family Child care providers is the fact that licensing does not go after the unlicensed people out there after being reported because of lack of manpower. This is what we are told.*

*Family child care providers are a valuable and necessary resource, and should be treated accordingly. Burdensome and overbearing regulations will only cause more providers to get out of the business and will discourage potential providers from getting started.*

*The requirements now in place for an EXCELS level 5 provider are impossible to maintain without effecting the providers ability to serve her family. And parents really don't care about have of what we are required to do. I am making less than minimum wage and working 60 hours a week on average.*

*Because of all the required certifications, paperwork, pop-up visits, our children get less quality time of us*

*The curriculum requirements are nonsense. Young children should have large blocks of uninterrupted play. Academics are stressed too much. So much of what MSDE wants is developmentally inappropriate and just bad for young children. MSDE is taking the "family" out of home child care. So many are leaving the profession.*

*We now have to screen children using the same forms that the Pediatrician uses and then we are going to be asked to refer children for care. Most of us are not qualified or feel comfortable to do so.*

*Regulations are fine right now, but it always seems they want more. We are not a school and don't get paid like teachers. We are home providers we teach the basics, school should teach school.*

*When we are burdened with paperwork and excessive regulations, it takes away from our time for caring for the children in our care.*

*We are a second home for the children we care for and we are one of their first teachers. We care deeply about the families we serve and are professionals.*

*It's hard to juggle care & screening, we have enough to do screening should begin in kindergarten*

*The paperwork to stay licensed, participate in programs and stay on task recording the children's development is out of control. Doing paperwork is like having a part time job.*

**Hearing Testimony July 20, 2016**  
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*The states pay rates are horrible, as well as the required course. I feel home providers should be paid just as much money as the centers and large family homes*

*As a family provider I am only one person fulfilling all 31+ pages of these regulations. There are only so many hours in the week. I believe my primary's concern should be the care and safety of the children, not filling out paperwork and meeting over reaching standards. Let the children BE children.*

*Each licensing specialist can interpret the regulations differently, one may pass you on a certain area where another says you fail.*