



Southern Regional Action Plan to Improve the Quality of Early Care and Education

Survey on the Status of Implementation Efforts

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Goal 1: All children and families will have the benefit of a quality, comprehensive and coordinated early care and education system.

1.1 *Public policy at the federal, state and local level will require planning and coordination across major systems to improve quality, including Head Start, state pre-kindergarten, subsidized child care and licensing.*

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

In addition to continuing all of the below efforts, Maryland had a ten month planning process supported by the Annie E. Casey Foundation and Council for Excellence in Government which convened forty representatives of public and private agencies and organizations to accelerate the State's achievement of its school readiness goals. A Five Year Action Agenda for Achieving School Readiness was presented to and adopted by the Subcabinet for Children, Youth and Families in October 2002.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Maryland has had an interagency planning process at the state level for a number of years as part of the Head Start Collaboration Grant. The three main partners have been the Maryland State Department of Education, (pre-kindergarten), the Child Care Administration (subsidized child care and licensing) and the Governor's Office of Children, Youth and Families, (Head Start Collaboration). Local partners included several county representatives, child care providers, and Head Start directors. The Child Care Administration has had an Advisory Council that was created by statute in 1990, that includes all of the partners listed, plus representatives from the Resource and Referral Network, State Departments of Health and Mental Hygiene, the Environment and the Fire Marshal, as well as parents, educators and advocates for child care and for the disabled.

1.2 *Public policy at the federal, state and local level will support families by linking early care and education programs to health coverage, physical and mental health care, nutrition, economic support, transportation and parenting education services.*

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

The Five Year Action Agenda for Achieving School Readiness has six goals that reflect the holistic needs of children and families:

Goal #1: All children, birth through age 5, will have access to quality early care and education programs that meet the needs of families, including full-day programs.

Goal #2: Parents of young children will succeed in their role as their child's first teacher.

Goal #3: Children, birth through age 5, and their families, will receive necessary income support benefits and health and mental health care to ensure they arrive at school with healthy minds and bodies.

Goal #4 All early care and education staff will be appropriately trained in promoting and understanding school readiness.

Goal # 5: All Maryland citizens will understand the value of quality early care and education as the means to achieve school readiness.

Goal # 6: Maryland will have an infrastructure that promotes, sufficiently funds and holds accountable its school readiness efforts.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Through the Healthy Child Care Maryland Project linkages had been developed between health care providers and child care and a large effort had been made to provide access to the M-CHIP Program for children in child care. Regional Child Care Administration Offices as well as Resource and Referral agencies spearheaded these activities.

1.3 *Federal, state and local policies and systems will ensure coordinated, seamless transitions for children moving among early care and education programs and into kindergarten.*

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

The Maryland Model for School Readiness is a curriculum that is used to help early care and education professionals prepare children for kindergarten. It was developed by the Maryland State Department of Education, Maryland Committee for Children, and Villa Julie College. It is now used to train early care and education professionals in a variety of settings including child care homes, centers and Head Start. Maryland has used CCDF funds to make this training available through the Maryland Committee for Children and the Statewide Resource and Referral Network.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Until recently coordination with entry into kindergarten only occurred between Head Start and publicly funded pre-kindergarten programs when these were operated within or by public schools.

Goal 2: Rigorous licensing requirements and/or regulatory processes will be enacted to ensure that children are adequately protected in all early care and education settings.

2.1 *States will establish staff-child ratios and maximum group sizes for centers and homes that meet NAEYC¹, NAFCC², APHA³ or AAP⁴ national standards.*

Action taken between July 1, 2003, and June 30, 2004

No new action taken. Prior to the reporting period, Maryland's maximum staff-child ratios and group sizes in child care centers already met or exceeded NAEYC standards for children aged 0-4 years old and 10-12 years old.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

For many years, Maryland's maximum staff-child ratios and group sizes in child care centers have met or exceeded NAEYC standards for children aged 0-4 years old and 6-12 years old. For children aged 5 years old, Maryland's ratio has been 1:15 with a group size of 30, while the NAEYC standard is 1:10 (1:12 for kindergartners) with a group size of 20 (24 for kindergartners).

In family day care homes, the maximum capacity is 8 children, of whom no more than 2 may be under the age of two years unless there is an approved additional adult present. With an approved additional adult, the home may have up to 4 children under the age of two years. The provider's own children under the age of 6 years are counted toward the maximum capacity. These capacity limits do not meet APHA/AAP standards.

2.2 States will develop and enforce health, fire and safety requirements for all early care and education settings that reflect standards set forth by the APHA and the AAP.

Action taken between July 1, 2003, and June 30, 2004

Effective April 1, 2004, the following child care licensing regulation amendments went into effect:

Family Child Care

- To be approved to care for children under 2 years old, a provider must undergo SIDS training;
- Infants under 12 months old must be placed on their backs for sleep;
- Providers must observe sleeping infants closely at least every 15 minutes to ensure their safety and comfort;
- Unless medically required, no restraint of any kind may be used with a sleeping child; and
- Smoking anywhere within the home during operating hours is prohibited (a complete ban on smoking in centers went into effect in 2000).

Child Care Centers

- Infants under 12 months old must be placed on their backs for sleep; and
- Unless medically required, no restraint of any kind may be used with a sleeping child;

Prior to the reporting period, child care licensing regulations already required family child care homes and child care centers to comply with all applicable state and local fire, health, and environmental codes. State and local fire codes are based on the requirements of the NFPA 101 Life Safety Code. Health codes are established by the Maryland Department of Health and Mental Hygiene and include requirements related

to immunizations, communicable disease identification and prevention, child nutrition and food service, swimming facilities, and maintenance of a sanitary environment. Environmental codes are set by the Maryland Department of the Environment and include requirements related to lead poisoning prevention, water and septic testing, and other issues pertinent to child care settings. To obtain or renew a child care license, homes and centers must document compliance with those codes as applicable.

Action taken between January 1, 2001, and June 30, 2003

Effective October 15, 2001, family child care regulations were amended to require adherence to specified guidelines for identifying and abating potential lead paint hazards.

Amendments to home and center regulations are being prepared that will:

- Require children under 12 months of age to be placed on their backs for sleep; and
- Prohibit the use of any type of positioning device that restricts a resting child's movement unless the device is prescribed by the child's physician.

Additional amendments to home regulations are being prepared that will:

- Require all providers caring for infants to undergo SIDS training and to observe sleeping infants closely at least every 15 minutes to ensure their safety;
- Require providers wishing to care for more than 2 infants to complete at least 3 semester hours of training in the care and supervision of infants; and
- Prohibit smoking within the home during operating hours (a complete ban on smoking in centers went into effect in 2000).

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

For many years, child care licensing regulations have required family child care homes and child care centers to comply with all applicable State and local fire, health, and environmental codes. State and local fire codes are based on the requirements of the NFPA 101 Life Safety Code. Health codes are established by the Maryland Department of Health and Mental Hygiene and include requirements related to immunizations, communicable disease identification and prevention, child nutrition and food service, swimming facilities, and maintenance of a sanitary environment. Environmental codes are set by the Maryland Department of the Environment and include requirements related to lead poisoning prevention, water and septic testing, and other issues pertinent to child care settings. To obtain or renew a child care license, homes and centers must document compliance with those codes as applicable.

Licensing regulations for homes and centers also specify that:

- Homes and centers must properly store and make inaccessible to children all potentially hazardous items (e.g., tools, firearms, medications, flammable products, cleaning agents, etc.);
- Cribs and playpens must meet CPSC standards; and
- All areas, equipment, and activity items approved for child care use must be safe, clean, and appropriate.

In addition, all family child care providers must be currently certified in CPR and first aid. In centers, at least one staff member must be CPR/first aid-certified for every 20 children in attendance.

2.3 State law will require strict enforcement of licensing requirements. States will use a range of sanctions that will include license revocation when a provider is unable or unwilling to meet requirements.

Action taken between July 1, 2003, and June 30, 2004

No new action taken. For many years prior to the reporting period, the Maryland Child Care Administration has used a structured system of progressive sanctions to ensure that licensing enforcement actions are appropriate and consistent. Whenever possible, the choice of sanction aims to remedy the violation and help the home or center achieve full compliance. The progressive sanctions range from warning letters for minor violations, to compliance agreements, capacity reduction, and restrictions on admission for more serious violations, to license suspension (emergency and non-emergency) or revocation in cases where a child's health or safety may be threatened or where the home or center cannot or will not comply with licensing requirements. Effective April 15, 2002, a system of civil citations for unlicensed (illegal) child care was instituted. This system is an adjunct to the civil and criminal penalties for unlicensed care that have existed for many years.

Action taken between January 1, 2001, and June 30, 2003

Effective April 15, 2002, a system of civil citations for unlicensed (illegal) child care was instituted. This new system is in addition to the civil and criminal penalties for unlicensed care that have existed for many years.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

For many years, the Maryland Child Care Administration has used a structured system of progressive sanctions to ensure that licensing enforcement actions are appropriate and consistent. Whenever possible, the choice of sanction aims to remedy the violation and help the home or center achieve full compliance. The progressive sanctions range from warning letters for minor violations, to compliance agreements, capacity reduction, and restrictions on admission for more serious violations, to license suspension (emergency and non-emergency) or revocation in cases where a child's health or safety may be threatened or where the home or center cannot or will not comply with licensing requirements.

2.4 States will conduct at least three unannounced monitoring visits per year to verify compliance with requirements.

Action taken between July 1, 2003, and June 30, 2004

In May 2004, child care licensing legislation was signed that requires all homes and centers to have at least one unannounced monitoring visit each year. This legislation takes effect on January 1, 2005.

Action taken between January 1, 2001, and June 30, 2003

On July 1, 2001, the annual random selection of centers for unannounced monitoring visits as noted below was increased to 20%. It has remained at that level to the present time.

Statutory amendments have been prepared for introduction during Maryland's 2004 legislative session that will require 100% of homes and centers to have at least one unannounced monitoring visit each year.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Effective October 1, 1999, each family child care home must receive at least one unannounced monitoring visit during any year in which the home is not inspected for license renewal. Since homes are currently relicensed on a biennial basis, this means that each home undergoes at least one unannounced monitoring visit every other year. On July 1, 2000, The Child Care Administration began conducting unannounced monitoring visits to a random 10% selection of child care centers each year in addition to their relicensing inspections (all centers are relicensed annually).

2.5 States will require that child care providers, early childhood teachers and others who have regular access to children in early childhood settings have federal and state background checks using fingerprinting and screening against the state child abuse registry.

Action taken between July 1, 2003, and June 30, 2004

During Maryland's 2004 legislative session, a bill was developed to require screenings for child abuse and neglect for all paid employees (line staff) in child care centers. For technical reasons, the bill did not succeed at that time. However, the Child Care Administration has worked closely with the bill's sponsor to address those technical difficulties, and the bill is expected to succeed when it is re-introduced during the 2005 legislative session.

For many years prior to the reporting period, child care licensing regulations have required the following:

- Fingerprint-supported State and FBI criminal background checks on each:
 - Applicant for a home or center license (for homes, this means the family child care provider applicant – for centers, it means the proposed operator if the operator is an individual who will have frequent contact with the children in care);
 - Adult residing in the home or on the premises of the center;
 - Center director; and
 - Paid employee (including a paid substitute or additional adult) of the home or center who will have child care responsibilities or access to the children in care;
- Child and adult abuse and neglect screening of each:
 - Applicant for a home or center license (in centers, if the applicant is an individual)
 - Adult residing in the home or on the premises of the center;
 - Family child care provider substitute and additional adult;
 - Center director; and
 - Center trustee, manager, or board member who may have frequent contact with children in care if the center license applicant is a corporate or other organizational entity.

Action taken between January 1, 2001, and June 30, 2003

No new action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

For many years, child care licensing regulations have required the following:

- Fingerprint-supported State and FBI criminal background checks on each:
 - Applicant for a home or center license (for homes, this means the family child care provider applicant – for centers, it means the proposed operator if the operator is an individual who will have frequent contact with the children in care);
 - Adult residing in the home or on the premises of the center;
 - Center director; and
 - Paid employee (including a paid substitute or additional adult) of the home or center who will have child care responsibilities or access to the children in care;
- Child and adult abuse and neglect screening of each:
 - Applicant for a home or center license (in centers, if the applicant is an individual);
 - Adult residing in the home or on the premises of the center;
 - Family child care provider substitute and additional adult;
 - Center director; and
 - Center trustee, manager, or board member who may have frequent contact with children in care if the center license applicant is a corporate or other organizational entity.

2.6 States will ensure that all licensing and early care and education staff are educated in recognizing signs of child abuse and are trained in the state's child abuse reporting laws.

Action taken between July 1, 2003, and June 30, 2004

No new action taken. For many years prior to the reporting period, child care licensing regulations have contained the definitions of child abuse and child neglect and specified the steps that each person with child care responsibilities must take if s/he suspects that abuse or neglect may have occurred. In addition, each family child care provider and child care center director is provided with a regulation guideline manual that describes the signs of abuse and neglect. Under licensing regulations, family providers are required to orient their substitutes regarding these matters, and center directors are required to do likewise with their child care staff.

In addition, CCA licensing staff review child abuse/neglect monitoring and reporting requirements with each applicant for a family child care or child care center license during the orientation process that must be completed before a license can be issued. Subsequently, these requirements are reviewed again with each home provider and center director on a regular basis.

New licensing staff are fully oriented to child abuse/neglect requirements during the Child Care Administration's centralized licensing staff training curriculum (see item 2.7 below).

Action taken between January 1, 2001, and June 30, 2003

No new action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

For many years, child care licensing regulations have contained the definitions of child abuse and child neglect and specified the steps that each person with child care responsibilities must take if s/he suspects that abuse or neglect may have occurred. In addition, each family child care provider and child care center director is provided with a regulation guideline manual that describes the signs of abuse and neglect. Under licensing regulations, family providers are required to orient their substitutes regarding these matters, and center directors are required to do likewise with their child care staff. In addition, CCA licensing staff review child abuse/neglect monitoring and reporting requirements with each applicant for a family child care or child care center license during the orientation process that must be completed before a license can be issued. Subsequently, these requirements are reviewed again with each home provider and center director at least at each relicensing inspection.

New licensing staff are fully oriented to child abuse/neglect requirements during the Child Care Administration's centralized licensing staff training curriculum (see item 2.7 below).

2.7 States will have a well-trained regulatory workforce with average caseloads between 50 and 75 per staff person⁵ and a system capable of providing technical assistance.

Action taken between July 1, 2003, and June 30, 2004

No new action taken. Since 1999, the Child Care Administration has had a centralized licensing training unit and comprehensive training curricula for new and existing licensing staff. Immediately upon starting work with the agency, each new licensing employee is required to complete the new hire curriculum, which is updated annually. The curriculum for existing staff, which is also updated annually, is composed of a combination of mandatory and elective continued training modules. As of June 2004, the average statewide caseload had risen to 1:116 (1:92 for homes plus 1:24 for centers), due primarily to a continuing State hiring freeze that prevents replacement of departing staff.

The agency has always emphasized technical assistance to home and center providers as a means to help ensure that facilities are able to achieve and maintain regulatory compliance and to promote awareness and use of best child care practices. In 2001, licensing regulations were amended to require new family child care license applicants to complete, as part of their orientation process, a regulations training module conducted by agency licensing staff. A corresponding module on center regulations was also implemented for center directors, but it is non-mandatory. These modules were instituted as a form of technical assistance aimed at helping new programs succeed.

Action taken between January 1, 2001, and June 30, 2003

Averaged over the past three years, the statewide licensing caseload has remained at approximately 1:107 (1:87 for homes plus 1:20 for centers). However, as of July 31, 2003, the average statewide caseload had risen to 1:116 (1:93 for homes plus 1:23 for centers), due primarily to a State hiring freeze that prevents replacement of departing staff.

Effective October 15, 2001, family child care regulations were amended to require new family child care license applicants to complete, as part of their orientation process, a regulations training module conducted by agency licensing staff. A corresponding module on center regulations was also implemented for center directors, but it is non-mandatory. These initiatives are considered as a form of technical assistance aimed at helping new programs succeed.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Since 1999, the Child Care Administration has had a centralized licensing training unit and comprehensive training curricula for new and existing licensing staff. Immediately upon starting work with the agency, each new licensing employee is required to complete the new hire curriculum, which is updated annually. The curriculum for existing staff, which is also updated annually, is composed of a combination of mandatory and elective continued training modules.

Averaged over the two years prior to 2001, the statewide licensing caseload (which comprises family child care homes and child care centers) was approximately 1:107 (1:90 for homes plus 1:17 for centers).

The agency has always emphasized technical assistance to home and center providers as a means to help ensure that facilities are able to achieve and maintain regulatory compliance and to promote awareness and use of best child care practices.

2.8 States will ensure parental right of access to their child's early care and education facilities.

Action taken between July 1, 2003, and June 30, 2004

No new action taken. For many years prior to the reporting period, child care licensing regulations for homes and centers already required the facility to permit the parent of a child in care immediate and unannounced access to the child at any time during the facility's hours of operation.

Action taken between January 1, 2001, and June 30, 2003

No new action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

For many years, child care licensing regulations for homes and centers have required the facility to permit the parent of a child in care immediate and unannounced access to the child at any time during the facility's hours of operation.

Goal 3: States will support development of quality early care and education programs for all children.

- 3.1 States will provide all early care and education providers with resources to help them improve the quality of care and education they deliver, such as technical assistance and training, accreditation support, grants to meet health and safety requirements and grants to support family child care home networks.**

Action taken between July 1, 2003, and June 30, 2004

The Child Care Administration funds a wide range of training, technical assistance initiatives as well as provides grants to family child care providers to meet health and safety standards.

Action taken between January 1, 2001, and June 30, 2003

In July 2001, Maryland added to a child care credential system that created a professional development lattice of 6 levels, to encourage providers to exceed the minimum training requirements and to recognize educational achievement and professional involvement. A cash bonus is used as an incentive for participation and training vouchers and accreditation support were also offered. A Quality Incentive Grant Program was also started for providers serving low-income families, to enable them to purchase materials or equipment to improve the quality of care. The accreditation support, training vouchers and Quality Incentive Grants have recently been suspended due to fiscal restraints.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Maryland has used funds from the CCDF and TANF to fund a variety of training and technical assistance programs in a wide range of program areas and venues. For example, a Statewide Training Clearinghouse publishes a training calendar quarterly, for each area of the state, and gives grants to trainers and training facilities to underwrite the cost of training for providers and assure statewide availability; regional conferences bring providers together for training on specific subjects; a contract with the Abilities Network enables providers to obtain on-site assistance in managing specific children who present challenging behaviors. (This is to name just a few). Grants were provided to family child care providers to assist with the costs of meeting regulatory requirements.

- 3.2 States will have Child Care Resource and Referral networks to deliver quality early care and education enhancement support services to providers, such as outreach, training and technical assistance.**

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

Funds for the Resource and Referral Network were increased to enable them to provide training in the Maryland Model of School Readiness and to support providers through the process of credentialing and accreditation.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Maryland has had a Statewide Resource and Referral system since 1991, with three Regional Resource Centers. In 1996, it was expanded to thirteen Regional Resource and Referral Centers plus a Statewide Coordinating Entity that maintains the database, sets standards for operation, and oversees the Regional Resource Centers.

3.3 States will implement a rating system to recognize providers for incremental levels of quality.

Action taken between July 1, 2003, and June 30, 2004

The Child Care Administration implemented the Maryland Child Care Credential program July 2001. The program continues to grow adding an additional 719 participants during the time period July 1, 2003, through June 30, 2004. The Credential recognizes individual child care providers for their education, experience and professional activity.

In addition to the Credential, Maryland also implemented a tiered reimbursement program to recognize child care homes and centers for meeting quality improvement criteria, including program accreditation, staff credentialing, and parent involvement. During the time period referenced, an additional 29 facilities met the requirements to receive tiered reimbursement through the Child Care Subsidy Program.

Action taken between January 1, 2001, and June 30, 2003

In July 2001 Maryland began implementation of our system of tiered reimbursement that recognizes four levels of quality achievement. The highest level is the award of accreditation from a state or nationally recognized organization. Also required are program evaluation, using environmental rating scales, parental involvement, staff credentialing and compensation, and continued training.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

3.4 States will implement tax and other incentives to develop and expand early care and education programs that demonstrate a higher level of quality.

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

3.5 States will use a formal mechanism to seek parental input in program evaluations and will use that information in making policy decisions related to early care and education programs.

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

In the development of the Five Year Action Agenda, a representative of Maryland Coalition of Families for Children's Mental Health participated on an on-going basis, organized a parent panel for promoting input in the final plan, and sponsored parental focus groups across the state to conduct a needs assessment from the families' point of view.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

The Child Care Administration Advisory Council has had parent representatives since 1998. The Head Start Collaboration Council has had a representative of the Head Start Parents Association as a member of that group, as well.

3.6 States will identify and support the use of effective research based curricula.

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

Maryland now uses data from the Work Sampling System for all children in public kindergarten, which is obtained annually in October. The assessment measures school readiness in seven domains and scores each child as fully ready, approaching readiness or developing. This data is disaggregated by county, ethnicity, income, English proficiency, gender, and type of setting the child was in before entering school. It formed the basis for the planning and goal setting related to the Five Year Action Agenda.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Maryland referred to national data in developing quality initiatives. Biannual needs assessments for provider training conducted by the Maryland Statewide Resource and Referral Network were used to plan training and technical assistance.

Goal 4: Staff in early care and education settings will be appropriately credentialed and adequately compensated.

4.1 States will maintain a professional development system that ensures, at a minimum, providers in early care and education settings meet standards set forth by NAEYC, NAFCC, APHA or AAP.

Action taken between July 1, 2003, and June 30, 2004

The Maryland Child Care Credential is the professional development recognition system for child care providers in Maryland. The Credential is awarded at six levels, each one recognizing an individuals education, experience and professional activity. Levels Five and Six acknowledge providers who have attained college degrees in child development, early childhood/elementary education or related fields.

Action taken between January 1, 2001, and June 30, 2003

The regulations for the Maryland Child Care Credential and an office to oversee the implementation of the program went into effect July 1, 2001. More than 2,000 child care providers have been credentialed to date.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

In FY 99 the Governor included \$250,000 in the Department of Human Resources' budget to develop a Child Care Credentialing system. The funds were used to hire consultants to develop plans in two critical areas. One involved convening a Task Force of child care advocates, providers, educators and administrators to come to an agreement on a core curriculum for the certification of family and child care center staff and a model framework for the various levels of certification. The other was to devise a set of specifications for establishing an automated centralized database of credentialed individuals and of all courses that are approved to meet Maryland credential requirements. The consultant reports were completed in early 2000. In FY 2000, more than \$2.2 million was used to support various training programs offered in the community, at two- and four-year colleges and through professional associations. However, despite a rich array of child care training resources, Maryland lacked an organized system of training that encourages and rewards professional development through the award of a Child Care Credential.

The Department of Human Resources, Child Care Administration developed criteria and wrote regulations for a Maryland Child Care Credential in the fall of 2000. The criteria and regulations were based on the recommendations of the reports and integrating these documents with an earlier report of the Maryland Committee for Children entitled "A New Beginning: A Blueprint For a Career Development and Training Plan For Maryland's Child Care Professionals."

- 4.2 States will require approved ongoing annual professional development for staff, appropriate to their education levels and job requirements, as specified in APHA and AAP. States will provide and implement a professional development system that verifies trainers, approves training and tracks the training of participants.**

Action taken between July 1, 2003, and June 30, 2004

Maryland has a comprehensive training approval process to verify that training organizations and trainers meet standards for offering training to the child care community. The approval process verifies and approves training sessions as meeting the requirements for continued training and core of knowledge training for the Maryland Child Care Credential. Approved training, trainers and training for all individuals working in Maryland's child care system is tracked through the Child Care Administration Tracking System (CCATS).

Action taken between January 1, 2001, and June 30, 2003

The approval process and regulations were revised in July 2001 with the establishment of the Maryland Child Care Credential and the Office of Credentialing. Requirements for offering approved training may be found on the DHR/CCA web-site at www.dhr.state.md.us/cca/creden.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

The Department of Human Resources, Child Care Administration has approved continued training for child care providers since 1991. The approval process requires an individual or organization to submit an application with supporting documentation to the Office for review and approval.

- 4.3 *The federal government and states will provide universally available, comprehensive scholarships to early care and education providers who are pursuing a CDA or two- or four-year degree in child development, early childhood education, early childhood special education or child care administration. Scholarships will address the costs of tuition, fees and books and will support components such as travel costs, paid release time and child care.***

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

In July 2001, with the establishment of the Maryland Child Care Credential, training vouchers and reimbursements were available to participants in the program. Since January 2003, however, due to a lack of funding the incentives for training are not available.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Scholarships to pursue the CDA were available to child care providers from 1991 through 1995.

- 4.4 *States will work with educational institutions to ensure that coursework is accessible in order to meet the early care and education workforce training needs, such as courses offered at night, on weekends, in accelerated formats, on-line and in various languages. Courses will address the varying educational levels of the workforce.***

Action taken between July 1, 2003, and June 30, 2004

There are several vehicles through which Maryland works with education institutions to ensure that training is accessible to child care providers. The Training Advisory Committee (TAC) holds a monthly meeting to inform the approved training community on research and best practices. Trainers conferences are held twice a year to ensure that the approved training community has access to continued training and information

on how to best serve the provider community. The Maryland Consortium of Deans and Directors Early Childhood Subcommittee meets several times a year to discuss how best to meet the needs of child care providers.

Action taken between January 1, 2001, and June 30, 2003

DHR/CCA continues to participate in the activities indicated below as well as including criteria in training request for proposals to address access issues.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

The Child Care Administration through a variety of partnerships and contracts has advocated or required that training is accessible during times and in locations convenient to child care providers, including nights and weekends.

Agency representatives actively participated in committees and work groups with colleges, community colleges, training organizations/individuals, and resource and referral offices to ensure accessible training opportunities for all child care providers across the State.

4.5 *The federal government and states will provide financial incentives that reward completion of approved levels of professional development.*

Action taken between July 1, 2003, and June 30, 2004

Maryland awards bonuses to participants in the Maryland Child Care Credential program for continued participation and the completion of additional training and professional activity.

Action taken between January 1, 2001, and June 30, 2003

Implementation of the credentialing and tiered reimbursement programs. The credential consists of six levels, each one based on higher levels of education, experience and professional activity. A participant at Level Two or higher is eligible to receive an achievement bonus based on continued training, remaining in the child care field, and professional activity. Bonuses are awarded one time at each level in amount of \$200 - \$1,000.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Development of criteria for the Maryland Child Care Credentialing and tiered reimbursement programs.

4.6 *The federal government and states will provide college loan forgiveness programs for persons earning an approved degree who work for a specified period of time in early care and education programs.*

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

No action taken.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

- 4.7 *States will work toward a system whereby staff with approved degrees or credentials will receive employment benefits and compensation at comparable levels to the state's public education system.***

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

The Judith Hoyer Blue Ribbon Commission on Child Care Financing issued its final report in 2001, including a goal and action steps to increase provider compensation in relationship to employees in public schools.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

The Maryland Committee for Children had a Compensation Subcommittee that has developed a number of recommendations and strategies for improving provider compensation.

- 4.8 *States will ensure meaningful agreements and processes to enable the transfer of credits between and among approved two- and four-year degree programs.***

Action taken between July 1, 2003, and June 30, 2004

Maryland has developed an articulation agreement between approved two- and four-year degree programs to allow students taking early childhood education courses to transfer credits without further review. An Associate of Arts in Teaching (AAT) for Early Childhood Education has been developed at the community college level and will transfer 100% to a state four-year institution. Colleges have also agreed to accept the Child Development Associate for college credit and to offer challenge exams for prior life learning and experience.

Action taken between January 1, 2001, and June 30, 2003

An agreement was signed for the seamless transfer of twelve early childhood credits from the two- to four-year degree programs. A group of representatives from the two- and four-year institutions are in the process of developing criteria for an Associate of Teaching for Early Childhood Education, which would transfer completely into a four-year institution.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

In 1998, the Maryland Higher Education Commission brought together representatives

from two- and four-year degree programs, child care, and resource and referral to discuss issues surrounding the articulation of college credits.

Goal 5: Families will have the information to make well-informed decisions about the quality of their child's care and education and to be actively involved in their child's care and education.

5.1 States will support Child Care Resource and Referral networks that are easily accessible to parents and that provide information on child development, quality indicators, provider choices, vacancies and linkages to additional information.

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

In FY 2004 the number of Resource Centers is being reduced to twelve, due to budget restraints.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

The Maryland Child Care Resource and Referral Network has been funded by this Department since its inception in 1990. In 1996 it was expanded from three Regional Resource Centers to thirteen. The Maryland Committee for Children operates this Network through a contract with CCA and provides all the services listed and more. Parents of children with special needs are able to obtain individualized placement assistance, counseling and referral for other services as needed.

5.2 States will support early care and education providers in promoting parental involvement and in seeking parental input into the development and improvement of their programs.

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

In July 2001 as part of the program to promote quality improvement through tiered reimbursement. For Level 2 of the tiered reimbursement program parents must be involved in at least two ways; at Level 3, parents must be involved at least four ways; and at Level 4, parents are involved in at least six ways.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

Goal 6: Quality early care and education programs will be financially accessible to all children.

6.1 *Federal and state governments will adjust the child care tax credit expense limits to accurately reflect the cost of quality care.*

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

No action at the state level.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action at the state level.

6.2 *States with income taxes will establish refundable child and dependent care tax credits.*

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

No response.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No response.

6.3 *State and federal child and dependent care tax credit income-eligibility and expense limits will be indexed for inflation.*

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

No response.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No response.

6.4 *Federal, state, local and private funds will be sufficient to meet 100% of the need for direct early care and education financial aid, based on initial eligibility levels at 85% of the state median income. Federal law will allow and states will implement redetermination policies that allow families to retain early care and education financial aid until they reach 100% of state median income.*

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

Maryland raised eligibility from 45% to 50% SMI in January 2002.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Maryland raised eligibility for child care subsidy from 40% to 45% SMI in May 2000.

6.5 Federal and state governments should develop policies and systems to assure families receiving financial aid pay no more than 10% of their gross income for early care and education.

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

As Maryland increased rates to keep pace with the market rates, adjustments were made to the co-payment schedule in order that increases were not passed along to the parents. In 2002, 77% of families had co-payments less than 10% and in FY 2003 it is estimated to be 83% of families at less than 10% of gross income.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Co-payments in Maryland are set as a percentage of the cost of care and scaled to family size and income. In 2000, 72% of families had a co-payment that was equal to less than 10% of their gross income.

6.6 States will set payment rates at no less than the 75th percentile based on a market rate survey conducted every two years for each level and type of care. Annual inflation adjustments to payment rates will be made between market surveys.

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

In accordance with the January 2001 market rate survey, rates were adjusted in January 2002 to the 75th percentile of the average rate in each region of the state. In accordance with the January 2003 market rate survey current rates are at about the 55th percentile.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Rates were adjusted periodically in accordance with the market rate survey. They were adjusted in 2000.

6.7 States will implement payments to providers commensurate with the quality-rating level achieved by the early care and education programs.

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

In July 2001 the Department implemented a system of tiered reimbursement, which provides an incrementally higher reimbursement rate for programs that have met higher quality standards for care. There are currently 81 facilities receiving tiered reimbursement.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

6.8 States will examine the financing of quality early care and education in their state and work toward providing payment rates that recognize the cost commensurate with the standards set forth in this action plan.

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

The Commission was formed and met throughout 2001. A final report and recommendations was issued in November 2001. It examined the total costs and availability of funding from a variety of sources for early care and education. Included were recommendations for improving provider compensation, increasing accessibility to quality care, strategies for increasing public financing, and engaging the business and non-profit communities.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Legislation establishing the Judith Hoyer Blue Ribbon Commission on the Financing of Early Care and Education was enacted during the 2000 session of the Maryland General Assembly.

6.9 States will design and aggressively implement outreach initiatives to provide families with easy-to-understand early care and education financial aid information and application assistance.

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

Maryland has had a streamlined single application for child care assistance.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Maryland has had a streamlined single application for child care assistance.

Goal 7: States will ensure that accountability is built into all systems, programs and activities undertaken to achieve the goals of this action plan.

- 7.1 States will convene appropriate stakeholders to develop written strategic plans for improving the quality of early care and education programs in the state. These plans will include key goals, quantifiable measures of progress and program outcomes for all quality enhancement activities.**

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

In January 2001, the Child Care Administration began a whole system strategic planning process involving a broad base of stakeholders. A series of planning sessions including four regional meetings for child care providers enable us to formulate a three year strategic plan for 2003-2006. The plan includes Mission, Vision, Values and Guiding Principles, External/Internal Assessment, Goals and Objectives. Objectives are expressed with quantifiable measures and timeframes for goal attainment.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

No action taken.

- 7.2 States will collect and analyze data and produce written annual reports on progress toward identified goals. Reports will be made readily available to the public.**

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

Some of the objectives in the strategic plan were previously included in the Department's goals, and measures for evaluating progress were published in the annual budget.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Some of the objectives in the strategic plan were previously included in the Department's goals, and measures for evaluating progress were published in the annual budget.

- 7.3 States will use data and annual reports to make continuous policy improvements and evaluate quality enhancement activities.**

Action taken between July 1, 2003, and June 30, 2004

No response.

Action taken between January 1, 2001, and June 30, 2003

Whenever and wherever possible we are using Work Sampling Data and tools associated with measuring school readiness to evaluate the impact of various quality initiatives. For example, there are several projects funded with CCDF Quality Improvement funds to provide Early Childhood Mental Health On-Site Intervention and Consultation. Child specific data is being collected from each of those sites and evaluated by the Georgetown University Child Development Center. In other communities we are able to view the Work Sampling Data at a particular school and identify the impact of the associated child care centers and Head Start programs on that data.

Action taken prior to December 31, 2000 (the Southern Regional Task Force on Child Care Quality Improvement Initiative began January 1, 2001)

Maryland has a significant amount of data on Child Care Demographics that is compiled annually by the Maryland Committee for Children under contract to the Department. This data is both statewide and by jurisdiction, describing the availability and relative cost of care, and economic data on family and provider income. It has been utilized primarily for policy as it relates to rate setting and efforts to expand child care resources.

¹ NAEYC – National Association for the Education of Young Children

² NAFCC – National Association of Family Child Care

³ APHA – American Public Health Association

⁴ AAP – American Academy of Pediatrics

⁵ American Public Health Association & American Academy of Pediatrics. 2002. *Caring for our children: National health and safety performance –Guidelines for out-of-home child care programs*. Washington, DC: American Public Health Association.