Maryland Child Care Development Fund (CCDF) Plan with Conditional Approval Letter for FY 2016-2018
Date: Monday, June 27, 2016

The Office of Child Care (OCC) is pleased to release the PDF (Portable Document Format) copy of the approved FY 2016-2018 Maryland CCDF Plan that became effective June 1, 2016 and the conditional approval letter. The Plan serves as the application for CCDF funds by providing a description of, and assurance about, the grantee's child care program and all services available to eligible families. OCC asked States and Territories to write their Plans based on a reasonable interpretation of the Act, pending completion of a final regulation. States and Territories had the option to outline an implementation plan for one or all of the 26 new areas if the State/Territory was not yet able to certify compliance. Thus, these Plans are conditionally approved until each State/Territory fully implements all new requirements of the CCDBG Act of 2014. The OCC will partner with States and Territories to support and monitor the successful and timely implementation of all provisions of the Act. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to amend their program at any time. All amendments must be submitted to OCC for approval within 60 days of the effective of the change.

Please find the following two documents within this PDF:

2016-2018 Maryland CCDF Plan Conditional Approval Letter – OCC issued a letter with the conditions of approval for each State and Territory. In reviewing plans and waiver/extension requests, OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period. The approval letter covers the CCDF Plan for the period of June 1, 2016, through September 30, 2018. A "conditionally approved" plan is a fully approved plan with conditions to be met based on waiver requests, if applicable, and implementation and corrective action plans for unmet requirements. The conditions will be deemed fully met once all provisions in the Child Care and Development Block Grant (CCDBG) Act of 2014 are fully implemented.

2016-2018 Maryland CCDF Plan - The Plan describes the CCDF program to be administered by Maryland for the period 6/1/2016 – 9/30/2018 as conditionally approved by OCC. The Plan serves as the application for CCDF funds by providing a description of, and assurance about, the grantee's child care program and all services available to eligible families. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described. For purposes of simplicity and clarity, the specific provisions of applicable laws printed therein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

NOTE: *The CCDF Plan reflects the services and activities as reported by the Maryland Lead Agency in their CCDF Plans for Fiscal Years 2016-2018. The CCDF Plans offer a snapshot into current and planned efforts, initiatives and implementation plans for each State/Territory through September 30, 2018. These Plans are not a catalog of all activities undertaken by the State/Territory. Administration for Children and Families (ACF) is not responsible for the contents of these CCDF plans.*

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington DC 20201 | www.acf.hhs.gov

June 10, 2016

Jack Smith, Interim State Superintendent
Maryland State Department of Education
200 West Baltimore Street
Baltimore, MD 21201

Dear Superintendent Smith:

The Office of Child Care (OCC) recognizes that there are many new requirements included in the Child Care and Development Block Grant (CCDBG) Act of 2014 that you are working to implement during this Plan period. We appreciate the time and energy that you put into developing your Child Care and Development Fund (CCDF) Plan to reform and effectively administer your program. I am pleased to inform you that the Maryland CCDF Plan for the period of June 1, 2016, through September 30, 2018, has been conditionally approved. A "conditionally approved" plan is a fully approved plan with conditions to be met based on your waiver requests, if applicable, and implementation plans for unmet requirements. The conditions will be deemed fully met once all provisions in the CCDBG Act of 2014 are fully implemented and implementation plan action steps are completed. At that time the Maryland CCDF Plan will be approved without conditions. OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period.

The following conditions apply to your CCDF Plan:

- Waiver Requests -The CCDBG Act of 2014 gives the Secretary the option to waive statutory provisions or penalties for up to 3 years if certain statutory conditions are met. Background Check provisions were not considered under this

waiver implementation process because the Act provided for a separate extension process for States and Territories unable to comply by September 30, 2017. Decisions regarding your waiver requests are listed below.

- No waiver requests for the health and safety training provision (5.1.6b) were approved, therefore Maryland will be on a Corrective Action Plan for this provision starting October 1, 2016 for a period not to exceed one year. The Administration for Children and Families considers health and safety training critical to reducing risk of injury and death for children receiving assistance. According to the Program Instruction CCDF-ACF-PI-2015-09 issued December 2015, all new and existing caregivers and teachers providing services for children receiving CCDF assistance must have completed these training requirements by the effective date of September 30, 2016. You will now have an additional year to achieve this goal. You have 60 days following receipt of this letter to formally submit your Corrective Action Plan by completing or revising the Implementation Plan at 5.1.6b in the ACF-118 system.

Key principles of the CCDF are to provide equal access to child care for children receiving child care assistance and to ensure parental choice. Provider payment rates set too low undermine these principles. As you are aware, the CCDBG Act of 2014 requires states and territories to take the cost of quality into account when setting rates, and to set rates based on the results of the most recent market rate survey or alternative methodology. We continue to be concerned that your rates may not allow for equal access. OCC plans to make review of payment rates a priority for our upcoming implementation monitoring visits. Thus, the conditional approval of your Plan **does not** constitute a final determination that your payment rates are sufficient to provide access to child care services for eligible families that are comparable to those provided to families that do not receive subsidies, as required by law.

You will receive a Notice of Grant Award in October 2016 from the Office of Administration in the Administration for Children and Families. The notice will include the amount of your award and any additional terms and conditions for the receipt of CCDF program funds. During the effective period of this plan, any substantial changes to the Maryland program must be submitted as a plan amendment to your Regional Office for approval in accordance with 45 CFR 98.18(b).

We remind you that your CCDF-funded child care program for in-home providers must comply with all applicable Federal laws and regulations, including Federal wage and

income tax laws governing domestic workers. Questions regarding Federal wage laws should be directed to your local or district office of the Wage and Hour Division within the U.S. Department of Labor. Likewise, questions regarding Federal income tax laws should be directed to your local or district office of the Internal Revenue Service.

We look forward to working together toward implementation of the CCDBG Act of 2014 and promoting the early learning and development of children along with family economic stability and success. If you have any questions, please contact Beverly Wellons, Child Care Program Manager, Office of Child Care at (215) 861-4020 or beverly.wellons @acf.hhs.gov. Thank you for all you do each day for children and families.

Sincerely,
Rachel Schumacher
Director
Office of Child Care

cc: Elizabeth Kelley, Director
Beverly Wellons, Regional Program Manager, Office of Child Care Region III

Child Care and Development Fund (CCDF) Plan
For
Maryland
FFY 2016-2018

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1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency: Maryland State Department of Education

Address of Lead Agency: 200 West Baltimore Street, Baltimore, MD 21201

Name and Title of the Lead Agency Official: Jack Smith, Interim State Superintendent

Phone Number: 410-767-0462

E-Mail Address: jack.smith@maryland.gov

Web Address for Lead Agency (if any): http://www.marylandpublicschools.org/

1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: Elizabeth Kelley

Title of CCDF Administrator: Director

Address of CCDF Administrator: 200 West Baltimore Street, Baltimore, MD 21201

Phone Number: 410-767-7806

E-Mail Address: elizabeth.kelley@maryland.gov

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

Name of CCDF Co-Administrator:

Title of CCDF Co-Administrator:

Phone Number:

E-Mail Address:

Description of the role of the Co-Administrator:

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any):

Web Address for CCDF program (for the public) (if any):
http://www.marylandpublicschools.org/

Web Address for CCDF program policy manual (if any):

Web Address for CCDF program administrative rules (if any):

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

Outreach and Consumer Education (section 2)

Agency/Department/Entity Maryland State Department of Education

Name of Lead Contact Elizabeth Kelley

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity Maryland State Department of Education

Name of Lead Contact Elizabeth Kelley

Licensing/Monitoring (section 5)

Agency/Department/Entity Maryland State Department of Education

Name of Lead Contact Elizabeth Kelley

Child Care Workforce (section 6)

Agency/Department/Entity Maryland State Department of Education

Name of Lead Contact Elizabeth Kelley

Quality Improvement (section 7)

Agency/Department/Entity Maryland State Department of Education

Name of Lead Contact Elizabeth Kelley

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity Maryland State Department of Education

Name of Lead Contact Elizabeth Kelley

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level?

In other words, identify whether CCDF program rules and policies are established by the state or territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

- [x] All program rules and policies are set or established at the State/Territory level.
- [ ] Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
  - [x] Eligibility rules and policies (e.g., income limits) are set by the:
    - [x] State/Territory
    - [ ] County.

    If checked, describe the type of eligibility policies the county can set

    - [ ] Other local entity (e.g., workforce boards, early learning coalitions).

    If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set

    - [ ] Other.

    Describe:

  - [x] Sliding fee scale is set by the:
    - [x] State/Territory
    - [ ] County

    If checked, describe the type of sliding fee scale policies the county can set

    - [ ] Other local entity (e.g., workforce boards, early learning coalitions).

    If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set

    - [ ] Other.

    Describe:

  - [x] Payment rates are set by the:
    - [x] State/Territory
    - [ ] County.

    If checked, describe the type of payment rate policies the county can set

☐ Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set

☐ Other.

Describe:

☐ Other.

List and describe (e.g., quality improvement systems, payment practices):

1.2.2 How is the CCDF program operated in your State/Territory?

In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply. and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

☐ CCDF Lead Agency

☑ TANF agency

Describe.

Determines eligibility for TCA customers only.

☐ Other State/Territory agency.

Describe.

N/A

☐ Local government agencies such as county welfare or social services departments

Describe.

N/A

☐ Child care resource and referral agencies

Describe.

N/A

☐ Community-based organizations

Describe.

N/A

☑ Other.

Describe.

The MSDE entered into a contractual agreement with a private vendor to determine eligibility. The local departments of social services determine eligibilty for temporary cash assistance customers only.

b) Who assists parents in locating child care (consumer education)?

☑ CCDF Lead Agency

☑ TANF agency

Describe.

Parents are provided information in a variety of ways, including through the lead agency website (GIS mapping tool), Maryland EXCELS.org (for a list of providers publishedin the State's quality rating and improvement system) and referral to LOCATE: Child Care (a service of Maryland Family Network).

☐ Other State/Territory agency.

Describe.

N/A

☐ Local government agencies such as county welfare or social services departments

Describe.

N/A

☑ Child care resource and referral agencies

Describe.

LOCATE: Child Care, the state's resource and referral network, connects families to providers and applicable social services such as the LOCATE community line service , enhanced services as well as two on-line child care search programs, LOCATE Assist and LOCATE School Age search.

☐ Community-based organizations

Describe.

N/A

☑ Other.

Describe.

MSDE entered into a contractual agreement with Xerox, a private vendor, to provide assistance to parents in locating child care.

c) Who issues payments?

☐ CCDF Lead Agency

☐ TANF agency

Describe.

N/A

☑ Other State/Territory agency.

Describe.

A private contractor initiates payments through the Child Care Administrative Tracking System (CCATS). The State Comptroller issues the payments.

☐ Local government agencies such as county welfare or social services departments

Describe.

N/A

☐ Child care resource and referral agencies

Describe.

N/A

☐ Community-based organizations

Describe.

N/A

☑ Other.

Describe.

A private contractor initiates payments through the Child Care Administrative Tracking System (CCATS). The State Comptroller issues the payments.

1.3 Consultation in the Development of the State Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply).

For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

- [x] [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns

Describe:

By statutory requirement, representatives of local government participate in the OCC Advisory Council. Through the State's Advisory Council on Early Childhood Education and Care, a broad range of state stakeholders, including local government, work to coordinate services across programs for low income families with young children. Some of the services promoted include improving early literacy for disadvantaged children and meeting early childhood mental health needs.

- [x] [REQUIRED IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act).

Describe:

Through the State's Advisory Council on Early Childhood Education and Care, a broad range of state stakeholders, including local government, work to coordinate services across programs for low income families with young children. Some of the services promoted include improving early literacy for disadvantaged children and meeting early

childhood mental health needs.

If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

- [x] Yes,
- [ ] No.

If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy

- [ ] [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes.

Describe, including which Tribe(s) you consulted with

- [x] Check N/A if no Indian Tribes and/or Tribal organizations in the State
- [x] State/Territory agency responsible for public education.

Describe:

The Office of Child Care is within the Maryland State Department of Education (MSDE) and is a participant in regular meetings of the MSDE. Staff members from the OCC serve on committees and workgroups with the State's public education agencies and organizations. The Office of Child Care coordinates with the Early Learning Branch and all other branches in the Division of Early Childhood Development to ensure progress toward consistent goals and to provide training and services across all programs.

- [x] State agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool).

Describe:

MSDE's Division of Special Education and Early Intervention and the Division of Early Childhood/Office of Child Care participate in a workgroup focusing on inclusive child care.

- [x] State/Territory institutions for higher education, including community colleges.

Describe:

The Office of Child Care is a regular participant in meetings of the Maryland Higher Education Commission, The Deans and Directors of Two and Four Year Colleges, and the Maryland Consortium of Two and Four Year Colleges where additional consultation on the CCDF plan is obtained.

☑ State/Territory agency responsible for child care licensing.

Describe:

The Maryland State Department of Education is the agency responsible for child care licensing.

☑ State/Territory office/director for Head Start State collaboration

Describe:

The position of the Head Start State Collaboration Director in the Maryland State Department of Education, Division of Early Childhood Development, has promoted increased participation of Head Start in state policy and program decisions, increased full-day and year-round child care and education services, and improved local partnerships between Head Start, child care, and public schools.

☑ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

Two of the three non-profit organizations receiving Early Head Start-Child Care Partnership Grants serve on the State Early Childhood Advisory Council .

☑ State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

The Maryland State Department of Education, Community Nutrition Programs Branch administers the CACFP. The Office of Child Care collaborates and consults with the Community Nutrition Programs Branch.

☑ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention

Describe:

Through membership on the OCC Advisory Council, by statutory requirement, representatives of the Maryland Department of Health and Mental Hygiene make recommendations to the Office of Child Care on the CCDF Plan. The Office of Child Care serves on the State Interagency CoordinatingCouncil for Infants and Toddlers, the State's Early Childhood Mental Health Steering Committee, Inclusive Child Care Workgroup, and

the Healthy Child Care Maryland Workgroup where consultation is received on the CCDF Plan.

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

Describe:

Through representation on the OCC Advisory Council, the Maryland School Age Child Care Alliance makes recommendations to the Office of Child Care on the development of the CCDF Plan.

☑ State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant

Describe:

A representative of the Department of Health and Mental Hygiene, responsible for implementing the Home Visitation Programs grant, serves on the OCC Advisory Council. MSDE and OCC are collaboration and coordination partners in the Home Visitation grant application process.

☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

☑ McKinney-Vento State coordinators for Homeless Education.

Describe:

The Office of Child Care serves on a working group on homeless families and seeks input on the development of the CCDF Plan.

☑ State/Territory agency responsible for public health.

Describe:

A representative of the Department of Health and Mental Hygiene, the agency responsible for public health, serves on the OCC Advisory Council.

☑ State/Territory agency responsible for mental health.

Describe:

The Maryland Department of Health and Mental Hygiene (DHMH), and staff from the Division of Early Childhood Development (DECD) serve on the State Interagency Coordinating Council for Infants and Toddlers, the State's Early Childhood Mental Health Steering Committee, Inclusive Child Care Workgroup, and the Healthy Child Care Maryland Workgroup. Representatives from the State's public health agencies and

organizations participate in the State's Advisory Council on Early Childhood Education and Care that works to establish and coordinate services across programs for low income families with young children. Some of the services provided include child care, physical and mental health needs, early education, inclusion of children with special needs and other family support needs.

☑ State/Territory agency responsible for child welfare.

Describe:

Through membership on the OCC Advisory Council, by statutory requirement, a representative of the Maryland Department of Human Resources makes recommendations to the Office of Child Care on the CCDF Plan

☑ State/Territory liaison for military child care programs.

Describe:

Maryland participates in the DoD Military Child Care Liaison Project. The lead agency has consulted with the Liaison assigned to MD to assist in identifying current state efforts, priorities, and quality initiatives that impact the ability of military families to access high quality off-installation child care services in their communities.

☐ State/Territory agency responsible for employment services/workforce development.

Describe:

☑ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

The Maryland Department of Human Resources (DHR) has the responsibility for administering TANF services.Through representation on the OCC Advisory Council, the DHR makes recommendations to the Office of Child Care on the development of the CCDF Plan.

☑ State/community agencies serving refugee or immigrant families.

Describe:

The Office of Child Care serves on the workgroup for refugee and immigrant families and seeks input for the development of the CCDF Plan.

☑ Child care resource and referral agencies.

Describe:

The coordinating entity for child care resource and referral agencies, Maryland Family

Network, and Local Child Care Resource and Referral Agency staff are represented on the OCC Advisory Council.

☑ Provider groups or associations.

Describe:

Maryland Association for the Education of Young Children, Maryland State Child Care Association, Maryland State Family Child Care Association, Maryland School Age Child Care Alliance and the Maryland Head Start Association serve on the OCC Advisory Council and are represented on the State Early Childhood Advisory Council.

☑ Worker organizations.

Describe:

Service Employees International Union (SEIU) representatives serve on the OCC Advisory Council.

☐ Parent groups or organizations.

Describe:

☑ Other.

Describe:

A representative of the Consortium of Early Childhood Faculty in Two and Four-Year Colleges serves on the OCC Advisory Council.

1.3.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)).

Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, the description should include:

a) Date(s) of notice of public hearing: 12/01/2015

Reminder - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

An email notification was sent to all members of the Office of Child Care (OCC)Advisory Council, early learning coordinators, members of the Early Childhood Advisory Council (ECAC), the Head Start Association and other mailing lists. Notice was also posted on the agency website at: http://marylandpublicschools.org/press/12_01_2015.html. The OCC Advisory Council and ECAC membership includes child care associations, advocacy organizations, government agencies, and parents. The notification was sent to all members and interested parties (non-members who have identified as people who want to receive information) to share with their memberships and constituents.

c) Date(s) of public hearing(s): 01/15/2016

Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed Maryland State Department of Education, 200 W. Baltimore Street, Baltimore, MD

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) The plan was disseminated via email to people requesting copies of it and was posted on the agency website.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? All comments received were reviewed and considered by the agency in the development of the plan.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

☑ Working with advisory committees.

Describe:

Email copies of the plan were made available to members of several advisory committees.

☑ Working with child care resource and referral agencies.

Describe:

Email copies of the plan were made available to members of several advisory committees.

☐ Providing translation in other languages.

Describe:

☑ Making available on the Lead Agency website.

List the website:

http://marylandpublicschools.org/press/12_01_2015.html

☐ Sharing through social media (Twitter, Facebook, Instagram, email, etc.).

Describe:

☑ Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

Email copies of the plan were made available to members of several advisory committees.

☐ Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O))

Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that

apply.

- [x] [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.).

Describe:

By statutory requirement, representatives of local government participate in the OCC Advisory Council. Through the State's Advisory Council on Early Childhood Education and Care, a broad range of state stakeholders, including local government, work to coordinate services across programs for low income families with young children.

- [ ] [REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

  - [x] Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

- [x] [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities.

Describe:

The Division coordinates with the Division of Special Education in establishing policies and practices for all child care related services for infants and toddlers with disabilities. This coordination enables the provision of joint training to child care providers that enhances their ability to help these children develop the thinking, language, numeracy, early literacy, social and physical skills necessary for school success.

- [x] [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act).

Describe:

Division staff participate in the Homeless Advocacy Workgroup to coordinate the provision of services and advocate for homeless families.

- [x] [REQUIRED] Early childhood programs serving children in foster care.

Describe:

Children in foster care are served through the Department of Human Resources. Only children of those in foster care are served through CCDF funds. The Departments coordinate services for those teen parents to access child care services when needed.

- [x] State/Territory agency responsible for child care licensing.

Describe:

MSDE is the agency responsible for child care licensing.

☑ State/Territory agency with Head Start State collaboration grant.

Describe:

MSDE is the agency responsbile for the Head Start State collaboration grant. The Office of Child Care consults with the MSDE Division of Early Childhood Development Branch Chief for Collaboration and Program Improvement on all program initiatives and opportunities.

☑ State Advisory Council authorized by the Head Start Act.

Describe:

The State Advisory Council on Early Childhood Education and Care (ECAC) consists of Governor appointed representatives from State and local agencies and organizations, including the State Child Care Administrator. The ECAC identifies opportunities for coordination and collaboration for the provision of services, training and family engagement.

☑ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

The agency coordinates the provision of services to eligible families and children through three Maryland non-profit Early Head Start-Child Care Partnership grantees, the Maryland Family Network, the Garrett County Community Action Partnership, and the Reginald Lourie Center for Infants and Young Children.

☐ McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons

Describe:

☑ Child care resource and referral agencies.

Describe:

The agency coordinates with Maryland Family Network and local Child Care Resource and Referral agencies for the provision of child care resource and referral services, training and technical assistance.

☑ State/Territory agency responsible for public education.

Describe:

The Maryland State Department of Education (MSDE), is the lead agency for the administration of the CCDF.

☑ State/Territory institutions for higher education, including community colleges.

Describe:

The MSDE is a regular participant in meetings of the Deans and Directors of Two and Four Year Colleges and the Maryland Consortium of Two and Four Year Colleges to coordinate coursework requirements and alternative pathways for non-traditional students.

☑ State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

The Maryland State Department of Education - Community Nutrition Programs Branch administers the CACFP. The Office of Child Care coordinates with the Community Nutrition Programs Branch to provide training, assitance and access to the CACFP program.

☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention.

Describe:

☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

☑ State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant.

Describe:

The agency coordinates with the Department of Health and Mental Hygiene through the State Early Childhood Advisory Council for the provision of services under the Home Visitation programs grant.

☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

☑ State/Territory agency responsible for public health.

Describe:

A representative of the Maryland Department of Health and Mental Hygiene serves on the State Child Care Advisory Council, the OCC Advisory Council, the State Interagency Coordinating Council for Infants and Toddlers, the State's Early Childhood Mental Health Steering Committee, Inclusive Child Care Workgroup, and the Healthy Child Care Maryland

Workgroup to coordinate the provision of health services.

☑ State/Territory agency responsible for mental health.

Describe:

A representative of the Maryland Department of Health and Mental Hygiene serves on the State Child Care Advisory Council, the OCC Advisory Council, the State Interagency Coordinating Council for Infants and Toddlers, the State's Early Childhood Mental Health Steering Committee, Inclusive Child Care Workgroup, and the Healthy Child Care Maryland Workgroup to coordinate the provision of mental health services.

☑ State/Territory agency responsible for child welfare.

Describe:

A representative of the Maryland Department of Human Resources serves on the State Child Care Advisory Council and the OCC Advisory Council to coordinate the provision of services.

☑ State/Territory liaison for military child care programs.

Describe:

The agency works directly with the State liaison for military child care programs to coordinate services and professional development opportunities.

☑ State/Territory agency responsible for employment services/workforce development.

Describe:

A representative of the Maryland Department of Human Resources serves on the State Child Care Advisory Council and the OCC Advisory Council to coordinate employment services and workforce development.

☑ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

The agency coordinates the provision of services, including eligibility determination for temporary cash assistance customers, with the Maryland Department of Human Resources.

☐ State/Territory community agencies serving refugee or immigrant families

Describe:

☑ Provider groups or associations.

Describe:

The agency coordinates with the Maryland Association for the Education of Young Children, Maryland State Child Care Association, Maryland State Family Child Care Association, the

Maryland School Age Child Care Alliance, the Maryland Head Start Association and Service Employees International Union (SEIU) for the provision of training, information and policy development.

☑ Worker organizations.

Describe:

Service Employees International Union (SEIU) is represented on the OCC Advisory Council.

☐ Parent groups or organizations.

Describe:

☐ Other.

Describe:

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii)) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative

programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

☐ Yes, If yes, describe at a minimum:

How do you define "combine"

Which funds will you combine

Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?)

How are the funds tracked and method of oversight

☑ No.

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level - State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

Johns Hopkins University/Center for Technology in Education (JHU/CTE), in partnership with MSDE, developed and administers the state's QRIS, Maryland EXCELS; JHU/CTE has a similar partnership for young children with special needs, MSDE Accreditation and MSDE's Comprehensive Assessment System. Johns Hopkins Maryland EXCELS program coordinators work with child care facilities in acheiving higher levels of quailty to expand access to high quality care to low income families.

Maryland Business Roundtable/Ready at Five Partnership promotes early care and education in all settings and annually disseminates kindergarten assessment information to child care providers and provides information for parents. The Maryland Business Roundtable/Ready at Five Partnership works with the business community to emphasize the importance of early care and education and engage them in activities to idenify areas of service delivery needs and resources.

Maryland Family Network (MFN), in a private/public partnership with MSDE, provides statewide resource and referral services, child care training and technical assistance, and family support services. MFN has long been a state partner in providing referral sevices for families who are seeking child care services, providing training and technical assistance to child care providers (applicants and existing providers) and working with young families to build their parenting skills through the family support centers.

MSDE entered into a partnership with Northrop-Grumman to provide a Science, Technology, Engineering and Mathematics (STEM)-related preschool project in early care programs. This partnership is to increase the capacity and knowledge of early educators in providing high quality STEM related activities.

1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States may use funds to support or establish Child Care Resource and Referral (CCR&R

systems (also see section 7.4). If they do, there are specific requirements for CCR&Rs (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&Ragencies to conduct or provide additional services beyond those required by statute above.

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

☑ Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4.

If yes, the local or regional referral agency is required to do all of the activities listed here.

See also related follow-up questions in Section 7.1 and 7.4. Does the CCR&R system provide all services identified below:

MSDE provides a grant to the Maryland Family Network (MFN), a non-profit organization, to oversee the operations of 12 Regional Child Care Resource Centers (CCRCs) across the state and to assure that required components are addressed, including:

1. Providing statewide information and referral services, including offering guidelines for finding quality early care and education programs and providing assistance to families with finding child care that meets their needs; and
2. Providing statewide services in the 12 Child Care Licensing Regions in Maryland, including professional development and improving program

quality, that meet state requirements to improve capacity building among all licensed child care providers. Services include strategic support as well as leadership development to all licensed child care providers that enroll in Maryland EXCELS, the state's Quality Rating and Improvement System (QRIS).

3. Data collection on services provided (resource and referral, training) andrates from providers for the purpose of the market rate survey
4. Early childhood mental health
5. Family engagement

☐ No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State's Statewide Child Care Disaster Plan.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated

into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

☑ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

- Child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions. Requirement Implemented - 2010
- Child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills. Requirement Implemented - 2010
- The state hasa Continuity of Operations Plan (COOP) in place that covers continuing payments for child care subsidy services provided.

Unmet requirement - Identify the requirement(s) to be implemented Guidelines for continuing CCDF assistance and child care services after a disaster (which may include provision of temporary child care, and temporary operating standards for child care after a disaster)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Establish a workgroup to develop procedures for child care licensing practices and protocols during an emergency, identify potential changes in State statutes or regulations needed, agreements with other agencies/organizations (fire, zoning,

utilities, etc.).

Projected start date for each activity: 04/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity
Maryland State Department of Education

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

State Fire Marshal

Local Health Departments

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12. The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. 1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
   - a) the availability of child care assistance,
   - b) the quality of child care providers (if available),
   - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and

Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.

- d) Individuals with Disabilities Education Act (IDEA) programs and services,
- e) Research and best practices in child development, and
- f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
- 2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
- a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
- b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
- c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A)), 658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

Parents are provided information about available services when calling thechild care resource and referral line when searching for child care options, through MSDE offices, Maryland Family Network, the local departments of social services when applying for

services and XEROX under contract with the Lead Agency for child care subsidy case management. Maryland Family Network also provides information to parents on choosing quality child care through their LOCATE: Child Care services.

The state's newly revised website provides information to parents on licensing and regulation and access to the child care subsidy program through the parent 'portal'.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

The State's QRIS, Maryland EXCELS, informs families of quality rated programs via an online through the'Find A Program' search tool on www.marylandexcels.org. Families may search for programs with a published quality rating from 1 to 5, using a variety of search criteria including zip code, quality rating, city, county, etc. Maryland EXCELS Quality Assurance Specialists participate in local family community events; information about choosing quality child care is distributed to public libraries, local health departments and local departments of social services.

Intake workers at LOCATE: Child Care (the state resource and referral service for parents seeking child care) provide information to families looking for child care options on licensed programs, Maryland EXCELS, Maryland Child Care Credentialed staff, and the child care financial assistance program.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?

Outreach stategies include:

- Infomrmation posted on the agency's website (http://earlychildhood.marylandpublicschools.org/)
- A quarterly newsletter distributed by the MSDE's Office of Child Care (Partners Newsletter) to all child care facitlies, members of the OCC Advisory Council and interested parties
- Direct mailing
- Media campaign through Johns Hopkins University and the Baltimore Orioles highlighting Maryland EXCELS and choosing quality early care and education options

2.1.2 How can parents apply for services? Check all that apply.

- [ ] Electronically via online application, mobile app or email.

  Provide link

- [x] In-person interview or orientation.

  Describe agencies where these may occur:

  TCA customers apply for services at the local departments of social service.

- [ ] Phone
- [x] Mail
- [ ] At the child care site
- [ ] At a child care resource and referral agency.
- [ ] Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations.

  Describe:

- [ ] Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time).

  Describe:

- [x] Other strategies.

  Describe:

  Parents have access to applications from the agency website, direct mailing, email, local departments of social services and other partners. Applications can be faxed, emailed or mailed to the vendor for processing or, in the case of TCA, hand delivered to a local department of social services.

2.2 Consumer Education Website

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP) for which families may also qualify.
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including social and emotional development, early childhood development, meaningful parent and family engagement, and physical health and development (particularly healthy eating and physical activity), and
- State/Territory policies regarding the social-emotional behavioral health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children, in early childhood programs receiving child care assistance (CCDF).

☑ Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.2 Describe how the State/Territory makes information availabe about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public

Several publications are available on child development and accessibility on the Maryland Family Network website (http://www.marylandfamilynetwork.org/resources/categories/parents/). These publications include *LOCATE: Child Care for Parents, Links for Parents, Choosing Child Care for Children with Special Needs*, and others.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Written materials such as brochures and posters, direct mailing to providers and customers.

c) Describe who you partner with to make information about the full diversity of child care choices available

Statewide Child Care Resource and Referral Network, Johns Hopkins University - Center for Technology in Education and the vendor for child care subsidy eligibility determination.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized

accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

The Division of Early Childhood Developmentlaunched a new website to serve as a portal to early childhood information for parents and providers (http://earlychildhood.marylandpublicschools.org/). The portal includes links to Maryland EXCELS, the state's Quality Rating and Improvement System. Also included are links to LOCATE: Child Care, the state's resource and referral network which connects families to providers and applicable social services such as the LOCATE community line service, enhanced services as well as two on-line child care search programs, LOCATE: Assist and LOCATE: School Age search.

Additional links are included in all sections related to families, consumer education and information regarding Maryland's accreditation program and early childhood curriculum standards. Additionally, families have access to licensing information through www.checkccmd.org.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Information is provided in a variety of formats including, direct communication, written materials such as applications, brochures and posters, direct mailing to providers and customers, and access to applications, forms and publications on the agency website.

c) Describe who you partner with to make information about child care quality available

The intake workers at Maryland Family Network's LOCATE: Child Care service (the state resource and referral service for parents seeking child care), customer service representatives for child care subsidy, and local department of social services staff offer information about resources and programs available and provide referral contactinformation as appropriate.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs.

For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF)

Families are informed of TANF programs through written materials, website resources, and conversation with thechild care resource and referral agencies and LOCATE: Child Care staff when families call for assistance in finding child care.

b) Head Start and Early Head Start Programs

When a family contacts XEROX, the state's vendor for eligigibility determination, they are informed of Head Start and Early Head Start progams. Families are also provided information through written materials and website resources. LOCATE: Child Care also provides information to families.

c) Low Income Home Energy Assistance Program (LIHEAP)

The Department of Human Resources uses a universal application form for human services programs. Families are informed of other programs for which they may be eligible through the vendor for child care subsidy eligibility. Families are also provided information concerning this program when they contact LOCATE: Child Care.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

The Department of Human Resources uses a universal application form for human services programs. Families are informed of other programs for which they may be eligible through the vendor for child care subsidy eligibility. Families are also provided information concerning this program when they contact LOCATE: Child Care.

e) Women, Infants, and Children Program (WIC)

Families are informed through written materials, website resources, information disseminated through child care providers and community partners. Families are also provided information concerning this program when they contact LOCATE: Child Care.

f) Child and Adult Care Food Program(CACFP)

Information concerning the CACFP is disemminated through the child care licensing offices, child care providers, and the child care resource and referral agencies.

g) Medicaid

The Department of Human Resources uses a universal application form for human services

programs. Families are informed of other programs for which they may be eligible through the vendor for child care subsidy eligibility. Families are also provided information concerning this program when they contact LOCATE: Child Care.

h) Children's Health Insurance Program (CHIP)

Families are informed of the CHIP program through written materials, website resources, and conversation with agency staff, child care resource and referral personnel, and child care providers. Families are also provided information concerning this program when they contact LOCATE: Child Care.

i) Individuals with Disabilities Education Act (IDEA)

Families are informed of the IDEA through written materials and website resources.

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)

Through the vendor for eligibility determination, when a family contacts the customer service resources they are informed of other programs their child(ren) may be eligible for such as State or Federally funded pre-K. Families are also provided information concerning this program when they contact LOCATE: Child Care.

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

Information is provided to families and child care providers through written materials, training, website resources and partner agencies. Families are also provided information concerning a variety of programswhen they contact LOCATE: Child Care.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs.

For example, does the State/Territory provide information to providers through CCR&Routreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc?

a) Temporary Assistance for Needy Families (TANF)

Providers receive a quarterly newsletter, PARTNERS, that provides information on programs and resources to families. The state child care resource and referral network and State Licensing Offices provide training and information on resources available to families.Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants

to develop a resource list of programs and services available to share with families.

b) Head Start and Early Head Start Programs

Information about Head Start and Early Head Start Programs is provided through information in thequarterly newsletter, PARTNERS, that is sent to all licensed child care providers, advocates and other interested parties. The state child care resource and referral network and State Licensing Offices provide training and information on resources available to families. Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants to develop a resource list that they share with families.

c) Low Income Home Energy Assistance Program (LIHEAP)

Providers receive a quarterly newsletter, PARTNERS, that provides information on programs and resources to families. The state child care resource and referral network and State Licensing Offices provide training and information on resources available to families. State child care associations hold yearly conferences where agencies provide information and training. Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants to develop a resource list that they share with families.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

The state child care resource and referral network and State Licensing Offices provide training and information on resources available to families. State child care associations hold yearly conferences where information and training is provided, including linking families with available resources. Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants to develop a resource list of programs and services available toshare with families.

e) Women, Infants, and Children Program (WIC)

Providers receive a quarterly newsletter, PARTNERS, that provides information on programs and resources for families. The state child care resource and referral network and State Licensing Offices provide training and information on resources available to families. State child care associations hold yearly conferences where information and training is provided, including linking families with available resources. Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants to develop a resource list that they share with families.

f) Child and Adult Care Food Program(CACFP)

Information concerning CACFP is provided in orientations for prospective child care providers. Once licensed, providers receive a quarterly newsletter, PARTNERS, that provides on-goinginformation on programs and resources to child care providers and families. The state child care resource and referral network and State Licensing Offices provide training and information on resources available to families. State child care associations hold yearly conferences where CACFP staff provide information and training is provided, including linking families with available resources. Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants to develop a resource list that they share with families.

g) Medicaid

The state child care resource and referral network and State Licensing Offices provide training and information on resources available to families. State child care associations hold yearly conferences where information and training is provided, including linking families with available resources. Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants to develop a resource list of programs and services available toshare with families.

h) Children's Health Insurance Program (CHIP)

Providers receive a quarterly newsletter, PARTNERS, that provides information on programs and resources to families, icluding information concerning the CHIP program. The state child care resource and referral network and State Licensing Offices provide training and information on resources available to families. State child care associations hold yearly conferences where information and training is provided, including linking families with available resources. Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants to develop a resource list that they share with families.

i) Individuals with Disabilities Education Act (IDEA)

Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants to develop a resource list that they share with families. Beginning January 1, 2016 child care providers are required to complete specific training in compliance with the American's with Disabilities Act including information on and resources for IDEA. LOCATE:

Child Care providesinformation to families through their special needs services and community service line conversations with parents. Information is provided in the quarterly newsletter, PARTNERS and the state child care resource and referral network and State Licensing Offices provide training and information on resources available to families. State child care associations hold yearly conferences where information about a variety of programs is provided, including linking families with available resources.

j) Other State/Federally Funded Child Care Programs (example-State Pre-K)

Providers receive a quarterly newsletter, PARTNERS, that highlights pre-K programs and resources available to child care providers and families. The state child care resource and referral network and State Licensing Offices provide training and information on resources available to families. State child care associations hold yearly conferences where information and training is provided, including linking families with available resources. Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants to develop a resource list that they share with families.

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

Written materials and website resources are provided to child care providers to share with families. Maryland EXCELS, the state's quality rating and improvement system, requires participants to develop a resource list that they share with families. LOCATE: Child Care providesinformation to families through their special needs services and community service line conversations with parents. The newsletter sent to all providers, PARTNERS, includes information on a wide range of programs and resources available to families. The state child care resource and referral network and State Licensing Offices provide training and information on resources available to families. State child care associations hold yearly conferences where information and training is provided, including linking families with available resources.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

Information is posted on the agency website and conferences are held throughout the year providing information on research and best practices. Approved training,provided by the network of resource and referral offices and the approved trainer network, must include sharing information on best practices.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Written materials, training sessions, conferences and web postings.

c) Describe who you partner with to make information about research and best practices in child development available

Ready at Five, Towson University, Maryland Family Network, child care resource centers, approved trainers network, University of Maryland School of Social Work,and provider associations.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to 1) parents of eligible children, 2) providers and 3) the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents

Links to information on Early Childhood Mental Health (ECMH) are provided on the MSDE web site, written materials are available from ECMH service providers and Child Care Resource and Referral Agencies, a SEFEL website includes resources for parents and free Early Childhood Mental Health Consultation Services are available upon

request.

ii. Providers

Links to information on Early Childhood Mental Health (ECMH) are provided on the MSDE web site, written materials are available from ECMH service providers and Child Care Resource and Referral Agencies, a SEFEL website includes resources for parents and free Early Childhood Mental Health Consultation Services are available upon request.

iii. General public

Links to information on Early Childhood Mental Health are available on the MSDE web site.

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

Partners include the Child Care Resource and Referral Agencies, University of Maryland, Baltimore School of Social Work, Institute for Innovation, Education Behavioral Health Community of Practice, the Early Childhood Mental Health Steering Committee and the Montgomery County Department of Health and Human Services.

c) Does the State have a written policy regarding preventing expulsion of:

Preschool children (from birth to five) in early childhood programs receiving child care assistance?

☐ Yes.

If yes, If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link

☑ No.

School-age children from programs receiving child care assistance?

☐ Yes.

If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link

☑ No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

☑ Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

List the Lead Agency policy citation(s) and:

All providers receiving CCDF funds must participate in Maryland EXCELS (the State's quality rating and improvement system). These providers must develop a list of resources for families including information on developmental screening services. Requirements for the program are set forth in COMAR 13A.14.14 Maryland EXCELS. The Maryland EXCELS standard concerning developmental screening states: Developmental screenings are conducted on all children (Birth through age 5) within 90 days of enrollment and at scheduled intervals as determined by MSDE; results are shared with families, and referrals are made when appropriate.

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

The best practice is to conduct the initial screening within 90 days of enrollment, then twice a year for children under the age of two and once a year for children age two to school entry (typically age 5) - unless more frequent screening is indicated.

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for

cognitive or other developmental delays

Screening may be conducted by the child care provider, parent or health care professional. Training is available to all child care providers onthe developmental screening process, discussing results with families, how to provide information concerning referrals, and how to use the screening tools.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint

A substantiated parental complaint is defined as a complaint that has beenthoroughly investigated and proven factual.

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

All regulatory complaints filed against child care providers are trackedin the Child Care Administrative Tracking System (CCATS). Complaints are entered into provider records in CCATS and assigned to Licensing Specialists by the Regional Manager for the local office. Each complaint is automatically assigned an indentification number by CCATS. Results of the complaint investigations are entered as addendums to the initial complaint and saved as part of the "Record of Complaint". Both portions of the complaint are maintained in CCATS for an indefinite period of time.

c) How does the State/Territory make substantiated parental complaints available to the public on request

The public may file public information requests to access parental complaints in accordance with the Public Information Act. Requests may be filed in person, through written correspondence, such as email, letter or fax, or by telephone.

d) Describe how the State/Territory defines and maintains complaints from others about providers

Complaints from others are defined and maintained in the same manner as parental complaints.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- [x] Application in other languages (application document, brochures, provider notices)
- [ ] Informational materials in non-English languages
- [x] Training and technical assistance in non-English languages
- [x] Website in non-English languages
- [ ] Lead Agency accepts applications at local community-based locations

- [x] Bilingual caseworkers or translators available
- [ ] Bilingual outreach workers
- [x] Partnerships with community-based organizations
- [ ] Other

- [ ] None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages

Applications are provided in English and Spanish. The website allows for the translation to Arabic, Simplified and Traditional Chinese, French, German, Hindi, Italian, Korean, Russian, Spanish and Vietnamese. Interpretation services are available for phone calls and orientation sessions.

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities

The agency partners with the Department of Human Resources, the Developmental Disabilities Council, the state-wide child care resource and referral network, and community based organizations to reach eligible persons with disabilities through the disbursement of information via print media, in-person presentations, and interviews (phone and in-person).

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing processes for licensing and monitoring child care providers, processes for conducting criminal background checks, and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse.

The State/Territory must make public certain information about the results of such monitoring on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

☐ Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

Provide the link to the website:

and describe how the consumer education website meets the requirements to:

a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe

b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe

c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe

d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe

☑ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) 09/30/2016

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Substantially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

The website, CheckCCMD.org, currently provides provider-specific information about the health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations.

The Divisons' website provides a description of:

1. Health and safety requirements and licensing or regulatory requirements for child care providers, and
2. Theprocesses for licensing, background checks, monitoring, and offenses that prevent individuals from being providers.

The website is consumer-friendly, allowing multiple ways to search for providers. The monitoring inspection results are presented in regulatory and plain language and include the date the non-compliance was corrected. The Division's website is available in numerous languages and may be translated by clicking on the desired language.

Unmet requirement - Identify the requirement(s) to be implemented Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Generate a report from the CCATS to be posted on the website with other reports concerning child care facilties.

Projected start date for each activity: 07/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity MSDE - Licensing Branch Staff

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Towson University and TCC.

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents" options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements - and the opportunity for children to form trusting relationships with teachers - are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family's assets may not exceed $1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

In order to be eligible for services, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed $1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves childrenfrom 2 weeks (weeks/months/years) to 12 years years (through age 12).

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

☑ Yes, and the upper age is 18 years (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity: a child under the age of 19 who has been diagnosed as being physically or mentally incapable of selfcare appropriate to the age of the child, as verified by the State, based on a determination by a physician, a licensed or certified psychologist, or a licensed social worker. This definition applies for the purposes of payment and for the purposes of prioritizing services.

☐ No

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

☐ Yes and the upper age is (may not equal or exceed age 19)

☑ No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with -

A child must reside with the parent, legal guardian, or person in loco parentis and intend to remain in Maryland during the time period of requested services.

b) in loco parentis -

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

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

* working:
  - In a public or private work setting. There is no requirement for a minimum number of hours.

* attending job training
  - Training includes undergraduate college, an accredited vocational program, or a publicly funded training program.

* attending education
  - Any type of instructional program, except for post-college graduate programs, that is approved by the Division of Early Childhood Development.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

☑ Yes.

☐ No.

If no, describe additional requirements

c) Does the Lead Agency provide child care to children in protective services?

☐ Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services -

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

☐ Yes.

☐ No.

Note - If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for CCDF purposes these children are considered to be in protective services and should be included in the protective services definition above.

☑ No.

3.1.4 Eligibility Criteria Based on Family Income

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

* Definition of income -

(a) "Gross income" means the sum of earnings, prior to adjustments such as, but not limited to, pretax benefits and rental property depreciation, that are received by an individual for compensation of services rendered on a regular or recurrent basis.

(b) "Gross income" includes, but is not limited to:

(i) Wages, salary, and, as specified at Regulation .03F(8)(a) of this chapter, income from self-employment;
(ii) Commissions, tips, and bonuses;
(iii) Dividends and interest;
(iv) Social Security benefits, including disability and survivors benefits;
(v) Pensions and annuities;
(vi) Estate income;
(vii) Military entitlements, bonuses, and allowances;
(viii) Rental income;
(ix) Unemployment and Workers' Compensation; and
(x) Alimony and child support.

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI.

☐ **Note** - If the income eligibility limits are not statewide, check here

Describe how many jurisdictions set their own income eligibility limits

Fill in the chart based on the most populous area of the state.

Family Size	**(a)** **100% of State Median Income (SMI) ($/month)**	**(b)** **85% of State Median Income (SMI) ($/month)** [Multiply (a) by 0.85]	**(c)** **(IF APPLICABLE) $/month Maximum "Entry" Income Level if lower than 85% Current SMI**	**(d)** **(IF APPLICABLE) % of SMI** [Divide (c) by (a), multiply by 100] **Income Level if lower than 85% Current SMI**	**(e)** **(IF APPLICABLE) $/month Maximum "Exit" Income Level if lower than 85% Current SMI**	**(f)** **(IF APPLICABLE) % of SMI** [Divide (e) by (a), multiply by 100] **Income Level if lower than 85% Current SMI**
1	3,094	2,630				
2	4,046	3,439				
3	4,998	4,248				
4	5,950	5,058				
5	6,902	5,867				

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at http://aspe.hhs.gov/poverty/index.cfm.

c) SMI Source and year http://www.acf.hhs.gov/programs/ocs/resource/estimated-state-median-income-by-household-size-and-by-state-federal-fiscal - 2014

d) These eligibility limits in column (c) became or will become effective on: January 1, 2015

e) Provide the link to the income eligibility limits
http://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-subsidy-program

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out

☑ Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 09/30/2016

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Not yet started

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

The State has 10 graduated levels of income eligibility ranging from Level A (income for a family of 3 - $0-$10,980) through Level J (income for a family of 3 - $26,764-$29,990). The family is determined eligible if they do not exceed the established income for their family size. At redetermination, a family can move up or down dependent on their current situation and income. Levels I and J are currently frozen for families applying for assistance. A family receiving assistance at a lower level (A-H) may move into Level I or J at time of redetermination.

Unmet requirement - Identify the requirement(s) to be implemented A graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop procedures for families to continue with services beyond income level J and promulgate regulations.

Projected start date for each activity: 05/01/2016
Projected end date for each activity: 12/31/2016
Agency - Who is responsible for complete implementation of this activity MSDE
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
Maryland Department of Legislative Services

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Modify data system to allow payments at the new level K for families determined eligible at lower income eligibility levels to continue services for up to one year after determined over scale for the program.

Projected start date for each activity: 05/01/2016
Projected end date for each activity: 12/31/2016

Agency - Who is responsible for complete implementation of this activity MSDE

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

XEROX

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note - this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

☑ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 9/30/2016

Overall Status - Describe the State/Territory's status toward complete implementation

for any requirement(s) (not yet started, partially implemented, substantially implemented, other) Partially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Marylandcollects mulitple paystubs to arrive at the annual wage. The requirement, as of the submission of the plan, is for the applicant to submit the "most recent 4 weeks of pay stubs indicating gross income from each employer, if the stubs indicate the individual's pay frequency or schedule."

Unmet requirement - Identify the requirement(s) to be implemented A process for initial determination and redetermination take into account irregular fluctuations in earnings.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Modify regulations to specify timeframe for paystub submission to account for fluctuations in earnings.

Projected start date for each activity: 04/1/2016
Projected end date for each activity: 9/30/2016
Agency - Who is responsible for complete implementation of this activity MSDE

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

XEROX

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information.

Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08).

States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).

☑ Applicant identity.

Describe:

State or federally issued document, such as a driver's license, birth certificate, or passport.

Documentation is received via mail, email or fax and scanned into a work managment system by the state's vendor and some local departments of social services. The information is indexed by applicant name and case ID for easy retrieval and review. Local departments not using scanning technology, maintain paper files by applicant.

☑ Applicant's relationship to the child.

Describe:

Birth Certificate. Information is maintained in an electronic or paper file.

Documentation is received via mail, email or fax and scanned into a work managment system by the state's vendor and some local departments of social services. The information is indexed by applicant name and case ID for easy retrieval and review. Local departments not using scanning technology, maintain paper files by applicant.

☑ Child's information for determining eligibility (e.g., identity, age, etc.).

Describe:

Birth Certificate. Information is maintained in an electronic or paper file.

Documentation is received via mail, email or fax and scanned into a work managment system by the state's vendor and some local departments of social services. Local departments not using scanning technology, maintain paper files by applicant. The information is indexed by applicant name and case ID for easy retrieval and review.

☑ Work.

Describe:

Letter from employer, pay stubs.Information is maintained in an electronic or paper file.

Documentation is received via mail, email or fax and scanned into a work managment system by the state's vendor and some local departments of social services. The information is indexed by applicant name and case ID for easy retrieval and review. Local departments not using scanning technology, maintain paper files by applicant.

☑ Job Training or Educational Program.

Describe:

Statement from case worker, school schedule. Information is maintained in an electronic or paper file.

Documentation is received via mail, email or fax and scanned into a work managment system by the state's vendor and some local departments of social services. Local departments not using scanning technology, maintain paper files by applicant. The information is indexed by applicant name andcase ID for easy retrieval and review.

☑ Family Income.

Describe:

Pay stubs.

Documentation is received via mail, email or fax and scanned into a work managment system by the state's vendor and some local departments of social services. The information is indexed by applicant name and case ID for easy retrieval and review. Local departments not using scanning technology, maintain paper files by applicant.

☑ Household composition.

Describe:

Statement on application.

Documentation is received via mail, email or fax and scanned into a work managment system by the state's vendor and some local departments of social services. The information is indexed by applicant name and case ID for easy retrieval and review. Local departments not using scanning technology, maintain paper files by applicant.

☑ Applicant Residence.

Describe:

Bill for rent, services (gas, phone, electric).

Documentation is received via mail, email or fax and scanned into a work managment system by the state's vendor and some local departments of social services. The information is indexed by applicant name and case ID for easy retrieval and review. Local departments not using scanning technology, maintain paper files by applicant.

☐ Other.

Describe:

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

☑ Time limit for making eligibility determinations.

Describe length of time :

30 days

☑ Track and monitor the eligibility determination process

☑ Other.

Describe:

Service level agreements that must be met by the contractor handling case management.

☐ None

3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for

any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2)of the Social Security Act.
In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.
NOTE: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency Maryland Department of Human Resources

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

"appropriate child care":

Child care that meets the parents needs in terms of hours and location, meets the child's needs in terms of health and safety, and is geared toward the healthy development of the child.

"reasonable distance":

Based on available transportation, a parent would be expected to travel to the child care provider no more than one hour each way.

"unsuitability of informal child care":

Informal care that does not meet the standards as established by state law and Code of Maryland Regulations governing the CCS program.

"affordable child care arrangements":

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

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

- [x] In writing
- [x] Verbally
- [x] Other.

Describe:

Customers are advised of TANF work requirements and penalties for non-compliance in a variety of formats including written and verbal. At the initial interview, when meeting with work program vendors and at redetermination, customers are advised of the requirements including any exceptions they may meet. Customers who have an exception to work requirements would not have a penalty for non-compliance.

☑ List the citation to this TANF policy.

List:

COMAR 07.03.03.07-1 - Employment and Education Requirements.

A. Each adult in the assistance unit, and each child age 16 years old or older in the assistance unit who is not enrolled full-time in school or pursuing a diploma or the equivalent, shall participate in a work activity which is:

(1) Approved by the local department;
(2) Likely to result in unsubsidized employment; and
(3) Scheduled up to 40 hours per week.

B. Failure of an adult to cooperate in a work requirement without good cause, including failure to accept offered employment or quitting a job, shall result in ineligibility of the entire assistance unit as described in Regulation .19A(1) of this chapter.

C. Failure of a child 16 years of age or older not in school to cooperate in a work requirement without good cause, including failure to accept employment or quitting a job, shall result in deduction of the child's incremental portion of the grant from the family's TCA grant as described in Regulation .19A(2) of this chapter.

D. The following individuals are exempt from the work activity requirements:

(1) For a maximum of 12 months in the adult's lifetime, adults who are required to care for a child younger than 1 year old, who is a member of the assistance unit;
(2) Adults and children in the assistance unit who are severely disabled;
(3) Children younger than 16 years old;
(4) Adults caring for a disabled family member living in the home;
(5) Adults in the assistance unit, and children age 16 years old or older in the assistance unit, who are victims of domestic or family violence and actively receiving family violence services; and
(6) Non-parent caretaker relatives who have no children of their own in the assistance unit.

E. An individual is not exempt as disabled for more than 12 months unless the:

(1) Individual has applied for Supplemental Security Income (SSI); and
(2) SSI application is approved, pending, or in the appeal stage.

F. A minor parent who has not finished secondary school or obtained a high school diploma or the equivalent is not exempt to care for a child younger than 1 year old.

G. A minor parent with a child 12 weeks old or older who has not finished secondary school or obtained a high school diploma or the equivalent is not exempt and shall be enrolled in, attending 80 percent of the time, and making satisfactory progress in:

(1) Educational activities leading to a diploma; or
(2) An alternative education or training program approved by the State.

H. Voluntary Quit and Reduction in Work Hours.

(1) TCA may not be paid to an assistance unit in which a parent voluntarily quit a job or voluntarily reduced the hours of employment without good cause.
(2) At application the assistance unit is ineligible for TCA for 30 days from the date of the quit or reduction of work hours if:

(a) The voluntary quit was from employment that:

(i) Was at least 30 hours per week; or

(ii) Paid at least 30 times the State or federal minimum hourly wage per week, whichever is higher; or

(b) Hours were reduced:

(i) To less than 30 hours per week; or
(ii) So that the individual was paid less than the equivalent of 30 times the State or federal minimum hourly wage per week, whichever is higher.

(3) At recertification or interim change, the local department shall follow conciliation and sanction procedures as described in Regulation .19 of this chapter when an individual voluntarily quits a job or reduces work hours without good cause during the certification period, except for an individual who is not required to participate in a work activity, as described in §§D and E of this regulation.

(4) The local department shall follow the good cause reasons listed in §§I and J of this regulation to determine acceptable good cause for:

(a) Refusing or failing to cooperate with work requirements;
(b) Quitting a job; or
(c) Reducing work hours.

I. Good cause for refusing or failing to cooperate with work requirements or for refusing or quitting a job includes one or more of the following:

(1) Illness or incapacity of the individual required to be in a work activity or job, with documentation specifying the:

(a) Ill or disabled individual's prognosis;
(b) Doctor's expectation for the length of the illness or disability;
(c) Activities the individual may engage in; and
(d) Activities the individual may not engage in;

(2) Verified, court-required appearance or temporary incarceration;
(3) Domestic violence or other family crisis that threatens normal family functioning;
(4) A breakdown in transportation arrangements when there is no accessible means of transportation;

(5) A breakdown in child care arrangements or lack of child care resources for a child or children who are 12 years old or younger for a period not to exceed 30 days;
(6) A single parent caring for a child younger than 6 years old who is unable to obtain child care for one or more of the following reasons:

(a) Unavailability of appropriate child care within a reasonable distance from the parent's home or work site;

(b) Unavailability or unsuitability of informal child care by a relative or others; or
(c) Unavailability or unsuitability of appropriate and affordable formal child care arrangements;
(7) Lack of supportive services identified in the Family Independence Plan and agreed upon by the recipient and the local department;
(8) Other circumstances determined to be good cause by the local department.

J. Good cause for quitting a job or reducing work hours includes the reasons stated in §I of this regulation or one or more of the following reasons:

(1) Taking a new job with another employer;
(2) Discrimination based on age, race, gender, religious or political belief, sexual orientation, marital status, mental or physical disability, or national origin;
(3) Hazardous working conditions;
(4) Resignation at employer's request.

K. Participation in a work activity includes, but is not limited to:

(1) Unsubsidized employment;
(2) Subsidized employment;
(3) Work experience;
(4) On the job training;
(5) Job search;
(6) Community service programs;
(7) Vocational educational training; or
(8) Job skills directly related to employment.

L. The local department shall follow conciliation and sanction procedures as described in Regulation .19 of this chapter for all individuals who are not in compliance with work activity requirements.

M. If resources are available, a noncustodial parent or a stepparent may be included in work activities but are not subject to conciliation and sanction procedures as described in Regulation .19 of this chapter.

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed $1,000,000. A check-off on the application is sufficient

☑ Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed $1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did notchange under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs": A child who has been diagnosed as being physically or mentally incapable of self-care appropriate to the age of the child, as verified by the State, based on a determination by a physician, a licensed or certified psychologist, or a licensed social worker.

and describe how services are prioritized:

Services for a child with special needs are given the same priority status as TANF, including not being waitlisted.

b. Provide definition of "Families with very low incomes": A family that has an income that is less than or equal to 50% of SMI (FFY2001, SFY2002) for their family size.

and describe how services are prioritized:

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

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act)

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

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

☑ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:

a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements

Families have 60 days to comply with immunization and health requirements.

b. Procedures to conduct outreach to homeless families to improve access to child care services

Meet with organizations serving homeless families to develop streamlined application process .

c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services

N/A

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.3 Protection for Working Parents

3.3.1 Twelve Month Eligibility

The CCDBG Act of 2014 establishes a 12-month eligibility period for CCDF families. States are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) &(ii))

Note that this change means a State may not terminate CCDF assistance during the 12 month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State may not terminate assistance prior to the end of the 12 month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. For example, if a working parent is temporarily absent from employment due to extended medical leave, changes in seasonal work schedule, or a parent enrolled in training or educational program is temporarily not attending class between semesters, the state should not terminate assistance.

Describe the status of the State's establishment of a 12-month eligibility re-determination period for CCDF families.

- [x] Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

The State plans to issue 12 month vouchers for all children. The State will ask that changes be reported within 10 days so that any changes that cause the customer to exceed 85% of SMI or cause a non-temporary change in activity, or any changes positively affecting the customer (i.e., additional child, lower copayment, etc.) can be processed.

- [ ] Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide

brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option - but does not require them - to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period - the State/Territory

may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

- [x] Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY.

  List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs

  The State plans to issue 12 month vouchers for all eligible children.The customer is asked to report changes within 10 days so that any changes that cause the customer to exceed 85% of SMI or cause a non-temporary change in activity, or any changes positively affecting the customer (i.e., additional child, lower copayment, etc.) can be processed. Policy citations - COMAR 13A.14.06.09 - Redetermination and .10 - Termination.

- [ ] No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

☑ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

Maryland allows all applications and verifications to be mailed or faxed. Customers do not have to visit a particular location to apply, recertify or report a change.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size.

☐ Note - If the sliding fee scale is not statewide, check here

and describe how many jurisdictions set their own sliding fee scale

Co-payment amounts are set by the lead agency.

Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Maximum Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	1	5.60 for the first child	.2	18,565	55.61 for the first child	.3
2	1	5.60 for the first child	.1	24,277	55.61 for the first child	.2
3	1	5.60 for the first child	.1	29,990	55.61 for the first child	.2
4	1	5.60 for the first child	.1	35,702	55.61 for the first child	.2
5	1	5.60 for the first child	.1	41,414	55.61 for the first child	.1

a) What is the effective date of the sliding fee scale(s)? January 1, 2015

b) Provide the link to the sliding fee scale
http://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-subsidy-program

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use.

- [ ] Fee as dollar amount and
  - [ ] Fee is per child with the same fee for each child
  - [ ] Fee is per child and discounted fee for two or more children
  - [ ] Fee is per child up to a maximum per family
  - [ ] No additional fee charged after certain number of children
  - [ ] Fee is per family
- [x] Fee as percent of income and
  - [ ] Fee is per child with the same percentage applied for each child
  - [x] Fee is per child and discounted percentage applied for two or more children
  - [ ] Fee is per child up to a maximum per family
  - [ ] No additional percentage applied charged after certain number of children
  - [x] Fee is per family
  - [x] Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

  Describe:

  The family size and gross income is compared to the sliding fee scale to determine at which subsidy level the family is eligible. The subsidy level is then compared to the co-payment chart to determine the family's contribution. Subsidy levels and copayments vary by jurisdiction based on the cost of living in that area. The co-payment is collected by the child care provider on a regular schedule determined by the child care provider. If the contractor is notified that the co-payment is not being paid, then the case is closed.

  - [ ] Other.

  Describe:

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

- [x] Yes, and describe those additional factors using the checkboxes below.
  - [x] Number of hours the child is in care
  - [ ] Lower copayments for higher quality of care as defined by the State/Territory
  - [x] Other.

  Describe other factors.

  Type of care, local jurisdiction, child's age,
- [ ] No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size.

Will the Lead Agency waive family contributions/co-payments?

- [x] Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size.

  The poverty level used by the Lead Agency for a family size of 3 is $ 29,990
- [ ] No, the Lead Agency does not waive family contributions/co-payments

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable?

Check all that apply:

- [ ] Limits the maximum co-payment per family.

Describe:

- [x] Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit.

Describe:

Copay no more than 12% of income,

☐ Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5.

Describe:

☐ Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying.

Describe:

☐ Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider.

Describe:

☐ Other.

Describe:

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: 1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

Parents are informed about the option of choosing any type of legal care they would like, including providers operating through grants or contracts, by consumer education specialists or help desk representatives. Documentation is given to parents upon receiving a voucher that informs them about the types of available care. Information is provided to parents about the requirement to select a Maryland EXCELS QRIS participating program and the ways to access that information.

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories - such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers (658E(c)(2)(A)(i), 658P(2), 658Q))

- ☐ Certificate form provides information about the choice of providers, including high quality providers
- ☑ Certificate is not linked to a specific provider so parents can choose provider of choice
- ☑ Consumer education materials on choosing child care
- ☑ Referral to child care resource and referral agencies
- ☐ Co-located resource and referral in eligibility offices
- ☑ Verbal communication at the time of application
- ☐ Community outreach, workshops or other in-person activities
- ☑ Other.

Describe

Parents are informed about the option of choosing any type of legal care they would like, including providers operating through grants or contracts, by consumer education specialists or help desk representatives. Documentation is given to parents upon receiving a voucher that informs them about the types of available care. Information is provided to parents about the requirement to select a Maryland EXCELS QRIS participating program and the ways to access that information.

4.1.3 Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1) **Note:** Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

☑ Yes. If yes, **describe**

the type(s) of child care services available through grants or contracts

Grants for all day services provided by Early Head Start/Child Care Partnership (EHS/CCP) sitesare available. The grantees will determine eligibility using the criteria established in the child care subsidy regulations.

the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)

Early Head Start/Child Care Partnership sites.

the process for accessing grants or contracts

The process for accessing slots paid by the grant will be an application process with the EHS/CCP grantees.

the range of providers available through grants or contracts

Only programs funded by the EHS/CCS partnership grants are eligible to participate.

how rates for contracted slots are set for grants and contracts

Rates are determined by the State based on the area the programs are located.

how the State/Territory determines which entities to contract with for increasing supply and/or improving quality

N/A for these grants.

if contracts are offered statewide and/or locally:

Locally based on the EHS/CCS partnership enities.

- ☐ No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

- ☐ Increase the supply of specific types of care with grants or contracts for:
  - ☐ Programs to serve children with disabilities
  - ☐ Programs to serve infants and toddlers
  - ☐ Programs to serve school-age children
  - ☐ Programs to serve children needing non-traditional hour care
  - ☐ Programs to serve homeless children
  - ☐ Programs to serve children in underserved areas
  - ☐ Programs that serve children with diverse linguistic or cultural backgrounds
  - ☐ Programs that serve specific geographic areas
    - ☐ Urban
    - ☐ Rural
  - ☐ Other.

Describe:

- [x] Improve the quality of child care programs with grants or contracts for:
  - [x] Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
  - [ ] Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
  - [ ] Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
  - [ ] Programs to serve children with disabilities or special needs
  - [ ] Programs to serve infants and toddlers
  - [ ] Programs to serve school-age children
  - [ ] Programs to serve children needing non-traditional hour care
  - [ ] Programs to serve homeless children
  - [ ] Programs to serve children in underserved areas
  - [ ] Programs that serve children with diverse linguistic or cultural backgrounds
  - [ ] Programs that serve specific geographic areas
    - [ ] Urban
    - [ ] Rural
  - [ ] Other.

Describe:

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds.

(658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

Describe the policies and procedures for unlimited access

The provider must sign a document indicating he/she will allow access to the child by the parent. State child care licensing regulations require that each family child care home and

child care center permit the parent of a child in care to have access, without prior notice, to the child at any time during the program's operating hours and to freely observe all areas of the facility that are used for child care.

As a condition of receiving payment from the child care subsidy program, a legally operating informal provider agrees to allow the same access to the child in care and to the facility as required of regulated programs. Information about the right of access is explained in the Informal Provider Health and Safety packet given to all parents and providers who choose to use informal care. Parents and providers must sign and return a signature page indicating they have read and understand the information.

For licensed child care providers, licensing regulations require the provider to post and have available to parents, a pamphlet entitled "A Parent's Guide to Regulated Child Care" that contains information on rights and responsibilities of parents, including the right to visit the facility without prior notification at any time their child is there.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?

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

☐ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act

Describe:

☑ Restricted based on provider meeting a minimum age requirement

Describe:

Must be at least 18 years of age.

☐ Restricted based on hours of care (certain number of hours, non-traditional work hours)

Describe:

☐ Restricted to care by relatives

Describe:

☐ Restricted to care for children with special needs or medical condition

Describe:

☑ Restricted to in-home providers that meet some basic health and safety requirements

Describe:

In home care providers must complete the same health and safety checklist ceritifcation as relative providers and will be subject to monitoring visits to determine adherance to health and safety standards.

☑ Other

Describe:

In home providers must meet criminal background clearance and minimum training requirements.

☐ No.

4.2 Assessing Market Rates and Child Care Costs

The new law revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval. (see http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to

developing and conducting the MRS or alternative methodology.

The State must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the MRS or alternative methodology, including by posting the results on the Internet.

The State must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the State must take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- [x] MRS
- [ ] Alternative Methodology.

Describe:

The lead agency, in consultation with advocates, providers and SEIU Local 500 willconduct discussions during 2016 on using alternative methodology for setting reimbursement rates based on cost of quality indicators.

- [ ] Both.

Describe:

N/A

- [ ] Other.

Describe:

N/A

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate

entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

Describe:

The State met with the State Advisory Council and asked volunteers to work on various areas of the plan. Members interested in CCS met separately and discussed market rates, child care costs and alternative rate setting. The group evaluated the current MRS and determined that it could be a good tool if it were simplified and sent to providers in multiple ways. The form was shortened to include only relevant market rate information. The form will be available online and mailed by the Maryland Family Network around the beginning of the school year. RESI/Towson University has agreed to do some follow-up calling to providers to ensure a good cross section of responses are received. The agency has agreed to continue conversations with interested parties, including the union representing family child care providers, on alternative rate setting methodology.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable.

To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

Describe:

Maryland Family Network (MFN) receives information from the agency on all licensed and registered child care facilities. MFN also collects and maintains additional information on all licensed and regulated child care facilities in Maryland, including fees charges.MFN provides rate information that was collected within the past 24-month period to the agency for analysis. Because MSDE attempts to collect this information from the entire population of regulated providers, there is no sample population or sample selection per se. The information provided is based on responses from the entire population of providers.

Rate information is entered into the provider database primarily through an annual

questionnaire. Providers also may update rate information on the MFN website or over the phone with LOCATE: Child Care staff.

Each year, regulated providers are asked to update their information via a questionnaire. Follow up phone calls are made to gain information from providers who have not returned the questionnaire and for clarification when needed. Counselors, when making referrals, also update information by providers, either on-line or via phone calls to MFN's provider support line. Updating rate information is an ongoing, continuous process. The goal is accurate, reasonably current, rate information on the whole population of providers.

The market rate data is prepared as follows:

- Fee information for the requested age groups, types of care, and regions is extracted from the database of licensed providers.
- MFN maintains fees based on age in years. If the requested age grouping is multi-year (e.g. The age group, "infant", comprises 0-11 months and 12-24 months) fees are processed as follows: fees for each year are summed, then divided by the number of non-zero values, for example, if a provider reports fees of 125 dollars for 0-11 months and 100 dollars for 12-24 months, then the averaged fee for 0-24 months for that provider would be 112.5 (125+100 = 225, divided by 2 fees equals 112.5).
- The non-zero fees for each category are rank ordered in a spreadsheet. The appropriate counts and percentiles are calculated (using Excel functions) and the entire sheet is sent to MSDE for analysis and reporting.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

a) Geographic area (e.g., statewide or local markets):

Information is pulled from the statewide database of licensed providers.

b) Type of provider:

Information is pulled from the statewide database of licensed providers.

c) Age of child:

If the requested age grouping is multi-year (e.g.the age group, "infant",comprises 0-11 months and 12-24 months) fees are processed as follows: fees for each year are summed, then divided by the number of non-zero values, for example, if a provider reports fees of 125 dollars for 0-11 months and 100 dollars for 12-24 months, then the averaged fee for 0-24 months for that provider would be 112.5 (125+100 = 225, divided by 2 fees equals 112.5).

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

N/A

4.2.5 Describe the process used by the State to make the results of the market rate survey widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016)

01/31/2014

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 2/29/2016

c) How the report containing results was made widely available and provide the link where the report is posted if available

The method the state used for developing the market rate survey changed and the results were not made widely available within the specified timeframe. Changes in staff and responsible parties contributed to the substantial delay in providing the information to the public. The lead agency will ensure that future survey results are made available on the website, for distribution to the ECAC and OCC Advisory Council. The survey is posted on the agency website at: http://earlychildhood.marylandpublicschools.org/system/files/filedepot/24/2014_maryland_child_care_market_rate_survey.pdf

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children).

☐ Note - If the payment rates are not set by the State/Territory, check here

Describe how many jurisdictions set their own payment rates

None

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

Rate $ 199.88 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 8th

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

Rate $ 156.71 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 15th

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

Rate $ 199.88 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 8th

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

Rate $ 156.71 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 8th

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

Rate $ 126.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 8th

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

Rate $ 115.97 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 3rd

g) School-age child (6 years), full-time licensed center care in the most populous geographic region

Rate $ 126.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 10th

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate $ 115.97 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 11th

i) Describe the calculation/definition of full-time care:

3 care units (30 hours+ per week)

j) Provide the effective date of the payment rates : January 2015

k) Provide the link to the payment rates :
http://earlychildhood.marylandpublicschools.org/families/child-care-subsidy-program/child-care-subsidy-rates

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care.

In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

☑ Tiered rate/rate add-on for non-traditional hours.

Describe:

Additional costs that exceed the payment rates in §§B-D of Regulation 13A.14.06.11 may be approved when child care is provided during non-traditional hours. Nontraditional hours are defined as:

(a) 1 hour or more between 7 p.m. and 6 a.m. on Monday through Friday; and
(b) Any period of 1 hour or more on Saturday or Sunday.

Additional costs above the rates are authorized for care provided weekly during nontraditional hours up to:

(a) 5 percent for one unit of care;

(b) 10 percent for two units of care; or
(c) 15 percent for three units of care.

☑ Tiered rate/rate add-on for children with special needs as defined by the State/Territory.

Describe:

For a child with a disability\special needs, the payment rates of Regulation 13A.14.06.11 apply except if the service provider offers documentation that the cost for caring for the child exceeds the reasonable accommodation definition. In which case, the additional cost may be approved but may not exceed the annual allocated amount up to 15% above the rates set out in §§C and D of the regulation; or if the requested amount exceeds 15%, a recommendation must be submitted to the central Child Care Subsidy Branch for approval of a higher payment not to exceed the annual allocated amount.

☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on).

Describe:

N/A

☑ Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory.

Describe:

The EXCELS Branchapproves an additional cost for child care providers who reach levels 3 through 5 of Maryland EXCELS, the state's quality rating and improvement program. The costs exceed the payment rates in §§B-D of Regulation 13A.14.06.11 when a provider has achieved a quality level. An additional percentage is added to the base reimbursement rate as indicated below.

Tiered Reimbursement Percentages for Maryland EXCLES Rated Child Care Facilities

Family Child Care Home

Child younger than 24 months old (Level 3 - 11%) (Level 4 - 22%) (Level 5 - 29%)

Child 24 months old or older (Level 3 - 10%) (Level 4 - 21%) (Level 5 - 28%)

Child Care Center

Child younger than 24 months old (Level 3 - 22%) (Level 4 - 37%) (Level 5 - 44%)

Child 24 months old or older (Level 3 - 10%) (Level 4 - 19%) (Level 5 - 26%)

☐ Tiered rate/rate add-on for programs serving homeless children.

Describe:

N/A

☐ Other tiered rate/rate add-on beyond the base rate.

Describe:

N/A

☐ None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

Describe:

Current rates are equivalent to the 9th percentile of the January 2014 rate survey. The market rate survey information is analysed and used as a data point in developing the reimbursement rates for child care providers.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014.

For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

Describe:

After extensive comparison and analysis of the current market rate survey, the state increased subsidy rates by 2.5%. In addition, the state has made EXCELS (formerly tiered-reimbursement) participation mandatory for all providers receiving subsidy funds. This ensures that in addition to the 2.5% rate increase, subsidy providers receive higher rates and bonuses depending on their check/tier level. Theseadditional payments provide financial support for, and an incentive to continue to provide quality care through training and

certifications. Provider participation and quality levels within the subsidy system are carefully monitored monthly. The number of families able to be served has not been impacted by the increase.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access - such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- [ ] Payment rates are set at the 75th percentile or higher of the most recent survey.

  Describe:

  N/A

- [x] Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- [ ] Rates based on data on the cost to the provider of providing care meeting certain standards

  Describe:

  N/A

- [ ] Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile.

  Describe:

  N/A

- [x] Data on the proportion of children receiving subsidy being served by high-quality providers.

  Describe:

  Data is available and reported from the CCATS data system on the number and proportion of child receiving child care subsidies served in high-quality programs. High-

quality being defined as participating in Maryland EXCELS at levels 4 and 5.

☑ Data on where children are being served showing access to the full range of providers. .

Describe:

Data is available via the CCATS data system and the GIS mapping tool. The mapping tool provides information on the Maryland EXCELS providers and the density and availability to families.

☑ Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF.

Describe:

Data is available via the CCATS data system that shows the quality of the facility as measured by Maryland EXCELS and the number/percentage of children recieving child care subsidies.

☐ Feedback from parents, including parent survey or parent complaints.

Describe:

N/A

☐ Other.

Describe:

N/A

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

☑ Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016.

Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access

Rates are sufficient to purchase care in a variety of settings throughout the state. The state will request additional funding in future budget requests tobring reimbursement rates closer to the 75th percentile. Child care facilities are required to participate in the state's quality rating a improvement system to accept child care subsidy. Seventy-five percent of all child care centers and nearly 50% of all family child care providers are currently participating. In

the jurisdictions serving the greatest number of children receiving child care subsidy the percentages of participating facilities are higher than the state average - Baltimore City - child care centers - 83%, family child care homes - 87%; Prince George's County - child care centers - 85%, family child care homes - 56%; and Baltimore County - child care centers - 80%, family child care homes - 54%. These percenatages indicate the number of child care programs receiving or willing to accept child care subisidy payments.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect

generally accepted payment practices of non-CCDF child care providers in the State/Territory - so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory

- [x] Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.
- [ ] Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe.

The Lead Agency

- ☐ Pays prospectively prior to the delivery of services.

  Describe:

  N/A

- ☑ Pays within no more than 21 days of billing for services.

  Describe:

  Completed invoices are processed within 3 days of receipt.

- ☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance.

  Describe including the State/Territory's definition of occasional absences

  N/A

- ☑ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe

  Specify percent and describe

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

- ☑ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month.

  Specify the number of absence days allowed and paid for and describe

  Up to 60 days absence allowed per calendar year, payment is not affected until 60 days are used. If there is a documented health issue the 60 day limit may be waived.

- ☑ Pays on a full-time or part-time basis (rather than smaller increments such as hourly)

  Describe:

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

☐ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)

Describe:

N/A

☑ Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

Describe:

When there is a change in circumstance that effects the eligibility status, the provider is sent a notification.

☑ Has a timely appeal and resolution process for payment inaccuracies and disputes.

Describe:

Provider payment inaccuracies and disputes are resolved via customer service and state staff. State staff invesigate any disputes concering payment inaccuracies and resolve these within 30 days. Complicated cases may require longer to determine the resolution.

☐ Other.

Describe:

N/A

☑ For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory.

- Pays prospectively prior to the delivery of services - the state reimburses the provider for services provided.
- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. - the state has established a generous absence policy, paying for up to 30 days absences per year.
- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) - fess are estabished by the individual provider and vary widely based on type of care and location. The state does not collect this information and currently has no way of establishing reasonable fess and charges. Reimbursing a provider for fees and chargeswould require an extensive redesign of the state's data system.

4.5.3 Check and describe the strategies the State/Territory will use to ensure the

timeliness of payments.

- [x] Policy on length of time for making payments.

  Describe length of time:

  The child care provider must submit the invoice for payment within 60 days of the last day of service. The contractor meets a service level agreement of making payments within 3 days of receiving a completed invoice.

- [x] Track and monitor the payment process

  Describe:

  The contract monitor reviews the work of the contractor each month, the contractor is required to report any anomalies, and the MSDE accounting office, MD comptroller, providers, and advocates make us aware

- [x] Use of electronic tools (e.g., automated billing, direct deposit, etc.)

  Describe:

  Providers may report attendance on their paper invoice and fax or email it to payment processing; turnaround emails are sent to providers to let them know their invoice has been received and their payment made.

- [ ] Other.

  Describe:

  N/A

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

- [x] Yes.

  Describe data sources

  Licensing capacity statistics collected during mandatory inspections

☐ No.

If no, how does the State/Territory determine most critical supply needs?

N/A

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

a) Infants and toddlers (check all that apply)

- ☑ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☑ Technical assistance support
- ☐ Recruitment of providers
- ☑ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other.

Describe

N/A

b) Children with disabilities (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☑ Other.

Describe

These familiesare given priority equal to families receiving TANF which keeps them out of frozen status and allows their cases to be completed ahead of other low income families.

c) Children who receive care during non-traditional hours (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks

- [ ] Start-up funding
- [ ] Technical assistance support
- [ ] Recruitment of providers
- [ ] Tiered payment rates (as discussed in 4.4.1)
- [x] Other.

Describe

An additional percentage is paid to encourage providers to accept CCS children who need care during non-traditional hours.

d) Homeless children (check all that apply)

- [ ] Grants and contracts (as discussed in 4.1.3)
- [ ] Family child care networks
- [ ] Start-up funding
- [ ] Technical assistance support
- [ ] Recruitment of providers
- [ ] Tiered payment rates (as discussed in 4.4.1)
- [x] Other.

Describe

Children experiencing homelessnessare given priority equal to TANF families which keeps them out of frozen status and allows their cases to be completed ahead of other low income families.

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q))

Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

- [x] Fully implemented and meeting all Federal requirements outlined above.

Describe

Maryland EXCELS is the state's quality rating and improvement system. Participation in

Maryland EXCELS is required of all child care providers accepting child care subsidy reimbursements. Maryland EXCELS provides a framework for continuous quality improvement to lead child care programs to meeting progressively higher standards of quality.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State is required to certify it has in effect licensing requirements applicable to all child care services provided within the State (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(I)(i))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to child care services provided within the State.

(658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

Licensed Child Care Center - means an agency, institution, or establishment that, on a regular schedule for at least 2 days per week and for at least 2 hours per day, or on a 24-hour basis, offers or provides child care to children who do not have the same parentage. A child care center includes (1) a nonpublic nursery school approved under Education Article,

§2-206, Annotated Code of Maryland in which an educational program is offered or provided for children who are 2 years old or older but younger than 5 years old; (2) a facility providing specialized training in a specific discipline or subject that also offers a child-related service such as, but not limited to, transportation, free play, meals or snacks, tutoring or homework sessions; and (3) child care operated by a State or local government agency.

Letter of Compliance Facility - means a tax-exempt religious organization that operates a nursery school or child care program in a school building used exclusively for children who are enrolled in that school.

Registered Family Child Care Home - means the care given to a child younger than 13 years old or to a developmentally disabled person younger than 21 years old in place of parental care for less than 24 hours per day, in a residence other than the child's residence, for which the provider is paid in cash or in kind. The maximum capacity of a Family Child Care Home is 8.

Registered Large Family Child Care Home - means a family child care home approved by the office tooperate with a maximum child care capacity of 9 - 12 children.

5.1.2 Does your State/Territory exempt any child care providers from its licensing requirements?

☑ Yes.

Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

Maryland exempts only in-home and relative care from licensing requirements. Each setting, the child's home or the relative home, must meet health and safety standards set by the state. The standards are attested to by the care provider. Maryland has a very small number of non-relatives providing care in the child's own home. Pending a regulatory change, non-relative in-home care will be subject to inspections for complaince with health and safety standards and training requirements.

☐ No.

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

- [x] Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.
- [ ] Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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Projected start date for each activity:
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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers

and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
   - State/Territory age definition:

   6 weeks to 18 months
   - Ratio:

   3 to 1
   - Group Size:

   6

2. Toddler
   - State/Territory age definition:

   18 to 24 months
   - Ratio:

   3 to 1
   - Group Size:

   9

3. Preschool:
   - State/Territory age definition:

   2, 3and 4 years of age
   - Ratio:

   2 year olds: 6 to 1

   3 and 4 year olds: 10 to 1
   - Group Size:

   2 year olds: 12

3 and 4 year olds: 20

4. School-Age
- State/Territory age definition:

5years of age and older
- Ratio:

15 to 1
- Group Size:

30

5. If any of the responses above are different for exempt child care centers, describe:

N/A

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups.

D. Mixed-Age Groups.

(1) A mixed age group with infants or toddlers, the following minimum staffing levels apply:

Group Composition Maximum Group Size Minimum Staffing Level

Group includes 1 or 2 infants 9 2 staff members

Group includes 3 or more infants 6 2 staff members

Group includes 1 or 2 toddlers 12 2 staff members

Group includes 3 toddlers 9 2 staff members

Group includes 4 or more toddlers 9 3 staff members

Group includes no infants, 12 3 staff members

1 or 2 toddler, and 6 or more

2 year olds

(2) In a mixed-age group with preschool children:

(a) The group size may not exceed 20 children;

(b) If the group contains preschool children 3 years old or older, the staff-to-child ratio is 1 to 10;

(c) If the group size is 13 to 20 children, the group may not contain more than six 2-year-olds; and

(d) If the group contains children who are 2 years old and the group size varies, the

following minimum staffing levels apply:

Group Composition Group Size Minimum Staffing Level

Group includes one to three 2 year old children 7 to 10 1 staff member

Group includes four or more 2 year old children 7 to 10 2 staff members

Group includes one to three 2 year old children 13 to 20 2 staff members

Group includes four to six 2 year old children 13 to 20 3 staff members

(3) School-Age Groups. In a group where 3-year-old and 4-year-old children, enrolled in a public or nonpublic school, are mixed with school-age children, the following minimum staffing levels and maximum group size requirements apply:

Group Composition Maximum Group Size Minimum Staffing Level

Group includes up to five children 3 or 4 years old 30 1 school-age teacher and 1 assistant or aide

Group includes 6 to 9 children 3 or 4 years old 30 1 school-age teacher and 2 assistants or 1 school-age teacher, 1 assistant and 1 aide

Group includes 6 to 9 children 3 or 4 years old 25 1 school-age teacher and 1 assistant or aide

Group includes 10 or more children 3 or 4 years old 20 1 preschool teacher and 1 assistant or aide

b) Licensed Group Child Care Homes:

1. Infant
   - State/Territory age definition:

6 weeks to 18 months
   - Ratio:

3 to 1
   - Group Size:

6

2. Toddler
   - State/Territory age definition:

18 to 24months

- Ratio:

3 to 1

- Group Size:

9

3. Preschool:
    - State/Territory age definition:

2, 3, and 4 year olds

- Ratio:

2 year olds: 6 to 1

3 and 4 year olds: 10 to 1

- Group Size:

2 year olds: 12

3 and 4 year olds: may not exceed 12 (total capacity for a Large Family Child Care Home)

4. School-Age
    - State/Territory age definition:

5years and older

- Ratio:

15 to 1

- Group Size:

May not exceed 12 (total capacity of a Large Family Child Care Home)

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

12

6. If any of the responses above are different for exempt group child care homes, describe

N/A

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

8 to 1 -2 children under the age of two

8 to 2 - when approved to care for 4 children under the age of two

Describe the group size:

8

Describe the threshold for when licensing is required:

1 unrealted child in care

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

8

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

The provider's own children under the age of 6 are included in the total number of children in care.

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

Only 2 children under the age of two are allowed, unless the home has been approved for 4 under two (requires an approved additional adult caregiver).

2. If any of the responses above are different for exempt family child care home providers, describe

N/A

d) Any other eligible CCDF provider categories:

Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

N/A

Describe group size:

N/A

Describe the threshold for when licensing is required:

N/A

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

N/A

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

N/A

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

N/A

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed,minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher

High school diploma or equivalent; 90 clock hours of approved preservice training; 45 clock hours of approved preservice infant/toddler training; 9 clock hours of approved preservice training in communication; approved ADA compliance training; supporting breastfeeding practices; and 1 year of experience. Minimum age: 19 years old.

and assistant teacher qualifications:

Aide:

1) Be 16 years old or older;

2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned;

3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:

a) Proper child supervision;

b) Workplace professionalism; and

c) Interacting with parents.

2. Toddler lead teacher

High school diploma or equivalent; 90 clock hours of approved preservice training; 45 clock hours of approved preservice infant/toddler training; 9 clock hours of approved preservice training in communication; approved ADA compliance training; supporting breast feeding practices; and 1 year of experience. Minimum age: 19 years old.

and assistant teacher qualifications:

Aide:

1) Be 16 years old or older;

2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned;

3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:

a) Proper child supervision;

b) Workplace professionalism; and

c) Interacting with parents.

3. Preschool lead teacher

High school diploma or equivalent; 90 clock hours of approved preservice training; 9 clock hours of approved preservice training in communication; approved ADA Compliance training; supporting breastfeeding practices; and 1 year of experience. Minimum age: 19 years old

and assistant teacher qualifications:

Aide:

1)Be 16 years old or older;

2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned; (3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:

a) Proper child supervision;

b) Workplace professionalism; and

c) Interacting with parents.

4. School-Age lead teacher

High school diploma or equivalent; 90 clock hours of approved preservice training; 9 clock hours of approved preservice training in communication; approved ADA Compliance training; and 400 hours working primarily with school age children. Minimum age: 19 years old.

and assistant teacher qualifications:

Aide:

1) Be 16 years old or older;

2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned;

3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:

a) Proper child supervision;

b) Workplace professionalism; and

c) Interacting with parents.

5. Director qualifications:

General:

1) Be at least 21 years old;

2) Hold a high school diploma or equivalent, or have successfully completed at least two courses for credit from an accredited college or university;

3) Have successfully completed 9 clock hours of approved preservice training in communicating with staff, parents, and he public, or at least one academic college course for credit; 3 semester hours or their equivalent of approved administrative training, unless approved as a school-age center director in a center authorized to serve

only school-age children; and 3 clock hours of approved training in complying with the Americans with Disabilities Act;
4) Have successfully completed 6 semester hours or 90 clock hours, or their equivalent, of approved preservice training, or hold the Child Development Associate National Credential that is issued by the Council for Professional Recognition; and
5) Within 6 months of hire, complete a regulation training that is conducted by the Office of Child Care.

Directors of Preschool Centers-Specific Requirements.
A. In a preschool center with infants or toddlers in care, a director, in addition to meeting the requirements of §§B-D of this regulation, as applicable, shall have:
(1) 3 semester hours of approved training, or the equivalent, related exclusively to the care of infants and toddlers; and
(2) Effective January 1, 2016, approved training in supporting breastfeeding practices.
B. In a preschool center with 20 or fewer children, a director shall have completed 1 year of experience:
(1) Working primarily with preschoolers in a licensed child care center, nursery school, church-operated school, or similar setting; or
(2) Caring for preschoolers as a registered family child care provider.
C. In a preschool center with 21 to 40 children, a director shall have completed:
(1) Either:
(a) 30 semester hours of college coursework that has not less than 20 semester hours specifically in early childhood education; or
(b) 60 semester hours from an accredited institution of higher learning; and
(2) 2 years of experience:
(a) Working under supervision primarily with preschoolers in a licensed child care center, nursery school, church-operated school, or similar setting; or
(b) Caring for preschoolers as a registered family child care provider.
D. In a preschool center with more than 40 children, a director shall have:
(1) Attained:
(a) An associate's degree with a minimum of 15 semester hours of approved course work in early childhood education; or
(b) A bachelor's degree in any field; and
(2) Completed 2 years of experience:
(a) Working under supervision primarily with preschoolers in a licensed child care center,

nursery school, church-operated school, or similar setting; or
(b) Caring for preschoolers as a registered family child care provider.
E. An individual is considered qualified as a director of any size preschool center when that individual:
(1) Has completed 1 year of experience:
(a) Working primarily with preschoolers in a licensed child care center, nursery school, church-operated school, or similar setting; or
(b) Caring for preschoolers as a registered family child care provider; and
(2) Has received either:
(a) Approval by the Department as a teacher for early childhood education, including nursery school through third grade, and has 6 semester hours in early childhood education; or
(b) Certification by the Department or by any other state for early childhood education, including nursery school through third grade.

Directors of School Age Centers-Specific Requirements.
A. In a school age center with a capacity of 60 or fewer children, the director shall have completed at least:
(1) 400 hours of experience working under supervision primarily with school age children in a licensed child care center, public or private school, or a similar setting; or
(2) 1 year of experience caring for school age children as a registered family child care provider.
B. In a school age center with a capacity of 61 or more children, the director shall have completed at least:
(1) 800 hours of experience working under supervision primarily with school age children in a licensed child care center, public or private school, or similar setting; or
(2) 2 years of experience caring for school age children as a registered family child care provider.
C. An individual is considered qualified as a director of a school age center if the individual is certified for kindergarten, nursery school through third grade, or grades 1 through 8 by the Department or by the state board of any other state.

Specific Requirements for Directors in Combined Preschool and School Age Centers.
A. A preschool center director may have responsibility for the entire center if the center

enrolls both preschoolers and school age children.

B. A school age center director may have responsibility for the entire center if the center:

(1) Does not enroll any infants or toddlers; and

(2) Enrolls five or fewer children younger than kindergarten age.

b) Licensed Group Child Care Homes:

1. Infant lead teacher

High school diploma or equivalent; 90 clock hours of approved preservice training; 45 clock hours of approved preservice infant/toddler training; 9 clock hours of approved preservice training in communication; and 1 year of experience. Minimum age: 19 years old

and assistant qualifications:

Aide:

1) Be 16 years old or older;

2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned;

3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:

a) Proper child supervision;

b) Workplace professionalism; and

c) Interacting with parents.

2. Toddler lead teacher

High school diploma or equivalent; 90 clock hours of approved preservice training; 45 clock hours of approved preservice infant/toddler training; 9 clock hours of approved preservice training in communication; and 1 year of experience. Minimum age: 19 years old

and assistant qualifications:

Aide:

1) Be 16 years old or older;

2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned;

3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete,

within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:

a) Proper child supervision;

b) Workplace professionalism; and

c) Interacting with parents.

3. Preschool lead teacher

High school diploma or equivalent; 90 clock hours of approved preservice training; 9 clock hours of approved preservice training in communication; and 1 year of experience. Minimum age: 19 years old.

and assistant qualifications:

Aide:

1) Be 16 years old or older;

2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned;

3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:

a) Proper child supervision;

b) Workplace professionalism; and

c) Interacting with parents.

4. School-Age lead teacher

High school diploma or equivalent; 90 clock hours of approved preservice training; 9 clock hours of approved preservice training in communication; and 1 year of experience. Minimum age: 19 years old.

and assistant qualifications:

Aide:

1) Be 16 years old or older;

2) Work under the direct supervision of the staff person in charge of the group of children to whom the aide is assigned;

3) Unless an individual hired to work as an aide, has completed 90 clock hours or the equivalent in early childhood education preservice training, the individual shall complete, within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:

a) Proper child supervision;

b) Workplace professionalism; and

c) Interacting with parents.

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications

CPR/First Aid; SIDS; 24 clock hours of approved preservice training, medication administration; emergency and disaster planning training; approved ADA Compliance training and Supporting Breastfeeding Practices. Minimum age: 19 years old.

d) Other eligible providers qualifications:

Informal (Relative) Child Care Providers: Minimum age:18 years old. No other qualification requirements.

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics.

(658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State certifies that it has health and safety requirements for individuals (providers) receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic

- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation

☐ Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016.

Provide a citation and a link if available

☑ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 07/01/2017

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) Substantially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

All child care providers, except relative providers, are required to complete training in the following areas prior to approval:

- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- First aid and cardiopulmonary resuscitation (CPR) certification

Unmet requirement - Identify the requirement(s) to be implemented Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Modifypre-service course content.

Projected start date for each activity: 05/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity MSDE

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

The approved training network.

Unmet requirement - Identify the requirement(s) to be implemented Prevention of and response to emergencies due to food and allergic reactions

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Modify pre-service course content to address food and allergic reactions.

Projected start date for each activity: 04/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity MSDE

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Approved trainer network.

Unmet requirement - Identify the requirement(s) to be implemented Precautions in transporting children (if applicable)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Modify pre-service training content to include transportation safety.

Projected start date for each activity: 04/01/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity MSDE

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Approved trainer network.

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

☐ Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016.

Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

☑ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) 07/01/2017

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented,

substantially implemented, other) Substantially implemented

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Child care providers are required to completed pre-service training prior to employment or approval. Pre-service hours are determined by the position the individual holds: Family Child Care Provider = 24 clock hours pre-service, plus additonal hours in first aid/cpr, emergency disaster prep, SIDS, medication administration, and 18 clock hours the 1st year of registration; Child care center director = a minimum of 90 clock hours, if all age groups (birth through school-age) 180 clock hours. On-going training is required of all providers at a rate of 6 clock hours for aides and 12 clock hours for all other providers and staff. On-going trianing may be taken across a variety of topics according the professional development plan. Training is available in all required training topics across the state.

Unmet requirement - Identify the requirement(s) to be implemented pre-service (prior to initial service) or orientation (period from when service started) appropriate to the provider setting that address each of the requirements relating to the required topic areas

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Preservice content and requirements will be updated to include all topics.

Projected start date for each activity: 04/01/2016

Projected end date for each activity: 09/30/2016

Agency - Who is responsible for complete implementation of this activity MSDE

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Maryland Public Television, approved training organizations

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and promulgate regulations andnotify all providers of training requirements. The agency can not require that child care providers complete the

training until regulations are promulgated and notified. Training will be available as of September 30, 2016.

Projected start date for each activity: 04/01/2016
Projected end date for each activity: 07/01/2017
Agency - Who is responsible for complete implementation of this activity MSDE
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
Training Advisory Committee, Office of Child Care Advisory Council, and child care provider associations.

Unmet requirement - Identify the requirement(s) to be implemented ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the required topic areas

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
Develop and make available content foron-going training covering all 10 topics for distribution through the website, approved trainers, newsletter and other outlets.

Projected start date for each activity: 01/04/2016
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity MSDE
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

☑ Nutrition (including age appropriate feeding).
Describe:
Food and beverages which are furnished by a child care provider must comply with the guidelines of the Child and Adult Care Food Program of the U.S. Department of Agriculture. Providers are required to support breastfeeding.

☑ Access to physical activity.

Describe:

All child care facilities must have an outdoor activity area on the premises of, adjacent to, or near and safely accessible to the facility that provides adequate usable play space for the approved capacity of the facility.

☑ Screen time.

Describe:

Providers must limit passive screen and interactive screen time activities.

☑ Caring for children with special needs.

Describe:

Providers must take training in and, comply with, the Americans with Disabilities Act in order to make every attempt to accommodate children with special needs.

☑ Recognition and reporting of child abuse and neglect.

Describe:

Child abuse and neglect training is included in pre-service clock hours. It is also a required topic covered in an employment orientation with all child care center staff.

☐ Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety.

Describe:

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from these CCDF health and safety requirements.

Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics?

☑ Yes, all relatives are exempt from all health and safety training requirements.

If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.

Relative providers self-certify using a state developed health and safety checklist.

☐ Yes, some relatives are exempt from health and safety training requirements.

If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

☐ No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory shall have in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

☑ Yes.

The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation

COMAR 13A.15 Family Child Care Homes, 13A.16 Child Care Centers, 13A.17 Letter of Compliance Facilities, and 13A.17 Large Family Child Care Homes.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

☑ Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

Job qualifications are established by the Maryland Department of Budget and

Management and require applicants to meet standards for education and experience. Maryland has two levels for licensing inspectors - Licensing Specialist Trainee and Licensing Specialist. The trainee position is the entry level position requiring n previous experience. A traineemust complete initial, on-going training, and a full year under supervision in conducting inspections before becoming a Licensing Specialist.
Requirements for the position include:
Education: Possession of a bachelor's degree in child development, education, social work or psychology from an accredited college or university.
Experience: Trainee - None, Specialist - One year of experience inspecting, licensing and monitoring child care centers, family child care homes and non-public nursery schools.
Notes: 1. Possession of an associate's degree in early childhood development, teacher education, sociology or psychology and two years work experience inspecting, licensing and monitoring child care centers, family day care homes and non-public nursery schools may be substituted for the bachelor's degree.
2. The above requirements are set by the Maryland State Department of Education in accordance with Education Article, Section 2-104.

All licensing staff receive initial and on-going training on all aspects of the job, including comprehensive customer service training, working with diverse populations and licensing procedures and protocols.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

☑ Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

COMAR 13A.15.07.02, 13A.16.07.02, 13A.17.07.02 and 13A.18.07.02. Announced inspections are conducted during two application processes - (1) when applicants apply for "Initial" licenses/registrations and (2) when providers apply for "Continuing" (Non-expiring) licenses/registrations. "Initial" licenses/registrations are issued for a two-year period. Prior to he expiration of the "Initial" license/registration, providers apply for "Continuing" (non-expiring) licenses/registrations. Unannounced inspections are conducted annually.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)**) - It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

☑ Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

Maryland does not have license exempt CCDF facilities, except relative providers and care provided in the child's own home.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

d) **Ratio of Licensing Inspectors**) - It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

☑ Yes.

The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

The state monitors theratio of licensing inspectors to child care providers to ensure sufficient number of inspectors are available to conduct inspections in a timely manner. Ratios vary across the state based on population density and travel time considerations. Ratios of licensing specialists to child care facilities (centers and family child care homes) range from 1:72 to 1:117.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including

planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

e) **Child Abuse and Neglect Reporting** - That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

☑ Yes.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s):

COMAR 13A.15.07.02, 13A.16.07.02, 13A.17.07.02 and 13A.18.07.02.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your

responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from inspection requirements.

Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

☑ Yes, all relatives are exempt from all inspection requirements.

If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

Relative providers self-certify through the use of a state developed health and safety checklist.

☐ Yes, some relatives are exempt from inspection requirements.

If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

☐ No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry. Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.
Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific

disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.
Fees for background checks - Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.
Transparency - The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.
Appeals process - The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.
Privacy considerations - Lead Agency may not publicly release the results of individual background checks.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

☑ Fully implemented and meeting all Federal requirements outlined above.

List the policy citation within the Lead Agency's rules and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Family Law Title 5, Subtitle 5, Part VI Criminal Background Investigations for Employees of Facilities and Other Individuals That Care For or Supervise Children. The polices are (1) Guidelines for Securing Records of Criminal History Records Checks, (2) Suitability for Employment- Guidelines and (3) Verifying Staff Employment in Child Care Facilities During Annual Unannounced Inspections.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2017)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

Describe:

Maryland State Family Law Article §5-561 requires an employer, employee or an individual in a licensed child care center or registered family child care home to apply for a national and State criminal history records check. Child care facility applicants must apply for the criminal history records checks upon submission of the application and must be cleared prior to issuance of the license or registration. In accordance with **Family Law Article §5-562**, potential employees of child care facilities must apply for the criminal history records checks on or before the first day of employment and employers must apply on or before the first day of actual operation of the child care facility.

The Department of Public Safety and Correctional Services conducts the criminal history records checks of individuals in Maryland and is responsible for issuing the printed statement of charges as required by **Family Law Article §5.564**. The criminal histories are housed in the Department's Criminal Justice Information System (CJIS) Central Repository and is distributed upon request by employers. Child Care center employees are fingerprinted for State and FBI criminal history record checks at state approved locations or Live Scan Vendor sites using the child care facility and the Maryland State Department of Education (MSDE),

Office of Child Care (OCC) Regional Office authorization numbers. Family child care homes use the OCC Regional Office authorization number only. CJIS sends criminal history results to the child care facility and to the appropriate OCC Regional Office daily, via a certified e-mail account. Alerts, which identify criminal activity subsequent to initial criminal history record checks, are also sent to the regional offices.

Family Law Article §5.565 allows an individual to contest the finding of a criminal conviction, a probation before judgment disposition, a not criminally responsible disposition or pending charge reported in a printed statement by contacting the Secretary of the Department of Public Safety and Corrections Services. A hearing is convened within 20 workdays and the Secretary shall render a decision regarding the appeal within 5 workdays of the hearing.
Each Regional Office saves the electronic criminal histories and maintains an electronic file of all criminal background checks received from CJIS. An electronic file called **JES2MAIL Reports** is maintained and updated weekly on SharePoint (MSDE in-house database) which gives a quick overview of criminal history results noting "yes" or "no" in response to the existence of criminal activity. Full rap sheets are housed in the electronic email file.

CONFIDENTIALITY OF CRIMINAL HISTORIES

The confidentiality of criminal histories is maintained at all times. Departmental policy outlines requirements for maintaining the confidentiality of criminal history information in addition to Noncriminal Justice Applicants Privacy Rights, and Maryland Personal Information Protection Act (Security Breaches).

The majority of checks are completed within 48 hours. The exceptions being those for whom additional information is needed when they are associated with a child abuse case or additional information is needed for a criminal finding that does not automatically disqualify the applicant.

5.3.3 Describe how the State/Territory is assisting other States process background checks, including which agency/entity is responsible for working with other states

Describe:

Other states would need to contact the Maryland Criminal Justice System and the

Department of Human Resources to establish agreements to access information relating tobackground checks.

5.3.4 Does the State have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

☑ Yes.

Describe:

Maryland has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment. If the offense prohibits employment, the employee has a right to request an appeal hearing before the Office of Administrative Hearings. The hearing is held within seven (7) calendar days of the date of the request and a decision is rendered within seven (7) calendar days after the hearing is held. Applicant also has the right to challenge information in report.

☐ No.

5.3.5 Does the Lead Agency disqualify child care staff members based on their conviction for other crimes not specifically listed above?

☑ Yes.

Describe:

Other disqualifying convictions that prohibit employment in Maryland are perjury and pornography.

☐ No.

5.3.6 Does your State State/Territory exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from background checks?

☐ Yes, all relatives are exempt from all background check requirements.

☐ Yes, some relatives are exempt from the background check requirements. If the State /Territory exempts some relatives from background check requirements, describe which relatives are exempt. from which requirements (some or all).

Describe.

N/A

☑ No, relatives are not exempt from background checks.

5.3.7 Describe how fees charged for completing the background checks do not exceed the actual cost of processing and administration, including how the State State/Territory ensures that 3rd party vendors or contractors do not charge fees that exceed the actual cost of processing and administration, if applicable.

Lead Agencies can report that no fees are charged if applicable:

Describe.

Fees charged for background checks do not exceed the actual cost of processing and administration. Third party vendors must be approved by Department of Public Safety and Correctional Services. Third party vendors may not charge more than the established fee for the clearance (currently $32.75 for federal and state) and may charge a fee for processing (the fee at aState location is $20). The majority of third party vendors charge between $20 and $30 for processing. Third party vendors are often available in the evenings and weekends to provide the fingerprinting services.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

Describe.

Background check policies and procedures are published on the agencywebsite and in regulations.

5.3.9 Does the Lead Agency release aggregated data by crime?

☐ Yes.

List types of crime included in the aggregated data:

☑ No.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State's training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.)

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards

(as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

- [x] Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
- [ ] Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.1.2 Describe how the State provides ongoing training and professional development, provides for a progression of professional development (such as allows an individualto build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements) reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce:

☑ State/Territory professional standards and competencies.

Describe.

The Maryland Child Care Credential recognizes child care providers who go beyond the requirements of State licensing and registration regulations. There are six staff credential levels and four administrator levels, each one recognizing a child care provider's achievement of a specified number of training hours, years of experience and professional activities which lead to quality child care. The Maryland Credential outlines six core domains for training (child development, curriculum, special needs, professionalism, community, and health, safety and nutrition) and addresses the promotion of social, emotional, physical, and cognitive development of children. Maryland provides state accreditation to licensed child care centers at no cost. The MSDE accreditation program is a process by which early care and education programs can significantly improve the quality of the services they provide. In this process, a program voluntarily pursues self-study, program improvement, and external program review to achieve and publicly confirm that it meets state quality standards. Licensed child care centers are encouraged to participate at no cost to the program as an incentive to improve the quality of child care programs. MSDE approved validators are available at no charge to the provider to provide technical assistance and direct support services to programs so they can improve the quality of their services to meet State program standards. MSDE also provides accreditation support grants for child care programs seeking national accreditation.

Maryland EXCELS (*EX* cellence *C* ounts in *E* arly *L* earning and *S* chool-age Child Care) is a *voluntary* Tiered Quality Rating and Improvement System that recognizes the accomplishments of early childhood and "school-age only" programs and providers through a set of standards with 5 levels that offer a pathway to high-quality.

☑ Career ladder or lattice.

Describe.

The Maryland Child Care Credential and Maryland EXCELS, recognize and promote a professional development lattice that emphasizes life-long learning and professional development going from individual workshops to attainment of a degree.

☑ Articulation agreements between two- and four-year postsecondary early childhood education or degree programs.

Describe.

There is a signed articulation agreement between the state and two and four year colleges in addition to many public high schools. The Associate of Arts in Teaching (AAT) is a fully articulated degree between two and four year colleges. If achieved, the AAT transfers up to 64 credit hours, satisfying all lower-division teacher education program outcomes without further review by in-State 4-year public and independent institutions.

☑ Community-based training approved by a state regulatory body to meet licensing or regulatory requirements.

Describe.

90 Clock Hour Child Development Courses - Infant/Toddler, Preschool, and School age

45 Clock Hour Courses - Infant Toddler, Preschool and School age Course

Core of Knowledge Competencies (Child Development, Curriculum, Health , Safety and Nutrition, Special Needs, Professionalism and Community)

Director Administrative Training Course

Emergency Preparedness

Medication Administration

Americans with Disabilities Act

Developmental Screening

Supporting Breastfeeding Practices

CPR/First Aid

☑ Workforce data, including recruitment, retention, registries or other documentation, and compensation information.

Describe.

Workforce data is captured in the Child Care Automated Tracking System (CCATS)The Maryland Child Care Credentialing program provides a staff achievement bonus paid to the participating provider upon the completion of continued training, professional activity

and one year of continued employment. Staff bonuses are paid one time only at levels 2, 3 and 4 and Administrator level 1. Staff Levels 4+, 5 and 6, Administrator level 2, 3, and 4 are paid yearly.

Maryland EXCELS provides a Child Care Subsidy differential (tiered reimbursement) based upon the age and quality level attained. Tiered reimbursement/subsidy differential payments increase with each quality level attained, to promote upward movement through the levels. Quality Assurance Specialists recruit and support high quality programs throughout the state, especially those in areas of high need and in rural, suburban, urban, and low-income communities. Quality Assurance Specialists are located in regional licensing offices throughout the state and provide outreach, technical assistance and support to programs in their local communities. Programs participating in Maryland EXCELS are assigned a Program Coordinator when they register through the online system. Program Coordinators maintain contact with programs and providers, verify documents uploaded into the system and assist with identifying items needed to move to the next quality level. http://www.marylandexcels.org/

Training Vouchers/Reimbursements are available to providers participating in the Credentialing program at Level Two or higher.

☑ Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework.

Describe.

There is an active State Advisory Council on Early Childhood Education and Care, at the state level as well as within each jurisdiction. There is a very robust communication loop among the state and local ECACs and it informs this Office's decision making and planning. Through Maryland's Race to the Top award, local ECACs were developed and funded to implement strategies, including training, that recognizes the unique needs of each community. There is also an Office of Child Care Advisory Council that makes recommendations on all aspects of early childhood education, including training and professional development.

☑ Continuing education unit trainings and credit-bearing professional development.

Describe.

The Maryland Child Care Credential Program frames training for child care in the state, and does so utilizing a framework of six domains for training content, but also through the

training approval process identifying training as appropriate for the beginner, intermediate, and experienced level. Training at the beginner level addresses basic understanding and practices; training for the higher levels addresses higher level thinking and problem solving. Maryland places an emphasis in getting individuals to think about a progression that may include the following options: The Maryland Child Care Credential; The Child Development Associate (CDA); A college degree; and/or, certified school teacher achievement. Recent legislation has reinforced the progression by setting up a planning process to incorporate a more explicit track for providing qualified professionals for the State's public pre-k efforts.

The effort to include research and best practice is reflected in Maryland's criteria for training proposals, a review process that includes looking at sources of information (for the training), citing and utilization of evidence and research based practices that inform the training.

Training is provided through a number of entities including the system of colleges and universities in the State, Maryland Child Care Resource Network (MCCRN), the 12 Child Care Resource and Referral Centers, and Maryland State Approved Child Care Trainers and Organizations serving the entire State. Training offered aligns with the Maryland Child Care Credential Program and Maryland EXCELS. Training may be offered in-person or on-line and award clock hours, CEUs or college credit as appropriate to successful participants.

The State requires child care providers to complete a specified number of required trainings to meet licensing continuing education requirements. Providers participating in the Maryland Child Care Credentialing program are required to take a specific number of required trainings to maintain the credentialing level. Providers participating in the Child Care Career and Professional Development Fund are required to complete a specific number of courses yearly toward an Associate or Bachelors degree in early childhood education.

☑ State-approved trainings.

Describe.

Maryland continues to provide ongoing training in 9 identified domains that align with various state and national resources. All training is reviewed using an established rubric

and must show alignment to the *Maryland Knowledge and Competency Framework for Child and Youth Care Professionals*. All training must address diversity and special needs and is specific to one or all age groups (infant/toddler, pre-school and school-age). Core of Knowledge training and pre-service training is research-based and reflective of current best practice and standards. The review committee has formally approved approximately 50 new training sessions/titles bi-monthly in 2014. This does not take into consideration newly developed regulation training. Training is available through approved individual and organization marketing and the State Clearinghouse Training Calendar. Trainers can utilize the calendar to advertise upcoming training sessions at no cost to the trainer and providers can search for training by title and region to meet their on-going training needs.

☐ Inclusion in state and/or regional workforce and economic development plans.

Describe.

☐ Other.

Describe.

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Describe.

In addition to the aforementioned guidelines, Maryland also has expertise across the spectrum on its advisory boards including the State Early Childhood Advisory Council (ECAC), Local Early Childhood Advisory Councils (LECACs), and OCC Advisory Board. This includes participation and involvement from: the library system; the Maryland Chapter of the American Academy of Pediatrics; Department of Health and Mental Hygiene; Department of Human Resources; local school systems; institutions of higher education; child care resource and referral; Department of Business and Economic Development; to name but a few.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the

State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements

Describe.

The early learning and developmental guidelines also align with the State's strategy for social emotional behavior intervention model, SEFEL (Social Emotional Foundations of Early Learning). As funding is available, Maryland sponsors SEFEL Training; most recently SEFEL Infant & Toddler, SEFEL Preschool, SEFEL Leadership, SEFEL Coaches, and SEFEL Parent Training. Online modules have been completed (October 2014 through April 2015) and technical assistance is being provided for implementation of those strategies in partnership with the University of Maryland School of Social Work Innovations and Implementation Institute https://theinstitute.umaryland.edu/SEFEL/.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

Describe.

N/A

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Describe.

All training and professional development requirements have been developed to be comprehensive and sensitive to the diverse population of Maryland. The required pre-service trainings cover standard information that all early childhood professionals should know - child growth and development and curriculum methods - and be able to implement. The trainings were developed to address all age groups, settings and be culturally sensitive. Differentiated

trainings have been developed to address the needs of special populations - for example: specific trainings for those working with infants and toddlers, preschoolers or school-age children.

The State's voluntary Child Care Credential program establishes a professional development framework that includes incentives for competing additional training, credit for early childhood experiences and participation in professional activities (such as membership in a professional association, contributing to a newsletter, advocating for children, community events, etc.). The Maryland Credential outlines six core of knowledge domains (child development, curriculum, special needs, professionalism, community, and health, safety and nutrition) and addresses the promotion of social, emotional, physical, and cognitive development of children.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

☑ Financial assistance for attaining credentials and post-secondary degrees.

Describe.

Upon application and approval of the Maryland Child Care Credentialing, family child care providers and center staff (directors and teachers) are awarded a bonus at levels one through six of the staff credential and levels one through four of the administrator credential.

one time onlybonus for achieving a Maryland Child Care Credential level of two through four and administrator level one. Bonuses are awarded annually at staff levels four plus, five and six and administrator levels two, three and four.

☑ Financial incentives linked to education attainment and retention.

Describe.

Participants in the Credentialing program receive bonuses for maintaining their credential at levels four plus, five andsix of the staff credential and levels two, three and four of the administrator credential. Participants receive bonuses for moving up through the credentilaing levels and at level two or higher, have access to up to $400 per year of participation to pay for the cost of training, conferences or college coursework.

Participants at level two or higher also have access to the Maryland Child Care Career and Professional Development Fund, a grant program that covers all costs associated with a college degree. Participants must take and successfully complete at least two college courses for credit each year of participation in pursuit of a degree in early childhood education (or a related field). Upon completion of the course of study, the individual must remain in child care for a specified period or time based on the requirements outlined in COMAR 13A.14.09.08D.

☐ Registered apprenticeship programs.

Describe.

☑ Outreach to high school (including career and technical) students.

Describe.

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

☐ Policies for paid sick leave.

Describe.

☐ Policies for paid annual leave.

Describe.

☐ Policies for health care benefits.

Describe.

☐ Policies for retirement benefits.

Describe.

☐ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services).

Describe.

☐ Other.

Describe.

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

Describe.

Quality Assurance Specialists are located in regional licensing offices throughout the state and provide outreach, technical assistance and support to programs in their local communities. Programs participating in Maryland EXCELS are assigned a Program Coordinator when they register through the online system. There are Program Coordinators and Child Care Resource and Referral staff who are bilingual (Spanish/English) and are assigned to assist providers for whom English is not their first language.

The State's network of Child Care Resource and Referral staff provides support and technical assistance

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- [x] Informational materials in non-English languages
- [x] Training and technical assistance in non-English languages
- [x] CCDF health and safety requirements in non-English languages
- [x] Provider contracts or agreements in non-English languages
- [x] Website in non-English languages
- [x] Bilingual caseworkers or translators available
- [x] Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- [ ] Other.

Describe.

- [ ] None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary

languages

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

☑ Yes.

The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families.

Describe that training and technical assistance for providers

State will provide specific training and technical assistance to all providers. Training is provided through the CCRC locations and the state's approved training organizations. Information is provided to the approved trainers at quarterly trainer's meetings on topics to be developed and available to providers. Technical assistance is provided by CCRCand state staff to providers on strategies for working with homeless families. Child care subisidy staff, for example, provide on-site technical assistance to programs and families on accessing state services, assistance with filling out forms and helping the programs as they advocate for the families with whom they are working.

☐ No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 If checked yes to 7.1 in the next section, check which content is included training and professional development activities. Check all that apply.

☑ Yes, If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Participation in the Maryland Child Care Credentialing program and thenumber of providers at the various credentialing levels.

Participation in the Child Care Career and Professional Development Fund and the number of providers graduating with a degree in early childhood education.

Program quality performance measures incorporated in the state's QRIS standards, Maryland EXCELS, in five areas: Licensing/Compliance, Staffing and Professional Development, Rating Scales/Accreditation, Developmentally Appropriate Learning and Practice/Child Assessment and Administrative Practices and Policies.

The Program Administration Scale (PAS) and the Business Administration Scale (BAS) assists programs in assessing their business practices. The Environment Rating Scales (ERS) are observational assessment tools used to evaluate the quality of early childhood programs. The Classroom Assessment Scoring System (CLASS) tool measures teacher-child interactions and helps program target areas for improvement. The data is used to identify areas for improvement. State's current approach incorporates follow-up training and technical assistance to assist in improving scores in identified areas.

b) Indicate which funds will be used for this activity (check all that apply)

- [x] CCDF funds.

Describe:

CCDF Quality funds are used for all of these activities.

- [ ] Other funds.

Describe:

c) Check which content is included in training and professional development activities. Check all that apply.

- [x] Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c.

Describe:

Social Emotional Foundations of Early Learning, SEFEL, including offerings of SEFEL Infant & Toddler, SEFEL Preschool, SEFEL Leadership, SEFEL Coaches, and SEFEL Parent Training. Online modules have been completed (October 2014 through April 2015) and technical assistance is being provided for implementation of those strategies in partnership with the University of Maryland School of Social Work Innovations and Implementation Institute at https://theinstitute.umaryland.edu/SEFEL/.

☑ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2).

Describe:

Maryland has adopted Social Emotional Foundations of Early Learning, SEFEL, as a core strategy, and for many years has offered SEFEL Training. Most recently Maryland has completed the full complement of SEFEL offerings, including offerings of SEFEL Infant & Toddler, SEFEL Preschool, SEFEL Leadership, SEFEL Coaches, and SEFEL Parent Training. Online modules have been completed (October 2014 through April 2015) and technical assistance is being provided for implementation of those strategies in partnership with the University of Maryland School of Social Work Innovations and Implementation Institute https://theinstitute.umaryland.edu/SEFEL/.

Additionally, complementing the SEFEL Strategy, Maryland has had in place an Early Childhood Mental Health Consultation Program. Available statewide in each region, this program allows early care and education providers to address child behavioral and other mental health issues with a local Early Childhood Mental Health Consultant , available through a Child Care Resource Center. Services include an outside observer to do a site visit, provide consultation, and, when appropriate, referral to a Mental Health Service Provider for observation and service.

☑ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development.

Describe:

SEFEL training includes building positive relations with families in culturally and linguistically appropriate ways. ECMH consultants are required to have knowledge in cultural competency. Maryland's *Knowledge and Competency Framework for Child and Youth Care Professionals* includes guidance on Family Engagement and Community Partnerships. *The Early Childhood Family Engagement Framework: Maryland's Vision for Engaging Families with Young Children* includes the principle that child care providers need to build relationships with families that reflect cultural competency and universal design approaches, encompassing the belief, attitudes, behaviors, and activities of all families. This is an on-going initiative that will lead to the development of a tool kit for early care and education providers and online modules

for service providers and families to improve family engagement practices.

☑ Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards.

Describe:

The State has disseminated the newly revised Maryland Early Learning Standards for ages 1 year old through 2nd grade to all child care, Head Start, and public PreK and K programs, as well as Higher Ed and community stakeholders. The State has also disseminated our new Supporting Every Young Learner: Maryland's Guide to Pedagogy- Birth to Age 8 to develop a common understanding of what developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments should look like. Our new Ready for Kindergarten Comprehensive Assessment system (R4K) will also help teachers develop that common understanding of what all children should know and be able to do entering Kindergarten as well as what the developmental progressions for those standards look like beginning at 36 months of age through 72 months of age. While public school systems write or purchase curriculum that supports the Early Learning Standards, child care programs are provided a list of state-recommended curricula aligned to the Early Learning Standards that they may choose to use.

☑ On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development.

Describe:

FAMILY ENGAGEMENT INITIATIVES: Recognizing the need for a more coordinated statewide strategy and for better program supports, the state made family engagement a key part of its successful Race to the Top- Early Learning Challenge (RTT-ELC) grant in 2011. In October 2013, the state published *The Early Childhood Family Engagement Framework: Maryland's Vision for Engaging Families with Young Children.* The document was subsequently approved by the Maryland State Board of Education (http://www.marylandpublicschools.org/MSDE/divisions/child_care/announce.html). *The Framework* was developed by the Maryland Family Engagement Coalition, a group made up of advocates, service providers, and representatives of state and local agencies and staffed by the Maryland State Department of Education (MSDE). The *Framework* is designed to support intentional thinking and action regarding the

implementation of family engagement policies and practices both at the state level and among early care and education providers who serve young children, including children from poor families, children with disabilities and special health needs, and dual language learners.

Maryland's early childhood quality rating system (Maryland EXCELS - www.marylandexcels.org) requires licensed providers to achieve certain criteria to advance through levels of quality. A quality rating system also helps parents determine whether or not a program meets the needs of their family. In order to move up the levels, providers must increase the types and amount of family involvement/engagement offered in their programs.

The Maryland State Department of Education's Division of Early Childhood Development (DECD) was awarded a one-year $494,370 grant in September 2015 from the Kellogg Foundation to further the early childhood family engagement initiatives started under RTT ELC. The grant is designed to help service providers better recognize and meet family needs, keep parents informed and engaged in children's learning, and reduce the sense of social isolation for parents.

Early Childhood Mental Health Project: Early care and education programs are provided with expert assistance in identifying and addressing child behavioral issues in early learning environments. Training on the Social and Emotional Foundation of Early Learning are offered through on-line courses at Innovation Institute, University of Maryland School of Social Work and in-person training is offered through the Maryland Family Network.

☑ Using data to guide program evaluation to ensure continuous improvement.
Describe:
The State revised the Maryland Program Accreditation Standards for Implementing Quality Early Childhood Programs which was implemented in January 2016. Programs must submit evidence data and documents as well as have program validation visits to observe the evidence in action. The data provided by the R4K system is also used by programs to ensure continuous improvement.Program quality performance measures are incorporated in the state's QRIS standards, Maryland EXCELS, in five areas: Licensing/Compliance, Staffing and Professional Development, Rating

Scales/Accreditation, Developmentally Appropriate Learning and Practice/Child Assessment and Administrative Practices and Policies.

Johns Hopkins University Center for Technology in Education, working in conjunction with MSDE, has developed a QRIS Evaluation Study to conduct a formative evaluation of the QRIS model and academic research into the quality, effectiveness and impact of QRIS models. The evaluation plan includes development of a logic model for all aspects of QRIS administration.

One of the additional recognitions associated withMaryland EXCELS, is the Program Administrative Scale (PAS) and the Business Administrative Scale (BAS) to assist programs in assessing their business practices, and using that data to identify areas for improvement. State's current approach incorporates follow-up training and technical assistance to assist in improving scores in those areas. Additionally, within the Maryland Child Care Credential for Administrators, the focus of the coursework and the strategy is to improve business practices.

☑ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe:

Examples of professional development offered byapproved training organizations for those caring for children of families in geographic areas with significant concentrations of poverty and unemployment include: Helping Children Cope with our Stressful World, Atypical Development/Observation Skills, Children's Temperaments, Positive Child Guidance, Developing Emotional Intelligency, and Banish Bullying!; to name only a few. Training topics are based on the specific needs of the communities and how to best address those needs. Child Care Resource Centers provide services directly and collaborate with other service providers in their jurisdictions including social service institutions, libraries, faith communities, etc., in working with those families.

☑ Caring for and supporting the development of children with disabilities and developmental delays.

Describe:

MSDE created a comprehensive assessment system. Part of the system includes developmental screening for our youngest learners. Providers participating in Maryland EXCELS conduct developmental screenings on children aged birth-five

years of age. Providers will conference with parents to share the results of the screening. If any areas of concern are identified, providers will assist parents in referrals to service agencies for further evaluation or direct them to resources. Providers can use the knowledge gained in developmental screening to individualize instruction for children to help best meet their needs. Required training has been developed and is a mandatory component of the expected regulation.

MSDE has included a requirement for Teachers, Directors, and Family Providers to obtain training on "Including All Children and the Americans with Disabilities Act (ADA)" This training was developed by identified experts and is currently being delivered statewide. The new workforce competencies provide a comprehensive framework for trainers to develop quality training for providers on children with disabilities and developmental delays and for providers to ascertain what training they need to obtain in an effort to increase their skills and knowledge in caring for all children.

☑ Supporting positive development of school-age children.

Describe:

Maryland has developed a Guide to Early Childhood Pedagogy Birth to Age 8. The guide refreshes knowledge of early child development and strategies for supporting learning that leads to school readiness and success in the early elementary school years. The Guide's appendix contains an alignment document for Maryland's early learning standards from one to eight years of age. The standards continuum was created by aligning Healthy Beginnings standards from birth to age three with the Maryland College and Career-Ready Standards from four years through 2nd grade. The guide enables the early learning community to support children from the earliest years through school age.

☐ Other.

Describe:

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

- [x] Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling
- [x] State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities
- [x] Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education
- [ ] Other.

Describe:

- [ ] No.

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas?

States and Territories are encouraged to consult with Caring for our Children for best practices and recommended time needed to address training hour requirements.

- [x] Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content

Applicants must complete the Child Care Center orientation prior to licensure (no specific # hours). The orientation is conducted by the licensing office staff and must be completed prior to an application being submitted.

Staff must meet qualifications for position desired, Director, Teacher, Assistant Teacher or Aide.

Directors must complete:

1. 45 clock hours of child growth and development
2. Depending on age groups to be served (one or all of the following):
a. 45 clock hours of infant/toddler methods (curriculum)
b. 45 clock hours of preschool methods
c. 45 clock hours of school-age methods
3. Administration of Child Care (45 clock hours)

Teachers must complete:

1. 45 clock hours of child growth and development
2. Depending on age groups to be served (one or all of the following):
a. 45 clock hours of infant/toddler methods (curriculum)
b. 45 clock hours of preschool methods
c. 45 clock hours of school-age methods

Assistant Teachers (school-age programs) must complete:

1. 9 clock hours in communicating with staff, parents, and the public, or have completed at least one academic college course for credit

Aides must complete:

1. Within 6 months after the date of hire, an orientation session that follows guidelines established by the office and includes, but is not limited to:
a. Proper child supervision;
b. Workplace professionalism; and
c. Interacting with parents.

2) Number of on-going hours and any required areas/content

Child Care Center Directors and Teachers must complete approved continued training at the rate of at least 12 clock hours per full year of employment that consists of a minimum of 6 clock hours of Core of Knowledge training and a maximum of 6 clock hours of elective training. Aides must complete at least 6 clock hours of approved continued training per full year of employment that consists of a minimum of 3 clock hours of Core of Knowledge training and a maximum of 3 clock hours of elective training.

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content

Applicants must complete the Large Family Child Care Homeorientation prior to registration (no specific hours). The orientation is conducted by the licensing office staff and must be completed prior to an application being submitted.

Staff must meet qualifications for position desired Director, Teacher, Assistant Teacher or Aide as described in 6.2.2a)1).

2) Number of on-going hours and any required areas/content

Large Family Child Care Home Directors and Teachers must complete approved continued training at the rate of at least 12 clock hours per full year of employment that consists of a minimum of 6 clock hours ofcore of K nowledge training and a maximum of 6 clock hours of elective trainin g

Aides must complete at least 6 clock hours of approved continued training per full year of employment that consists of a minimum of 3 clock hours of Core of Knowledge training and a maximum of 3 clock hours of elective training

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content

Applicants must completed the Family Child Care Home orientation prior to registration (no specific # hours) . The orientation is conducted by the licensing office staff and must be completed prior to an application being submitted.

Pre-service requirements for applicants include 24 clock hours of training consisting of 4 hours in each of the 6 Core of Knowledge competencies - (1) Child Development, (2) Curriculum, (3) Health, Safey and Nutrition, (4) Special Needs, (5) Professionalism, and (6) Community (or other approved equivalents), in addition to CPR/First Aid;Emergency Preparedness; Medication Administration; ADA; Developmental Screening; and if planning to care for infants must have SIDS and Supporting Breastfeeding Practices.

2) Number of on-going hours and any required areas/content

During the first year of registration, the provider must complete 18 clock hours of approved training consisting of 12 clock hours of four Core of Knowledge areas and 6 clock hours of elective training. The provider must also complete, by the end of each 12-month period after the first full year of registration, 12 clock hours of approved continued training consisting of a minimum of 6 clock hours of Core of Knowledge training and a maximum of 6 clock hours of elective training.

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content

N/A

2) Number of on-going hours and any required areas/content

N/A

☐ No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

☑ Fully implemented - as of March 1, 2016.

Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

Directors of child care programs are required to complete approved training in Administration of Child Care (45 clock hours). Family child care providers are encouraged to complete the course. The course covers all major concepts ofchild care administration and management to support effective licensed center based or family child care programs. Topics include: administration, program planning, staff supervision and evaluation, policy and procedure development and implementation, fiscal management, maintenance of State regulations, effective customer services, and parent and community involvement.

The State also provides a program to promote quality business practices through the use of the Program Administration Scale (PAS) and Business Administration Scale (BAS). Participating programs receive training, coaching, and upon completion, Continuing Education Units (CEUs), and Professional Activity Units are awarded to participants to apply toward the Maryland Child Care Credential requirements. Maryland EXCELS QRIS recognizes programs that have successfully completed the PAS and BAS requirements with a designation on the 'Find A Program' search page of the QRIS website www.marylandexcels.org.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State's early learning and development guidelines appropriate for children from birth to kindergarten entry.

☑ The State assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency

Last updated in 2015.

☑ Fully implemented and meeting all Federal requirements outlined above - as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with to complete implement this activity

6.3.2 Check for which age group(s) the State has established early learning and development guidelines:

☑ Birth-to-three

Provide a link:

Maryland's Early Learning Standards-

http://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/msde-pedagogy-

report-_appendix_2016.pdf

☑ Three-to-Five

Provide a link:

Maryland's Early Learning Standards-

http://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/msde-pedagogy-report-_appendix_2016.pdf

☑ Birth-to-Five

Provide a link:

Maryland's Early Learning Standards-

http://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/msde-pedagogy-report-_appendix_2016.pdf

☑ Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards).

Describe and provide a link:

The College and Career Readiness Standards -

http://mdk12.msde.maryland.gov/instruction/commoncore/index.html

☐ Other.

Describe:

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

☑ Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

☐ Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

- [ ] Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines.

  Describe:

- [x] The technical assistance is linked to the State's/Territory's quality rating and improvement system.

  Describe:

  Technical assistance can be accessed through the QRIS system for any criteria for which a provider needs a higher level of support for developing policies, procedures and documents to reflect the practices implemented in their program to meet Maryland EXCELS QRIS standards. Technical assistance is provided by the MSDE Quality Assurance Specialists, the Child Care Resource and Referral staff, and the Program Coordinator for the participating child care program.

- [x] Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines.

  Describe:

  Infant/toddler specialists, located at each Resource & Referral Office, provide training and technical assistance in implementing the early learning and development guidelines for infants and toddlers.

- [x] Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines.

  Describe:

  CCRRC staff and approved trainers provide training and technical assistance in implementing the early learning and development guidelines.

- [x] Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines.

  Describe:

  CCRRC staff and approved trainers provide training and technical assistance in implementing the early learning and development guidelines.

b) Indicate which funds are used for this activity (check all that apply)

☑ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Quality set-aside and infant-toddler set aside are used to support these activities.

☐ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used to deny children eligibility to participate in the CCDF program
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

☑ Yes.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

1) Supporting the training and professional development of the child care workforce (as described in Section 6)

2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)

3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services

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

5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)

6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)

7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children

8) Supporting providers in the voluntary pursuit of accreditation

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

10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-

aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement?

Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

Goals are selected through a process of evaluation of data and feedback from the provider and advocacy communities in consultation with the State ECAC and OCC Advisory Council. Goals include: Increase the number of facilities participating in Maryland EXCELS, Increase the number of facilities moving to higher levels in Maryland EXCELS, increase the number of facilities with higher ratings (Level 3 -5) in Maryland EXCELS, and increase the number of individuals participating in the Maryland Child Care Credential.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- [x] Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2. Indicate which funds will be used for this activity (check all that apply)
  - [x] CCDF funds.

    Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

    Beginning October 1, 2016 the state will use quality set-aside and infant-toddler set aside CCDF funds to support the tiered quality rating system.
  - [x] Other funds.

    Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

    Race to the Top Early Learning Challenge Grant Funds (available through September 2016).

☑ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3. Indicate which funds will be used for this activity (check all that apply)

☑ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Qulaity set-aside and infant-toddler set-aside.

☐ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

☑ Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all that apply)

☑ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Quality set-aside, infant-toddler set aside.

☑ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State funds.

☑ Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5. Indicate which funds will be used for this activity (check all that apply)

☑ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

4% set-aside.

☑ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State funds.

☑ Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6. Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

☑ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Race to the Top Early Learning Challenge Grant Funds (available through Spetember 2016).

☑ Supporting accreditation. If checked, respond to 7.7. Indicate which funds will be used for this activity (check all that apply)

☑ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Quality set-aside

☐ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

☑ Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8. Indicate which funds will be used for this activity (check all that apply)

☑ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Quality set-aside

☑ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Race to the Top Early Learning Challenge Grant Funds (avialable through September 2016).

☑ Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9. Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

☑ Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Race to the Top Early Learning Challenge Grant Funds (available through September 2016).

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

☑ Yes, the State/Territory has a QRIS operating State/Territory-wide.

Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

The State is the lead on administration of the QRIS and works with two primary partners in this effort -Johns Hopkins University, Center for Technology in Education (JHU/CTE) and Maryland Family Network. JHU/CTE is responsible for developing and maintaining the online QRIS system, and the verification of documents uploaded by programs to meet the standards. Program Coordinators hired by JHU/CTE have a caseload of programs and are the primary contact for the QRIS system by participating programs. State Quality Assurance Specialists provide outreach, education, and support for participating programs, and staff at the Child Care Resource and Referral Centers assist programs with understanding the system, and developing policies to meet the QRIS standards. The link to the Maryland EXCELS QRIS is www.marylandexcels.org.

☐ Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels

Provide a link, if available

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

☑ Participation is voluntary

☑ Participation is mandatory for providers serving children receiving subsidy.

If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)

QRIS participation is mandatory for programs receiving Child Care Subsidy reimbursement. Participation means that a program has submitted an online application to participate, has published a quality rating within 12 months of their acceptance into the QRIS, and has republished their quality rating (or published a higher rating) prior to their published expiration date. Published ratings are valid for 12 months.

- [ ] Participation is required for all providers
- [x] Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- [x] Supports and assesses the quality of child care providers in the State/Territory
- [x] Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- [x] Embeds licensing into the QRIS.

  Describe:

  Licensing compliance is required to publish a quality rating at Levels 2 through 5, and programs must be open and operating for at least 6 months to publish Levels 2 through 5. For Level 1, programs may begin participating in the QRIS when the license or registration has been issued, and there is no additional compliance requirement at Level 1.
- [x] Designed to improve the quality of different types of child care providers and services
- [ ] Describes the safety of child care facilities
- [x] Addresses the business practices of programs
- [x] Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- [x] Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services.

If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

QRIS programs with published quality ratings of 3, 4, and 5 are eligible to receive a

quality differential payment of 10% to 44% basedupon the age of the child, the program type, and the quality rating. Additional incentives and supports include: Accreditation Support Fund, Child Care Quality Incentive Grants, Credential Bonuses and Support, Child Care Career and Professional Development Fund, and Training Vouchers and Reimbursement.

- [x] Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- [x] Licensed child care centers
- [x] Licensed family child care homes
- [ ] License-exempt providers
- [x] Early Head Start programs
- [x] Head Start programs
- [x] State pre-kindergarten or preschool program
- [x] Local district supported pre-kindergarten programs
- [x] Programs serving infants and toddlers
- [x] Programs serving school-age children
- [x] Faith-based settings
- [x] Other.

Describe:

Military programs operated under the Department of Defense.

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Describe:

The State tracks the utilization rate of programs entering the QRIS, publication of a quality rating, and publication of higher quality levels. Through the use of the Maryland Child Care Mapping Tool, the State can identify areas in the state and the number of quality rated programs available to families. This online GIS application was developed primarily to help parents in need of child care services locate those services in relation to their homes, work, or to local public schools. The user can set a search radius, select the type and schedule of

care desired, and filter the results according to providers' quality rating levels. Search results display as "pins" on a map and can be printed out as text with or without the display map. Individuals assisting programs to improve their level of quality within the QRIS include Child Care Resource and Referral staff, State Quality Assurance staff assigned regionally, Johns Hopkins University - Center for Technology in Education Program Coordinators assigned to assist QRIS participating programs in their caseloads.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers?

Check all that apply and describe.

☑ Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

New Judy Centers, Maryland Family Network Infant Toddler Specialists, Maryland Family Network activities.

Through the Judith P. Hoyer Early Child Care and Enhancement Programs, there are currently52 Judy Centers in designated Title I School Zones. The Judy Centers provide coordination among providers of early childhood education and support services to focus

services and resources of diverse programs and providers for families with high needs.

The Maryland Family Network provides training/ professional development and builds capacity to improve the ability of child care professionals serving infants and toddlers to deliver quality, research-based early learning opportunities. Infant and Toddler Specialists that provide training and technical assistance are located in all 12 regional CCRCs.

☐ Establishing or expanding the operation of community or neighborhood-based family child care networks.

Describe:

☑ Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Statewide, the MFN and the CCRCs provide training/ professional development and build capacity to improve the ability of child care professionals serving infants and toddlers to deliver quality, research-based early learning opportunities. The professional development offerings are based on the Core of Knowledge and be updated regularly to include subject matter for caregivers of children birth to five using *Healthy Beginnings, Standards for Implementing Quality Early Childhood Programs.*

☐ Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

☑ Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists.

Describe:

The CCRCs improve the child care services for infants and toddlers through specialized training and technical assistance for infant and toddler care providers through regional infant-toddler specialists based on the *Healthy Beginnings* Guidelines.

☐ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)

Describe:

☑ Developing infant and toddler components within the State's/Territory's QRIS.

Describe:

Maryland doesnot have separate standards or criteria in the QRIS, but infants' and toddlers' unique needs are addressed in the Developmentally Appropriate Learning and Practices content area of the QRIS and throughout the standards related to family engagement, staff qualifications, and rating scale assessments.

☐ Developing infant and toddler components within the State's/Territory's child care licensing regulations.

Describe:

☐ Developing infant and toddler components within the early learning and development guidelines.

Describe:

☐ Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care.

Describe:

☐ Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being.

Describe:

☐ Other.

Describe:

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Quality ratings of published programs in the QRIS are tracked on a monthly basis to determine how programs are moving up through the higher levels of Maryland EXCELS.

Data is maintained on ERS and CLASS assessments, and monitoring visits to published programs conducted by State Quality Assurance Specialists.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

☑ State/Territory has a CCR&R system operating State/Territory-wide.

Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary

Maryland Family Network is the umbrella organization under which the CCRC system is operated. There areCCR&R offices located throughout the state, one within each licensing region for a total of 13 offices statewide.

☐ State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide

Describe:

☐ State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

The grant with the Maryland Family Network for the Maryland Child Care Resource Network is subject to state government required monitoring and reporting measures. Additionally, the Maryland Family Network applies a Results Based Accountability process to evaluate the effectiveness of all capacity building efforts.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate

child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards?

Describe:

The state funds the licensing specialist positions and the Maryland Family Network - Child Care Resource and Referral Centersstatewide. The licensing specialists and staff from each of the CCRRC provide training and technical assistance in maintaining compliance with licensing regulations. The state refers providers to the CCRRCs for targeted technical assistance when needed.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

The state evaluates the non-compliance history and progress through the QRIS system - Maryland EXCELS.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings.

Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

The State uses the standards in the Maryland EXCELS and progress through the levels as well as kindergarten readiness assessment information to determine the effectiveness of child care programs and services offered.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to

evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Information provided through the validation and evaluation study conducted by JHU will be used to determine the effectiveness and validity of the Maryland EXCELS standards and the quality of programs.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☑ Yes, the State/Territory has supports operating State/Territory-wide.

Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation

The Accreditation Support Fund assists registered family child care providers and licensed child care centers with the cost of accreditation application fees or program improvement costs associated with meeting Maryland Program Accreditation Standards. A Family Child Care Provider or Child Care Center can apply for funding through the accreditation support fund for fees charged by an approved national accreditation organization related to the accreditation process or for the reimbursement of costs incurred in purchasing materials for program improvements to meet Maryland Program Accreditation Standards. The following accrediting organizations are recognized by the Division of Early Childhood Development:

Advance Education, Inc. (AdvED)

American Montessori Internationale/USA (AMI/USA)

American Montessori Society (AMS)

Association of Independent Maryland Schools (AIMS)

Association of Waldorf Schools of North America (AWSNA)

Council on Accreditation - After-School Accreditation (COA/ASA)

Middle States Association of Colleges and Schools Commission on Elementary and Secondary Schools (MSA-CESS)

National Accreditation Commission (NAC)

National Association for the Education of Young Children (NAEYC)
National Association for Family Child Care (NAFCC)
National Early Childhood Program Accreditation (NECPA)

Maryland also has a state-developed accreditation for Center-Based Programs and Public PreK and Kindergarten. Information concerning the State program, approved national organizations and funding can be found at: http://earlychildhood.marylandpublicschools.org/child-care-providers/maryland-excels/maryland-program-accreditation

☐ Yes, the State/Territory has supports operating as a pilot or in a few localities

Describe:

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Program quality performance measures are incorporated in the state's QRIS standards, Maryland EXCELS, in five areas: Licensing/Compliance, Staffing and Professional Development, Rating Scales/Accreditation, Developmentally Appropriate Learning and Practice/Child Assessment and Administrative Practices and Policies.

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Please describe:

Maryland regulations set the foundation for standards relating to health, nutrition (including

requirements for milk with meals andno sugar added beverages), and physical activity.

Maryland EXCELS, the State's QRIS, provides a Health and Wellness achievement designation for participating programs that is linked to *Let's Move Child Care!* Certification. Families searching for child care can view the program's achievement on the Find A Program portal of www.marylandexcels.org. The QRIS standards embed requirements for nutrition information provided to families, meals and snacks served by the program, and participation in the Child and Adult Care Food Program. At the higher quality levels 3, 4, and 5, QRIS standards include requirements for serving fresh fruits and vegetables and whole grains, and limiting salt, fat, and sugar in food served by the program.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Licensing compliance and program quality performance measuresincorporated in the state's QRIS standards, Maryland EXCELS.

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

Other activitiesto improve the quality of child care services include kindergarten readiness assessments (KRA). The KRA is conducted on every child upon entry into kindergaten. Information gained from the KRA is provided in a report to school systems, teachers, child care providers, members of the state ECAC and advocacy organizations. The information is used to identify training supports for the child care community and instructional practices.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State ensures that their definitions for violations have been modified, staff trained, and program integrity procedures revised to reflect new requirements.

Describe:

No changes were needed in State measures to ensure integrity or to identify fraud. Definitions are reviewed and modified on an ongoing basis. Staff are trained upon hire and as needed based on case reviews and changes in policy and regulation. The vendor and local departments of social services scan documents that are submitted for review and evaluation creating an electronic file. This practice ensures that applications and documentation are not misplaced or lost and are available for ready review. The lead agency has established practices in place for monitoring, oversight and review.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained

regarding changes made to its policies and procedures to reflect new CCDF requirements.

Check all that apply.

- ☐ Issue policy change notices
- ☐ Issue new policy manual
- ☑ Staff training
  - ☑ Orientations
  - ☑ Onsite training
  - ☑ Online training
- ☑ Regular check-ins to monitor implementation of the new policies.

  Describe:

  Staff monitor the vendor and local departments of social services to ensure regulation and policy is followed.
- ☑ Other.

  Describe:

  The lead agency has established formal review and monitoring procedures that are conducted on-going to determine program compliance.

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF.

The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93).Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors").The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess

performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

Describe:

Subrecipients are monitored and program compliance established according to state procurement procedures and monitoring requirements.

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency.

Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- [x] Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- [ ] Run system reports that flag errors (include types)

  Describe:

- [x] Review of enrollment documents, attendance or billing records
- [x] Conduct supervisory staff reviews or quality assurance reviews
- [x] Audit provider records
- [x] Train staff on policy and/or audits
- [ ] Other.

  Describe:

- [ ] None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- [x] Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- [ ] Run system reports that flag errors (include types)

  Describe:

- [x] Review of enrollment documents, attendance or billing records
- [x] Conduct supervisory staff reviews or quality assurance reviews
- [x] Audit provider records
- [x] Train staff on policy and/or audits
- [ ] Other.

  Describe:

- [ ] None.

  Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory?

The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- [ ] Require recovery after a minimum dollar amount in improper payment.

  Identify the minimum dollar amount:
- [x] Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- [x] Recover through repayment plans
- [x] Reduce payments in subsequent months
- [x] Recover through State/Territory tax intercepts
- [ ] Recover through other means
- [x] Establish a unit to investigate and collect improper payments.

  Describe:

  The lead agency hasa position devoted to investigate program fraud. This position works in partnership with the Office of the Inspector General to investigate cases of potential and known fraud.
- [ ] Other.

  Describe:

- [ ] None.

  Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- [ ] Require recovery after a minimum dollar amount in improper payment.

  Identify the minimum dollar amount:
- [x] Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- [x] Recover through repayment plans
- [x] Reduce payments in subsequent months
- [x] Recover through State/Territory tax intercepts
- [ ] Recover through other means
- [x] Establish a unit to investigate and collect improper payments.

Describe composition of unit below

The lead agency hasa position devoted to investigate program fraud. This position works in partnership with the Office of the Inspector General to investigate cases of potential and known fraud.

☐ Other.

Describe:

☐ None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, include action steps and completion timelines:

c) Check which activities the Lead Agency will use for administrative error?

☐ Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

☐ Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

☑ Recover through repayment plans

☑ Reduce payments in subsequent months

☑ Recover through State/Territory tax intercepts

☐ Recover through other means

☑ Establish a unit to investigate and collect improper payments.

Describe composition of unit below

The lead agency hasa position devoted to investigate program fraud. This position works in partnership with the Office of the Inspector General to investigate cases of potential and known fraud.

☐ Other.

Describe:

☐ None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

- [x] Disqualify client.

  If checked, please describe, including a description of the appeal process for clients who are disqualified:

  A customer may request a hearing by submitting a request on a form provided at the time of the decision. The completed form is submitted to the contractor or ldss office and sent to the Office of Administrative Hearings for scheduling. When the contractor or ldss staff receives an appeal request, they will offer the appellant a conference. Although a conference may lead to an informal resolution of the dispute, a hearing will be held before an Administrative Law Judge, unless the appellant withdraws the appeal request in writing.

- [x] Disqualify provider.

  If checked, please describe, including a description of the appeal process for providers who are disqualified:

  A providermay request a hearing by submitting a request on a form provided at the time of the decision. The completed form is submitted to the contractor and sent to the Office of Administrative Hearings for scheduling. When the contractor receives an appeal request, they will offer the appellant a conference. Although a conference may lead to an informal resolution of the dispute, a hearing will be held before an Administrative Law Judge, unless the appellant withdraws the appeal request in writing.

- [x] Prosecute criminally
- [ ] Other.

  Describe: