



Julie Leopold

THE FIRST FIVE YEARS LAST FOREVER

**MARYLAND FAMILY NETWORK
PUBLIC POLICY HANDBOOK
2020 – 2021**



MARYLAND
FAMILY
NETWORK



Sandra J. Skolnik (1938 – 2007)



Therese Weil Lansburgh (1919 - 2001)

Maryland Family Network's *Public Policy Handbook*
is dedicated to two remarkable advocates
for children and families who were
our role models, our mentors, and our friends.



TABLE OF CONTENTS

Dedications
Table of Contents
Letter to Readers
Public Policy Meeting Schedule..... 3
WHO WE ARE 4
 MCC History..... 4
 FOF History 4
 Public Policy 5
 Maryland Child Care Resource Network (MCCRN)..... 6
 LOCATE: Child Care..... 6
 Training and Technical Assistance 7
 Maryland’s Family Support Center Network..... 7
 Development and Communications..... 8
 Early Childhood Advocacy in the Time of COVID 9
PUBLIC POLICY PRIORITIES 2020-2021 12
 1. Maryland’s Early Childhood Budget..... 12
 2. Child Care Provider Compensation 17
 3. Child Care Scholarship (Subsidy) Program..... 18
 4. Comprehensive Services for Young Children and their Families..... 23
 5. Federal Child Care Funding and Policy 26
 6. Family Economic Supports 28
 7. Access to Child Care 30
 8. Early Childhood Mental Health 31
 9. Health, Safety, and Nutrition..... 32
 10. Inclusive Child Care 36
OTHER ISSUES OF CONCERN 38
 After-School Care 38
 Child Care for Infants and Toddlers..... 39
 Child Care Regulatory Issues 40
 Family Child Care 44
 Pre-K Expansion..... 46
 Public Engagement Campaign 50
 Quality Improvement 50
 Unregulated Care 52
LEGISLATIVE SCORECARD 54
FEDERAL CHILD CARE LEGISLATION TIMELINE 63
Child Care and Development Fund (CCDF) Plan Summary FFY 2019-2021... 68
ADVOCACY GUIDE..... 69
MFN PUBLICATIONS..... 76
APPENDICES..... 77



October 1, 2020

Dear Friends,

The Maryland Family Network (MFN) Public Policy Handbook is published each fall as we begin a new season of advocacy work and plan for the opening of the General Assembly Session in January. We hope that you will find this year's handbook to be a helpful resource in your work to educate and engage policy makers to make Maryland a great state for children and families.

As Maryland's preeminent statewide child advocacy organization, MFN is strongly committed to ensuring that young children and their families have the resources to thrive. Since 1945, MFN has provided a strong voice in the General Assembly and state agencies for public policies that improve the quality of life for Maryland's children and families. Collaborating with parents and providers, advocates and government agencies, we have been a catalyst for the development of a strong system of child care, early education, and family supports on the local, state, and national levels. We believe that good public policy is the result of a process that invites all the stakeholders to participate and strive to reach consensus.

Through its public policy work, MFN has led the way in making Maryland one of the best states for early care and education and a model for family support services. Over the past decades, we have fought to sustain critical investments in child care, early education, and family supports; created blueprints for expanding high-quality services to young children, their families, and child care providers; spearheaded the consolidation of early care and education programs in the Maryland State Department of Education, a landmark restructuring that has drawn national accolades; and championed the expansion of pre-K using a diverse delivery model. These were significant victories, and still we have much work to do. The current funding for early childhood is inadequate to provide high-quality, affordable programs for all children. Too many families are struggling to meet their children's early care and education needs, and too many early education programs face insurmountable challenges in achieving and maintaining the quality all families deserve. Without additional support, Maryland's early childhood programs will not be able to ensure that young children and their families have the resources they need to thrive.

In the pages that follow you will find a summary of the work we do at MFN, a schedule of our upcoming Public Policy meetings, and a description of the public policy positions we have taken in the past. We begin with our Top Ten Public Policy Priorities for 2020-2021, which were selected in July by those of you who voted in our online survey. In the colored appendices at the back of the handbook we have included updated data and resources that have been popular with advocates in and out of government for many years. Together we will continue to be a powerful voice for children and families.

Very truly yours,

Laura Weeldreyer
Executive Director

Clinton K. Macsherry
Director of Public Policy



Public Policy Meeting Schedule

June 2020 through June 2021

Date	Time
October 7, 2020 ^	at 1:00 p.m.
November 18, 2020 ^	at 1:00 p.m.
December 9, 2020 ^ +	at 1:00 p.m.
January 13, 2021	at 10:00 a.m.
January 27, 2021	at 10:00 a.m.
February 10, 2021	at 10:00 a.m.
February 24, 2021	at 10:00 a.m.
March 10, 2021	at 10:00 a.m.
March 24, 2021	at 10:00 a.m.
April 14, 2021	at 1:00 p.m.
May 12, 2021	at 1:00 p.m.
June 19, 2021	at 1:00 p.m.

*In lieu of a September meeting, we urge you to register for this year's Sandra J. Skolnik lecture.

^ MFN's Public Policy Committee meetings will take place virtually until it's advisable to convene again in person.

+ If there is nothing pressing on the Public Policy Meeting agenda, the December meeting will be cancelled.

Meetings held in the months when the General Assembly is not in session are generally scheduled on the second Wednesday of the month from 1:00 p.m. to 2:30 p.m. During the General Assembly session, Public Policy Meetings are held the second and fourth Wednesday of each month from 10:00 a.m. to 11:30 a.m.

Inclement Weather Policy

Public Policy Meetings will be cancelled if the *Baltimore County* Public Schools (BCPS) are closed or have a two-hour delayed opening for students. For the most current closure information, visit the BCPS website at bcps.org.



WHO WE ARE

Maryland Family Network (MFN) was formed in 2009 by the merger of Maryland Committee for Children (MCC), founded in 1945 to advocate for high quality child care, and Friends of the Family (FOF), founded in 1986 to administer Maryland's network of Family Support Centers. Today, MFN is the state's preeminent child advocacy organization. MFN's core activities include the following: improving and expanding early childhood education opportunities; helping parents find child care and develop the skills they need to raise healthy and successful children; providing technical assistance and training to child care providers, family support and Early Head Start staff, and home visitors; working with employers on work/family policy issues; collecting and disseminating child care data for trend analysis and planning; and stimulating the supply of child care and family resources across the state. When issues arise, MFN addresses them head on and takes action.

With a professional staff of 50, a board of 31, and hundreds of members, supporters, and volunteers, MFN is a private, non-profit, 501(c)(3) corporation with an operating budget of just over \$23 million. As a 501(c)(3) corporation, MFN does not support or oppose candidates for public office. MFN's programmatic areas include Public Policy; the Maryland Child Care Resource Network; the statewide network of Family Support Centers; and Development and Communications.

MCC History

MCC (originally the Maryland Committee for the Group Day Care of Children) was founded to advocate for continued federal funding of child care programs at the end of World War II and to promote better child care services throughout Maryland. Through the mid-1960s, the primary focus of the organization was to: provide training for teachers in child care programs; raise money to support the operation of child care centers; conduct research; and spearhead the fight for child care regulation. In 1966, the organization received its first foundation funding and the first paid staff was hired from an annual budget of \$20,000. In 1974, MCC's board hired Sandy Skolnik as its Executive Director, and under her dynamic leadership and tireless pursuit of excellence for the next 33 years, MCC grew to become Maryland's leading authority on child care and early learning. It was Sandy's vision and her commitment to meeting the needs of young children and their families that produced LOCATE: Child Care and the statewide Maryland Child Care Resource Network, and her leadership in innovative child care policy elevated Maryland to its consistent position as one of the best states for child care in the country.

FOF History

FOF was established by the State and two Maryland foundations to address the needs of families with a network of full-service Family Support Centers designed to build on parents' own initiative. The catalysts for the creation of FOF were the State's skyrocketing reports of child abuse and neglect and resulting foster care placements, its high teenage pregnancy rate, and growing recognition of the relationships between adolescent parenting, long-term welfare dependency, limited success in education and job attainment, and negative outcomes for the children of teenagers. From its beginning, FOF and the statewide network of Family Support Centers provided comprehensive, culturally-sensitive, community-based, preventive services to families who live in neighborhoods that show high concentrations of a variety of risk factors. FOF was one of Maryland's original providers of Early Head Start (EHS) services in 1995 and became the largest provider of EHS in the state. MFN retains that status

today. Our EHS centers have been recognized as a national model for effective parent engagement and training and consistently receive flawless reviews. Because of the exceptionally high quality of the programs operated under MFN's auspices, in 2014 MFN became the sole EHS grantee for Baltimore City, with EHS centers now in 11 communities in Baltimore and a total of 18 communities statewide.

These programs have strengthened the state's developing early childhood support system, raising Maryland's profile nationally in the process.

Public Policy

Throughout the history of MFN, the common thread tying together its numerous activities has been its role as an advocate to improve the quality of life for Maryland's children and their families. This function is led by our Public Policy Committee, with staff support provided by the Director of Public Policy and an Associate Director. The Chair of the Public Policy Committee sits on the MFN Board of Directors.

MFN's Public Policy Committee is made up of approximately 75 active, and more than 600 involved, members from the public and private sectors in jurisdictions across Maryland. They are professionals and volunteers working with and advocating for children and families. Committee membership is open to anyone who is interested in the development of public policy to benefit children and families. Some members attend our meetings; some receive notices and alerts from us and contact policy makers by phone and email; some join us for advocacy events in Annapolis. The only expectation is that each member will share in carrying out the Committee's goal of serving as a voice for Maryland's children and families.

The scope of the issues prioritized by the Public Policy Committee has varied over the years, but we continue to take direction from a 1983 statement of purpose prepared by a planning committee chaired by Therese Lansburgh. The following key principles from this statement continue to guide our work today:

- Our primary interest is the young child, in part because we recognize the importance of the early years in laying the foundation for later development.
- We support prevention in preference to remediation.
- What we do and what we advocate is based on a foundation of sound principles of child development.
- We consider issues that affect the children of Maryland to be our first responsibility, and take on issues of national and local concern when necessary and appropriate.

In keeping with our belief that good public policy is the result of a process that invites all the stakeholders to participate and strive to reach consensus, each summer we invite the online community of more than 2,000 interested early childhood advocates to cast their ballots for our Top Ten Public Policy Priorities for the coming year. Our Top Ten Priorities list serves as our focus during the General Assembly session and throughout the year, but it does not preclude us from addressing other issues as they arise. Discussions of timely issues are held at monthly Public Policy Committee meetings. Because we develop consensus positions that are often adopted by other advocacy organizations, policy makers at all levels of government see MFN as a reliable leading voice for children and families.

The Public Policy Committee discusses issues and arrives at a consensus for MFN's positions. Controversial or new issues are reported to the MFN Board for a final decision. In addition to taking positions on policy initiatives, the Committee develops resource papers and provides advocacy presentations at various local, state, regional, and national conferences. It also serves as a resource to the early childhood community and the press on child care and pre-K, Head Start and family support, and other issues of concern to children and families.

To receive meeting notices and public policy action alerts from MFN's Public Policy Department, visit act.marylandfamilynetwork.org/policysignup, email publicpolicy@marylandfamilynetwork.org, or call 410.659.7701 x146.

Maryland Child Care Resource Network (MCCRN)

MCCRN, established in 1989, consists of LOCATE: Child Care, a centralized child care referral service, and 12 regional Child Care Resource Centers statewide. The Network is administered by MFN under a grant with the Maryland State Department of Education. MCCRN provides parents free assistance in finding regulated child care; offers child care providers training and technical assistance to increase the quality and expand the capacity of their programs; and supplies policy makers with current data on the supply, demand, and cost of child care in their districts and across the state.

LOCATE: Child Care

LOCATE: Child Care supports families by increasing access to child care and parenting resources needed to nurture children and be optimally productive. LOCATE: Child Care, through its free Community Line Telephone Service, assists parents in locating and selecting child care best suited to their needs, preferences, and ability to pay. LOCATE Assist is a web-based service for families to search for child care which matches their needs.

In FY 2020, 2,511 families accessed the LOCATE: Child Care telephone services seeking care for 3,290 children and 9,261 users conducted 31,375 searches for child care.

The following outcomes are for FY 2020, based on a survey of users of the Community Line Telephone Service:

- 73% of the families indicated the information on identifying quality child care provided by the referral specialist was useful.
- 88% of the families were able to express at least one element of quality child care.
- 85% of the families found the education materials that they received from the referral specialist to be useful. This packet contains materials related to child care as well as additional family support information.
- 80% of the families who were potentially eligible for benefits, such as Maryland Children's Health Insurance Program, WIC, Earned Income Credit, and Child Care Subsidy, received and used information provided by the referral specialist.
- 90% of the families rated the LOCATE: Child Care service as Good or Very Good

Training and Technical Assistance

MCCRN's training programs provide professional development opportunities for child care providers to help them improve the quality of child care and promote school readiness.

- MCCRN is the largest provider of training for the child care community in Maryland, offering training directly to child care providers and also to those who are trainers.
- MFN and the MCCRN conducted 1,505 training workshops for 23,981 attendees during FY 2020.
- Based on post-training evaluation, 98% of training attendees were satisfied with the training they received.
- Based on post-training evaluation, 97% of training attendees in FY 2019 indicated they would definitely implement information and/or strategies from the workshop they attended.

MCCRN's Technical Assistance encompasses a range of services offered to child care providers, including coaching, mentoring, and communities-of-learning models to improve the quality and accessibility of child care. Technical Assistance cases are a compilation of activities provided over an extended period of time. Each case typically focuses on a large issue in which the provider has requested assistance, with support in any related areas also provided. In FY 2020, a total of 995 Technical Assistance cases were closed, with 146 cases remaining open into FY 2021. Individual Contacts are technical assistance activities provided in a single point of interaction, through phone or email, a visit to the resource center for in-person assistance, or a visit to the program. During FY 2020, a total of 11,262 individual contacts were conducted, for a total of 2,386 hours.

MFN and MCCRN collect and analyze extensive statewide data on child care. MFN is recognized for its child care and early education expertise by policy makers and advocates at the local, state, and national levels.

Maryland's Family Support Center Network

Family Support Centers are community-based programs that provide free services to parents with young children birth through age 3 to help them raise healthy children and build productive futures. Located in 24 Maryland neighborhoods marked by high numbers of pregnant and parenting adolescents, families with low incomes, low birth-weight babies, high school dropouts, and unemployed adults, the Centers provide comprehensive, preventive services to pregnant women and young families with children under age 4, together.

Core services, offered in both center- and home-based settings, include: parent education; self-sufficiency programming (adult education, family literacy, ESOL classes, and job readiness); health education and referral for services; developmental infant/toddler assessment and referral; quality developmental child care while the parents are on site; peer support; service coordination; and outreach, collaboration, and resource development. Center programs are voluntary and parents participate as partners in the effort, not as "clients" or "cases." Participants share in policy and program decisions.

Seven specific outcomes have been identified for the Centers. They are: (1) children are immunized on-time; (2) children meet age-appropriate developmental milestones, or are linked with appropriate

services; (3) parents develop good parenting skills; (4) parents advocate services and assistance that will benefit their families and negotiate the service system to obtain needed services; (5) adults increase educational attainment levels; (6) adults move toward economic self-sufficiency; and (7) adults plan and space subsequent pregnancies.

MFN provides funding, training, technical assistance, monitoring, evaluation, and facilitation of peer support to the Network. MFN contracts with local public and private non-profit agencies selected through a competitive bid process. Sponsoring agencies agree to operate programs that follow guidelines and standards established by MFN. MFN's strong commitment to quality extends as far as closing ineffective centers (and reallocating funds to new centers) to ensure that families receive services with impact.

The core operating funding for the Network is provided by the Maryland State Department of Education and the U.S. Department of Health and Human Services. Through a creative mix of private and public funds, some Centers have been able to expand their scope and provide services to additional populations, including non-parenting preteens and grandparents.

Development and Communications

The Development and Communications Departments increase awareness about and support for MFN and the issues of early childhood education and family support. Here are some of the many ways you can follow and support MFN's work:

- Visit our website at marylandfamilynetwork.org and subscribe to the MFN newsletter or our Public Policy Alerts.
- Listen to "The First Five Years" (marylandfamilynetwork.org/about/first-five-years), our weekly radio series on WYPR 88.1 FM focusing on child development and early learning, made possible with major support from the Annie E. Casey Foundation and additional funding from a supporting foundation of The Associated Jewish Community Federation of Baltimore.
- Follow us on social media –
Facebook (facebook.com/MarylandFamilyNetwork),
Twitter (twitter.com/MDFamilyNetwork),
LinkedIn (linkedin.com/company/maryland-family-network), and
Instagram @marylandfamilynetwork (instagram.com/marylandfamilynetwork.org).
and check out our You Tube channel (youtube.com/user/MDFamilyNetwork).
- Take us with you -- download the free MFN app available on iTunes and Google Play.
- Become a member. The MFN Membership Program offers child care professionals an opportunity to support our advocacy work on their behalf. Member benefits include reduced fees for an eLearning workshop (0.3 CEUs) and a Professional Activity Unit for participants in the Maryland Child Care Credential Program. The Membership Application is available on the MFN website at act.marylandfamilynetwork.org/membership
- Join us for the Sandra J. Skolnik Lecture, the presentation of the Nancy S. Grasmick Leadership Award in Early Care and Education, and other events that give our supporters the opportunity to meet and network.
- Learn more. Join us for a First Steps tour. These concise presentations are offered virtually over Zoom, and when safe to do so, at our Baltimore office and at locations throughout

the state. They are designed to provide an overview of our work in early care and education, our family support services, and our public policy efforts on behalf of very young children and their families across Maryland. To inquire about upcoming dates or to speak with someone about hosting a tour for your 10 guests, please contact the Development office at 410.659.7701 x128.

Early Childhood Advocacy in the Time of COVID

Like much of the world, MFN's practices and public policy priorities have been dramatically affected by COVID-19. The pandemic has unleashed death, illness, and disruption on a global scale not witnessed in a century. The 2020 Session of the General Assembly, of course, was not immune from the upheaval. Faced with a rapidly intensifying public health emergency, the Governor and legislative leaders in mid-March barred public entry to the State House and its office complex, casting an eerily depopulated pall over buildings normally bustling with staff, advocates, and other citizens. "Keep Calm and Wash Your Hands" signs covered walls and doors; hand sanitizing stations seemingly outnumbered people. As the situation grew even more dire, the Session abruptly drew to a close on March 18, nearly three weeks ahead of schedule—the first early adjournment since the Civil War. The Administration, the General Assembly, and all Marylanders will be dealing with the pandemic and its ramifications for the foreseeable future.

And yet, amid the most trying circumstances many can remember, the Session concluded with an extraordinary flurry of activity. With only a handful of bills finalized even the week before, the General Assembly enacted more than 650 pieces of legislation in its final three days. Faced with spotty internet connections and unstaffed legislative offices, MFN and other advocates struggled remotely to keep abreast and weigh in on critical matters, when possible. The sprint to the finish included not only the passage of a challenging FY 2021 budget (as required by the State Constitution) but several major pieces of education legislation. Chief among them was the landmark "Blueprint for Maryland's Future," which within its sweeping scope embodies the most dramatic strides in early childhood education in decades. Governor Hogan vetoed the legislation, and the General Assembly will likely take up override consideration when it next convenes—at a time and under conditions that are now uncertain. Perhaps the "Blueprint" legislation, like the pandemic itself, will yet mark a point in Maryland history.

In the meantime, young children, families, and early education professionals have themselves been whipsawed by the ongoing public health crisis. As the timeline below (incomplete though it must remain for now) indicates, child care programs were initially closed en masse, then allowed to reopen gradually with a welter of stipulations and restrictions that have evolved ever since. As of this writing in late September 2020, MSDE estimates that 79 percent of child care programs that were operating pre-pandemic are now open. But many of these programs are confronting drastically reduced enrollments and significantly higher costs associated with new health protocols, sanitation procedures, and staffing issues. A financially challenging undertaking even in the best of times, child care's inherent fragility—as a public good inadequately supported by an erratic private market—has been laid bare.

Recent [polling by MFN and others \(see below\)](#) underscores the fact that the survival of many child care programs is at stake. MFN strongly supports efforts to [provide financial relief and other resources](#) for all child care providers. At the same time, we recognize that even before the pandemic, early care and education opportunities were [unequal, unaffordable, and inaccessible](#) for too many families. Without the safe, high-quality child care that parents need in order to return to work, our [economy will not recover](#). Many children will lack the critical benefits of quality early education; others will suffer when

their parents are forced to choose unsafe care options. Returning to “normal” cannot be our goal—building better child care for children, families, and providers must be what we seek and attain.

Speculation about the future is always precarious, now more than ever. The future trajectory of the pandemic remains an open question, and its economic fallout cannot, at this point, be calculated. Assistance from the federal government provided some measure of relief to Maryland and other states in earlier stages of the crisis, and a future federal assistance package, while hotly debated, may yet emerge from Washington, D.C. Some late summer reports from Annapolis suggested that state revenues have not fallen as precipitously as feared, at least for the time being. That said, the mid- and long-term negative impact on the State budget could well prove severe. The Governor has signaled his intention to reduce State spending, but there’s little clarity about when or how his statements will translate into action. The Board of Public Works may also exercise its authority to curtail previously budgeted State spending at any point during a fiscal year, as it has in previous fiscal emergencies. Allocations for State contracts and programs are vulnerable, those of critical important to MFN included.

MFN must redouble its public policy efforts to protect and advance the interests of young children, families, and early childhood education. As MFN Executive Director Laura Weeldreyer concluded in a commentary recently published in *The Sun*, “Here’s hoping that the current crisis will cause us to look long and hard at our policies and bring permanent solutions to support our children, families, and caregivers. If not now, will we ever?”

TIMELINE OF MAJOR COVID-19 RELATED EVENTS IN CHILD CARE

MARCH 5, 2020: Governor Hogan declared a State of Emergency and Existence of Catastrophic Health Emergency – COVID-19.

MARCH 13, 2020: Governor Hogan issued an Executive Order to Expand Access to Child Care by giving authority to MSDE Superintendent Dr. Karen Salmon to suspend certain regulations and permit family and friend child care for up to five unrelated children in the provider’s home.

MARCH 25, 2020: Governor Hogan issued an Executive Order defining essential person and authorized Dr. Salmon to close child care programs.

MARCH 26, 2020: Dr. Salmon announced the extension of school closures until April 24, and the indefinite closure of child care facilities not serving essential personnel.

MARCH 27, 2020: Governor Hogan ordered all child care programs in the state temporarily closed.

MARCH 30, 2020: Registered child care providers and other partners began providing child care services only to the children of essential personnel. Child care tuition is paid for by the State.

APRIL 17, 2020: Dr. Salmon announced the extension of school closures until May 15, 2020.

APRIL 24, 2020: Dr. Salmon announced additional grant payments of \$2,000 to child care providers serving the children of essential personnel.

MAY 13, 2020: Governor Hogan issued an Executive Order opening additional businesses, organizations, establishments, and facilities, while keeping others closed.

MAY 15, 2020: Dr. Salmon announced beginning Saturday, May 16, 2020, approved EPCC and EPSA sites that have available space may begin accepting children of parents from businesses newly reopened by the Governor. Parents of these children would pay tuition directly to the provider.

JUNE 8, 2020: Maryland State Department of Education (MSDE) no longer provides payment for child care services for essential persons. Parents will be responsible for payment for all child care services, and EPCC and EPSA programs may collect tuition.

JUNE 10, 2020: All parents eligible to access child care services. All child care providers may reopen, as long as they follow all health department protocols listed on the MSDE website and adhere to class size restrictions.

JULY 20, 2020: Any remaining EPSA approved sites will no longer be permitted to operate; unlicensed Family and Friend Care will no longer be allowed; MSDE will make payments for Child Care Scholarship invoices to all child care providers serving families in the Child Care Scholarship program based on attendance, rather than enrollment.

Sources: *Maryland Together: Maryland's Recovery Plan for Child Care and Early Childhood Grants, Programming and Initiatives in Maryland During COVID-19 State of Emergency*

Suggested additional references on public policy in the time of COVID:

MFN

marylandfamilynetwork.org/news/caring-during-covid-impact-pandemic-maryland-child-care-providers

The Alliance for Early Success

earlysuccess.org/resource-centers/covid19/issues-by-topic/

Child Care Aware of America

childcareaware.org/picking-up-the-pieces/

National Association for the Education of Young Children

naeyc.org/resources/topics/covid-19



PUBLIC POLICY PRIORITIES 2020-2021

The Public Policy priorities ranked below are determined by annual balloting by MFN’s Public Policy Committee. Each year our Priorities list looks a little different from the year before, but there are a number of core issues on which we consistently focus because of their importance to the well-being of children and families. Here, for comparison, are the 2020 – 2021 and the 2019 – 2020 lists, followed by background information on the issues.

2020 - 2021 PRIORITIES

1. Maryland’s Early Childhood Budget
2. Child Care Provider Compensation
3. Child Care Scholarship (Subsidy) Program
4. Comprehensive Services for Children and Families
5. Federal Early Childhood Funding and Policy
6. Family Economic Supports
7. Access to Child Care
8. Early Childhood Mental Health
9. Health, Safety, and Nutrition
10. Inclusive Child Care

2019 - 2020 PRIORITIES

1. Child Care Provider Compensation
2. Child Care Subsidy Program
3. Comprehensive Services for Children and Families
4. Family Economic Supports
5. Early Childhood Mental Health
6. Maryland’s Early Childhood Budget
7. Child Care for Infants & Toddlers
8. Access to Child Care
9. Federal Early Childhood Funding and Policy
10. Family Child Care

1. Maryland’s Early Childhood Budget

In a multitude of ways, government funding has a profound impact on programs and services critical to young children and families. Even the best-conceived public policies that aim to promote access, affordability, and quality in child care and family support services can be undermined by inadequate allocations of resources. Funding streams at the federal, state, and local levels all have a role to play.

Throughout its history, MFN has focused on budget issues affecting children. This history demonstrates that securing public funds for programs serving young children and families can pose immense challenges, even in favorable economic climates. In periods of economic difficulties, these challenges are amplified significantly.

Reports about the status of children in this country over the last two decades have resulted in a re-examination of national, state, and local investments in early care and education. Most noteworthy have been the research on infant brain development, the studies of cost, quality, and child outcomes in programs serving young children, and the analyses by noted economists demonstrating that investments in early childhood produce substantial returns on investments. The infant brain development research confirmed that the first years of life are critical to children's brain development and long-term well-being. We know that the years from birth to age 5 constitute the most expansive period of brain development and learning. Ninety percent of brain growth takes place before the age of six. During the years from birth to age 5, children develop the foundational capacities that will set the stage, either fragile or sturdy, for all later learning and functioning.

Research has also documented the inadequacy of our nation's efforts to meet the needs of young children during the most critical years of development. In the mid-1990s researchers began to study the quality of child care in various settings and found that the vast majority of child care programs evaluated provided poor to mediocre care, and far too many programs serving infants and toddlers were categorized as poor quality. High-quality early childhood education pays dividends that last a lifetime, and those dividends accrue not just to individuals and families but to society as a whole. Overall, every dollar invested in high-quality early childhood education brings a return of approximately \$7. Put another way, one widely cited early childhood program yielded a 13% return on investment per child, per year, according to an analysis by Dr. James Heckman, a Nobel Laureate in Economics.

What is implicit in these research findings is that early childhood programs are severely underfunded. Most parents cannot afford to pay what it costs to provide high quality services, and publicly funded programs serve only a small portion of Maryland's low-income children from birth to age 5. High quality public pre-K programs serve 40% of the state's four-year-olds, but working parents still need to find child care before and after half-day (2.5 hours) and even full-day (6.5 hours) pre-K programs and during the summer. Another 4% of four-year-olds and 6% of three-year-olds are enrolled in Head Start, which is also most commonly a part-day, school-year-only program. (nieer.org/wp-content/uploads/2020/04/Maryland_YB2019.pdf).

In 2019, 79% of Maryland children under the age of 12 had mothers in the workforce. Working parents at almost all income levels struggle to pay for child care, but relatively few are eligible for child care subsidies, and fewer still receive them. The CCDF regulations set the maximum subsidy eligibility level at 85% of the State Median Income (SMI), but the most recent U.S. Government Accountability Office report estimates that only 16% of children eligible under the federal eligibility level receive federally-funded subsidized care. ([gao.gov/assets/700/696930.pdf](https://www.gao.gov/assets/700/696930.pdf)).

Because of insufficient funding, many states set their eligibility level well below the federal maximum. Until recently, Maryland's income eligibility ceiling hovered below 35% of the current SMI. Effective

August 1, 2018, family income eligibility for CCSP expanded dramatically, rising to approximately 65% SMI. For a family of four, this raises the income-eligibility ceiling from \$35,702 to \$71,525.

Insufficient funding has also been responsible for inadequate reimbursement rates and excessive parent co-payment rates. CCDF guidelines strongly recommend that states set provider reimbursement rates at the 75th percentile of the current market rate and parent co-payments at no more than 7% of household income. But until recently, Maryland's reimbursement rates stood at the 10th percentile of the current market rate, and parent co-payments averaged 12% of household income. Many providers simply cannot afford to provide child care at the 10th percentile of the market rate and must charge parents an additional fee to cover the difference between the subsidy rate and the rate the provider would charge a parent without a subsidy. The provider's full rate, however, is usually determined by what parents can afford to pay, and not by what it costs the provider to provide high quality child care. Private child care programs must find ways to operate with minimal budgets, paying staff low wages and offering them very limited benefits or no benefits at all. (See Priority 2, Child Care Provider Compensation.)

Enacted in the 2018 Session and signed into law by Governor Hogan, SB 379 / HB 430 "Education – Child Care Subsidies – Mandatory Funding Levels" requires the State to raise subsidy rates in 2019, 2020, and 2021, expanding CCSP families' access to at least 60 percent of the market. That minimum may rest lower than the federal benchmark, but it represents a transformative advance by any standard. Of particular importance, this legislation for the first time institutes a "floor" – once rates attain the 60th percentile, the bill mandates that they never again fall below that level. In terms of the dollars invested, the breadth of families and providers affected, and the lasting impact on child care in Maryland, this legislation marks a turning point for CCSP in Maryland.

And enacted in the 2019 Session, HB 248 / SB 181 "Education – Child Care Subsidies – Mandatory Funding Level," will accelerate the rate increase the 2018 bill put into law. Now, rather than waiting until July 1, 2021, rates will rise to at least the 60th percentile in the preceding fiscal year, and the floor will be set from then forward. That will achieve expanded market access for parents, increased reimbursement for providers, and higher quality care for children—a year of enhanced earning and learning they may otherwise have had to forgo. Consequently, spending on CCSP has increased significantly, as reflected in Appendix B.

The higher education financing system has been viewed as a possible model to apply toward early care and education funding since the early 1990s. Both periods of education, birth to school entry and after high school graduation, have traditionally been considered the financial responsibility of families, in contrast to the K-12 period which is completely publicly funded. A primary difference between these two periods for families is that by the time their children reach college age, parents are farther advanced in their careers, and in many cases they have higher incomes and have done some financial planning to prepare for the cost of college. And unlike children in child care, many college students take responsibility for some or all of the cost of college, in the form of grants, loans, and paid employment. The alarming fact is that undergraduate in-state tuition at the University of Maryland College Park is \$10,779, but the annual average cost of center-based care for a child under age two is \$16,064 and the cost for a four year old is \$11,444. This cost difference can be accounted for in part by the difference in public investment. Taxpayer support for the University of Maryland lowers tuition, but private child care programs do not receive government support.

Child care financing has been a public policy concern for MFN since its inception in 1945, but there are a number of other state program budgets for which we advocate. The most prominent examples are listed in the budget section of MFN’s annual Legislative Scorecard (which appears in its entirety below).

FEDERAL FUNDING

Child care funding in Maryland depends heavily on the federal Child Care and Development Fund (CCDF). After an enormous influx of new federal dollars in 2018, Maryland’s CCDF funding for federal FY 2020 stands at \$135 million up from \$119.1 million in federal FY 2019, \$118.6 million in FY 2018, \$90.5 million in FY 2017 and from \$88.3 million in FY 2016. Previously, Maryland’s federal funding for child care peaked in FY 2009, with the addition of \$24 million in American Recovery and Reinvestment Act (ARRA) funds bringing the total to \$103.4 million. Although advocates had hoped to be able to convince Congress to continue funding CCDF with the ARRA increase, the ARRA funds were not re-appropriated. The loss of the ARRA funds, along with the unanticipated FY 2012 termination of annual transfers from the Temporary Assistance for Needy Families program to pay for child care subsidies and a cut in federal funding in FY 2013, resulted in major cuts in child care expenditures for both the subsidy program and for quality initiatives.

The Child Care and Development Block Grant (CCDBG) Act was reauthorized in 2014, and regulations to implement its more stringent health, safety, and quality requirements became effective in September 2016. (The acronyms CCDBG and CCDF are often used interchangeably, although technically the former is a subset of the latter, which includes an additional but much smaller funding stream.) Implementation of the new requirements will be expensive for some states, making the FY 2018 federal funding increase—a record \$2.37 billion—announced as part of the omnibus spending bill in March 2018 especially welcome. Fortunately for Maryland, our state regulations already meet most of the requirements of the reauthorization, and the influx of new federal funds is being used in part to address long-standing deficiencies in CCSP, chiefly to increase Maryland’s low subsidy rates and expand program eligibility.

The regulations for CCDF determine how much of the money is to be spent: at least 70% must be spent on child care subsidies, at least 9% must be spent on Quality Improvement initiatives (see Quality Improvement Initiatives in Other Issues of Concern), and no more than 5% may be spent on administrative costs. States must submit their CCDF Plans to the federal government every three years. The FFY 2019 – 2021 plan and the previous plans are available on MSDE’s website at earlychildhood.marylandpublicschools.org/about/ccdf-state-plan. For more information on federal child care funding, see Priority 5, Federal Early Childhood Funding and Policy, below.

Maryland’s early childhood programs also received funding from a number of other federal programs.

- MFN and the Family Support Center Network received \$857,891 in FFY 2020 under the Child Abuse Prevention and Treatment Act (CAPTA) for Community-Based Child Abuse Prevention (CBCAP).
- Head Start and Early Head Start program grantees receive \$117 million directly from the federal Office of Head Start. There are 9,483 funded Head Start and Early Head Start slots in Maryland.

- MSDE receives funding from Part B and Part C of the Individuals with Disabilities Education Act for preschool special education and the Infants and Toddlers Program, respectively.
- Maryland Department of Health (MDH) receives an annual \$7.8 million formula grant for home visiting programs for families with young children from the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program established by the Affordable Care Act.

STATE LOANS AND GRANTS FOR CHILD CARE PROVIDERS

The enormous expense of establishing a child care facility has long hindered increasing the supply of child care, but there has been a modest amount of money available to child care providers to help with a small portion of start-up or improvement expenses. The cost of opening a child care center is very high, but financing for a center is hard to find because most cannot show the profitability required by the banking industry, nor do they contain much valuable equipment or other collateral. Maryland has had a loan guarantee program for child care center providers since 1985 and a low-interest direct loan fund for center providers since 1988. The current Child Care Special Loan Fund is part of the Maryland Economic Development Assistance Authority and Fund, administered by the Maryland Department of Commerce. Loans are available from this fund for minor renovations or upgrades to facilities to meet licensing standards or for equipment and furniture, but loan proceeds may not be used for the purchase or improvement of land or for the purchase, construction, or improvement of a building or facility.

MSDE's Division of Early Childhood Development (DECD) Collaboration and Program Improvement Branch has two small Child Care Grant Programs. The Quality Incentive Grant (earlychildhood.marylandpublicschools.org/node/387) – available to regulated programs in operation for more than two years, serving children from low-income families, and participating in the Credential program and accreditation – focuses on supporting projects that improve the professionalism and quality of child care programs and children's school readiness. The Family Child Care Provider Grant (earlychildhood.marylandpublicschools.org/node/386) provides reimbursement of up to \$500 of a qualifying provider's start-up costs.

Child care providers pursuing college degrees can access the Child Care Career and Professional Development Fund (earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care/credentialing-branch/child-care-career-and-professional) for assistance in paying for tuition, fees, and books at participating Maryland colleges and universities. Upon completion of degree requirements, the provider must remain employed in a child care setting for at least two years in the case of an associate's degree or four years in the case of a bachelor's degree.



POSITION

MFN must vigorously defend programs and services for young children and their families in the face of deficits, spending cuts, and other budget challenges and ensure the child care system survives the challenges brought on by the coronavirus pandemic. MFN should participate in the research and exploration of innovative early childhood financing mechanisms to reduce the burden on parents and providers and increase the access to high quality programs. The use of higher education as a model for financing early care and education should be further studied and considered as solutions to the child care financing dilemma are explored. MFN should monitor the effectiveness, and encourage evaluation,

of the Department of Commerce child care loan program, with additional funding supported, as appropriate. The continuation of funding for the Quality Incentive Grant, the Family Child Care Provider Grant, and the Child Care Career and Professional Development Fund programs should be supported, and expansion of the programs should be considered.

2. Child Care Provider Compensation

The motto of the Worthy Wage Campaign in the 1990s was: “Parents can’t afford to pay. Teachers can’t afford to stay. There has to be a better way.” Similarly, the November 2001 report of the Judith P. Hoyer Blue Ribbon Commission on the Financing of Early Child Care and Education (msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/000000/000006/unrestricted/20030004e.pdf) stated: “In order to keep child care costs affordable for families, providers do not raise enough revenue to pay staff appropriately.” And in 2020 we are still grappling with the same dilemma.

Child care providers are among the lowest paid workers in the country, primarily because salaries are limited by the tuition rates parents can afford to pay. In 2016 the Center for the Study of Child Care Employment reported that 40% of Maryland child care workers’ families participated in one or more public income support programs. Poverty-level wages and a lack of benefits result in employee stress and high turnover, which can have detrimental effects on the children in care. Entry-level educational requirements are low, but wages do not increase to the levels earned by educators in public schools as child care providers attain comparable degrees. In fact, a bachelor’s degree in early childhood education is reported to be the college major with the lowest projected lifetime earnings.

MFN’s Child Care Demographics 2020 report (marylandfamilynetwork.org/early-years-matter/2020-child-care-demographics) lists this annual wage rate information for child care providers:

🍌 Child Care Center Director	\$40,891
🍌 Center Senior Staff/Teacher	\$25,860
🍌 Center Aide	\$18,068
🍌 Family Child Care Provider	\$39,884

There is an enormous discrepancy between what a child care provider earns for a 12-month year and the average \$70,463 salary earned by a full-time public school teacher for a 10-month year ([Maryland State Department of Education’s Professional Salary Schedules Maryland Public Schools 2019- 2020](#)). The salary inequity appears even greater considering the fact that most child care employees also do not receive the benefits available to teachers, including health insurance, retirement benefits, paid sick leave, and other paid time off. And compensation for family child care providers may actually be much lower than we are able to report. MFN has traditionally used a family child care provider’s gross income from parent fees and subsidy payments as a proxy for income. A small survey of providers in 2014 found that providers whose average gross income was \$26,705 had a net income after business expenses that equates more closely with wages of \$15,962. Additional surveys in future years will look into this issue further.

Low compensation rates make it difficult to recruit and retain highly skilled child care workers, and the resulting lack of a highly skilled workforce limits the availability and quality of child care. Child care

centers throughout the state have had difficulty recruiting and retaining qualified staff, and the number of regulated family child care providers has been in a steady decline since 1996. The quality of a child care program is directly related to the quality of its staff. Both nationally and in Maryland, the turnover rate of child care providers in centers hovers around 30 percent. This turnover conflicts with the goal of providing continuity of caregivers for young children, which has been shown to foster healthy development, and it frequently means that experienced center staff are replaced with novice staff, who may not have the training and education of their predecessors.

Maryland has addressed the compensation issue with annual bonuses of \$600 to \$1,500 for providers who participate in the Maryland Child Care Credential at Level 4+ and higher, and a limited number of scholarships for providers to attain higher education degrees. Child care programs that participate in the Maryland EXCELS quality rating and improvement system are also eligible for tiered reimbursement from the Child Care Scholarship (Subsidy) Program that can be used to supplement staff compensation. Additionally, Maryland EXCELS bonuses were paid to participating programs that publish a first-time quality rating 1 through 5, or republish a quality rating 5, from October 1, 2018 through September 30, 2019. Bonus amounts are based upon the published quality rating and licensed capacity of the facility. But as State programs encourage providers to earn degrees that meet the requirements for teaching in public schools, and as the stark salary inequality between child care and public school teachers remains in place, it becomes increasingly difficult to retain teachers in child care programs that cannot compensate them for the value of the work they do.

Education of elected officials, child care providers, parents, and the general public on the issue of compensation continues, as does the exploration of possible initiatives that could be used to raise the salaries of child care professionals in Maryland.



POSITION

MFN should continue to educate providers, parents, policy makers, and the public, as well as work to promote federal and state initiatives to improve the compensation of child care professionals. Additionally, MFN should support programmatic recommendations linking compensation to education and experience.

3. Child Care Scholarship (Subsidy) Program

2018 was a watershed year for Maryland's Child Care Scholarship (Subsidy) Program (CCSP), designed to help low-income working families afford the high cost of child care. After many years of fiscal neglect, both budgetary and legislative initiatives have begun to address severe deficiencies in the program. Most notably, the enrollment freeze in effect since 2011 was entirely eliminated, family eligibility for the program dramatically expanded, and subsidy rates that formerly ranked among the very lowest in the country were increased and will continue to rise until, within the current FY 2021, they reach at least the 60th percentile of market rates. For the first time in more than a decade, advocates can point to a bright future for the children, parents, and providers who participate in CCSP.

Since 2006, when it was transferred from the Department of Human Services (DHS), MSDE's Child Care Subsidy Branch in the Office of Child Care has assumed the operation of CCSP. Under this program, an eligible family can receive a voucher for each child needing care. Each voucher indicates the subsidy

rate and the parent’s assigned co-payment, and the family uses the voucher to purchase child care directly from the provider of their choice. The State pays the subsidy to the provider bi-weekly, and the parent pays the provider the co-payment and any difference between the tuition charged by the provider and the amount that the voucher pays.

FUNDING

Child care subsidies are funded by the federal Child Care and Development Fund (CCDF) and by state general funds. Maryland’s subsidy allocation for the CCSP now stands at \$139.8 million for FY 2021 (up from \$124.8 million for FY 2020) with approximately \$96.3 million from CCDF and \$43.5 million from State General Funds. Additional federal funding in prior years included \$24 million in American Recovery and Reinvestment Act (ARRA) funds available in FY 2009 and FY 2010, and annual transfers of funds from Temporary Assistance to Needy Families (TANF), which have not occurred since 2011.

With the FY 2019’s budget’s release in mid-January 2018, the Administration highlighted an \$11.5 million allocation within the CCSP. The “new” investment (with recycled funding, it turns out) targeted two laudable goals: eliminating the CCSP wait list, in effect since 2011 and numbering more than 4,300 children in late 2017; and increasing the State’s abysmally low subsidy rates by 8 percent. These welcome albeit long-overdue measures began to address the glaring deficiencies in this chronically underfunded program.

However, research by MFN and subsequent budget testimony brought to light an alarming fact: even with the Administration’s announced improvements, the \$90.7 million FY 2019 allocation for CCSP was 10 percent lower than FY 2018’s \$100.8 million. Moreover, during FYs 2016-2018, actual expenditures on CCSP fell grievously short of the amounts appropriated by the Governor and General Assembly. Despite a large, lingering wait list and paltry subsidy rates criticized by federal officials as “among the very lowest in the country,” Maryland underspent available funding for CCSP by more than \$55 million over that three-year period (see table).

Child Care Subsidy Program Spending (in millions)

	FY ‘16	FY ‘17	FY ‘18	FY ‘19
Appropriation	\$91.7	\$97.4	\$100.8	\$90.7
Actual	\$78.9	\$76.9	\$87.8	\$101

Legislation enacted in the 2018 Session, additional actions on the part of the Hogan Administration, and an influx of new federal CCDF funds through the 2018 omnibus spending agreement has significantly altered these figures in succeeding years—and more importantly, has led to dramatic program improvements for the parents, children, and providers whom CCSP serves. For more information on the CCDBG funding increase, see the “Federal Child Care Funding and Policy” section below. For more information on CCSP annual spending based on the ages of children served and the type of child care from FY 1990 through FY 2020, see Appendix B, and for CCSP expenditures by jurisdiction, see Appendix C.

ELIGIBILITY

Effective August 1, 2018, family income eligibility for CCSP expanded dramatically, rising from approximately 35% of State Median Income (SMI) to 65% of SMI. For a family of four, this raises the income-eligibility ceiling from \$35,702 to \$71,525.

The income-eligibility scale was last adjusted in 2002, when it was set at 50% SMI. However, as Maryland's SMI continued to climb, child care subsidy eligibility remained pegged to the 2002 figure, effectively lowering the eligibility level. The eligibility levels had hovered below 35% of the 2017 SMI—the lowest level in the country, according to the National Women's Law Center. (For more information, see the National Women's Law Center's annual child care subsidy report at nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2019/11/NWLC-State-Child-Care-Assistance-Policies-2019-final.pdf.) With the August 2018 increase, Maryland ranks among the top 10 states for eligibility in terms of SMI.

Services are provided to eligible families in the following order of priority:

- Families who have applied for, or who are receiving, Temporary Cash Assistance (TCA);
- Families who are attempting, through work activities, to transition off of TCA; and
- Families who are working, attending public school, or in training and who are at risk of becoming dependent on TCA, and meet the income eligibility guidelines.

Within each category, first priority is given to the families of children with disabilities and homeless families.

The table of income eligibility by family size (revised in August 2018) is Appendix D of this Handbook.

When funding is not sufficient to serve all eligible families, an enrollment freeze may be imposed. The State's last enrollment freeze began in February 2011 and was finally eliminated in February 2018. At its high-water mark, the wait list for subsidy numbered more than 20,000 children.

RATES AND CO-PAYMENTS

Subsidy rates are based on a survey of the market rates charged by centers and by family child care providers in each jurisdiction. Federal CCDF regulations require a market rate survey to be conducted at least once every three years, and subsidy rates are to be based on the market rate surveys. There is a recommendation, but not a requirement, that subsidy rates be set at the 75th percentile of the current market rates, so families have access to 75% of the providers in their market area. Although 22 states met this recommendation in 2001, only one state set rates at this level in 2018 and four in 2019.

In February 2004, when the enrollment freeze in effect at that time did not produce sufficient cost savings, DHR implemented a significant increase in parents' co-payment rates without a rate increase for providers. MSDE implemented a rate increase in 2007, tying rates to the 45th percentile of the 2005 market rate – clearly an improvement, but still far below the federally recommended 75th percentile of current market rates. At the same time, MSDE implemented an additional increase in parent co-payments, holding co-payments at the same percentage of the subsidy rate as they were after the 2004 co-pay increase.

The link between subsidy rates and co-payments was broken in January 2010, when SEIU Local 500 negotiated a modest 3% rate increase on behalf of family child care providers without an increase in parent co-payments. Center rates also saw a 3% increase, but the market rates were continuing to climb. The union negotiated a second rate increase of 2.5% that applied to both family child care and centers, beginning in January 2015, and a third rate increase of 2% in July 2017 without increases in parent co-payments. Maryland's 2016 CCDF State Plan stated that parent co-payment rates will be no higher than 12% of a family's gross income, although the federal guidelines recommend that no family should pay more than 7% of their income for child care. What the Plan failed to consider is that when subsidy rates fall far below the market rate (as in Maryland), providers must charge families the difference between the subsidy rate and the market rate, in addition to the co-payment, in order to meet their operating costs.

Legislation in recent years evolved from an extensive examination of child care issues in 2016 and 2017 by the General Assembly's Joint Committee for Children, Youth, and Families, conducted in concert with MFN. Multiple hearings, off-line work by MFN and legislative staff, and a statutorily mandated report revealed the depth to which Maryland's child care subsidy rates had fallen. Testimony provided by Linda Smith, the U.S. Department of Health and Human Services (HHS) official with oversight of CCDF, stated that Maryland's child care subsidy reimbursement rates were among the very lowest in the country, in effect relegating low-income families who participate in CCSP to the cheapest and poorest quality care in their communities. This directly contravenes the federal mandate that CCSP participants have "equal access" to the quality care available to more affluent families, which was vehemently reinforced by 2016 regulations promulgated by to implement CCDF. To ensure equal access, HHS "strongly discourage[s]" states from setting subsidy rates any lower than an amount that gives parents the ability to afford 75% of the child care programs in their community. And yet, in 2017, Maryland's rates gave parents access to only 10%.

These same low rates handicapped the ability of providers serving low-income communities to sustain their programs and improve quality, while creating strong disincentives for providers in more affluent communities to enroll children receiving subsidy. Governor Larry Hogan's FY 2019 budget proposal included a promise to raise rates in July 2018, increasing the buying power of CCSP families from 10% to 20% of the market. This measure nonetheless failed to raise subsidy rates to a level that grants "equal access" to quality, nor did it establish the year-to-year program stability that parents and providers who rely on CCSP have lacked for so long and so sorely need.

Enacted in the 2018 Session and signed into law by Governor Hogan, SB 379 / HB 430 "Education – Child Care Subsidies – Mandatory Funding Levels" requires the State to raise subsidy rates in 2019, 2020, and 2021, expanding CCSP families' access to at least 60% of the market. That minimum may rest lower than the federal benchmark, but it represents a transformative advance by any standard. Of particular importance, this legislation for the first time institutes a "floor" – once rates attain the 60th percentile, the bill mandates that they never again fall below that level. In the 2019 Session, the General Assembly passed legislation accelerating the phase-in of the rate increase by one year. Governor Hogan allowed the bill to become law without his signature.

After so many years of neglect, progress comes with a price tag. When fully implemented, MFN estimates that the legislation will add \$20-\$25 million to the annual budget for CCSP. Underspent reserves and a fortuitous influx of new federal CCDF funds may cover those costs for the foreseeable

future, although the vicissitudes of the U.S. economy and Maryland’s own fiscal challenges always create uncertainty.

Additional information about current subsidy rates, tiered reimbursement rates, and parent co-payments can be found in Appendix E.

IMPACT OF THE SUBSIDY PROGRAM ON CHILD CARE SUPPLY

Even with these extremely promising developments, advocates will need to monitor implementation vigilantly. Years of fiscal neglect have been devastating to the infrastructure of regulated child care in all but the wealthiest Maryland communities. Low- and middle-income parents have struggled to pay the cost of quality child care, while regulated child care programs have found it difficult to continue to serve families in neighborhoods where their revenue cannot keep pace with their expenses.

In areas of the state with high concentrations of low-income families, the child care market is heavily driven by the subsidy program. When subsidy availability contracts, the number of programs falls. The following chart, which contains self-reported data from the LOCATE database, shows the contraction in child care programs from the imposition of the enrollment freeze in 2011 to the reopening of the first eight eligibility levels in 2013 and 2017.

	Group Programs serving subsidy children	Total Group Programs	Homes serving subsidy children	Total Homes
February 2011	1,334	2,746	2,580	8,130
April 2013	1,161	2,713	1,806	7,358
February 2017	1,030	2,719	1,174	6,146
September 2019	934	2,871	1,041	5,344

Because of the lower enrollment in a family child care home, the inability to fill vacant slots with new subsidy children has a more devastating effect. With the imposition of the requirement to participate in Maryland EXCELS in 2015 and the chronic underfunding of the subsidy program, centers have been able to maintain their numbers, but family child care providers are still declining.

It remains to be seen whether the dramatic improvements to CCSP in 2018 will suffice to stabilize child care supply and perhaps reverse these trends.



POSITION

MFN should continue to press for adequate funding of the Child Care Subsidy Program to make high-quality child care accessible for all low-income families. In addition to monitoring the administration of child care subsidy and the effect of federal child care policy on CCSP in Maryland, MFN must pay vigilant attention to the implementation of recent measures to increase subsidy rates and expand family eligibility. MFN should also advocate the reduction of parent co-payments so that they do not exceed 7% of family income.

4. Comprehensive Services for Young Children and their Families

Parents of young children today are often unsure where to turn when their children need help. Faced with a complex array of public and private services, many parents just give up. The demands of their busy lives, and even the need to stay beside a child with an illness or other difficulty, keep families from using available resources, and when they want help there are often gaps in services.

In addition, new parents lack many of the extended family and neighborhood supports available in the past and need alternative methods for obtaining the skills and emotional support required to raise healthy, successful children. Parenting education is an important service that is currently offered in a piecemeal fashion for only the most at-risk families. These critical services can and should be provided for as many families as possible through a variety of public, private, and nonprofit agencies and organizations.

Research indicates that parents who have a basic understanding of child development, and can base their expectations of their children on developmentally appropriate behaviors, raise children who are more likely to be and feel successful as they grow to adulthood. These children are also less likely to be abused or neglected. Parents and other caregivers with an understanding of how children grow and learn more frequently demonstrate parenting skills that result in more active, developing brains in young children.

While vital, parenting education is just one of an array of services that may benefit new and at-risk families and their children. Others may include early identification and intervention to address special needs, integrated early education services, health-related services, and more general adult education. Neighborhood hubs are an excellent means of delivering comprehensive services for very young children and their families. Using funding from MFN, the Race to the Top – Early Learning Challenge (RTT-ELC) grant and other sources, three pilot hubs operated in highly under-resourced Baltimore neighborhoods. Outreach and training, as well as parent engagement, were anchored in these hubs that provided and coordinated services for families with young children. The vision is for the hubs to embody the best of Child Care Resource Centers, Family Support Centers (FSCs), and Judy Centers. Although RTT-ELC funding has expired, advocates retain hope that hubs will become the model for delivering services to families with young children in under-resourced neighborhoods across the State.

Maryland's network of FSCs, administered by MFN, is the current leading provider of services to families with very young children. For more information on the operation of the network, please see the "Who We Are Section," above. In the budget crisis of 2003, the Network's \$6.9 million budget was cut by more than \$2 million, forcing the closure of six of 32 FSCs. In the 2006 Session, the General Assembly approved an increase of \$450,000 in funding for FSCs and expressed its intent via budget language that the funding be fully restored in future fiscal years, but that intent was not mandated. In October 2008, the Board of Public Works cut \$250,000 from the budget for FSCs. After further cuts were taken in FY 2011 and FY 2012, the budget for FSCs held steady at \$4.7 million.

In 2020, the Governor proposed and the General Assembly approved a \$3 million increase, intended to support the opening of six new FSCs and increase the base allocation for existing programs. The General Assembly also enacted the "Blueprint for Maryland's Future" legislation, which includes a provision

that would add 30 new FSCs over 10 years. Governor Hogan vetoed that legislation, and the General Assembly is expected take up an override vote when it next convenes.

Since 1965, the federal Head Start (HS) program has provided comprehensive early education and support services to low-income three- and four-year-olds and their families. In 1994, the Early Head Start (EHS) program was established to serve children from birth to three years of age and pregnant women, in recognition of the mounting evidence that the earliest years matter a great deal to children's growth and development. HS and EHS programs promote school readiness by enhancing the social, emotional, and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families. They engage parents in their children's learning and help them make progress toward their own educational, literacy, and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local HS and EHS programs.

Federal HS and EHS grants are awarded directly to local public and private non-profit and for-profit agencies. Maryland grantees received a total of \$117 million in federal funding in FY 2019 to serve 9,483 children in HS and EHS. MFN is the largest EHS grantee in Maryland, funding 11 local partners in 18 communities to provide services to 649 children and their families. In 2015 the first competitive Early Head Start/Child Care Partnership Grants were awarded to help programs improve the quality of care for the youngest children, and Maryland received \$3.4 million, including \$1.5 million awarded to Maryland Family Network. For parents who are working or in school, the children served by this grant receive up to 10 hours of care per day for a full year through a grant from MSDE that partners EHS funds with CCSP funds.

Maryland's Judy Centers, named for Judith P. Hoyer, the late wife of Congressman Steny Hoyer, were established in 2000 to promote school readiness through coordinating and expanding high quality, comprehensive, full-day early child care and education programs and family support services. Local school systems are the recipients of the grants under this program. The first Judy Center grants were awarded to 13 jurisdictions in late 2000. As of July 2020, there are a total of 54 Judy Center grants serving 16,487 children in all 24 jurisdictions. Judy Centers received an increase of \$6.5 million in the FY 2021 budget, raising their total allocation to \$31.3 million, and their numbers were also expected to increase dramatically under the "Blueprint" legislation discussed above. For more information on Judy Centers, visit the Maryland State Department of Education's website at earlychildhood.marylandpublicschools.org/families/judy-centers.

Maryland also has numerous home visiting program models designed to provide some combination of pre-natal health, parenting skills, and early childhood health and development services to families with young children. Home visiting programs team parents with trained professionals to learn how to care for their babies and themselves during pregnancy and the child's first five years. By offering access to information about child health and development and fostering positive parenting skills, home visiting programs can promote positive birth outcomes, prevent child abuse and neglect, and foster school readiness. Five evidence-based home visiting programs are in use in Maryland: Nurse-Family Partnership, Healthy Families America, Parents as Teachers (PAT), Home Instruction for Parents of Preschool Youngsters (HIPPY), and Early Head Start. In addition to the evidence-based programs, MFN's Family Support Centers also include a home visiting component, as does the Maryland Infants and Toddlers Program, MSDE's early intervention program to identify and provide services to young

children with disabilities. Although jurisdictions reported the use of multiple funding sources in the 2010 needs assessment, they also reported that their funding was inadequate to meet the needs of families with young children. Maryland Department of Health (MDH) has additional background information on home visiting at phpa.dhmh.maryland.gov/mch/Pages/home_visiting.aspx.

The 2010 federal Affordable Care Act provides \$1.5 billion over 10 years for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program in all 50 states, with both formula-based and competitive funding components. It required each state to conduct a statewide needs assessment and submit a state plan for a state home visiting infrastructure. In November 2010 the Center for Maternal and Child Health at MDH reported in its needs assessment that every jurisdiction except St. Mary's County had at least one evidence-based home visiting program. MDH received approximately \$1 million in FY 2011 to conduct the needs assessment and develop its comprehensive State plan, and \$1.3 million in formula-based funding annually, beginning in FY 2012. The levels of formula funding and supplemental competitive grant funding have varied over the succeeding years. Current annual formula funding of \$7.9 million will extend through September 2021.

MFN and its allies faced an unexpected challenge when the FY 2013 state budget proposed a cut of nearly 50% to the Healthy Families/Home Visiting Program. Home visiting had been funded with \$4.6 million in TANF funding through FY 2011. In FY 2012 TANF funds were no longer available, and a General Fund deficiency appropriation replaced the TANF funds. The FY 2013 budget proposed reducing the General Funds for home visiting to \$2.4 million. The plan for implementing the cuts made matters worse: based on a questionable reading of a State needs assessment, funding for nine putatively "low-need" jurisdictions was eliminated entirely, while the eight remaining jurisdictions were level-funded. Home visiting thus faced not only a drastic overall reduction but the complete eradication of program infrastructure in the targeted areas. With support from the Pew Center on the States, MFN and local home visiting programs mobilized rapidly, and in the final week of Session, full funding for home visiting was restored, with the restored funds expressly directed to the programs that had faced elimination.

Even before the home visiting budget emerged as a top priority, the Pew Center on the States' Home Visiting Campaign designated Maryland a priority state for action and engaged MFN to spearhead advocacy efforts. Working with an array of partners that included the agencies of the Children's Cabinet, the Home Visiting Alliance, the Home Visiting Consortium, and the Zanvyl and Isabelle Krieger Fund, MFN drafted what became the "Home Visiting Accountability Act of 2012." The bill, passed unanimously by both chambers, aligns Maryland home visiting policies and spending priorities with new federal guidelines that emphasize rigorously proven programs and promising approaches. It also strengthens reporting and accountability measures, with input from local programs. By aligning policy and improving accountability, MFN and its allies expected the legislation to improve Maryland's standing in the competition for federal home visiting funds.

The Commission on Innovation and Excellence in Education (better known as the Kirwan Commission), ostensibly charged with reworking State policies and funding formulas governing pre-K-12 public education, nonetheless demonstrated a recognition of the need for comprehensive services for young children and their families. The Commission's January 2019 Interim Report acknowledged the critical importance of strengthening services for children birth to age 3 and their families and

included recommendations for creating 135 new Judy Centers and 30 new Family Support Centers over 10 years.

The Commission's early childhood recommendations were embodied in the "Blueprint for Maryland's Future," once-in-a-generation legislation to revamp Maryland's system of public education. The General Assembly passed the legislation in dramatic fashion, shortly before the coronavirus pandemic precipitated the first premature closing of the Session since the Civil War. Governor Hogan vetoed that legislation, and the General Assembly is expected take up an override vote when it next convenes.



POSITION

MFN should strongly support funding for programs providing comprehensive services to at-risk families and their children and advocate the full implementation of the "Blueprint for Maryland's Future." Family Support Centers have developed innovative approaches to working with teen parents and other at-risk families, and MFN should lead efforts to ensure that they are part of the interagency efforts to provide community services to at-risk children and their families. Head Start and Early Head Start programs deliver comprehensive services but need the state Head Start Supplemental grants to provide full-day and full-year services. MFN should support this funding. MFN should also monitor the progress of Judy Center partnerships as a model for providing comprehensive services geared toward school readiness and should support continued funding to identify, promote, and expand high quality research-based home visiting strategies.

5. Federal Child Care Funding and Policy

The Child Care and Development Fund (CCDF) is the primary Federal program funding child care subsidies and quality improvements. (Although CCDF and CCDBG—the acronym for Child Care and Development Block Grant—are often used interchangeably, CCDF technically combines CCDBG funding with a smaller funding stream authorized under the Social Security Act.) Child care subsidies enable low-income parents and parents receiving Temporary Cash Assistance to work or to participate in educational or training programs that lead to work. In addition, a portion of CCDF funds must be used to enhance child care quality and availability.

The component funds of the CCDF are Mandatory and Matching Funds, initially appropriated in FY 1997 for five years and continued without reauthorization legislation until 2014, and the Discretionary Fund, which must be appropriated annually. For FY 2019, Congress appropriated \$2.9 billion in Mandatory and Matching Funds, and \$5.2 billion for the Discretionary Fund, bringing the total annual CCDF federal funding to \$8.1 billion. (The Discretionary Fund allocation represented a long-awaited increase of \$2.37 billion, with major ramifications for the Child Care Subsidy Program in Maryland and other states.) Nationally, another important source of funding for child care has been drying up. Since 1998 states have been permitted to use federal Temporary Assistance for Needy Families (TANF) funds to help pay for child care subsidies (including direct spending and transfers to CCDF). These expenditures peaked at \$4 billion in FY 2000 and fell to \$2.6 billion in FY 2014. Maryland's Child Care Subsidy Program has not received TANF transfer funding since FY 2011.

Federal funding was already inadequate to meet the need following the expiration of a one-time funding source in 2011 and sequestration cuts in 2013. In 2009, Congress appropriated \$2 billion in supplemental

funding for the CCDF Discretionary Fund in the American Recovery and Reinvestment Act (ARRA) for FY 2009 and FY 2010. Maryland received \$24 million under ARRA over two years, in addition to the CCDF appropriation provided through the regular appropriation process. The expiration of the ARRA funds led to cuts in states' subsidy programs, which in Maryland resulted in an enrollment freeze imposed in February 2011 that was finally lifted in February 2018. Funding was cut further by the sequestration imposed by Congress in 2013. As states grappled with the fiscal effects of a slow recovery from the recession coupled with federal budget cuts, advocates increasingly focused on the federal government for solutions to sustain vital programs.

Maryland's former Senator Barbara Mikulski, serving as vice-chair of the Senate Appropriations Committee, was a champion of increased funding for child care. A budget agreement reached in January 2014 restored the funds cut by sequestration plus a \$154 million increase, but federal child care spending did not keep up with need. Senator Mikulski sponsored the CCDBG Act of 2014, which was passed in November 2014, and regulations to implementing its more stringent health, safety and quality requirements became effective on September 30, 2016. Implementation of the new requirements will be expensive for some states, making the FY 2018 federal funding increase announced as part of the omnibus spending bill in March 2018—a record \$2.37 billion—especially welcome. Fortunately for Maryland, our state regulations already meet most of the requirements of the reauthorization, and the influx of new federal funds will be used in part to address long-standing deficiencies in the Child Care Subsidy Program, chiefly to increase Maryland's low subsidy rates and expand program eligibility.

In late 2019, in the course of negotiating federal FY 2020 spending bills, Congress agreed to a further expansion of \$550 million in CCDF funds, of which Maryland was slated to receive \$6.9 million. (Head Start and Early Head Start also saw a \$550 million increase in the federal budget.)

In March 2020, Congress passed and the President signed the \$2 trillion Coronavirus Aid Relief and Economic Security (CARES) Act, a sweeping relief and economic stimulus package, to address the fallout from the coronavirus pandemic. It included approximately \$3.4 billion in supplemental funding earmarked for child care, of which Maryland share totaled \$45.8 million. However, other flexible funding streams within the CARES Act (e.g., the Governors' Emergency Education Relief fund, or GEERS) could also be allocated to child care at the discretion of the states. A full accounting of Maryland's expenditures of CARES Act funding has not yet been released.

As of late September 2020, negotiations in Congress over another coronavirus relief package for the states have failed to lead to an agreement.



POSITION

MFN should monitor the funding and regulation of CCDF and TANF, being mindful of their effect on the child care delivery system and the lives of children and families in Maryland. MFN should urge the Governor and Maryland's legislative leadership to use both direct and discretionary federal funding to assist the State's families and early care and education programs wherever possible. MFN should work with national organizations and Maryland's Congressional delegation to ensure that funding of child care services and other programs supporting children and families continues and increases as appropriate.

6. Family Economic Supports

There are a number of programs providing economic assistance to at-risk families to which Family Support Centers and LOCATE counselors make referrals, including these:

- The Family Investment Program (FIP) provides Temporary Cash Assistance (TCA) and one-time only welfare avoidance grants and gives local DSS offices flexibility to establish plans and design programs for work activities, child care, welfare avoidance, etc., to meet the needs of the recipients in their communities.
- The Child Care Scholarship (Subsidy) Program provides vouchers for child care tuition so parents can work. It is described in Priority 3 above.
- The federal Supplemental Nutrition Assistance Program (SNAP), known in Maryland as the Food Supplement Program (formerly Food Stamps), helps families buy food.
- The Special Supplemental Food Program for Women, Infants & Children (WIC) helps families with children up to age five buy nutritious food.
- The Housing Choice Voucher Program, better known as Section 8, provides vouchers for housing.
- The Medical Assistance program and the Maryland Children's Health Program (MCHP) provide health care.
- The Maryland Energy Assistance Program helps pay home heating bills.

In addition to the assistance programs listed, there is an important tax benefit for working families. Millions of low-income families who work hard to pay for basic necessities such as food, rent, utilities, health care, and child care benefit from the Earned Income Credit (EIC). The EIC is a tax benefit for low- and moderate-income individuals who work full-time, part-time, or part of the year. First enacted in 1975, the federal EIC, a refundable tax credit, was intended to offset income and payroll taxes for low-income working families. In addition, the purpose was to reward work and raise the disposable income of families who are working and staying off welfare. Although the EIC can bring much needed assistance to low-income families, there are still families who do not apply for it. Families who do not owe taxes may not think they are eligible for the credit, and applying for the EIC is complicated. Public education and technical assistance are necessary to insure that the tax credit is widely used. In 2011 the General Assembly passed the Earned Income Credit Information Act, which will require employers to notify employees about the availability of the EIC.

For 17 years, MFN had grant funding to establish a broad-based public education campaign to advertise the EIC and provide technical assistance to eligible taxpayers. With a broad-based partnership of approximately 150 organizations providing a groundswell of support, as well as proof of the effectiveness of the EIC, MFN was able to advocate successfully for state legislation in 1998 to make a portion of the Maryland EIC refundable. In 2001 and 2007 advocates won further expansions of the refundable state EIC, up to 25 percent of the federal credit. The contract for the EIC public education campaign was discontinued in 2010, and although not funded for public education, MFN continued to advocate. In 2014 Maryland's refundable EIC was expanded again, increasing to 28 percent of the federal credit over four years. In 2018, MFN successfully supported legislation that will expand the EIC to workers without qualifying children and to younger workers.

MFN has supported legislation that expands family and medical leave options for state employees and other workers, as well as legislation that allows time off for employees to participate in school-related activities of their children. Other successful legislation supporting families has included:

- In the 1999 General Assembly Session, MFN was instrumental in securing passage of legislation to establish a state child care tax credit. In the 2000 Session, MFN succeeded in advocating for an expansion of the child care tax credit.
- In the 2008 Session, MFN joined with other advocates in successfully supporting the so-called “Flex-Leave Act,” which allows employees eligible for sick leave from their employers to use that leave to care for sick children and other family members.
- In 2014, MFN successfully supported legislation expanding the provision of unpaid parental leave to workers in Maryland companies with between 15 and 49 employees.
- In 2018, MFN successfully supported legislation which would establish a paid leave benefit for State employees following the birth or adoption of a child.

Building on these successes, in 2019, MFN spearheaded HB 341 / SB 500 “Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2019).” The legislation incorporated recommendations from a blue-ribbon task force created by statute in 2016, on which MFN Director of Public Policy Clinton Macsherry served. And it sought to build on the momentum established by the enactment of paid parental leave for State employees in the prior Session, one of MFN’s top 2018 priorities.

The Time to Care Act would have established an insurance fund (similar to unemployment insurance) to provide partial wage replacement for Marylanders taking time away from work to care for new babies, loved ones with serious health conditions or disabilities, or themselves. Employers and employees would contribute a small amount from each paycheck, and workers would draw benefits when they experience a documented need. The combined contribution would vary depending on the worker’s wages, but would total under 0.7%—approximately \$7.50 per week for someone earning the average weekly wage in Maryland. Benefits would be capped at \$1000 per week for up to 12 weeks.

The legislation’s introduction in 2020 drew considerable media attention, and press coverage continued to a remarkable degree throughout Session. Polling indicated that Marylanders overwhelmingly favor the concept, even knowing that it would be funded by paycheck deductions. Dynamic and well-orchestrated bill hearings for HB 839 / SB 539 “Labor and Employment – Family and Medical Leave Insurance Program – Establishment” (Time to Care Act) buttressed support among key legislators, although significant pockets of resistance remained.

As the saying goes, timing is everything. The bill gained traction and was under active negotiation as the typical mid-March deadline for favorable committee action neared—only to be derailed when early adjournment due to the COVID-19 outbreak became inevitable and the General Assembly narrowly focused its agenda. The Session ended with no final vote on the legislation in either the House or the Senate.

Ironically, the pandemic itself has spotlighted the need for this policy. Eight other states as well as the District of Columbia have already instituted paid family and medical leave insurance, and it is under consideration in several others. It will remain a key goal for MFN.



POSITION

In addition to monitoring federal welfare law, MFN should continue to closely monitor the impact of Maryland's Family Investment Program on children, families, and the child care delivery system. MFN should advocate for maximum child care funding using federal as well as additional state child care funding, as needed, to support the child care needs of low-income families across the state. Other policies and programs that promote the self-sufficiency of low-income families should be supported, including the refundable EIC. MFN should also organize support for the protection and funding of the federal EIC program. MFN and its allies, such as the Maryland CASH Campaign, should provide information to low-income families about the refundable state EIC and advocate its continued expansion. MFN should monitor the implementation of regulations pertaining to parental leave benefits for state employees. MFN should continue to steer the Time to Care coalition and champion paid family and medical leave.

7. Access to Child Care

As a result of economic demands on families, changes in labor market participation, and other demographic changes, there is nothing typical about the composition of today's families and workplaces. Today's workforce includes a diverse group whose responsibilities at home and on the job vary considerably, and schedules that meet the needs of our post-industrial, service economy are often incompatible with the traditional hours of licensed child care programs, making access to high-quality care an enormous challenge for many low-income workers. In particular, access to child care is a challenge for:

- Parents whose jobs require working nontraditional hours – evenings, overnight, and weekends – or working irregular and often unpredictable shifts, with little flexibility to take time off to care for a sick child;
- Families in underserved areas where the supply of affordable licensed child care is insufficient, particularly in rural parts of the state, and areas where transportation poses difficulties;
- Middle-income families whose income exceeds eligibility levels for child care subsidies but doesn't support the high cost of child care;
- Families whose home language is not English and want child care programs that share their language and culture; and
- Families of children with disabilities seeking high-quality programs where their children will be not only included but welcomed.

Parents who cannot find high-quality licensed programs near their home or work have few options. Child care programs need to maintain full enrollment to remain profitable, and nontraditional hours, unpredictable schedules, and areas with low demand for licensed care are not issues that can be readily addressed by most child care centers. Licensed family child care can sometimes meet the needs of families with irregular hours and can provide linguistically and culturally appropriate care in some areas, but as the number of licensed family child care homes declines, there is a plethora of unmet need. Relatives are exempt from child care licensing requirements, but nonrelatives who are paid must provide care in the child's home or be licensed. Unfortunately, illegal child care is such a substantial

problem that legislation spearheaded by MFN was enacted in 2016 to help MSDE identify and take enforcement actions against providers operating illegally.

POSITION

MFN must advocate policies that support access to child care for families with non-traditional work hours and irregular work schedules, families in underserved areas, middle-income families, families of children with disabilities, and families for whom English is not the home language. These policies may include higher subsidy rates for nontraditional hours, flexible subsidy hours for parents who do not work a regular schedule, higher subsidy eligibility levels and child care tax credits, recruitment and retention programs for providers in underserved areas, and more support for families of children with disabilities and the providers who care for them.

8. Early Childhood Mental Health

The earliest years of life are critical to physical, mental, and emotional health in all the years that follow. While a full range of early childhood services are needed to ensure the mental health of our children, community-based preventive services have a particularly vital role to play. Preventive measures and early intervention can have profound and lasting benefits. Conversely, if left untreated, children's behavioral and emotional problems can increase in severity and require more challenging and far more costly interventions later in life.

According to a November 2011 article entitled “Challenging Behavior and Expulsion From Child Care: The Role of Mental Health Consultation” by Deborah F. Perry *et al.* (zerotothree.org/resources/135-challenging-behavior-and-expulsion-from-child-care), between 10% and 30% of young children exhibit challenging behaviors that, if not addressed early, will lead to poor outcomes in school and in life. And the problem appears to be increasing. MFN hears from parents, child care providers, and other caregivers that emotional and behavioral problems among young children are increasing in number and severity. Reports of young children who have already experienced multiple expulsions from child care and others who are acting violently toward siblings and other children have become alarmingly more common. LOCATE: Child Care’s Special Needs Service reports that in FY 2019, 45% of the children for whom referrals were made were in the Social/Emotional category, meaning they may have early childhood mental health issues, including Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder.

The good news is that preventive measures and early treatment can be highly successful – and cost-effective. The keys are starting early with services and supports and, whenever possible, providing them within the community, in a natural environment such as the child’s home or child care setting. Early childhood mental health consultation has been shown to build child care providers’ capacity to address challenging behavior and to reduce expulsions from child care programs. Some behavioral challenges can be resolved with relatively minor adjustments, something as simple as rearranging the child care setting or moving a child from a large-enrollment child care program to a smaller one. Other issues may require some form of counseling for children and their parents or special training for the child care provider.

More severe problems will, of course, need progressively more challenging treatment. These forms of treatment, not surprisingly, are vastly more expensive. But by following the principles of prevention and early intervention, we will help to ensure that problems that can be dealt with early don't intensify.

The benefits to be gained from community-based mental health services for young children – in both human and fiscal terms – are enormous. In 2002 the Early Intervention Project was funded by the Office of Child Care (OCC) at the Baltimore City Child Care Resource Center and Chesapeake Child Care Resource Center, joining several locally funded projects that were already in operation. In 2003, the General Assembly enacted legislation requiring OCC to report findings from these pilot projects to the Governor and the General Assembly by the end of 2005. Georgetown University conducted a thorough evaluation of the projects and in its 2005 report documented remarkably positive outcomes for the children and the child care programs involved. Given these outstanding results, the Governor proposed and the General Assembly approved a \$1.875 million statewide expansion of early childhood mental health (ECMH) consultation programs in the FY 2007 budget. The current allocation stands at \$2.324 million. Information about the ECMH Consultation Project is available on MSDE's website at earlychildhood.marylandpublicschools.org/early-childhood-mental-health.



POSITION

MFN should support efforts to put in place more specialized early childhood mental health training and technical assistance for child care providers and to enhance the availability of mental health services for children. Funding for behavioral specialists linked to child care resource and referral centers should be a priority.

9. Health, Safety, and Nutrition

Health, safety, and nutrition issues are key elements of early childhood development policy and are the foundation of child care licensing regulations. MFN has addressed legislation on many issues in this realm over the years, including: obesity prevention, comprehensive background checks, the Child and Adult Care Food Program (CACFP), child abuse and neglect prevention, lead poisoning prevention, access to health care, emergency preparedness, immunizations, transportation safety, and consumer product safety. Here are some recent highlights:

ORAL HEALTH

Oral health is an integral part of the health of young children. Tooth decay (cavities) is one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning, or even more serious consequences. Marylanders may well recall the tragic story of Deamonte Driver, a Prince George's County 12-year-old who died in 2007 from an untreated tooth abscess. In the 2017 and 2018 legislative sessions MFN supported a bill to expand dental care access to underserved populations, chief among them low-income children. Our programs regularly see very young children enroll in Early Head Start or Family Support Centers with multiple dental problems. We have spent years working to connect young children with oral health care providers.

The 2017 legislation would expand access to oral health care by establishing a mid-level health professional, known as a "dental therapist." Analogous to a nurse practitioner, a dental therapist can

perform a limited scope of services under the supervision of a dentist—a practice that has met with great success internationally and in other states where comparable legislation has been approved. The bill encountered heavy resistance from the dentists’ lobby and ultimately failed in the last days of Session. Even so, it passed handily in the state Senate and won some key supporters in the House of Delegates, which was a far stronger showing than many proponents anticipated.

During the 2018 Session, MFN again supported legislation to establish dental therapists as mid-level oral health practitioners. After attempts by opponents to amend the legislation and instead establish a task force on the topic, the bill sponsors instead requested that an interim study be conducted by the Department of Legislative Services. The findings were released in December 2018, and as expected, identified potential gaps in access to dental care. However, no new legislation related to dental therapists has emerged.

OBESITY PREVENTION

In 2014, MFN worked with the sponsor and MSDE to amend the Child Care Centers – Healthy Eating and Physical Activity Act to allow MSDE to promulgate regulations to promote healthy behaviors and prevent obesity among children in child care. The bill originally contained very prescriptive language requiring child care programs to support breast feeding, ban sugary drinks, and limit screen time; the amendments gave MSDE more leeway to follow best practices for early care and education programs. Implementation of the regulations pursuant to this legislation has met with some resistance from the child care community, but MFN has worked with MSDE and provider associations to craft regulations that will support healthy children without creating undue burdens for providers.

COMPREHENSIVE BACKGROUND CHECKS

In 2013 MFN led efforts resulting in the passage of legislation by the General Assembly that closed two large gaps in Maryland’s comprehensive background checks. All informal providers serving subsidy children, and the adult members of the providers’ households, must now have state and federal criminal background checks, and the addresses of all child care centers, family child care homes, and informal providers, as well as the names of the providers, are checked against the Maryland Sex Offender Registry.

The 2014 CCDBG reauthorization included criminal background check requirements for child care workers hired by providers who receive federal funding. Various state laws have created challenges in implementing the requirements, leading to delayed hiring of child care workers, wasted financial resources, and continued child safety risks. MFN, along with our partners at the Bipartisan Policy Center, helped craft the Child Care Protection Improvement Act, introduced by U.S. Senators Chris Van Hollen (D-Md.) and Richard Burr (R-N.C.), which would create a task force to identify the problems, develop recommendations and best practices, and provide technical assistance to assist states in the process of implementing background check requirements for child care workers. States are required to be in full compliance with the background check requirements by September 30, 2020.

CHILD AND ADULT CARE FOOD PROGRAM

The United States Department of Agriculture Child and Adult Care Food Program (CACFP) reimburses child care providers to supplement the cost of meals provided to the children in their care. Reimbursement can be claimed for up to two meals and one snack for each child per day. Currently, the program is available to all regulated family child care providers and to public and private nonprofit

child care centers. The program is also available to proprietary child care centers where 25% of enrolled children participate in the Child Care Subsidy Program.

The Maryland State Department of Education (MSDE) School and Community Nutrition Program Branch administers CACFP at the State level, and, through agreements with MSDE, other agencies and nonprofit organizations provide local administration. The family child care portion of CACFP is sponsored and administered by various local public agencies in Baltimore City, Carroll, Cecil, Frederick, Montgomery, and Prince George's Counties. In all other counties, the family child care component of CACFP is administered by the Planning Council, a nonprofit Virginia organization. The reimbursement rates for 2020-2021 are included in Appendix I. More information about CACFP is available on the USDA website at fns.usda.gov/cacfp/child-and-adult-care-food-program.

As of August 2020, 489 Maryland child care centers, serving an average of 19,390 children daily, and 2,070 family child care providers, serving an average of 10,745 children daily, participated in the program, with 1,690 family providers serving 9,066 children at the higher Tier 1 reimbursement rates for low-income children, and 380 serving 1,679 children at the lower Tier 2 rates. When Congress revamped the CACFP in 1996 to reduce the benefits for family child care children who were not low-income, participation rates for Tier 2 providers fell drastically. Maryland's Partnership to End Childhood Hunger, led by the Governor's Office for Children, has been working to increase participation in child nutrition programs for food-insecure children. MSDE has made efforts to increase child care center participation in CACFP, including obtaining grant funding for an obesity prevention program for center CACFP participants, but has not made a corresponding effort on behalf of family child care providers. Advocates have also been encouraging MSDE to include "informal," license-exempt subsidy providers in CACFP. Federal regulations permit their inclusion, and CACFP participation would come with three monitoring visits a year for homes that are not monitored by child care licensing specialists.

Maryland was also one of the pilot states in the At-Risk, After-school Meal Program, now offered in all 50 states. This program reimburses after-school programs for nutritious meals served to children age 18 and under during the school-year (including weekends and school breaks). Schools and child care centers are eligible to participate if they are located in the attendance area of a school in which at least 50% of enrolled children are eligible for free or reduced-price meals. For more information, visit the program's website at mdhungersolutions.org/pdf/your_guide_to_the_afterschool_meal_program.pdf.

CHILD ABUSE AND NEGLECT PREVENTION

Children who experience abuse and neglect are at risk for serious problems in childhood and throughout life. Among these risks are: developmental delays, behavioral problems, mental health issues, problems in school, juvenile delinquency, criminal behavior, and economic instability. MFN has long been a champion for the prevention of child abuse and neglect. MFN receives funding to prevent child abuse and neglect from the Community-Based Child Abuse and Neglect Prevention (CBCAP) Grant, enacted as part of the federal Child Abuse Prevention and Treatment Act (CAPTA), and our Family Support Centers were established to teach parents how to prevent child abuse and neglect. Executive Director Laura Weeldreyer represents MFN on the State Council on Child Abuse and Neglect (SCCAN), which serves the Governor in an advisory capacity. Many of Maryland's home visiting programs have a strong abuse and neglect prevention component. Child Care Resource Centers train providers to identify and report suspected abuse or neglect.

EMERGENCY PREPAREDNESS REGULATIONS

In 2009 the General Assembly passed legislation requiring all child care centers and family child care homes to adopt detailed emergency preparedness plans. Child care providers need training and technical assistance to develop and implement their emergency plans. MSDE must be encouraged to continue to fund the training and technical assistance providers need to comply with the emergency preparedness regulations.

SCREENING FOR LEAD POISONING

In 1997, Maryland passed comprehensive lead screening legislation. The law requires that within 30 days of a child under six entering a child care program, evidence be provided that the child has been screened for lead poisoning, and that a blood test be done for all children under six living in high risk areas. Additional legislation was passed in 2000 requiring health care providers to administer a blood lead test at 12 months and 24 months of age for children living in areas designated as high risk for lead poisoning. In 2004 and 2015 new Targeting Plans expanded the at risk and high risk areas, and as of March 28, 2016, regulations require all children born after January 1, 2015 to be tested for blood lead levels at ages 12 and 24 months. (For more, see this MDH resource: phpa.dhmh.maryland.gov/OEHFP/EH/Pages/Lead.aspx.) Lead poisoning is a devastating and entirely preventable illness, but child care providers need assistance to detect and abate lead paint hazards. Property owners renovating properties with potential lead paint hazards must be required to test appropriately and abate lead hazards.

The number of children with elevated blood lead levels has declined as testing and lead abatement laws have been implemented. For more information on childhood lead poisoning, its effects and prevention, check out the Centers for Disease Control and Prevention's factsheet on Blood Lead Levels in Children at .cdc.gov/nceh/lead/docs/lead-levels-in-children-fact-sheet-508.pdf.

COVID-19

Around the country and indeed the world, the health needs of children, their families, and child care providers have been spotlighted by the global COVID-19 pandemic. Health protocols, sanitation requirements, and other guidance (some quite costly to implement) for child care programs and other early education settings remain in a state of flux as this Handbook is being published.

MSDE has attempted to keep providers and others abreast of the changing landscape via this web page: earlychildhood.marylandpublicschools.org/early-childhood-grants-programming-and-initiatives-maryland-during-covid-19-state-emergency

Among the myriad challenges posed by the pandemic, health may be the most irreducible. While we all hope for a quick and effective solution to the ongoing public health crisis, it seems apparent that the pandemic and its many layers of fallout will continue to test the resolve and resiliency of parents, children, and child care providers well into 2021.



POSITION

MFN should support efforts to improve children’s health, safety, and nutrition. MFN should continue to educate child care providers, parents, and the public about child health and wellness issues, including oral health, childhood obesity, lead poisoning, childhood immunizations, infectious diseases, emergency preparedness, and transportation safety. MFN should monitor the utilization of the CACFP and work with MSDE and national organizations to support federal funding for CACFP and to increase utilization rates, including making the program available to informal providers in the Child Care Scholarship (Subsidy) Program. MFN should continue to support efforts to strengthen existing child abuse and neglect laws and should continue to train child care providers and parents on effective, positive discipline strategies.

10. Inclusive Child Care

Families of children with disabilities have had a limited choice of child care resources. Because quality child care programs need to be available and affordable for all families, MFN has long been a champion of inclusive child care. LOCATE: Child Care provides enhanced counseling and referral services for parents of children with special needs. MFN offers child care training specific to children with special needs but also embeds a philosophy of inclusive child care into all its trainings and offers technical assistance on inclusive child care to child care providers.

In 1990, Congress passed the Americans with Disabilities Act (ADA), which guarantees equal opportunity and access to people with disabilities. The ADA regulations treat child care as a public accommodation and, as a result, child care providers may need to make adjustments in enrollment policies and some modifications of their physical space. In 1995, MFN arranged for the leading national expert on the ADA in child care to come to Maryland to train child care licensing staff and others about the ADA.

The Maryland Infants and Toddlers Program (MITP) provides early intervention services to meet the developmental needs of children with disabilities from birth to age 3. These services can be delivered in the child’s home or child care setting. Funding for MITP comes from Part C of the federal Individuals with Disabilities in Education Act (IDEA), state general funds, and local funding. In the 2002 Session of the General Assembly, MFN and its allies helped to ensure that some revenue from an increase in the cigarette tax was dedicated to MITP. As a result, it received an immediate infusion of \$4.8 million, with a state funding formula to be phased in beginning in FY 2004. In the 2006 Session, legislation was introduced to make the funding formula mandatory rather than discretionary. Budget constraints led to a compromise: the bill was amended to eliminate the mandate but require the appropriation for MITP in any given year to equal or exceed the appropriation of the preceding year.

In the 2008 Session, MFN and other advocates lobbied the O’Malley Administration intensively for additional MITP funding. The Governor responded with a supplemental budget appropriation of \$7.6 million, an amount that would have expanded funding to the level indicated by the formula. Despite a recommendation by the Department of Legislative Services to reject the appropriation, the General Assembly ultimately approved a \$4.6 million appropriation, raising the FY 2009 funding level to

approximately \$10.4 million, where has remained. The FY 2021 budget proposed by the Governor and approved by the General Assembly includes an “unallocated” increase of \$2 million for MITP, and additional increases were incorporated into the “Blueprint for Maryland’s Future” legislation that was vetoed by the Governor. The General Assembly is expected to take up the question of overriding the Governor’s veto when it next convenes.

MFN also participated in the Task Force on Inclusive Child Care and After School Care, convened by MSDE and the Governor's Department of Disabilities. In January 2006, the Task Force issued an “Implementation Plan for Inclusive Child and School-Age Care.”

In 2013, MFN’s Public Policy Committee served as a venue for discussion, debate, and consensus-building around a bill which sought to establish a process through which parents might seek accommodation or redress if they believe their child experienced discrimination by child care programs based on the child’s disability. An initial proposal by MFN’s allies in the disabilities community was presented, discussed in detail, and revised to incorporate input from provider associations, MSDE, MFN, and others. In the end, a workable compromise was struck, and legislation was passed establishing a workgroup comprised of the stakeholders to make recommendations to MSDE for regulations to govern resolution of discrimination disputes. The workgroup issued a report in May 2014, and a new requirement for a three-hour training on the Americans with Disabilities Act for all family child care providers and center teachers became effective January 1, 2016. Legislation passed in 2017 led to the convening of a workgroup to hammer out the details of the dispute resolution process by October 1, 2017. The workgroup reached agreement and a process was established. Advocates are continuing to monitor progress in this area.



POSITION

MFN should continue to monitor the effect of the Americans with Disabilities Act on child care programs, support funding for the Infants and Toddlers Program, and take an active role in advocating inclusive child care.



After-School Care

There has long been a need for resources for after-school programs. Currently, there are 1,020 regulated school- and center-based school-age child care programs in Maryland. Most exist in urban and suburban jurisdictions, with the largest number of programs operating in Prince Georges, Montgomery, and Baltimore Counties, followed by Anne Arundel County, Baltimore City, and Howard County. Unregulated programs serving school-age children include some of those operated by local government agencies, including schools, recreation and parks agencies, and police athletic league programs, and commercial programs offering recreational activities or lessons in an extended-day program.

Over the years, issues that were found to inhibit the development of school-age child care included the lack of training for school-age child care staff and a lack of publicity about available services and programs for children with special needs and children attending middle schools. Some jurisdictions reported that transportation and zoning policies also inhibited school-age child care.

A key victory in the 1999 General Assembly was passage of the Maryland After-School Opportunity Fund (MASOF) Program, requiring the Governor to include \$10 million in the annual State budget. Administered by DHR, in conjunction with an executive committee and an advisory board, the purpose of this program was to provide State grants to expand the availability of high quality after-school programs. MFN served on a subcommittee of the advisory board that examined the issue of licensing and standards for after-school programs. To date, no regulations specific to after-school programs have been promulgated, although MASOF had program standards used to monitor its programs.

In 2003 MASOF fell prey to drastic budget cuts. The Governor's budget proposed cutting the \$10 million allocation for MASOF by \$5 million, a proposal that was approved by the legislature. In July 2003, the Board of Public Works approved an additional cut of \$1,050,000. In 2004, responsibility for administering MASOF was transferred to the Governor's Office for Children (GOC), and in 2005, it was transferred to MSDE, but no funding was dedicated to the program. Instead, in FY 2006 and again in FY 2007, \$4.7 million was allocated for after-school programs through Local Management Boards (LMBs) in the Children's Cabinet Fund. In FY 2008 and FY 2009, that allocation increased to \$4.9 million but was reduced to \$4.2 million in FY 2010. Action by the Board of Public Works in August 2009 further reduced that allocation by \$659,000. Beginning in FY 2011, GOC distributed Children's Cabinet funds largely based on local priorities conveyed by the LMBs. Funding for after-school programs will not be fixed.

In the 2012 legislative session, the Maryland Out of School Time (MOST) Network proposed legislation to transfer MASOF from the Maryland State Department of Education to the Governor's Office for Children and to revive its Advisory Board, with hope of getting a future restoration of funding. MFN worked with the Maryland After-School Association (MAA) to recommend amendments prior to the introduction of bill to include representatives from MAA, the Maryland Child Care Resource Network, and the Office of Child Care on the Advisory Board. The bill, which passed as amended, also included provisions to use the MOST Program Quality Standards to monitor unregulated after-school and

summer programs for youth. Legislation in the 2015 legislative session to establish a new After-School and Summer Opportunity Fund, and requiring the Governor to provide at least \$5 million annually for the fund, received an unfavorable report.

Federal funding is available to high-poverty, low-performing schools through the 21st Century Community Learning Centers program. This funding may be used to provide after-school enrichment activities that will improve student achievement and promote success for students in pre-K through 12th grade. Maryland received \$18.6 million in FY 2019 and FY 2020. For more information, see the After-School Alliance's fact sheet on the availability of, and funding for, after-school programs in Maryland at afterschoolalliance.org/policyStateFacts.cfm?state=MD.

Maryland lost a school-age voice with the dissolution in late 2018 of the Maryland AfterSchool Association (formerly known as the Maryland School-Age Child Care Alliance, or MSACCA). MSACCA is sorely missed, especially as Marylanders grapple with the increased need for school-age care in the midst of the coronavirus pandemic and virtual learning.



POSITION

MFN should support state efforts to expand and coordinate resources for after-school care. MFN should also take a lead role in assuring that child care and other after-school programs serving elementary and middle school children meet health and safety standards, funding accountability, and other quality standards. State funding for after-school programs should be carefully monitored and additional funding should be supported.

Child Care for Infants and Toddlers

A significant shortage of regulated child care for children under two years old remains a chronic problem. Although Maryland regulations permit these youngest children to be cared for in centers, many families prefer to have their infants and toddlers in regulated family child care homes. In June 2020, 4,738 family child care providers were licensed and willing to care for children under two, but family child care providers may only care for two children under age two in most cases, limiting the maximum capacity. There were 864 center-based programs licensed and willing to care for infants. Although previous years have shown a substantial increase in slots for children under two in centers to offset the decline in family child care slots, the tremendous need is a major issue for families, providers, and advocates.

Of particular concern to parents is the fact that center care for infants and toddlers is extremely expensive; in Maryland the average cost in 2020 ranges from \$105 a week in Garrett County to \$408 a week in Montgomery County. To ensure that infants and toddlers are protected from risk of harm, regulations governing their care are stringent. The two major expenses associated with infant and toddler care are staff costs to meet the 1:3 staff:child ratio required by center regulations, and facilities and equipment costs of preparing and maintaining infant and toddler rooms.

43% of the infant slots in regulated care are in family child care homes, and family providers will probably continue to provide a substantial portion of infant and toddler care in the near future. The average 2020 cost of infant and toddler care in family child care ranges from \$102 a week in Garrett

County to \$282 a week in Montgomery County. In 1991, the General Assembly passed legislation allowing a family child care provider to care for four children under age two if there is a second adult care giver in the home. Budgets developed by MFN found that the cost of the required assistant far exceeded the additional revenue provided by the two additional children under two within existing capacity limits, so this option is generally only available to providers who employ a relative as the additional adult. Under the 2011 large family child care home law and its 2012 regulations, a large family child care home could serve up to 12 infants and toddlers with four staff members, and such an operation is thought to be more cost effective, at least in the jurisdictions with high fees for infant and toddler care. Because of local zoning and fire code restrictions which may limit the capacity of this new facility, it remains to be seen whether it will expand the capacity for children under age two and help providers who want to increase their enrollment.

Infants and toddlers require continuous attention from child care providers to meet their needs and foster their healthy growth and development, including healthy brain development. Parents and experts have long known that babies raised by caring adults in safe, stimulating environments are better learners than those raised in less stimulating settings, and that these effects can be long-lasting. Recent scientific findings related to studies of the nervous system and the use of sophisticated brain scans have allowed researchers to measure the impact of the environment on brain function. According to *Starting Points: Meeting the Needs of our Youngest Children*, the landmark 1994 Report of the Carnegie Corporation, five key findings should inform early childhood policy-making activities, particularly as it relates to very young children: (1) brain development that takes place before age 1 is more rapid and extensive than previously realized; (2) brain development is much more vulnerable to environmental influence than previously believed; (3) the influence of the early environment on brain development is long lasting; (4) the environment affects not only the number of brain cells and number of connections among them, but also the way these connections are “wired;” and (5) there is scientific evidence for the negative impact of early stress on brain function.

While recognizing the need to increase the supply of infant and toddler care, MFN has vigorously opposed legislative proposals to weaken current law regarding group size and ratios and the number of children under age two in a small family child care home. Solutions to the shortage of infant and toddler care must not come at the expense of safety or quality.



POSITION

MFN should explore options that can increase the supply of infant/toddler care and maximize quality. This includes expanding efforts to recruit more family providers, encouraging employers to subsidize infant/toddler care in a variety of ways, and supporting leave policies that give parents the time to choose and monitor safe and appropriate child care for their babies and young children. Advocating additional state investments in comprehensive early childhood education and support is a priority. MFN should continue to monitor the implementation of regulations governing large family child care homes and the impact this new facility has on the supply of infant/toddler care.

Child Care Regulatory Issues

In 1987, the General Assembly passed legislation consolidating the regulation of center and family child care within the Child Care Administration in the Department of Human Services (DHS). Previously,

three different departments regulated three different types of early care and education. The local health departments, under the Maryland Department of Health, licensed child care centers; the local departments of social services, under DHS, registered family child care homes; and the Maryland State Department of Education (MSDE) certified nursery schools and kindergartens. It was hoped that this consolidation of child care licensing at DHS would result in a more consistent and efficient licensing system, but consistency has not been easy to achieve.

As a result of legislation passed in 2005, child care licensing authority now resides in MSDE, where it was consolidated with the regulation of nursery schools and pre-kindergarten in a newly created Division of Early Childhood Development (now known as the Division of Early Childhood). The Office of Child Care's Licensing Branch has oversight of the regulations for child care. Shortages of licensing staff continue to create problems with keeping current on inspections of regulated facilities, even after the implementation of the "continuing license" regulations. The National Association for the Education of Young Children, in its position statement on Licensing and Public Regulation of Early Childhood Programs, recommends a caseload to staff ratio of 50 to 1. As of August, 2020 the average caseload to staff ratio among all Regional Offices is 79 to 1, down from 123 to 1 in 2009. Regions with the highest ratios include Frederick County with an average caseload of 106 per specialist, Carroll County with 94 per specialist, and Anne Arundel County with 94 per specialist. According to the March 2020 report *Trends in Child Care Center Licensing Requirements and Policies for 2017* by the National Center on Early Childhood Quality Assurance, the average caseload for licensing line staff decreased from 97 centers and homes in 2014 to 81 centers and homes in 2017. (childcareta.acf.hhs.gov/sites/default/files/public/2003_center_licensing_trends_brief_2017_final_0.pdf).

Maryland has long been known for having strong child care regulations. In 2013 Child Care Aware of America (formerly NACCRRRA) changed their method of calculating the state rankings for their report, *We Can Do Better: 2013 Update: Ranking of State Child Care Center Regulations and Oversight*, and our center regulations fell to 18th place. There are, however, several child care licensing and regulation issues which are currently of concern to advocates and providers.

COMPREHENSIVE BACKGROUND CHECKS

Legislation passed by the 2013 General Assembly closed two large gaps in Maryland's comprehensive background checks. The law required the addresses of all child care centers, family child care homes and informal providers, as well as the names of the providers, to be checked against the Maryland Sex Offender Registry. (MSDE already had procedures in place to accomplish this, and the legislation codified the requirement.) In addition, all informal providers serving subsidy children, and the adult members of the providers' households, were required to have state and federal criminal background checks. Regulations implementing this provision required the background checks to be completed by July 1, 2014, at which time all informal providers who had failed to comply were no longer paid for care, and the number of informal providers fell from over 1,000 to about 800 within the month, and in FY19, the number had declined to 494.

The CCDBG Reauthorization Act of 2014 required all states to have comprehensive criminal background checks beginning in 2017. Maryland was already meeting most of the requirements. New regulations are required to get background checks from other states where a child care provider is currently living or has lived in the last five years, and for repeat checks of FBI criminal records. The FBI is in the process of implementing a Rap Back program, like the program used in Maryland, which will

notify State Child Care Administrators of crimes committed by anyone whose fingerprints are affiliated with a child care program in their state.

This issue rose to national prominence and MFN was instrumental in crafting the Child Care Protection Improvement Act, introduced by U.S. Senators Chris Van Hollen (D-Md.) and Richard Burr (R-N.C.). This bipartisan legislation would create a task force to identify the problems, develop recommendations and best practices, and provide technical assistance to assist states in the process of implementing background check requirements for child care workers. The bill passed the Senate and was referred to the House Committee on Education and Labor in March 2020.

LARGE FAMILY CHILD CARE HOME REGULATIONS

In 2011 the General Assembly passed legislation creating the designation of “large family child care home” as a new type of facility in Maryland. In this new facility a family child care provider is permitted to care for nine to 12 children with staffing comparable to the staffing for the former designation of a small center in a home. The differences between the large home and small center are minimal in the regulations, which became effective in February 2012, but the benefits to the provider are substantial.

Perhaps the most important benefit of the large family child care home designation is access to accreditation. Neither the National Association for the Education of Young Children nor MSDE accredit a child care facility in a residence, and the National Association for Family Child Care (NAFCC) can only accredit those programs that are designated family child care homes by the state licensing system. The new large family child care home is eligible for NAFCC accreditation, enabling large home providers to participate in the top tiers of Tiered Reimbursement and the Maryland EXCELS Quality Rating and Improvement System. Small center providers are allowed to opt into the new large home regulations or to remain classified as centers, but no new licenses for small centers in a home have been issued since 2012.

Premium payments, which are tied to EXCELS levels 3, 4, and 5 and provide tiered reimbursement for a higher quality of care, vary by setting. Family Child Care rates for infants lag behind the rate for centers (see Appendix E for a complete breakdown of Tiered Reimbursement rates).

MFN participated in the workgroup drafting the new large family child care home regulations. The new regulations blend the provisions of the child care center regulations that applied to small centers with some of the family child care regulations that take into consideration the unique aspects of a child care program operating in a residence. Stakeholders in the small center and family child care communities had input in the large home regulations, and implementation proceeded well in most counties. There are a few counties with full implementation being blocked by local fire marshals or zoning agencies.

INSPECTIONS AND FEES IMPOSED BY OTHER STATE AND LOCAL AGENCIES

The intent of the consolidation of child care home and center licensing was to create one agency with centralized accountability for regulations and their enforcement. Although OCC has primary responsibility for regulating child care, other state and local agencies also promulgate and enforce regulations for child care centers and family child care homes. The State Fire Marshal's Office and the local fire marshals' offices in home rule counties enforce the state and local Fire Safety Codes, which

mandate fire prevention practices and staffing ratios, charging child care facilities fees for their required inspections. One local Fire Marshal attempted to require existing family child care providers to have their homes retrofitted with sprinkler systems, but advocacy by local providers defeated this requirement. Local health departments can restrict capacity of child care programs based on water and sewage capacity, charging inspection fees and requiring costly improvements to septic systems if providers want to continue to serve the number of children permitted by OCC. In some jurisdictions local health departments also inspect programs serving meals, for which there is another set of inspection fees. Local governments enforce building and zoning codes, which in some jurisdictions require use and occupancy permits or business licenses for child care businesses. The fees for licenses can range from minimal to very costly, and they can be charged one-time-only or annually. The Department of the Environment has developed regulations for lead paint safety in child care facilities, but the cost of the required lead abatement can be prohibitively high, forcing some programs to close or relocate. Although cases can be made in favor of each of these additional sets of regulations imposed on child care facilities, the cumulative effect poses both fiscal and bureaucratic barriers to the operation of child care programs.

The 2020 Child Care Licensing Study reported that 69% of states charge licensing fees for child care centers (childcareta.acf.hhs.gov/sites/default/files/public/2003_center_licensing_trends_brief_2017_final_0.pdf) and 66% of states charge fees for family child care licensing (childcareta.acf.hhs.gov/sites/default/files/public/2003_fcch_licensing_trends_brief_2017_final_0.pdf). OCC does not charge licensing fees, but the fees charged by other state and local agencies can be burdensome. In addition to the inspection and permit fees discussed above, the requirement for all center staff and family child care providers and their families to be fingerprinted has become increasingly expensive and cumbersome, and as of April 15, 2012, the FBI requires electronic submission of fingerprints, for which some private services charge higher fees. The cost of fingerprinting and a full criminal background check has now risen to around \$55.

Contingent to the 2014 CCDBG reauthorization, states and territories must have requirements, policies, and procedures for specific background check components, and must be conducting those checks for all child care staff, in accordance with the law. Fingerprinting, background checks, and checks against the sex offender registry are required. Some providers may need to get re-printed every five years. To minimize the financial burden associated with meeting the new requirements, the Office of Child Care picked up the cost of the background checks through a reimbursement procedure through December 31, 2018.

ONLINE REPORTING OF LICENSING INSPECTION RESULTS

The 2014 CCDBG reauthorization also requires all states to post inspection results for all annual inspections and for complaint inspections when the complaint is substantiated. Maryland began posting annual inspection results before 2013. After some serious concerns raised by MFN and the child care community about OCC's initial online posting, OCC established the Check Child Care Maryland website at checkccmd.org, where the public can access child care inspection reports. The website identifies any regulations for which a non-compliance was found by the licensing specialist, but the violations cited without specificity can be misleading to parents, such as a scented soap being cited as a hazardous material. OCC is working with providers to address this issue and to update the website promptly when violations are corrected, allowing parents who view a program's record on the website to better assess the severity of the infraction and its impact on program quality.



POSITION

MFN should advocate consistent and fair regulations to protect the health and safety of children and promote developmentally appropriate learning experiences, as well as the consistent enforcement of regulations for all child care facilities. MFN must continue to advocate a comprehensive criminal background check system, with careful attention to the developments concerning the FBI Rap Back program and the CCDF requirements. MFN should: continue to work with MSDE to make the reporting of licensing inspection findings fair to providers and informative to parents; monitor the imposition of various fees on child care providers; and continue to advocate funding for training and technical assistance to help providers achieve and maintain compliance with all regulations.

Family Child Care

Registered family child care is an important part of Maryland's child care delivery system. Family child care providers offer child care that most closely resembles the care that children receive in their own homes. Family child care providers care for many children who have special needs or need care during nontraditional hours. In August 2019, 44% of the slots for infants were in family child care; in all prior years the majority of those slots were in family child care. The number of regulated family child care providers has been declining precipitously for more than two decades, from a high of 12,514 in November 1996 to 5,126 in June 2020.

Despite intensive provider recruitment efforts in many parts of the state over the years, we know there are still large numbers of people caring for children who are operating outside the regulations. Unfortunately, there is a dearth of incentives to encourage providers to register, and there are growing disincentives to registration. Furthermore, parents are often either unaware of the importance of having children in regulated child care or lack the resources to choose it. To address this growing problem of illegally operating child care, legislation was passed in 2016 to allow MSDE to fine illegally operating programs that advertise their services.

There are many disincentives to registration. Federal regulations remove one strong incentive for registration by requiring that the state subsidize care by relatives and by non-relatives in the home of the child even if the person is not regulated. Regulations governing family child care providers have become more stringent and have increased the administrative responsibilities and training requirements of registration. In addition, many family child care providers have complained about the burdensome registration and inspection process, as well as arbitrary interpretations and harsh enforcement of regulations by Office of Child Care (OCC) licensing specialists. OCC has attempted to address some of these concerns by implementing a non-expiring license and using an electronic inspection form that only permits the licensing specialist to cite non-compliances for specified regulatory violations.

Fire codes and local building and health codes also deter providers from registration. Permits and inspections add additional costs to the expense of operating a regulated family child care home, but the cost is not the only barrier. Many local and state fire inspectors and local building and health inspectors have little understanding of family child care, and most providers have difficulty understanding fire,

zoning, and health codes. The process and cost of obtaining criminal background checks may present an additional barrier. The 1989 General Assembly passed legislation mandating fingerprinting for state and federal criminal background checks for all family child care providers and any residents of the home over 18 years old. The check may be completed within a week using Live Scan technology, but it will cost approximately \$55 per person. It is worth noting, however, that the General Assembly passed legislation in 2013 requiring informal providers serving subsidy children to meet the same criminal background check requirements as regulated family child care providers.

The regulations have increased the average cost of family child care provider registration to approximately \$1,000 (without the additional expenses for infant/toddler care or modifications to the home). The Family Child Care Provider Grant Program can assist some potential and existing providers with up to \$500 to meet regulations; however, the demand far exceeds the available funds.

Although there is still a high demand for infant/toddler care, most family child care providers can only care for two children under the age of two, including their own children, in a group of eight children. In 1991, the General Assembly passed legislation allowing a family child care provider to care for four children under age two if there is a second adult care giver in the home. Budgets developed by MFN found that the cost of the salary for the required assistant far exceeded the additional revenue provided by the two additional children under two within existing capacity limits. Under a 2011 law and 2012 regulations, a large family child care home could serve up to 12 infants and toddlers with four staff members, and such an operation is thought to be more cost effective, at least in the jurisdictions with high fees for infant and toddler care. Because of local zoning and fire code restrictions which may limit the capacity of this new facility, it remains to be seen whether it will expand the capacity for children under age two and help providers who want to increase their enrollment.

Legislation was introduced in the 2006 and 2007 General Assembly Sessions on behalf of the Service Employees International Union (SEIU) to unionize regulated family child care providers and informal providers participating in the Child Care Scholarship (Subsidy) Program. The bills failed to pass in both years. On August 6, 2007, Governor O'Malley issued an Executive Order establishing the framework of an election process through which a union can claim "meet and confer" bargaining status with the State on behalf of both registered and informal family child care providers participating in the Child Care Subsidy Program. The Executive Order did not establish a mechanism for a union to collect fees from nonmembers, nor did it provide for binding arbitration in the event of negotiation impasses. A September 2007 election organized by the Department of Labor, Licensing, and Regulation resulted in an SEIU victory, although fewer than 30% of eligible providers voted. The Executive Order faced a series of legal challenges, which called the election results into question. On March 9, 2009 the Maryland Court of Special Appeals ruled that the Governor's Executive Order was legally issued, and the legal battle came to an end. A memorandum of understanding was finalized between MSDE, the Governor and SEIU on October 15, 2009, effective through June 30, 2011. This agreement contained a subsidy rate increase of approximately 3% for family child care providers and allowed SEIU to file a grievance against the Prince George's County Department of Social Services for its failure to process subsidy payments on time.

Legislation to codify the Executive Order was passed in the 2010 General Assembly. A second memorandum of understanding between SEIU and the State, effective July 1, 2011 through June 30, 2013, was ratified in August 2011. The third contract, covering the period between July 1, 2013 and June

30, 2015, contained a 2 ½% subsidy rate increase effective January 1, 2015 and a provision for agency fees to be collected from every family child care provider and informal provider participating in the Child Care Subsidy Program. The contract covering the period from July 1, 2016 through June 30, 2018 contained a 2% subsidy rate increase effective June 30, 2017.

On June 30, 2014, the U.S. Supreme Court decided the case of *Harris v. Quinn*, holding that only “full-fledged state employees” could be required to pay agency fees to a union representing them, and that home health care workers in Illinois were not “full-fledged state employees.” Justice Samuel Alito, writing for the majority, reasoned that if home health workers were required to pay agency fees, then “a host of workers who receive payments from a government entity for some sort of service” but are not state employees – and he specified those represented by family child care unions – could also be required to pay agency fees, and the majority did not accept such an expansion of the precedent that established agency fees for state employees. While this “dictum” pertaining to family child care unions is not legally binding, the family child care unions have acknowledged that the Supreme Court would be likely to strike down their agency fees if a case were to be decided, and in September 2014 deductions for agency fees in Maryland came to an end.



POSITION

MFN should advocate policies that encourage the expansion of both family child care and large family child care programs by recruiting and supporting new providers and working to retain career providers. This includes: supporting funding to enhance local and statewide family child care recruitment activities and training and technical assistance for providers; supporting the efforts of family child care organizations to assist potential and existing providers; advocating funding for the family child care grant program and considering the development of a family child care loan program for more costly renovations; and developing other incentives to recruit and retain regulated providers.

Pre-K Expansion

In 2006, the General Assembly enacted a proposal establishing a task force to evaluate issues related to universal preschool and make recommendations for increasing Maryland families’ access to high-quality early education. MCC Executive Director Sandy Skolnik was named co-chair of the Task Force, along with Dr. Rolf Grafwallner, then the Maryland State Department of Education (MSDE) Assistant Superintendent for the Division of Early Childhood Development. Thirteen other Task Force members were drawn from the public and private sectors, representing interests as diverse as local boards of education, Head Start, child care, higher education, and the business community.

Beginning in the fall of 2006 and continuing throughout 2007, the Task Force convened to discuss a multitude of topics, including preschool education in other states, the need to increase teacher/provider education and professional development, preschool program quality standards, and compensation increases to attract and retain qualified professionals in the field. As MSDE’s School Readiness Data and other national studies convincingly demonstrate, children are far better prepared to begin kindergarten after participating in high-quality preschool programs. A final report from the Task Force was presented to the General Assembly in December 2007. The full text and recommendations of the

report, *Preschool for All in Maryland*, can be accessed online at msa.maryland.gov/megafile/msa/speccol/sc5300/sc5339/000113/004000/004996/unrestricted/20071428e.pdf.

A key issue in the Task Force's deliberations concerned the proper role of private child care providers in the expansion of publicly funded preschool opportunities. MFN has long maintained that to maximize efficiency and avoid duplication of existing services, local school systems should contract with qualified community-based providers, rather than incur the enormous expense and time delay associated with constructing new classrooms and the cost and logistics of transporting a new cohort of four-year-olds (and perhaps three-year-olds) to and from half-day or full-day programs in a public school. Just as important, any new preschool initiative needs to recognize and address the potentially devastating economic impact that an exodus of preschool-age children from private child care would have on the entire birth-through-five early care and education system.

Challenged by worsening economic conditions on the one hand, but buttressed by a new federal administration with a stated commitment to quality early education, MFN spearheaded legislation in the 2009 General Assembly Session to progress toward expanded pre-K in Maryland. Recognizing that any bill incurring a fiscal note would almost certainly fail, MFN instead sought to build on the groundwork laid by the Task Force without requiring additional expenditures. The new law called on MSDE to finalize a Preschool for All Business Plan that was presented in draft form to the State Board Education in the fall of 2008. MSDE was required to solicit input from local governments and school systems, evaluate current levels of participation and demand, establish firm cost projections, and explore future funding strategies. The finalized Business Plan was presented to the Governor and the General Assembly in December 2009.

In the 2010 Session, with the economy still in turmoil, MFN again crafted legislation to advance the cause of early childhood education while avoiding any immediate cost. This bill called on MSDE to compete vigorously for a federal grant from the Early Learning Challenge Fund (ELCF), if ELCF was passed by the U.S. Congress. Hearings in mid-March offered compelling testimony from advocates, administration officials, child care providers, parents, and others. After a whirlwind final weekend, HB 350 / SB 758 passed nearly unanimously in both chambers (138-1 in the House of Delegates, 45-0 in the Senate).

The second bill advanced by MFN in 2010 would have required MSDE to expand an existing annual report on the Judy Hoyer Centers and Enhancement Grants to include other early childhood education programs, such as pre-K, Head Start, Infants and Toddlers, Family Support Centers, Child Care Resource Centers, and child care programs. Although this legislation was not passed in 2010, it was reintroduced and passed in 2011. The expanded report provides policymakers and advocates with a critical planning and assessment tool – an annual report card showing where Maryland stands in its efforts to provide high-quality early care and education to all young children and ensure that they arrive at kindergarten with the skills they need to succeed. The FY 2018 report is online at earlychildhood.marylandpublicschools.org/system/files/filedepot/4/2018-judyhoyerrpt-r3_1.pdf.

In the 2012 legislative session MFN supported bills based on the Preschool for All Business Plan to make full-day pre-K available for all economically disadvantaged 4 year olds and half-day pre-K for all other 4 year olds by the 2015-2016 school year. The Senate version of the bill would have financed the

expansion with the revenue from the expansion of casino gambling to include table games. These bills did not pass, but in the second 2012 Special Session gambling legislation was amended to add early childhood education to the short list of allowable expenditures from the Education Trust Fund.

The next step toward full implementation of the Preschool for All Business Plan was the Pre-K Expansion Act of 2014, and MFN played an important role in its passage. From providing information and analysis to the bill's sponsors, to organizing early childhood provider and advocacy organizations to support it, and lobbying General Assembly leadership for enactment, MFN provided behind-the-scenes support and protected the critical elements of the Administration's proposal.

One such critical element is the concept of "diverse delivery," a public-private system through which pre-K can be offered not only in public schools but also in existing high-quality, community-based settings, such as accredited child care centers. As long as such settings meet the same state standards as school-based programs, diverse delivery provides a cost-effective route to pre-K expansion, since new expenditures can focus on enrolling more children rather than capital costs. It gives parents needed flexibility with before- and after-school arrangements, because half-day (2.5 hours) and even full-day pre-K (6.5 hours) rarely aligns with parents' workdays. And diverse delivery can potentially raise quality throughout early childhood settings by incentivizing private programs to earn accreditation and by offering providers and teachers alike professional and personal development opportunities.

Also critical was the \$4.3 million included in the budget to implement the Pre-K Expansion Act. This allocation, to be awarded on a competitive basis to local school systems and qualified private programs, allowed for 1,100 new pre-K students to join the more than 26,000 enrolled in 2014. Eligibility under the expansion grants was extended to four-year-olds whose family income falls at or below 300 percent of the Federal Poverty Guideline (\$63,990 for a family of three), as opposed to the income ceiling of 185 percent (\$39,460 for a family of three) that has governed mandated access to pre-K since 2002. The Act required budgets in future years to contain at least the same funding amount.

The Pre-K Expansion Act of 2014, and the budget commitment it represented, were instrumental in Maryland's successful pursuit of a four-year federal Preschool Development Grant (worth approximately \$15 million per year) in December 2014. Partly as a result, Maryland needed a plan to meet the rising need for early childhood educators. Legislation was introduced in the 2015 legislative session to require MSDE, in concert with the Maryland Higher Education Commission and state colleges and universities, to develop a master plan by the end of 2015 to address the critical shortage of qualified teachers and child care providers in the early education workforce. The plan was required to address bachelor's degree programs, recommend strategies for attracting and retaining early educators, and an outline of a continuum of high-quality professional development options that include child care providers. The vision and guidance of MFN Board member Dr. Nancy Grasmick was instrumental to the enactment of this important legislation. The report is available online at earlychildhood.marylandpublicschools.org/system/files/filedepot/21/pd_master_plan_report_-_final_jan_21_2016.pdf.

Beginning in 2016, a comprehensive re-examination of Maryland's education policies and funding formulas was been undertaken by the Commission on Innovation and Excellence in Education, better known as the Kirwan Commission. (Margaret Williams, then MFN's Executive Director, was among the 25 members, and the only representative of a child advocacy organization.) Although it initially

hoped to meet a December 2017 reporting deadline, the Kirwan Commission has postponed its final recommendations until late 2019. In the meantime, it issued a Preliminary Report in January 2018 intended to summarize areas in which the Commissioners had already achieved broad consensus. From an early childhood perspective, the Preliminary Report contained several important features, all strongly informed by MFN's input. Two were especially prominent: a firm commitment to provide access to publicly funded pre-K, within a diverse-delivery system, for all four-year-olds and for three-year-olds from low-income families; and the acknowledgement of "an inescapable obligation" to advocate a strengthening of services for children birth to age 3 and their families, in addition to the Commission's ostensible focus on pre-K-to-12 public education.

The commitment to public pre-K formed a cornerstone of 2018's HB 1415 "Education – Commission on Innovation and Excellence in Education," legislation intended to enact parts of the Preliminary Report in anticipation of the final recommendations to come. Among its many components, this bill includes a provision that preserved \$22.3 million in pre-K expansion dollars that might otherwise have been lost in FY 2020, when the aforementioned federal Preschool Development Grant (and with it, State matching funds) was set to expire. That amount will be replaced by State funding until the expected implementation of "universal" pre-K in accordance with final Kirwan Commission recommendations.

The commitment was renewed in 2019 with the passage of SB 1030, the first iteration of "The Blueprint for Maryland's Future." With both policy and budgetary components reflecting Kirwan Commission priorities, this complicated legislation was introduced late in Session and sparked considerable debate before its ultimate passage during the final days. On the policy side, it endorsed the sweeping policy recommendations of the Kirwan Commission, including the major early childhood and pre-K provisions cited above (along with teacher salary increases, expanded career and technical education, robust supports for at-risk students, accountability measures, and others). From a fiscal standpoint, the bill required a 3-year "down-payment" on the implementation of those recommendations, totaling approximately \$1 billion—the first installment of which was carved out of the FY 2020 budget.

The coronavirus pandemic brought the 2020 Session the General Assembly to a premature conclusion, but not before the dramatic enactment of HB1300, "The Blueprint for Maryland's Future – Implementation." As the culmination of years of work outlined only briefly above, the "Blueprint" legislation will institute sweeping reforms in the K-12 education system and lead to dramatic strides in early care and education. Its key early childhood provisions include a vast expansion of public pre-K for three- and four-year-olds in schools and child care programs, enhanced professional development for providers, new funding for the Maryland Infants and Toddlers Program, and the creation of 135 new Judy Centers and 30 new Family Support Centers over the next 10 years. The "Blueprint" represents a triumph of MFN's efforts in these areas and is arguably the State's most important piece of legislation in decades. Although the Governor vetoed the bill on May 7, it passed both chambers of the General Assembly with overwhelming majorities, albeit at time when the dimensions of the pandemic were just starting to come into focus. The legislature will likely take up override consideration when it next convenes—at a time and under conditions that are now uncertain.



POSITION

MFN, together with its allies, should vigorously advocate the override of the Governor's veto of "The Blueprint for Maryland's Future." MFN should work diligently to help implement its provisions, particularly in regard to expanding pre-K and increasing support for children birth to age 3 and their families. Diverse delivery and professional development for early childhood educators are primary concerns for MFN's pre-K advocacy.

Public Engagement Campaign

In order to advance policies that ensure young children and their families have the resources to learn and succeed, we must build both the public and the political will to prioritize children. To build public will, we must engage providers, parents, community members, and other advocacy groups who will take our message to their elected officials. To build political will, we must find champions among our elected officials who can help pass budgets and legislation that address the learning and development needs of children.

From 2004 through 2009 MFN had public and private funding to operate *Countdown To Kindergarten: Learning Begins at Birth* (CTK), a statewide public awareness campaign about the importance of early learning and school readiness. During its years of operation, CTK conducted outreach to parents and child care providers utilizing TV and radio, print media, and the Internet. The popular *Tips for Turning Everyday Activities into Learning Activities*, an illustrated booklet for parents, is now out of print, but 450,000 were distributed statewide. (A downloadable version is still available on the MFN website at marylandfamilynetwork.org/sites/default/files/2020-04/Tips-for-Turning-Everyday-Activities-into-Learning-Activities.pdf.) CTK also worked in partnership with other stakeholders to inform elected officials and political candidates about school readiness, and CTK staff worked to ensure that influential media outlets provide coverage of important early childhood issues and policy developments.

MFN and our allies can continue to spread the message that investments in high-quality, comprehensive services for young children yield high returns and are the best strategy not only for improving school readiness but also for children's success in school and in life. MFN's weekly public radio program "The First Five Years" (marylandfamilynetwork.org/first-five-years) educates parents on a variety of child development and early learning topics. MSDE's plan for the Maryland EXCELS quality rating and improvement system (QRIS) included funding from the Early Learning Challenge Grant for a parent awareness campaign in late 2015, but funding has now expired.



POSITION

MFN should continue to build a coalition to advocate for investment in children and families and should support funding for a statewide public engagement campaign.

Quality Improvement

There remains ongoing concern about the quality of early childhood education programs. The quality of child care and early childhood education is directly related to how clearly the needs of young children

are understood and addressed—the degree to which the programs are "developmentally appropriate." Research on infant brain development in the last two decades has focused attention on the importance of quality interaction between caregivers and very young children in healthy brain development. In that same time period, Maryland has been moving toward building a system of early care and education that is based on what the research tells us young children and their families need.

MFN has taken an active role in the development of child care quality initiatives in Maryland. As an early leader in child care provider training and technical assistance, MFN became the operator of the Statewide Training Clearinghouse and its Training Advisory Committee (TAC). MFN also took the lead in the development of the Maryland Child Care Resource Network (MCCRN) and has operated the network since its founding in 1989. (For more information on MCCRN, see the "Who We Are" section, above.)

The work of the TAC led to the development of the Maryland Child Care Credential and the use of the Maryland Model for School Readiness (MMSR) in child care programs. In 1997, the Maryland State Department of Education (MSDE) developed MMSR as an observation and assessment tool for public kindergarten and pre-K teachers. It also emphasizes effective communication with families and other staff working with young children. In 1998, MFN received funding from BGE to adapt MMSR, in partnership with MSDE, Villa Julie College (now Stevenson University), and the Maryland Head Start Association, to train early childhood professionals serving three and four year olds. This training complemented the staff development model provided to pre-K and kindergarten teachers in the public school systems. When MSDE made the transition to the new Kindergarten Readiness Assessment (KRA) tool, MFN developed *Setting the Stage: Assessment in Early Education and Care*, school readiness training modules to implement new research-based practices in early childhood programs.

Maryland EXCELS, OCC's Quality Rating and Improvement System (QRIS) to encourage and reward provider professional development and program improvement, opened for statewide participation in July 2013. As of July 2020, there are 4,859 programs participating. MSDE's other quality improvement initiatives focusing on child care provider professional development include: the Maryland Child Care Credential Program, Training Vouchers/Reimbursement, Accreditation Support Awards, the Child Care Career and Professional Development Fund, and Child Care Training Approval. The goals of these initiatives are to ensure that child care providers have access to quality training opportunities and that child care providers and facilities are recognized and compensated for achieving quality improvements.

More information about Maryland EXCELS and the Credential Branch programs is available online at marylandexcels.org/ and earlychildhood.marylandpublicschools.org/node/613.



POSITION

MFN should continue to monitor the development and implementation of Maryland EXCELS and support the implementation of quality improvement initiatives that will reward child care professionals for achieving higher levels of professional development and delivering higher quality early learning programs.

Unregulated Care

Exempt or informal care is child care that is not subject to state licensing or regulatory standards. In Maryland, informal care is child care that is provided: (1) by a relative, (2) in the child's own home, or (3) by a non-relative in the non-relative's home for less than 20 hours a month. Anyone caring for an unrelated child for pay outside of the child's home for more than 20 hours per month is operating illegally. Informal providers must submit a signed affirmation of compliance with child care health and safety standards and a release for an examination of the child abuse and neglect records, state and federal criminal background checks, and a check against the Maryland Sex Offender Registry for the informal provider and any other adult identified by the informal provider who will regularly be present while the child is in care. According to OCC, in FY20, there were an estimated 612 informal child care slots that received an estimated \$1.6 million in subsidy reimbursements. The number of informal providers had been over 1,000 until the July 1, 2014 implementation of a new regulations requiring all informal providers participating in the CCSP to have criminal background checks. More recently the number has hovered around 500 or fewer.

Historically, some policymakers viewed informal care as the best way to provide child care to families on or leaving welfare, primarily because its lower cost permits the State to serve more children than regulated child care could accommodate. In Maryland, informal providers were paid approximately half the rate for regulated family child care providers until the implementation of the 2010 rate increase negotiated by the family child care union in the 2009 Memorandum of Agreement between the State and SEIU. Rates for informal care cluster around 55% of the family child care rates. However, because informal care receives only minimal oversight from the state, even the most basic health and safety protections cannot be ensured. In the 2013 General Assembly Session, to strengthen the safeguards for children in informal care, MFN championed legislation requiring informal providers and the adult residents of their homes to have criminal background checks and to have their names and addresses checked against the Maryland Sex Offender Registry (MSOR), and the bills were passed and signed into law. A 2015 legislative attempt to further safeguard children in subsidized care and to provide a more developmentally appropriate learning environment by requiring their providers to be licensed was passed by the Senate but failed to emerge from the House Health and Government Operations Committee. Now informal providers must submit a signed affirmation of compliance with child care health and safety standards and a release for an examination of the child abuse and neglect records for the informal provider and any other adult identified by the informal provider who will regularly be present while the child is in care.

There are no current requirements for informal providers to provide learning opportunities, and children cared for by informal providers have fared poorly in Maryland's annual assessments of school readiness among incoming kindergartners. OCC will be required by the CCDBG Reauthorization Act of 2014 to add training and monitoring requirements for informal providers in future regulations amendments. MFN has also participated in a child nutrition workgroup that supports including informal providers in the Child and Adult Care Food Program (CACFP). Participation in CACFP would require training and monitoring as conditions for receiving the reimbursement for meals and snacks served to enrolled children.

Illegal child care poses serious threats to the health, safety, and development of young children. Between 2010 and 2014, at least 13 Maryland children died in illegal child care settings, and over that same period, the number of illegal care complaints increased from 265 to 330. In 2016 MFN spearheaded

successful legislation to address this problem. In part, the legislation requires MSDE to conduct a public education campaign to help parents and providers understand the licensing provisions of current law, the significant benefits of licensed care, and the resources available to encourage providers to become licensed. Because much illegal care is promoted via web sites like Craigslist, the bill also requires providers to list their license numbers in advertisements, akin to home improvement contractors citing their MHIC numbers. The bill further clarifies the issuance of warning letters to suspected illegal providers and the role of the Fire Marshal in enforcement.



POSITION

MFN should continue to facilitate discussions on informal child care and develop legislative and policy solutions to improve the quality of all child care, including informal care. Strategies that provide safety and learning for children in informal care and offer more intensive support to informal providers should be considered. MFN should continue to monitor the implementation of new regulations to address illegal child care.



LEGISLATIVE ISSUE	MFN POSITION	OUTCOME
STATE OPERATING BUDGET		
Maryland State Department of Education (MSDE)		
<i>Division of Early Childhood Development (DECD)</i>		
DECD Headquarters	MFN supported the Governor’s proposed budget for DECD.	The legislature approved \$63.2 million for FY 2021, an increase of \$2.5 million over FY 2020.
Maryland Child Care Resource Network (MCCRN)	MFN supported the allocation for MCCRN.	The budget approved by the legislature included \$3.45 million for the MCCRN contract, approximately the same amount appropriated in FY 2020.
Family Support Center (FSC) Network	MFN supported the proposed funding for the FSCs.	The legislature approved \$4.67 million for FSCs, the same amount appropriated in FY 2020. (*See additional note in “Pre-K Expansion” below.)
Judith P. Hoyer Early Child Care and Education Enhancement Program	MFN supported the proposed funding for Judy Centers and Enhancement Grants.	The legislature approved \$24.8 million for Judy Centers and Enhancement Grants, the same amount appropriated in FY 2020. (*See additional note in “Pre-K Expansion” below.)
Head Start	MFN supported the proposed supplemental State funding for Head Start.	The legislature approved \$3 million, the same amount appropriated in FY 2020.

LEGISLATIVE ISSUE	MFN POSITION	OUTCOME
Child Care Scholarship (Subsidy) Program	MFN supported the proposed funding for the Child Care Scholarship (Subsidy) Program.	The legislature approved \$139.8 million, an increase of \$15 million over FY 2020.
Credentialing Branch	MFN supported the proposed Credentialing Branch funding.	The legislature approved \$7.7 million, an increase of \$120,000 over FY 2020.
Pre-K Expansion	MFN supported the proposed funding for prekindergarten expansion.	The legislature approved an appropriation of \$93.7 million, an increase of \$13.2 million over FY 2020. (* Additional note: The Governor also proposed and the General Assembly approved a further \$45.6 million in “unallocated” funds for Pre-K/early childhood expansion in alignment with the goals of “ <i>The Blueprint for Maryland’s Future</i> .” This amount included: \$20 million for Pre-K Expansion; \$14 million for professional development; \$6.5 million for Judy Centers; \$3 million for Family Support Centers; and \$2 million for Infants and Toddlers.)
<i>Division of Special Education/ Early Intervention Services</i>		
Healthy Families / Home Visiting	MFN supported the proposed funding for Healthy Families / Home Visiting programs.	The legislature approved \$4.6 million, the same amount appropriated in FY 2020.
Infants and Toddlers Program	MFN supported the proposed funding for the Infants and Toddlers Program.	The legislature approved \$10.4 million, the same amount appropriated in FY 2020. (*See additional note in “Pre-K Expansion” above.).

LEGISLATIVE ISSUE	MFN POSITION	OUTCOME
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Governor’s Office of Children

Home Visiting and School Age Programs	MFN took no position on the Administration’s proposed funding.	Home Visiting programs, School Age programs, and others will be funded as determined by local priorities; funds are unfixed.
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AVAILABILITY & QUALITY OF CHILD CARE

HB 1386 / SB 1018 Child Care Centers – Teacher Qualifications	MFN supported this bill as amended, which would grant a new child care center staff member extended time to complete required training, provided that the new staff member holds a specified post-secondary degree in a field related to child development.	HB 1386 / SB 1018 died in the House Education, Health, and Environmental Affairs Committee.
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HB 1570 / SB 1009 State Budget - Relief From Budget Mandates	MFN monitored this bill, which would prevent the General Assembly from enacting legislation that creates a certain mandated level of funding in the State’s budget and would free the Governor from the legislatively-mandated budgeting restrictions.	HB 1570 / SB 1009 died in the House and Senate Rules Committees.
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ECONOMIC SELF-SUFFICIENCY & FAMILY SUPPORT

HB 679 / SB 717 Earned Income Tax Credit - Individuals Without Qualifying Children - Eligibility	MFN monitored this bill, which would expand the eligibility of the Maryland earned income tax credit to allow certain individuals without qualifying children to claim the credit.	HB 679 died in the House Ways and Means Committee and SB 717 died in the Senate Budget and Taxation Committee.
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HB 680 / SB 719 Earned Income Tax Credit - Individuals Without Qualifying Children - Calculation and Refundability	MFN monitored this bill, which would expand the State earned income tax credit that can be claimed by individuals without qualifying children by increasing the percentage value of the credit and making the credit fully refundable.	HB 680 died in the House Ways and Means Committee and SB 719 died in the Senate Budget and Taxation Committee.
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LEGISLATIVE ISSUE	MFN POSITION	OUTCOME
HB 712 / SB 260 Labor and Employment - Leave With Pay - Bereavement Leave (Family Bereavement Act)	MFN monitored this bill, which would expand Maryland's Flexible Leave Act by authorizing employees of certain employers (those with at least 15 employees) to use earned paid leave for bereavement leave.	HB 712 / SB 260 died in the Senate Finance Committee.
HB 839 / SB 539 Labor and Employment - Family and Medical Leave Insurance Program - Establishment	MFN supported this bill, which would establish a Family and Medical Leave Insurance (FAMLI) program through which employees could take up to 12 weeks of partially paid leave from their jobs to care for new children, other family members with serious health conditions or disabilities, or themselves.	HB 839 died in the Economic Matters Committee and SB 539 died in the Senate Finance Committee.
HB 880 Maryland Healthy Working Families Act - Family Member - Definition	MFN monitored this bill, which alters the definition of "family member" for purposes of the Maryland Healthy Working Families Act to include a legal ward of an employee, a legal ward of an employee's spouse, or a legal guardian of an employee's spouse.	HB 880 PASSED and became law without the Governor's signature.
HB 908 / SB 404 Labor and Employment - Maryland Healthy Working Families Act - Verification	MFN monitored this bill, which would alter the verification requirements of the Maryland Healthy Working Families Act.	HB 908 died in the House Economic Matters Committee. SB 404 died in the Senate Finance Committee.
HB 912 / SB 638 Maryland Child Tax Credit	MFN supported this bill, which would allow very low-income families to claim a credit against the State income tax for dependent children under age 6 (or children with a disability under age 17).	HB 912 died in the House Ways & Means Committee and SB 638 died in Senate Budget & Taxation Committee.
HB 1021 / SB 906 Labor and Employment - Maryland Healthy Working Families Act - Seasonal Temporary Workers	MFN monitored this bill, which would exempt seasonal temporary workers from earned sick and safe leave benefits under the Maryland Healthy Working Families Act.	HB 1021 received an unfavorable report in the House Economic Matters Committee. SB 906 was withdrawn in the Senate Finance Committee..

LEGISLATIVE ISSUE	MFN POSITION	OUTCOME
HB 1298 / SB 791 County Boards of Education - Pregnant and Parenting Students - Policies and Reports	MFN supported this bill, which would support pregnant and parenting students.	HB 1298 died in the House Ways and Means Committee and SB 791 died in the Senate Education, Health, and Environmental Affairs Committee.
HB 1313 / SB 787 Family Investment Program - Temporary Cash Assistance - Eligibility	MFN supported this bill, which would eliminate full-family sanctions in the Temporary Cash Assistance (TCA) program.	HB 1313 / SB 787 PASSED and became law without the Governor's signature.
HB 1519 Election Law - Time Off for Employee Voting	MFN monitored this bill, which would provide any employee in the State time away from work to vote.	HB 1519 died in the Senate Education, Health, and Environmental Affairs Committee.
SB 40 Sales and Use Tax - Diapers - Exemption	MFN supported this bill, which would provide an exemption from the sales and use tax for the sale of diapers.	SB 40 died in the Senate Budget & Taxation Committee.

EDUCATION

HB 277 / SB 367 State Department of Education - Guidelines on Trauma-Informed Approach	MFN monitored this bill, which would require the State develop and distribute guidelines on a trauma-informed approach to education	HB 277 PASSED and became law without the Governor's signature. SB 367 died in the Senate - Education, Health, and Environmental Affairs Committee
HB 711 Maryland Longitudinal Data System Center - Inclusion of Out-of-Home Placement Data	MFN supported this bill, which would add placement data from State-sponsored out-of-home care to the data collected, analyzed, and reported on by the Maryland Longitudinal Data System Center.	HB 711 died in the Senate - Education, Health, and Environmental Affairs Committee.

LEGISLATIVE ISSUE	MFN POSITION	OUTCOME
HB 718 / SB 575 State Department of Education - Early Literacy and Dyslexia Practices - Guidance and Assistance	MFN monitored this bill, which would require the development of a reading and dyslexia handbook to guide local school systems in the implementation of best practices for early literacy and dyslexia.	HB 718 / SB 575 died in the Senate Education, Health and Environmental Affairs Committee.
HB 1000 / SB 524 Building Lifelong Library Learners Act	MFN monitored this bill, which would support Maryland's public library system.	HB 1000 / SB 524 PASSED and was vetoed by the Governor.
HB 1204 / SB 993 County Boards and Public and Nonpublic Prekindergarten Programs and Schools – Discrimination – Prohibition	MFN monitored this bill, which would extend nondiscrimination laws to prekindergarten programs.	HB 1204 / SB 993 died in the Senate Judicial Proceedings Committee.
HB 1300 / SB 1000 Blueprint for Maryland's Future - Implementation	MFN supported this bill, which would establish State education policy based on the recommendations of the Commission on Innovation and Excellence in Education.	HB 1300 / SB 1000 PASSED and was vetoed by the Governor.
HB 1344 / SB 533 Education - Teacher Certification - Montessori Schools	MFN monitored this bill, which would alter the certification requirements of teachers in public Montessori schools.	HB 1344 / SB 533 died in the House Ways and Means Committee.
HB 1375 Public School Students - Vision Services and the Vision for Maryland Program	MFN monitored this bill, which would expand vision and hearing screenings for young students in public schools.	HB 1375 died in the House Ways and Means Committee.
HB 1443 / SB 896 Commission on Student Behavioral Health and Mental Health Treatment	MFN monitored this bill, which would establish the Commission on Student Behavioral Health and Mental Health Treatment.	HB 1443 died in the House Ways & Means Committee and SB 896 died in the Senate Education, Health, and Environmental Affairs Committee.

LEGISLATIVE ISSUE	MFN POSITION	OUTCOME
HB 1644 Inspector General for Education - Powers and Duties - Alterations (Accountability in Education Act of 2020)	MFN monitored this bill, which would alter the powers and duties of the Inspector General for Education	HB 1644 received an unfavorable report by the House Rules and Executive Nominations Committee and was withdrawn .
SB 983 Education - Maryland Data Analysis and Accountability Program - Established	MFN monitored this bill, which would establish the Maryland Data Analysis and Accountability Program in the Maryland Longitudinal Data System Center.	SB 983 died in the Senate Education, Health, and Environmental Affairs Committee.

HEALTH & SAFETY

HB 286 Public Health – Maternal Mortality Review Program – Stakeholders	MFN supported this bill, which would require which would require that, to the extent practicable, the stakeholders convened under the Maternal Mortality Review Program reflect the racial and ethnic diversity of women most impacted by maternal deaths.	HB 286 PASSED and became law without the Governor’s signature.
HB 396 Child Care Centers – Early Childhood Screening and Assistance	MFN supported this bill, which would require MSDE to establish guidelines for early childhood developmental screenings for children younger than age three.	HB 396 died in the Senate Education, Health, and Environmental Affairs Committee.
HB 523 / SB 225 State Personnel - Employee Accommodations - Pregnancy and Childbirth	MFN supported this bill, which would require the State to provide reasonable accommodations for its pregnant workers.	HB 523 / SB 225 PASSED and became law without the Governor’s signature.
HB 666 Workgroup on Screening Related to Adverse Childhood Experiences	MFN monitored this bill, which would establish the Workgroup on Screening Related to Adverse Childhood Experiences.	HB 666 died in the House Health and Government Operations Committee.
HB 837 Public Health - Maternal Mortality and Morbidity - Implicit Bias Training and Study	MFN monitored this bill, which would require the establishment and provision of an evidence-based implicit bias training program for health care professionals involved in perinatal care of patients.	HB 837 PASSED and became law without the Governor’s signature.

LEGISLATIVE ISSUE	MFN POSITION	OUTCOME
HB 921 Dentists - Saliva Lead Poisoning Screening Tests - Scope of Practice and Requirements	MFN monitored this bill, which would engage dentists in the collection of oral saliva samples to screen for lead poisoning in children.	HB 921 died in the House Health and Government Operations Committee.
HB 989 / SB 944 Hospitals - Care of Infants After Discharge	MFN monitored this bill, which would require a hospital, prior to discharge, to provide verbal and written instructions to an infant's parent or legal guardian about how to care for the infant at home.	HB 989 was withdrawn in the House Health and Government Operations Committee. SB 944 was withdrawn in the Senate Finance Committee.
HB 1020 / SB 940 Health Services Initiative - Vision Care for Low-Income Children	MFN monitored this bill, which would improve access to vision screenings, eye examinations, and eyeglasses through county programs that deliver vision screening services in Title I schools.	HB 1020 was withdrawn in the House Health and Government Operations Committee. SB 940 died in the Senate Education Health and Environmental Affairs Committee.
HB 1067 / SB 914 Doulas - Doula Technical Assistance Advisory Group and Certification	MFN monitored this bill, which would establish the Doula Technical Assistance Advisory Group.	HB 1067 died in the House Health and Government Operations Committee and SB 914 died in the Senate Finance Committee.
HB 1518 Opioid-Exposed Newborns and Parents Addicted to Opioids - Mobile Application - Pilot Program (I'm Alive Today App)	MFN monitored this bill, which would establish a pilot communications program for certain local departments of social services to communicate with opioid-addicted parents of opioid-exposed newborns.	HB 1518 was withdrawn in the House Health and Government Operations Committee.
HB 1542 Public Health - Lead Poisoning Testing Program and Lead Poisoning Prevention Fund	MFN monitored this bill, which would attempt to increase the number of children tested for lead poisoning.	HB 1542 died in both the House Environment and Transportation and Judiciary Committees.

LEGISLATIVE ISSUE	MFN POSITION	OUTCOME
SB 110 Maryland Medical Assistance Program - Doulas	MFN monitored this bill, which would require the Maryland Medical Assistance Program to provide certified doula services.	SB 110 died in the Senate Finance Committee.
SB 183 Health Insurance - Health Benefit Plans - Special Enrollment Period for Pregnancy	MFN supported this bill, which would remove the requirement that a health care practitioner confirm a pregnancy before a pregnant woman could enroll in a health benefit plan.	SB 183 died in the Senate Finance Committee.
SB 511 Task Force on Oral Health in Maryland	MFN monitored this bill, which would establish the Task Force on Oral Health in Maryland to study access to dental services for all State residents.	SB 511 died in the House Health and Government Operations Committee.

PREVENTION OF CHILD ABUSE & NEGLECT

HB 1008 Education - Child Abuse and Sexual Misconduct Prevention - Hiring Emergent Employees	MFN monitored this bill, which would alter the definition of “direct contact with minors” and make changes to the required employment history review conducted by local boards of education or non-public schools before hiring an employee.	HB 1008 died in the Senate Education, Health, and Environmental Affairs Committee.
HB 1550 Child Care Providers – Notice of Allegations of Child Abuse or Neglect (Aiden’s Law)	MFN monitored this bill, which would alter notification requirements in suspected cases of child abuse or neglect.	HB 1550 died in the House Judiciary Committee



FEDERAL CHILD CARE LEGISLATION TIMELINE

Legislation is a reflection of a nation's goals and priorities. The record of the United States Congress over the past eight decades reflects a limited commitment to child care and the welfare of America's children.

1935 The **Works Progress Administration (WPA)** hires unemployed women (and some men) to work in WPA-sponsored day nurseries. By 1937, there were 1,900 programs serving 40,000 children. The focus of these programs was to provide jobs for the unemployed.

1942 The Community Facilities Act, commonly known as the **Lanham Act**, is passed, funding child care programs in order to make it possible for women to work in the factories as part of the nation's war effort.

1945 About 100,000 children are being served in facilities funded under the Lanham Act, including preschool and school-age programs. At the end of the war, the United States ends its support of child care services, and for a decade and a half there is no federal involvement in child care.

1962 A child welfare amendment is added to the **Social Security Act**, recognizing child care as a means of getting parents off the welfare rolls.

1964 President Lyndon Johnson declared a War on Poverty, and Sargent Shriver assembled a panel of experts to develop a comprehensive child development program that would help communities meet the needs of disadvantaged preschool children. **Head Start** is born and is written into law in the **Economic Opportunity Act**.

1965 **Head Start** is launched and the first grants are awarded.

1967 **Title IV-A Aid to Families with Dependent Children (AFDC)** provides money to purchase child care in order to encourage and/or require welfare recipients to work or take part in work-related training, and an **amendment to the 1964 Economic Opportunity Act** leads to the development of the 1968 **Federal Inter-Agency Day Care Requirements (FIDCR)**, which sets forth minimum standards that child care programs must meet to receive federal funds.

1971 Congress passes the **Comprehensive Child Development Act**, and President Nixon vetoes it, claiming it would cause the destruction of the American family.

1974 **Title XX of the Social Security Act** combines the funding of welfare-related child care and federal child care regulations designed to ensure quality of child care.

1976 The **Tax Reform Act** provides working parents tax credits for child care regardless of their income level, recognizing the reality that child care is a work-related expense.

The **Child Day Care Services Act** authorizes an additional \$240 million in Title XX social services funds to help child care centers meet health and safety codes and to upgrade the quality of programs, and postpones any new FIDCR standards until October 1977.

The **Child and Family Services Act**, designed as a comprehensive approach to meeting the needs of children, dies in committee.

1980 **Health and Human Services Day Care Requirements** are promulgated, following five years of national child care studies and an exhaustive drafting process, and scheduled to go into effect on October 1, 1980. They are never adopted.

1984 As part of the **Human Services Reauthorization Act of 1984**, up to \$20 million is authorized for "Grants to States for Planning and Development of Dependent Care Programs and for other Purposes." Only \$5 million is appropriated in 1985, and after Gramm-Rudman reductions, only \$4.785 million is made available, for start-up costs for school-age programs and expenses related to expansion of resource and referral services.

1988 Congress passes the **Family Support Act of 1988**, which mandates that eligible parents receiving AFDC must either enroll in school or training programs or return to work as long as there is available child care. The Act includes a 50 percent federal match to states to pay for child care during school or training and for "transitional" child care benefits for a year after parents return to work. The main child care programs established by the legislation include: (1) Job Opportunities and Basic Skills (JOBS), under which states are required to establish JOBS programs to provide education, training, and other work-related assistance for welfare recipients and to provide child care for their children; (2) transitional benefits, providing child care and Medicaid for one year after parents find employment; and (3) child care for those at-risk of becoming AFDC recipients because of low wages. *Child care was an entitlement under each of these provisions.* Representatives and Senators returning to their districts hear about the crisis in available, affordable child care from their constituents. Politicians from both parties respond, and over 150 child care bills are introduced.

The **Act for Better Child Care Services (ABC)** is introduced to provide states with \$2.5 billion to help low and moderate income families pay for child care, expand training for child care workers, expand child care resource and referral programs, and furnish resources to strengthen family child care. The Alliance for Better Child Care, a coalition of 134 national organizations, works to build support for the legislation. In the closing days of Congress, after nine days of debate, a Senate filibuster blocks its passage.

1990 The **Child Care and Development Block Grant (CCDBG)** authorizes \$731.9 million in FY 1991; \$825 million in FY 1992; \$925 million in FY 1993; and such sums as may be necessary for FY 1994 and FY 1995. Seventy-five percent of the funds are to be used to help families pay for child care, approximately 20 percent for school-age child care and early childhood education, and five percent for quality improvement activities. States must establish health and safety requirements for all providers receiving funds under the block grant, except for providers who were close relatives of the child in care.

1996 The **Personal Responsibility and Work Opportunity Reconciliation Act** of 1996 replaces the AFDC entitlement program with the **Temporary Assistance for Needy Families (TANF)** Block Grant. The Child Care and Development Block Grant (CCDBG) -- renamed the **Child Care and Development Fund (CCDF)** -- becomes the sole federal child care program, eliminating the JOBS child care, At-Risk Child Care, and Transitional Child Care programs and their child care entitlement. The bill, however, allows Congress to fund school-age programs and resource and referral services contained in the former Dependent Care Block Grant, as well as Child Development Associate (CDA) scholarships.

The new CCDF has two funding streams, with an initial combined funding level of \$22 billion over seven years. One stream is a capped entitlement funded at about \$15 billion over seven years and requires states to match federal funds. The other is a discretionary program, appropriated by Congress each year, funded at \$7 billion over seven years (\$1 billion a year) using the old CCDBG funding formula, and does not require a state match. This combined funding represents \$6.6 billion more over six years in capped entitlement funding than states spent in 1995. While these numbers indicated an increase in funding over time, the legislation cuts the Title XX Social Services Block Grant, which many states used for child care, by 15%.

The Personal Responsibility and Work Opportunity Reconciliation Act also:

- requires both spouses in a two-parent family to work in order to receive child care assistance, except in cases of disability of parents or children;
- retains the health and safety protections included in the 1990 CCDBG, which requires that providers (except certain relatives) who receive federal funds meet minimum health and safety standards;
- sets aside a minimum of 4% of total child care funding for improving quality, expanding supply, and providing consumer education -- replacing a 25% set-aside in the original CCDBG, which included 18.75% for early childhood development and before- and after-school activities, 5% for quality activities, and 1.25% for either;
- requires states to distribute consumer information concerning child care;
- increases work participation requirements for families on welfare from 20% to 30% in FY 1999, 35% in FY 2000, 40% in FY 2001, and 50% in FY 2002;
- allows states the option of having mothers with children under six work only 20 hours a week and exempting mothers with children under age one from work requirements;
- counts hours that parents spend providing child care for other welfare families as hours toward the fulfillment of work requirements; and
- maintains the **Child and Adult Care Food Program (CACFP)** as an entitlement, but creates a means test for family child care homes.

1997 President Clinton and First Lady Hillary Rodham Clinton host the nation's first **White House Conference on Child Care**.

2001 **No Child Left Behind Act** calls on states to improve academic standards at the elementary-, middle-, and high-school levels and phases in significant accountability measures. Schools identified as failing will face possible sanctions.

2002 The **Good Start, Grow Smart** initiative focuses on early childhood education, with stated goals of strengthening Head Start, partnering with states to align pre-school activities with K-12 standards, and providing wide distribution of information on the best research and practices in early childhood education.

2006 Congress passes a budget bill reauthorizing TANF for five years and approving a modest \$1 billion increase over five years for CCDF. However, TANF reauthorization comes with onerous new work requirements, reducing the credit states receive for caseload reduction. Under the new system, the need for child care subsidies is expected to rise significantly, far in excess of the modest increase in CCDF funds.

2007 Congresswoman Nancy Pelosi (D – CA 8th District) is elected to serve as Speaker of the House and convenes the **National Summit on America’s Children**, focused on four issues: the science of early childhood development; early learning; health and mental health; and income and family support.

2009 **American Recovery and Reinvestment Act** provides “stimulus funds” over two years that are used to forestall proposed cuts to key early childhood initiatives, including the Child Care Subsidy Program, the Maryland Child Care Resource Network, and the statewide network of Family Support Centers.

In an effort to coordinate federal early learning initiatives, Joan Lombardi is named deputy assistant secretary for the Administration for Children and Families (ACF) and ACF’s interdepartmental liaison for early childhood development, and Jacqueline Jones is named senior advisor to the Secretary of Education for early learning, and deputy assistant secretary for policy and early learning.

2011 The **Race to the Top – Early Learning Challenge** is announced by the Obama Administration, and in December, Maryland is one of nine states to win a four-year grant in the amount of \$50 million.

Linda K. Smith replaces Joan Lombardi as deputy assistant secretary for the Administration for Children and Families (ACF) and ACF’s interdepartmental liaison for early childhood development.

2013 Libby Doggett succeeds Jacqueline Jones as deputy assistant secretary for policy and early learning.

2014 **Preschool Development Grants** are announced by the Obama Administration in August, and in December, Maryland is one of 13 states awarded expansion grants; five other states receive development grants.

On November 19, 2014 President Obama signs the **Child Care and Development Block Grant Act** into law – the first reauthorization of the federal child care program since 1996.

2016 Final regulations governing the reauthorized **Child Care and Development Block Grant** are issued, strongly stating that the law mandates “equal access” to quality child care for low-income families eligible for subsidy.

2018 Omnibus spending legislation for federal FY 2018, passed by Congress and signed by the President in March, includes the largest funding increase for the **Child Care and Development Block Grant** in history—\$2.37 billion—as well as more modest increases for other early care and education programs.

2019 In the course of negotiating federal FY 2020 spending bills, Congress agreed to a further expansion of \$550 million in CCDF funds, of which Maryland was slated to receive \$6.9 million. (Head Start and Early Head Start also saw a \$550 million increase in the federal budget.)

2020 Congress passed and the President signed the \$2 trillion Coronavirus Aid Relief and Economic Security (CARES) Act, a sweeping relief and economic stimulus package, to address the fallout from the coronavirus pandemic. It included approximately \$3.4 billion in supplemental funding earmarked for child care, of which Maryland share totaled \$45.8 million. However, other flexible funding streams within the CARES Act (e.g., the Governors' Emergency Education Relief fund, or GEERS) could also be allocated to child care at the discretion of the states. A full accounting of Maryland's expenditures of CARES Act funding has not yet been released.



Child Care and Development Fund (CCDF) Plan Summary FFY 2019-2021

A summary of the FFY 2019 – 2021 Plan for Maryland was not available at time of publication. A full copy of the plan can be found here:

earlychildhood.marylandpublicschools.org/about/ccdf-state-plan.



What is early childhood advocacy?

Simply put, early childhood advocates are concerned with providing a voice for young children – ensuring that their needs are known and responded to appropriately. As someone who cares about the well-being of young children and their families, you are likely already taking on the role of an advocate. The purpose of this document is to help you further those efforts – to give you information that can help you get informed about legislation, contact elected officials, and make a difference in laws and policies affecting young children.

Who can advocate?

The steps outlined below are intended for everyone – if you can make a phone call, write a letter, or send an email, you can become an effective advocate. You don't need special training, experience, or money; all you need is passion and determination.

How a Bill Becomes a Law

The process that a piece of legislation must go through from the time it is introduced to the time it is signed into law is often long and tedious. It is not necessary for you to have a thorough understanding of every step, but a basic knowledge of the process will help you to be more informed and thus a better advocate for children. Outlined below is the basic process necessary to make new laws.

- A bill is introduced in the House or Senate and presented by a legislator. The bill is assigned a number and then assigned to a committee.
- The bill is considered by the committee members. Testimony, often representing the views of experts, public officials, and advocates, is presented to the committee at a bill hearing. The committee then makes a favorable report, an unfavorable report, a favorable with amendments report, or no recommendation. Without the committee's support, the bill dies.
- If the committee supports the bill, it goes to the floor of the chamber of origin for a vote.
- After debate, a vote is taken and the bill is either passed or defeated. If it is passed, the bill gets referred to the other chamber (House or Senate) and generally follows the same sequence of events. If it is defeated, the bill dies.
- The other chamber may choose to approve, reject, ignore, or amend the bill. If it is approved or amended, it is sent back to the original house for concurrence. If it is rejected or ignored, the bill dies.
- If the original house does not accept the amendments, a conference committee comprised of members of both houses is appointed to work through the differences. Both houses must pass the bill in identical form; if they are unable to reach an agreement, the bill dies.
- In Maryland, shortly after the General Assembly Session ends, bills that have been passed in both chambers are presented to the Governor. The Governor then has 30 days to either

veto or sign the bills. A bill is adopted as law if either: the Governor signs the bill within the allotted time, or the bill is not vetoed within the 30-day period.

For more information on the legislative process in Maryland, check out the Documents and Publications page of the Maryland Department of Legislative Services' website Guide to Legislative Lingo at <http://mgaleg.maryland.gov/pubs-current/current-legislative-lingo.pdf>.

The Budget

As an informed advocate, it is important for you to have a basic understanding of the budget process in the State of Maryland. These key facts will be helpful in your advocacy efforts:

- Maryland operates under an executive budget system. This means that the Governor sets most of the fiscal priorities, and the executive branch prepares the budget.
- The Governor submits the budget to the General Assembly. The budget is balanced and complete with intended revenues and spending.
- The General Assembly has limited budget powers. It can cut funds, but it cannot transfer funds from one category to another. In addition, it can make increases only if it provides a new source of revenue to cover the cost.
- Once passed through both houses, the budget is enacted as law. It does not require the Governor's signature, and it is not subject to veto.

Legislative Session

Every year the Maryland General Assembly meets in Annapolis for 90 days to discuss and act on more than 2,500 bills, some of which are related to young children and their families. The specific dates of the session vary by year, but session always begins on the second Wednesday in January and ends in April. These three months are incredibly busy for legislators and advocates alike. More detailed information regarding the session dates, schedule of hearings, committee and subcommittee members, and specific bills can be obtained by contacting the Maryland General Assembly.

Internet: mgaleg.maryland.gov

Phone: 410.946.5400 (Baltimore region)

301.970.5400 (Washington region)

800.492.7122 (other areas)

How to Obtain Legislative Information

STATE LEVEL

- Copies of bills, status reports, budget analyses, and hearing schedules can be obtained online on the Maryland General Assembly website (see address above). You can search for bills and resolutions using sponsors, subjects, or bill numbers.
- You can also listen to the proceedings on the House and Senate floors, and you can watch House and Senate committee hearings, on the General Assembly's website.

FEDERAL LEVEL

- The Library of Congress tracks federal legislation on a website containing up-to-date information regarding bills and committee reports. This information can be found at congress.gov.
- Information can also be obtained by calling the Legislative Resource Center at 202.226.5200.
- You can watch Congressional Committee hearings on the committee websites.

Staying Informed with Maryland Family Network (MFN)

INTERNET

- MFN's website provides a wealth of information regarding public policies that affect children and families in Maryland. In addition, up-to-date action alerts can help inform you when issues need immediate attention. Sign up for early childhood policy alerts on our website at marylandfamilynetwork.org.
- If you have questions or would like to get more involved, send an email to the Public Policy Department at publicpolicy@marylandfamilynetwork.org.

PHONE

- If you do not have access to the Internet or cannot find what you are looking for, feel free to contact the MFN Public Policy Department by phone at: 410.659.7701, x146.

Contacting Elected Officials

All necessary contact information for your federal and state elected officials can be obtained online at mdelect.net

CONTACTING ELECTED OFFICIALS BY PHONE

Phone calls are a relatively quick and easy way to express your opinion regarding an impending bill or budget issue. To help make your phone call most effective, bear in mind the following tips:

- While you may certainly ask to speak directly with your elected official, be aware that phone calls are typically taken by staff members, not the officials themselves. You can ask to speak to the aide who is responsible for child and family policies. Remember to treat these aides with respect, as they advise the elected official on policies that concern you.
- Once on the phone, be sure to identify yourself. Give your name, address, and organization, if applicable. This is important information, as input from the official's district is weighed more heavily in decision making.
- Briefly state your reason for calling. This can be as simple as, "I would like to let Senator/ Representative/Delegate (Name) know that I support/oppose bill (Name or Number) because..." Continue by briefly outlining the reasoning behind your support or opposition.
- Request information regarding your official's position on the bill, as well as a written follow-up to your phone call.
- Thank the official or staff member for his/her time.

CONTACTING ELECTED OFFICIALS BY MAIL AND EMAIL

Letters are a traditional form of communication with elected officials, but in the post-9/11 world, email may be the best way to deliver your message. To help make your communication most effective, bear in mind the following tips:

GENERAL INFORMATION

- Be sure to include your name, address, phone number, and position or organization if applicable.
- In addressing correspondence to legislators, it is proper to precede their name with: The Honorable (Name).
- In the salutation of a letter to the Chair of a Committee, the Speaker of the House, or the President of the Senate, it is proper to begin with:
Dear Mr. Chairman or Madam Chairwoman
Dear Mr. Speaker
Dear Mr. President

WRITING THE LETTER/EMAIL

- Be concise. Try to keep your letter/email to a maximum of one page in length.
- Clearly identify the purpose of your letter, mentioning the bill name or number if applicable, in the beginning of your letter.
- Identify yourself (as a parent, child care provider, etc.) and give supporting evidence to back up your position. This can come from both personal and professional experience and can indicate how the proposed legislation will impact you and those you care about.
- Ask the official to respond in writing regarding his/her position or final vote on the issue.
- Thank the official for his/her time and consideration.

EMAIL ADDRESSES

- Direct links to official's email addresses can be found online at mdelect.net.

SOCIAL MEDIA

- Many elected officials are now on Facebook and Twitter, so if you use these social media, you can follow your state and federal representatives and learn what issues are important to them by what they post on social media. A Facebook post or Tweet may not be the most effective way to persuade a decision maker to adopt the policy you advocate, but it can be an additional tool in your toolbox.

Personal Meetings with Elected Officials

Personal meetings are an effective way to build and maintain a personal relationship with your elected official. You can have a general conversation about the issues important to you or express your concerns regarding a specific bill or budget issue. It is important to remember, however, that legislators have extremely busy schedules and may not be able to provide you with all the time you feel is necessary. To increase your chances of meeting with an official, try to contact state legislators when the General Assembly is not in session (late April through December). The US Senate and House set new schedules each year, with the longest period of work in their home districts always in the month of August. If you

would like to spend more time talking about an issue, consider following up with a legislative assistant – these aides are well informed and communicate frequently with your elected official, and can be a valuable resource. To help make your meeting with a legislator or aide most effective, bear in mind these tips:

REQUESTING YOUR MEETING

- Call or write to your official's office and inform them of the issue you would like to discuss. If you are writing, you may also want to suggest specific dates and times for the proposed meeting.

PREPARING FOR THE MEETING

- Know your audience. Are you speaking with a legislator who has a strong history of supporting early childhood initiatives, or someone who has been less supportive on your issue? You may want to adjust the tone and content of your remarks accordingly.
- Decide what you want to accomplish during the meeting. Do you want to explain your point of view, or are you looking for a commitment to support a specific bill?
- Decide who will attend the meeting. Are there other concerned parents or professionals who will help you make a stronger case? Groups of three or four people may be most effective, but be sure to decide on roles beforehand so that you present a unified position to the legislator.
- If you feel it would be helpful, create a fact sheet or position statement regarding your issue. This can be simply a one-page bulleted list of information, potential outcomes, or positions regarding the bill, and may be helpful for you during the meeting. You can leave a copy with the legislator after your meeting with information on how you can be contacted for follow up questions.

DURING THE MEETING

- Begin by introducing yourself and thanking the official or staffer for his/her time.
- Be clear and succinct when presenting your issue, as you will have limited time during your meeting.
- Explain how the proposed bill or issue will directly impact you, your coworkers, or people that you love, and explain what action you would like your legislator to take regarding the issue.
- If you are asked a question and are unsure about the answer, **do not make something up**. Instead, you can offer to find more information and forward it to the legislator. Always follow through and provide the information.
- If you have created a fact sheet or position statement, feel free to leave a copy with the official. This may be a helpful point of reference when he/she is thinking about your issue in the future.

AFTER THE MEETING

- Send a thank-you note to the legislator.
- Include information or resources about any topics that you have followed up on or that help to reinforce your position.

You Can Be an Advocate!

Through all of your advocacy efforts, it is important to remember the reason that you are taking a stand – to improve the lives of children throughout the State of Maryland. Each phone call, letter, email, or visit helps to inform elected officials about what you believe is best for children, and thus is a powerful step towards positive change. If you would like support with your advocacy efforts, please contact Maryland Family Network, and we will be happy to assist you in any way we can.

Quick Reference

The following is a quick-access listing of resources to assist you in your advocacy efforts. The resources contained in this guide are recommended by state and federal government.

STATE LEGISLATION

INTERNET ACCESS

mgaleg.maryland.gov

If you would like to:

- look up a bill by sponsor, subject, or bill number
- check the status of a bill
- download the text of a bill
- download a fiscal note
- check the hearing schedule
- link to a legislator's email
- check on floor proceedings
- check on floor votes

Email

Libr@mlis.state.md.us

If you would like to:

- request assistance from Library and Information Services

FEDERAL LEGISLATION

Call Legislative Status Office

202.225.1772

If you would like to:

- check on the status of a bill
- request information about a certain piece of legislation

Capitol Switchboard

202.224.3121

- find the phone number of your legislator or be connected with her/his office

Internet Access

senate.gov or

house.gov

congress.gov

If you would like to:

- contact a representative or senator
- search for information about a member by name, state, committee, or zip code
- search for bills

Call The White House

202.456.1111

202.456.1414

If you would like to:

- register your opinion on an issue with the White House
- find out whether a bill has been signed or vetoed
- reach the Legislative Resource Center

Internet Access
whitehouse.gov

If you would like to:

- contact the White House
- find the administration's position on a bill
- find the text of bills signed by the President



The following publications are available on the MFN website:

- *Child Care Demographics 2020* provides data on population, income, workforce participation, and child care for the state of Maryland and for each of the local jurisdictions. marylandfamilynetwork.org/demographics/
- *Trends in Child Care 2019* (2019, 12 pp.) provides a summary of demand, supply, and cost from 2011 to 2020. marylandfamilynetwork.org/resources/trends-child-care/
- *Counting Our Losses 2018* Looks at the overwhelming loss to the Maryland economy as result of the State's inadequate child care system. marylandfamilynetwork.org/CountingOurLosses/
- *Caring During COVID: The Impact of the Pandemic on Maryland Child Care Providers 2020* marylandfamilynetwork.org/news/caring-during-covid-impact-pandemic-maryland-child-care-providers



Appendix A: Child Care in Maryland

Appendix B: Child Care Subsidy Program Expenditures by Slots and Children

Appendix C: Child Care Subsidy Program Expenditures and Enrollment by Jurisdiction

Appendix D: Child Care Subsidy Program Income Eligibility

Appendix E: Child Care Subsidy Program Rates and Co-payments

Appendix F: Profile of Maryland's Prekindergarten Program

Appendix G: Federal Poverty Guidelines

Appendix H: Eligibility Guidelines for Selected Programs

Appendix I: CACFP Meal Reimbursement Rates

Appendix J: Maryland Public Schools Enrollment (by Grade))

Child Care in Maryland

LOCATE: Child Care Database Information
Maryland Child Care Resource Network



Maryland Family Network works with parents of young children and with child care providers to ensure that all young children have secure relationships and learning opportunities – so they do acquire the skills and confidence to succeed in school and in life. The Maryland Child Care Resource Network (MCCRN), a project of the Maryland Family Network, is a public/private partnership designed to expand and improve child care delivery across the state. MCCRN works to improve the quality of early educational opportunities, to increase the availability of child care throughout Maryland, to help parents identify child care programs for their families, and to assist employers in developing work/family policies.

*All of the data in this report are based on programs that were open as of June 30, 2020. They do not include programs that were temporarily closed due to COVID-19.

Number of Programs by Type

Jurisdiction	Total* Group	8-12 hour Child Care	Infant Child Care	Nursery School	Kindergarten	Part Day Program	School-Age Child Care	Head Start	Family Child Care
Allegany	22	15	4	5	1	3	13	7	48
Anne Arundel	247	121	60	53	21	39	167	4	427
Baltimore City	284	181	120	30	24	14	137	41	469
Baltimore County	411	239	131	77	40	44	255	9	690
Calvert	51	32	18	10	3	9	42	0	95
Caroline	9	3	1	2	0	2	3	3	65
Carroll	84	46	28	12	6	22	62	1	113
Cecil	39	21	10	5	3	6	27	2	75
Charles	70	40	27	9	2	12	56	2	185
Dorchester	12	9	4	1	0	1	7	2	44
Frederick	130	62	39	25	10	27	97	8	297
Garrett	14	10	6	0	0	0	9	3	14
Harford	97	47	30	21	4	17	67	2	241
Howard	184	98	62	42	19	18	109	4	290
Kent	5	2	2	3	3	0	3	1	17
Montgomery	554	283	149	150	83	62	303	27	819
Prince George's	419	237	127	41	15	28	306	35	702
Queen Anne's	17	9	4	4	0	0	10	1	68
St. Mary's	45	20	12	12	3	9	26	3	156
Somerset	7	5	5	0	0	1	4	2	18
Talbot	19	10	4	6	0	1	12	2	41
Washington	64	23	10	9	2	9	45	4	147
Wicomico	41	27	20	7	5	6	35	0	83
Worcester	18	11	6	4	1	2	9	3	22
Totals	2843	1551	879	528	245	332	1806	166	5126

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*Numbers do not total because facilities may have more than one type of program.

*This is licensed capacity and does not reflect restrictions on group size due to the Coronavirus.

The Maryland Child Care Resource Network
is a project of Maryland Family Network located at:
1001 Eastern Avenue, 2nd Floor, Baltimore, MD 21202
410-659-7701 www.marylandfamilynetwork.org

This publication was produced as a work for hire for the benefit of, and with funds from, the Maryland State Department of Education.

Average Weekly Cost of Child Care

CENTER BASED CARE				FAMILY CHILD CARE		
Jurisdiction	0-2 years	2 - 5 years	School Age	0-2 years	2 - 5 years	School Age
Anne Arundel	\$351.25	\$239.59	\$163.78	\$246.43	\$202.28	\$166.82
Allegany	NA	\$143.75	NA	\$132.50	\$126.25	\$133.75
Baltimore County	\$328.64	\$217.53	\$192.03	\$201.86	\$171.30	\$144.27
Baltimore City	\$270.00	\$176.81	\$125.00	\$196.65	\$151.49	\$131.23
Carroll	\$280.00	\$226.33	\$225.00	\$185.00	\$155.00	\$120.00
Cecil	\$215.00	\$180.00	\$161.67	\$161.25	\$141.25	\$127.50
Charles	\$345.25	\$233.38	\$149.50	\$232.08	\$187.41	\$162.00
Caroline	\$180.00	\$131.88	\$110.00	\$163.75	\$120.63	\$112.50
Calvert	\$310.00	\$180.00	\$155.00	\$210.00	\$154.38	\$151.25
Dorchester	\$162.50	\$150.00	\$150.00	\$137.00	\$118.33	\$112.50
Frederick	\$385.00	\$204.84	\$125.00	\$227.82	\$189.45	\$169.50
Garrett	\$125.00	\$100.00	\$100.00	\$140.00	\$125.00	\$90.00
Harford	\$337.50	\$246.17	\$261.00	\$207.88	\$176.48	\$150.00
Howard	\$374.00	\$226.85	\$225.00	\$269.40	\$224.63	\$196.50
Kent	\$239.00	\$211.00	\$175.00	NA	NA	NA
Montgomery	\$390.32	\$314.47	\$264.43	\$281.92	\$259.01	\$208.75
Prince George's	\$261.48	\$196.82	\$154.55	\$236.56	\$194.61	\$159.10
Queen Anne's	NA	\$73.00	\$73.00	\$182.50	\$162.68	\$148.75
Saint Mary's	\$295.00	\$205.63	\$137.50	\$200.00	\$157.30	\$121.67
Somerset	NA	NA	NA-	\$127.50	\$103.75	NA
Talbot	NA	NA	NA	\$165.00	\$130.00	\$130.00
Washington	\$200.00	\$133.61	\$112.50	\$160.50	\$134.00	\$114.55
Wicomico	\$213.33	\$169.17	\$150.00	\$160.00	\$125.00	\$106.25
Worcester	\$245.00	\$168.57	\$132.50	\$140.00	\$107.50	\$100.00
State Average	\$304.70	\$221.15	\$166.27	\$227.90	\$193.98	\$158.73

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Salaries for Child Care Workers in Maryland

Job Title	Average Annual Salary
Family Child Care Provider	\$ 40,374
Child Care Center Director	\$ 41,167
Center Senior Staff/Teacher	\$ 26,054
Center Aide	\$ 18,183

Source: LOCATE: Child Care database information 06/20

Infant Child Care

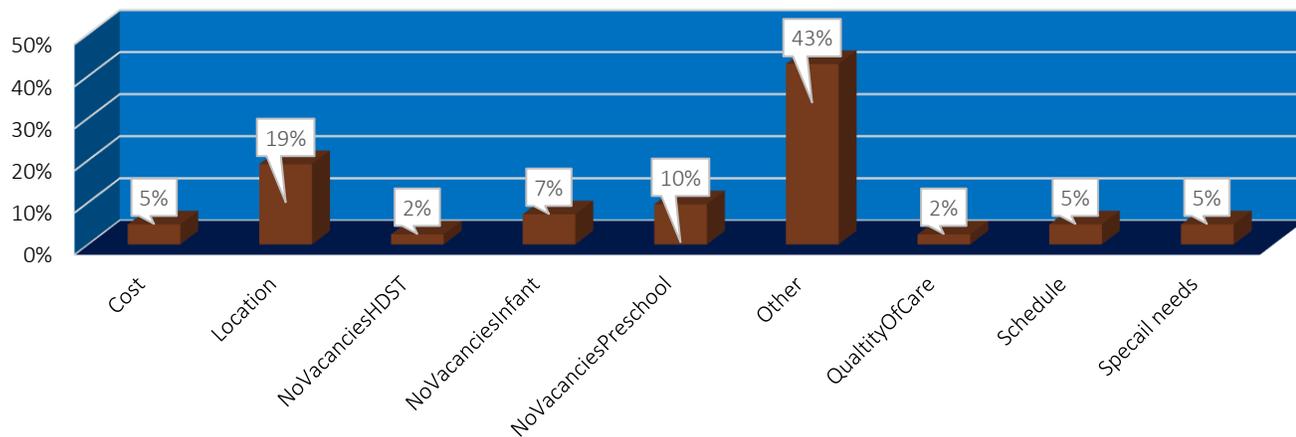
Although regulations permit infants to be cared for in center, most infants in regulated child care are in family child care homes.

JURISDICTION	FAMILY CHILD CARE		CENTER-BASED CARE	
	Licensed to Accept Infants	Willing to Accept Infants	Licensed to Accept Infants	Willing to Accept Infants
Allegany	47	46	4	3
Anne Arundel	416	391	64	64
Baltimore City	449	433	114	111
Baltimore County	665	630	132	122
Calvert	89	86	20	20
Caroline	63	59	1	1
Carroll	110	101	30	29
Cecil	72	69	13	11
Charles	162	159	26	26
Dorchester	42	38	5	5
Frederick	287	282	40	39
Garrett	14	14	6	6
Harford	236	221	33	32
Howard	280	268	67	59
Kent	16	14	2	2
Montgomery	784	763	159	157
Prince George's	682	656	134	122
Queen Anne's	68	63	4	4
St. Mary's	151	145	12	10
Somerset	18	18	5	4
Talbot	41	41	4	4
Washington	143	143	9	9
Wicomico	81	78	20	19
Worcester	21	20	6	5
Total	4937	4738	910	864

MFN June 2020

Maryland State Department of Education's regulation require that a family child care provider have no more than two children under the age of two, including his or her own, who are also under the age of two.

MAJOR REASONS PARENTS COULD NOT FIND CHILD CARE



Child Care in Maryland, continued

Source: Maryland Child Care Resource Network Community Line Follow-Up Calls Of April 2020 through June 2020

Total Capacity*

* Providers/programs that were licensed by the Office of Child Care

JURISDICTION	FAMILY CHILD CARE	CENTER-BASED CARE
Anne Arundel	383	940
Allegany	3242	9897
Baltimore City	3598	8099
Baltimore County	5362	16772
Calvert	747	1815
Caroline	496	228
Carroll	864	3910
Cecil	596	1316
Charles	1403	3066
Dorchester	346	336
Frederick	2287	5152
Garrett	113	265
Harford	1892	4218
Howard	2220	8911
Kent	134	123
Montgomery	6451	22703
Prince George's	5559	15400
Queen Anne's	494	664
Saint Mary's	1209	1308
Somerset	134	199
Talbot	319	648
Washington	1140	1705
Wicomico	640	2348
Worcester	167	859
Total	39796	110882

© MFN June 2020

There are 150,678 spaces for children in regulated childcare programs in Maryland.

In 2019, 78.9% of Maryland Children under the age of 12 had mothers in the workforce.

- There are 1,070,423 children in Maryland under the age of 12
- 844,564 have mothers who work outside the home
- 225,859 have mothers who do not work outside the home

Note: Based on Geolytics, Inc. report for 2019. Percent based on 2010 Census data.

SOURCE: Maryland Department of State Planning and LOCATE: Child Care

MARYLAND STATE CHILD CARE EXPENDITURES

FY 1990 - 2018

		FAMILY DAY CARE				GROUP DAY CARE				
	FISCAL YEAR	SLOTS	DOLLARS	DAILY RATE	% INCR	SLOTS	DOLLARS	DAILY RATE	% INCR	PURCHASE TOTAL
Actuals	1989 REG.	1,717	\$7,757,077	\$8.05	+5.0	3,625	\$10,833,131	\$11.45	+5.0	\$23,035,508
	INF.	3,692	\$4,055,640	\$9.05	+5.0	111	\$389,660	\$13.45	+5.0	
	SP. NEEDS			\$10.05	+4.0					
	TOTAL ACTUAL	5,409	\$8,607,961			3,376	\$13,257,130			
Actuals	1990 REG	4,780	\$10,289,070	9.25	+14.0	4,518	\$13,777,375	\$12.50	+9.0	\$31,078,935
	INF.	2,169	\$5,582,547	\$10.80	+19.0	133	\$507,325	\$15.30	+14.0	
	SP NEEDS			\$10.80	0			\$15.30		
	INFORMAL TOTAL ACTUAL	6,949	\$922,618	b		4651	\$15,300,000	\$15.30		
Actuals	1991 REG	3,929	\$9,856,656	\$9.25	0	5,734	\$18,099,190	\$12.50	0	\$36,392,372
	INF	1,514	\$4,370,669	\$10.80	0	77	\$287,988	\$15.30	0	
	SP NEEDS	37	\$104,692	\$10.80	0	5	\$23,454	\$15.30	0	
	INFORMAL TOTAL ACTUAL	5,480	\$3,649,723			5,816	\$19,911,051			
Actuals	1992 REG.	3,376	\$8,366,720	\$11.57	+25.0	5,040	\$22,417,755	\$13.34	+6.7	\$38,044,258 d
	INF.	1,354	\$3,152,555	\$13.02	+20.5	141	\$371,794	\$18.54	+21.2	
	SP. NEEDS	91	\$123,121	\$17.00	+57.4	15	\$22,951	\$15.84	+3.5	
	INFORMAL TOTAL ACTUAL	6,653	\$3,589,362	e		5,196	\$20,542,607	e		
Actuals	1993 REG.	4,269	\$12,720,232	\$12.80	+10.6	6,185	\$27,044,055	\$13.78	+3.3	\$52,394,973 f
	INF.	1,697	\$6,614,403	\$14.18	+8.9	221	\$1,279,877	\$20.28	+9.4	
	SP.NEEDS	39	\$137,600	\$17.00g	0	19	\$93,481	\$15.84g	0	
	INFORMAL TOTAL ACTUAL	2,143	\$4,505,325	\$7.00h		6,425	\$28,224,164			
Actuals	1994 REG.	5,234	\$19,516,000	\$12.80	0	6,791	\$27,664,137	\$13.78	0	\$62,397,033 j
	INF.	1,713	\$7,209,977	\$14.18	0	337	\$1,057,097	\$20.28	0	
	SP.NEEDS	53	\$624,448	\$17.00	0	32	\$130,911	\$15.84	0	
	INFORMAL TOTAL ACTUAL	2,497	\$6,194,463	\$7.89k	+12.7	7,160	\$30,506,527			
Actuals	1995 REG.	5,460	\$18,859,666	\$12.80	0	7,029	\$27,144,722	\$13.78	0	\$61,714,327 l
	INF.	1,801	\$7,149,024	\$14.18	0	455	\$2,457,693	\$20.28	0	
	SP.NEEDS	88	\$226,803	\$17.00	0	73	\$143,428	\$15.84	0	
	INFORMAL TOTAL ACTUAL	2,218	\$5,732,991	7.89		7,557	\$31,513,371			
Actuals	1996 REG.	4,729	\$17,404,016	\$14.10		5,502	\$22,491,569	\$15.66	0	\$65,204,763 n
	INF.	1,244	\$5,309,226	\$16.35		414	\$3,119,787	\$28.87	0	
	SP. NEEDS	72	\$319,425	\$17.00		44	\$202,393	\$17.62		
	INFORMAL TOTAL ACTUAL	2,600	\$5,332,883	\$7.89		5,960	\$25,813,749			
Actuals	1997 REG.	3,720	\$14,711,686	\$15.15	5% (q)	4,626	\$19,913,125	\$16.49	5% (q)	\$65,112,257 p
	INF.	969	\$4,340,107	\$17.16	5%(q)	375	\$2,924,516	\$29.88	5% (q)	
	SP. NEEDS	70	\$324,989	\$17.79	5% (q)	116	\$557,724	\$18.42	5% (q)	
	INFORMAL TOTAL	3,728	\$8,062,936	\$8.29	5% (q)	5,117	\$23,395,365			
Actuals	1998 REG.	4,865	\$22,408,980	\$17.53	17.47%r	7,024	\$35,147,010	\$19.09	16.78%r	\$57,555,990
	INF.	1,451	\$7,721,917	\$20.39	17.48%r	603	\$5,004,779	\$31.80	10.71%r	
	SP. NEEDS	0	0	0		-	0	0		
	INFORMAL CONTRACTS POC TOTAL	6,072	\$13,153,774	\$8.30	17.42%r	7,627	\$40,151,789			

MARYLAND STATE CHILD CARE EXPENDITURES

FY 1990 - 2012

FAMILY DAY CARE						GROUP DAY CARE				
Actuals	1999 REG.	5,637	\$26,158,448	\$17.78	1.4%	7,809	\$39,355,663	\$19.31	1.2%	\$65,514,111
	INFANTS	1,718	\$9,295,937	\$20.73	1.7%	776	\$6,558,806	\$32.38	1.8%	\$14,854,743
	INFORMAL	7,029	\$16,172,681	\$8.82	6.3%					\$16,172,681
	CONTRACTS									\$4,015,512
	POC ACTUAL	14,384	\$51,627			8,585	\$45,914,469			\$101,557,047
Actuals	2000 REG.	5,577	\$27,102,734	\$18.62	+4.7%	6,922	\$37,248,758	\$20.62	+6.78	\$64,351,492
	INFANTS	1,588	\$9,603,702	\$23.17	+1.17%	804	\$7,241,941	\$34.51	+6.57	\$16,845,643
	INFORMAL	5,179	\$13,428,696	\$9.93	+1.26%					\$13,428,696
	CONTRACTS									\$2,715,837
	POC ACTUAL	12,344	\$50,135,132				\$44,490,699			\$97,341,668
Actuals	2001 REG.	7,563	\$29,032,694	\$18.04	-9%	9,452	\$39,714,240	\$19.36	-9%	\$68,746,934
	INFANTS	2,268	\$11,550,641	\$21.45	-9%	1,094	\$8,206,069	\$30.54	-8%	\$19,756,710
	INFORMAL	6,751	\$13,654,537	\$9.93	-1.04%					\$13,654,537
	CONTRACTS									\$6,308,014
	POC ACTUAL	16,582	\$54,237,872			11,047	\$47,920,309			\$108,466,195
			<u>CHILDREN (t, u)</u>				<u>CHILDREN (t, u)</u>			
Actuals	2002 REG.	7,919	\$31,069,815	\$15.03	-16.7%	9,348	\$39,361,695	\$16.13	-16.7%	\$70,431,510
	INFANTS	2,529	\$11,797,550	\$17.87	-16.7%	1,130	\$9,098,277	\$30.85	1.0%	\$20,895,827
	INFORMAL	6,857	\$14,808,735	\$8.27	-16.7%					\$14,808,735
	CONTRACTS									\$8,115,735
	POC ACTUAL	17,305	\$57,676,100			11,047	\$48,459,972			\$114,251,807
Actuals	2003 REG.	8,024	\$35,698,712	\$17.05	13.4%	10,028	\$50,004,297	\$19.11	18.4%	\$85,703,009
	INFANTS	2,406	\$13,057,689	\$20.79	16.3%	1,160	\$9,325,296	\$30.80	-0.2%	\$22,382,985
	INFORMAL	7,163	\$16,848,235	\$9.01	8.9%					\$16,848,235
	CONTRACTS									\$9,636,740
	POC ACTUAL	17,593	\$65,604,636			11,188	\$59,329,593			\$134,570,969
Actuals	2004 REG.	7,795	\$28,371,764	\$13.95	-18.2%	9,090	\$43,057,238	\$18.15	-5.0%	\$71,429,002
	INFANTS	1,804	\$9,734,957	\$20.68	-0.6%	1,207	\$9,392,516	\$29.81	-3.2%	\$19,127,473
	INFORMAL	5,502	\$13,051,794	\$9.09	0.9%					\$13,051,794
	CONTRACTS									
	POC ACTUAL	15,101	\$51,158,515			10,297	\$52,449,754			\$103,608,269
Actuals	2005 REG.	#REF!	\$25,324,403	\$14.10	1.1%	7,830	\$31,659,152	\$15.49	-14.6%	\$56,983,554
	INFANTS	#REF!	\$7,674,044	\$24.18	17.0%	803	\$7,031,067	\$33.56	12.5%	\$14,705,111
	INFORMAL	#REF!	\$10,832,661	\$9.51	4.6%					\$10,832,661
	CONTRACTS									
	POC ACTUAL	#REF!	\$43,831,108			8,633	\$38,690,219			\$82,521,326
Actuals	2006 REG.	6,977	\$26,461,508	\$14.53	3.0%	7,999	\$31,720,947	\$15.19	-1.9%	\$58,182,455
	INFANTS	1,448	\$7,989,625	\$21.14	-12.6%	1,047	\$8,634,089	\$31.61	-5.8%	\$16,623,714
	INFORMAL	4,681	\$11,744,458	\$9.61	1.1%					\$11,744,458
	CONTRACTS									
	POC ACTUAL		\$46,195,591				\$40,355,036			\$86,550,627
Actuals	2007 REGULAR	6,683	\$28,150,985	\$16.14	11.1%	8,095	\$34,899,559	\$16.52	8.7%	\$63,050,544
	INFANTS	1,774	\$9,539,822	\$20.61	-2.5%	1,292	\$10,300,850	\$30.56	-3.3%	\$19,840,671
	INFORMAL	4,643	\$12,031,310	\$9.93	3.3%					\$12,031,310
	CONTRACTS									
	CCS APPROP		\$49,722,116				\$45,200,409			\$94,922,525
Actuals	2008 REGULAR	6,531	\$25,392,321	\$14.90	-7.7%	8,890	\$35,195,285	\$15.17	-8.2%	\$60,587,606
	INFANTS	2,287	\$11,665,219	\$19.54	-5.2%	1,914	\$13,579,844	\$27.18	-11.0%	\$25,245,063
	INFORMAL	4,930	\$10,739,180	\$8.35	-15.9%					\$10,739,180
	CONTRACTS									
	CCS APPROP		\$47,796,720				\$48,775,129			\$96,571,849
Actuals	2009 REGULAR	6,482	\$25,318,426	\$14.97	0.5%	9,039	\$36,581,120	\$15.51	2.2%	\$61,899,546
	INFANTS	2,352	\$11,992,251	\$19.54	0.0%	2,232	\$15,573,416	\$26.73	-1.7%	\$27,565,667
	INFORMAL	4,425	\$9,835,244	\$8.52	2.0%					\$9,835,244
	CONTRACTS									
	CCS APPROP		\$47,145,921				\$52,154,536			\$99,300,458
Actuals	2010 REGULAR	6,688	\$25,826,926	\$14.80	-1.1%	10,265	\$40,080,308	\$14.96	-3.5%	\$65,907,233
	INFANTS	1,998	\$10,476,233	\$20.09	2.8%	1,955	\$15,246,323	\$29.88	11.8%	\$25,722,556
	INFORMAL	4,273	\$9,082,309	\$8.14	-4.4%					\$9,082,309
	CONTRACTS									
	CCS APPROP		\$45,385,468				\$55,326,630			\$100,712,099

CHILD CARE SCHOLARSHIP PROGRAM EXPENDITURES

County	FY 2013 Actual Expenditures	FY 2014 Actual Expenditures	FY 2015 Actual Expenditures	FY 2016 Actual Expenditures	FY 2017 Estimated Expenditures	FY 2018 Estimated Expenditures	FY 2019 Actual Expenditures	FY 2020 Estimated Expenditures
Allegany	662,409	801,355	773,992	638,363	682,150	749,754	780,956	985,588
Anne Arundel	1,856,960	1,860,363	1,690,618	1,929,735	2,383,079	2,602,996	3,524,510	6,441,256
Baltimore	12,695,777	13,205,887	12,929,434	14,608,610	18,040,548	17,040,422	19,781,699	28,296,430
Calvert	722,657	831,880	774,203	737,127	910,297	458,264	563,232	937,362
Caroline	506,257	520,897	472,155	433,806	535,719	342,965	424,402	549,377
Carroll	1,002,612	1,240,892	1,429,093	1,316,085	1,625,267	979,128	1,229,409	1,984,362
Cecil	1,164,182	1,172,980	1,052,251	910,839	1,124,819	979,618	1,021,608	1,454,156
Charles	1,992,454	2,332,541	2,330,425	1,992,308	2,460,352	1,915,422	2,349,673	4,012,051
Dorchester	650,934	630,468	659,151	603,046	744,717	649,821	599,183	832,774
Frederick	1,387,669	1,249,337	1,103,742	1,173,356	1,449,008	1,603,404	2,011,378	3,556,863
Garrett	73,957	72,941	39,165	57,931	71,541	71,554	78,314	148,266
Harford	2,232,737	2,226,150	2,085,702	2,023,221	2,498,527	2,546,826	2,811,265	4,140,063
Howard	3,982,212	4,225,395	4,366,170	3,847,736	4,751,668	2,926,268	3,920,799	8,555,590
Kent	140,885	155,570	220,275	177,543	219,253	53,424	103,088	133,267
Montgomery	6,156,672	7,215,236	7,385,127	7,437,150	9,184,328	9,802,022	15,240,908	27,426,288
Prince George's	10,730,845	13,083,782	14,358,105	13,147,039	16,235,617	14,126,644	16,949,465	25,058,242
Queen Anne's	198,956	199,487	213,199	220,195	271,924	249,221	227,312	304,619
St. Mary's	779,737	1,059,583	759,031	756,847	934,650	755,851	689,276	962,453
Somerset	832,734	773,505	988,530	836,828	1,033,421	619,599	691,424	857,195
Talbot	335,925	440,001	477,131	521,864	644,464	416,760	330,596	645,443
Washington	1,184,171	1,233,465	1,210,223	1,254,324	1,548,997	1,358,963	1,569,188	2,418,732
Wicomico	1,314,665	1,558,275	1,378,924	1,160,817	1,433,523	1,534,526	2,150,354	3,575,593
Worcester	449,104	533,410	453,742	504,654	623,210	396,591	536,383	806,402
Baltimore City	24,322,034	24,965,576	25,804,210	22,622,173	27,936,704	25,634,067	23,444,900	23,139,483
Totals	75,377,422	81,588,974	82,954,599	78,911,597	97,449,962	87,814,108	101,029,322	147,221,853

Note 1. The table above presents expenditures by the counties in which the children reside.

Note 2: The SFY 2020 numbers are estimates because, as of 8/25/2020, the April - June counts are not yet finalized.

Note 3: The FY 2020 expenditures do not include that related to COVID-19.

Child Care Subsidy Income Eligibility Scale

Appendix D

Family Size	Gross Income		Copayment Level	Family Size	Gross Income		Copayment Level
	\$0	- 13,618	A	6	\$0	- 34,568	A
	\$13,619	- 17,022	B		\$34,569	- 43,208	B
	\$17,023	- 18,724	C		\$43,209	- 47,530	C
	\$18,725	- 20,425	D		\$47,531	- 51,849	D
	\$20,426	- 22,128	E		\$51,850	- 56,171	E
	\$22,129	- 23,830	F		\$56,172	- 60,493	F
	\$23,831	- 25,533	G		\$60,494	- 64,814	G
	\$25,534	- 29,362	H		\$64,815	- 74,535	H
	\$29,363	- 33,192	I		\$74,536	- 84,256	I
	\$33,193	- 37,193	J		\$84,257	- 94,413	J
2	\$0	- 17,808	A	7	\$0	- 35,354	A
	\$17,809	- 22,259	B		\$35,355	- 44,190	B
	\$22,260	- 24,485	C		\$44,191	- 48,611	C
	\$24,486	- 26,710	D		\$48,612	- 53,027	D
	\$26,711	- 28,936	E		\$53,028	- 57,447	E
	\$28,937	- 31,163	F		\$57,448	- 61,867	F
	\$31,164	- 33,389	G		\$61,868	- 66,287	G
	\$33,390	- 38,397	H		\$66,288	- 76,229	H
	\$38,398	- 43,405	I		\$76,230	- 86,171	I
	\$43,406	- 48,637	J		\$86,172	- 96,558	J
3	\$0	- 21,998	A	8	\$0	- 36,139	A
	\$21,999	- 27,496	B		\$36,140	- 45,173	B
	\$27,497	- 30,247	C		\$45,174	- 49,691	C
	\$30,248	- 32,995	D		\$49,692	- 54,206	D
	\$32,996	- 35,745	E		\$54,207	- 58,724	E
	\$35,746	- 38,495	F		\$58,725	- 63,242	F
	\$38,496	- 41,245	G		\$63,243	- 67,760	G
	\$41,246	- 47,431	H		\$67,761	- 77,923	H
	\$47,432	- 53,617	I		\$77,924	- 88,086	I
	\$53,618	- 60,081	J		\$88,087	- 98,704	J
4	\$0	- 26,188	A	9	\$0	- 36,925	A
	\$26,189	- 32,734	B		\$36,926	- 46,155	B
	\$32,735	- 36,008	C		\$46,156	- 50,771	C
	\$36,009	- 39,279	D		\$50,772	- 55,384	D
	\$39,280	- 42,554	E		\$55,385	- 60,001	E
	\$42,555	- 45,828	F		\$60,002	- 64,617	F
	\$45,829	- 49,102	G		\$64,618	- 69,233	G
	\$49,103	- 56,466	H		\$69,234	- 79,617	H
	\$56,467	- 63,830	I		\$79,618	- 90,001	I
	\$63,831	- 71,525	J		\$90,002	- 100,850	J
5	\$0	- 30,378	A	10	\$0	- 37,711	A
	\$30,379	- 37,971	B		\$37,712	- 47,137	B
	\$37,972	- 41,769	C		\$47,138	- 51,851	C
	\$41,770	- 45,564	D		\$51,852	- 56,562	D
	\$45,565	- 49,362	E		\$56,563	- 61,277	E
	\$49,363	- 53,160	F		\$61,278	- 65,992	F
	\$53,161	- 56,958	G		\$65,993	- 70,707	G
	\$56,959	- 65,501	H		\$70,708	- 81,311	H
	\$65,502	- 74,043	I		\$81,312	- 91,916	I
	\$74,044	- 82,969	J		\$91,917	- 102,996	J

MSDE CHILD CARE SUBSIDY PROGRAM
Regional Weekly Subsidy Rates for Regulated Care
 Effective July 2019

	Family Child Care		Child Care Center*	
	Age 2 & Over	Under Age 2	Age 2 & Over	Under Age 2
Region U	\$125	\$150	\$154	\$203
Region V	\$106	\$125	\$140	\$195
Region W	\$167	\$200	\$190	\$256
Region X	\$210	\$250	\$274	\$365
Region Y	\$160	\$185	\$185	\$280
Region Z	\$100	\$107	\$144	\$197
Region BC	\$133	\$162	\$152	\$221

*Child Care Center rates also apply to Large Family Child Care Homes.

The regional weekly subsidy tables above are based on three units of service (6 hours or more of care) per day. Subsidy is calculated based on family income and family size. Table above represents the maximum subsidy amount for the first child in care.

Premium Payment for Tiered Reimbursement

	EXCELS Level 3	EXCELS Level 4	EXCELS Level 5
Family Child Care			
Age 2 & Over	10%	21%	28%
Under Age 2	11%	22%	29%
Child Care Center			
Age 2 & Over	10%	19%	26%
Under Age 2	22%	37%	44%

Region U- Cecil, Queen Anne's, St. Mary's, Talbot and Washington counties; **Region V-** Caroline, Dorchester, Kent, Somerset and Wicomico counties; **Region W-** Anne Arundel, Calvert, Carroll, Charles and Prince George's counties; **Region X-** Howard and Montgomery counties; **Region Y-** Baltimore, Frederick and Harford counties; **Region Z-** Allegany, Garrett and Worcester counties; **Region BC-** Baltimore City

REGIONAL WEEKLY CO-PAYMENT TABLES

Effective August 2018

(These regional weekly copayment tables are based on three units of service per day.)

Copayments for a Child 24 Months Old and Older in Family Child Care or Center Care:

First (Youngest) Child in Care:

Copayment Level	Region U	Region V	Region W	Region X	Region Y	Region Z	Region BC
A	4.56	4.03	5.60	7.22	5.54	4.12	5.15
B	7.29	6.45	8.95	11.55	8.77	6.59	8.24
C	11.85	10.49	14.55	18.77	14.31	10.71	13.40
D	17.32	15.33	21.26	27.44	21.00	15.65	19.58
E	22.79	20.17	27.98	36.10	27.69	20.59	25.76
F	29.18	25.82	35.81	46.21	35.31	26.36	32.98
G	35.56	31.47	43.64	56.32	43.15	32.12	40.19
H	41.03	36.31	50.36	64.99	49.85	37.06	46.37
I	43.77	38.73	53.54	69.32	53.08	39.54	49.46
J	45.59	40.34	55.61	72.21	55.38	41.18	51.52

Second and Third Children in Care:

Copayment Level	Region U	Region V	Region W	Region X	Region Y	Region Z	Region BC
A	2.74	2.42	3.36	4.33	3.23	2.47	3.09
B	5.47	4.84	6.71	8.66	6.69	4.94	6.18
C	9.12	8.07	11.19	14.44	11.08	8.24	10.30
D	12.76	11.30	15.67	20.22	15.46	11.53	14.43
E	18.24	16.14	22.38	28.88	22.15	16.47	20.61
F	22.79	20.17	27.98	36.10	27.69	20.59	25.76
G	28.27	25.01	34.69	44.77	34.15	25.53	31.94
H	31.91	28.24	39.17	50.54	38.77	28.83	36.07
I	34.65	30.66	42.52	54.88	42.00	31.30	39.16
J	36.47	32.27	44.76	57.76	44.31	32.95	41.22

Note: Tables are based on three units of service (6 hours or more of care per day). For the two unit (more than 3 but less than 6 hours per day) and one unit (up to 3 hours per day) regional weekly co-payments, multiply these figures by .6667 and .3333, respectively.

Copayments for a Child Up to 24 Months Old in Family Child Care or Center Care:

First (Youngest) Child in Care:

Copayment Level	Region U	Region V	Region W	Region X	Region Y	Region Z	Region BC
A	5.82	4.88	7.62	9.05	7.17	4.53	6.84
B	9.31	7.81	12.20	14.48	11.47	7.25	10.95
C	15.13	12.70	19.82	23.53	18.63	11.79	17.80
D	22.12	18.56	28.97	34.39	27.23	17.23	26.01
E	29.10	24.42	38.12	45.25	35.83	22.67	33.69
F	37.25	31.25	48.79	57.92	45.86	29.01	42.46
G	45.40	38.09	59.46	70.59	55.89	35.36	51.46
H	52.38	43.95	68.61	81.45	64.49	40.80	59.08
I	55.87	46.88	73.18	86.88	68.79	43.52	62.77
J	58.20	48.83	76.23	90.49	71.66	45.34	65.31

Second and Third Children in Care:

Copayment Level	Region U	Region V	Region W	Region X	Region Y	Region Z	Region BC
A	3.49	2.93	4.57	5.43	4.30	2.72	4.11
B	6.98	5.86	9.15	10.86	8.60	5.44	8.21
C	11.64	9.77	15.25	18.10	14.33	9.07	13.69
D	16.30	13.67	21.34	25.34	20.06	12.69	19.17
E	23.28	19.53	30.49	36.20	28.66	18.13	27.38
F	29.10	24.42	38.12	45.25	35.83	22.67	33.69
G	36.09	30.28	47.26	56.11	44.43	28.11	41.31
H	40.74	34.18	53.36	63.35	50.16	31.73	46.38
I	44.23	37.11	57.94	68.78	54.46	34.46	50.08
J	46.56	39.07	60.99	72.40	57.33	36.27	52.62

Children with a Disability

The payment rate for a child with a disability in a family child care home or a child care center is the same as above except when the service provider documents that the cost of caring for the child with a disability exceeds the reasonable accommodation provisions of the Americans with Disabilities Act. In such cases, the State may assist with a one-time only or ongoing accommodation costs for materials or personnel.

Actuals	2011 REGULAR	7,108	\$27,630,604	\$14.64	-1.1%	10,793	\$46,693,175	\$15.58	4.2%	\$44,036,314
	INFANTS	1,502	\$8,622,579	\$20.15	0.3%	2,280	\$16,405,710	\$29.34	-1.8%	\$55,315,753
	INFORMAL	3,945	\$8,393,594	\$8.18	0.4%					\$8,393,594
	CONTRACTS									
	CCS APPROP		\$44,646,777				\$63,098,885			\$107,745,661
Actuals	2012 REGULAR	5,723	\$22,196,208	\$14.86	1.5%	9,004	\$39,601,686	\$16.85	8.1%	\$34,304,257
	INFANTS	999	\$6,800,749	\$26.09	29.5%	1,570	\$12,108,049	\$29.55	0.7%	\$46,402,435
	INFORMAL	2,744	\$5,655,580	\$7.90	-3.4%					\$5,655,580
	CONTRACTS									
	CCS APPROP		\$34,652,955				\$51,710,358			\$86,363,313
Actuals	2013 REGULAR	4,886	\$19,401,034	\$15.21	2.4%	7,806	\$34,763,904	\$17.06	1.3%	\$54,164,938
	INFANTS	863	\$5,884,927	\$26.12	0.1%	1,381	\$10,885,526	\$30.21	2.2%	\$16,770,453
	INFORMAL	2,120	\$4,442,030	\$8.03	1.7%					\$4,442,030
	CONTRACTS									
	CCS APPROP		\$29,727,991				\$45,649,430			\$75,377,421
Actuals	2014 REGULAR	5,010	\$19,112,632	\$14.62	-3.9%	8,500	\$38,182,506	\$17.21	0.9%	\$57,295,138
	INFANTS	1,001	\$6,805,555	\$26.05	-0.3%	1,698	\$12,860,531	\$29.02	-3.9%	\$19,666,085
	INFORMAL	2,259	\$4,549,464	\$7.72	-3.9%					\$4,549,464
	CONTRACTS									
	CCS APPROP		\$30,467,651				\$51,043,036			\$81,510,687
Actuals	2015 REGULAR	4,880	\$18,698,912	\$14.68	0.4%	8,806	\$39,554,967	\$17.21	0.0%	\$58,253,879
	INFANTS	991	\$6,748,764	\$26.10	0.2%	1,786	\$13,575,707	\$29.12	0.4%	\$20,324,471
	INFORMAL	1,484	\$3,084,695	\$7.96	3.2%					\$3,084,695
	CONTRACTS									
	CCS APPROP		\$28,532,371				\$53,130,674			\$81,663,045
Actuals	2016 REGULAR	3,898	\$16,920,455	\$16.63	13.3%	7,960	\$40,120,278	\$19.31	12.2%	\$57,040,732
	INFANTS	754	\$5,608,492	\$28.50	9.2%	1,539	\$13,756,976	\$34.25	17.6%	\$19,365,468
	INFORMAL	1,041	\$2,505,397	\$9.22	15.8%					\$2,505,397
	CONTRACTS									
	CCS APPROP		\$25,034,344				\$53,877,253			\$78,911,597
Estimated	2017 REGULAR	3,443	\$20,127,972	\$22.40	34.7%	7,495	\$49,545,563	\$25.33	31.2%	\$69,673,535 v
	INFANTS	661	\$6,926,071	\$40.16	40.9%	1,438	\$16,988,843	\$45.26	32.1%	\$23,914,914
	INFORMAL	768	\$3,093,979	\$15.44	67.5%					\$3,093,979
	CONTRACTS									
	CCS APPROP		\$30,915,555				\$66,534,407			\$97,449,962
Estimated	2018 REGULAR	3,325	\$17,186,224	\$19.80		7,440	\$49,209,943	\$25.34		\$66,396,167 w
	INFANTS	590	\$4,848,337	\$31.47		1,429	\$14,102,445	\$37.80		\$18,950,782
	INFORMAL	596	\$2,467,159	\$15.85						\$2,467,159
	CONTRACTS									
	CCS APPROP		\$30,013,045				\$70,751,028			\$87,814,108
Actuals	2019 REGULAR	3,319	\$18,214,814	\$21.03		9,757	\$58,280,681	\$22.89		\$76,495,495
	INFANTS	876	\$5,429,718	\$23.75		1,902	\$17,425,840	\$35.10		\$22,855,558
	INFORMAL	494	\$1,678,270	\$13.01						\$1,678,270
	CONTRACTS									
	CCS APPROP		\$25,322,802				\$75,706,520			\$101,029,322
Estimated	2020 REGULAR	4,110	\$19,871,787	\$18.53		12,082	\$91,070,696	\$28.88		\$110,942,483
	INFANTS	1,085	\$7,748,564	\$27.37		2,355	\$26,908,478	\$43.77		\$34,657,043
	INFORMAL	612	\$1,622,327	\$10.16						\$1,622,327
	CONTRACTS									
	CCS APPROP		\$29,242,679				\$117,979,174			\$147,221,853

a) SSA has an unofficial handicap (Special Needs) rate, but no specific amount was allocated.

b) \$1m was appropriated in January 1988 as an emergency appropriation.

c) Special Needs rate is unofficial.

d) Informal Child Care rates are set locally and may not exceed the daily payment rate for Regular Family Day Care.

e) Due to the funding match, there were insufficient GF available to allow for the total appropriation of \$36,392,372 to be expended in FY'91.

f) Budgeted rates and slots were adjusted to include Federal At-Risk and Child Care and Development Block Grant funds. Rates became regional and were increased to 65% of the 75th percentile of market rates, effective November 1, 1991.

g) Daily rates are average of five regional rates.

h) Included \$5.3m Federal At-Risk and \$13.3m Child Care and Development Block Grant funds of which \$6.6m was added by a budget amendment.

i) Average daily regional rates were increased to 100% of 75th percentile of market rates effective July 1, 1992.

j) Informal Child Care rates are set locally and average \$7 per day.

k) Additional funds of \$5.7m were brought in by Budget Amendment to cover the increasing AFDC-PI category.

Regional Weekly Reimbursement Rates for Informal Care Effective July 2019

	Age 2 & Over	Under Age 2
Allegany County	\$ 60	\$ 70
Anne Arundel County	\$ 100	\$ 120
Baltimore County	\$ 96	\$ 111
Calvert County	\$ 100	\$ 120
Caroline County	\$ 64	\$ 75
Carroll County	\$ 100	\$ 120
Cecil County	\$ 75	\$ 90
Charles County	\$ 100	\$ 120
Dorchester County	\$ 64	\$ 75
Frederick County	\$ 96	\$ 111
Garrett County	\$ 60	\$ 70
Harford County	\$ 96	\$ 111
Howard County	\$ 126	\$ 150
Kent County	\$ 64	\$ 75
Montgomery County	\$ 126	\$ 150
Prince George's County	\$ 100	\$ 120
Queen Anne's County	\$ 75	\$ 90
St. Mary's County	\$ 75	\$ 90
Somerset County	\$ 64	\$ 75
Talbot County	\$ 75	\$ 90
Washington County	\$ 75	\$ 90
Wicomico County	\$ 64	\$ 75
Worcester County	\$ 60	\$ 64
Baltimore City	\$ 80	\$ 97

The regional weekly subsidy tables above are based on three units of service (6 hours or more of care) per day. Subsidy is calculated based on family income and family size. Table above represents the maximum subsidy amount for the first child in care.

Family co-payments are required and vary by jurisdiction, family size, and family income.



Profile of Maryland’s 2019-2020 Prekindergarten Program

Maryland’s first statewide PreK initiative began in 2002 under the Bridge to Excellence in Public Schools Act which required local school systems to provide a minimum of 2.5 hours of voluntary prekindergarten access to four-year-old students from families at or below 185% of the Federal Poverty Guidelines (FPG). Currently Maryland has three funding sources to support PreK in the State:

- The compensatory funding formula for K-12 enrollment includes a weighted amount to meet the mandate to provide access to half-day PreK for income eligible four-year-olds.
- The Prekindergarten Expansion Grant, a competitive grant program administered by the Division of Early Childhood at MSDE, funds local school systems and community-based providers to improve the quality of existing half-day slots to full-day or establish new, full-day prekindergarten slots. The Prekindergarten Expansion Grant, previously funded through a combination of federal preschool grant funds and funds provided by the Maryland Prekindergarten Expansion Act of 2014, is now sustained through state funding as a result of HB 1415 - *Commission on Innovation and Excellence in Education* passed in 2018. This Bill provided funds beginning in FY2020 for the prekindergarten expansion grant at the FY2019 level when the federal grant expired. MSDE awarded \$26.7 million in prekindergarten expansion grant funds FY 2020.
- Maryland provides Prekindergarten Supplemental Grants to local school systems. These unrestricted funds are provided to local school systems through a state funding formula, which includes a wealth factor for each jurisdiction, and is based on the number of four-year-olds enrolled in full-day Prekindergarten the previous year. MSDE provided \$31.6 in prekindergarten supplemental grant funds in FY2020. Additionally, the State issued \$21.1 million to four counties that provide universal, full-day prekindergarten for four-year-olds.

School Year 2019-2020 Data for Four-Year-Olds

Total Enrollment: 30,669 (40% of all 4 year olds in Marylandⁱ)

Full- Day 16,202 (53% of Total Enrollment)

Half-Day 14,467 (47% of Total Enrollment)

School Year 2019-2020 Data for Three-Year-Olds

Total Enrollment: 2,440 (3% of all 3 year olds in Marylandⁱⁱ)

Full-Day 89 (4% of Total Enrollment)

Half-Day 2,351 (96% of Total Enrollment)

Income Eligibility

Prekindergarten Expansion Act of 2014: Families at or below 185% of FPG

Prekindergarten Expansion Grant: Families from 186% to 300% of FPG

Prekindergarten Supplemental Grant: No income restrictions

Student Income Profile FY2019 estimate: 92% at or below 185% of FPG; 8% above 185% FPG

For vacancies remaining, 3- and 4-year-old applicants who are not from families with economically disadvantaged backgrounds but who represent a student population that exhibits a lack of school readiness may be enrolled.

FY 2020 Estimated Costs for Four-Year-Olds in Local School Systems

State funding mechanism: Formula-based state aid fundingⁱⁱⁱ

State funding per pupil cost only: \$6,653 full-day; \$3,327 half-day

Ratio of State funding per pupil to total funding: 50%

State and local per pupil cost PreK to grade 12: \$13,404.22

Calculated State cost per pupil: \$6,653.24

Calculated Local cost per pupil: \$6,750.98

2019-2020 School Year Kindergarten Readiness Data

47% of Maryland's children entered kindergarten classrooms demonstrating the skills & behaviors to fully participate in the kindergarten curriculum

45% demonstrated readiness from Public Prekindergarten classrooms
(parent reported prior care data)

36% demonstrated readiness from Home or Informal Care settings
(parent reported prior care data)

ⁱ United States Census Bureau. Annual Estimates of Resident Population: April 1, 2010 to July 1, 2018. 2018 Population Estimates. The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population [https://www.census.gov/quickfacts/fact/table/MD#Single years of Age and Sex 2010 Census Summary File 1](https://www.census.gov/quickfacts/fact/table/MD#Single%20years%20of%20Age%20and%20Sex%202010%20Census%20Summary%20File%201)

<https://data.census.gov/cedsci/table?q=%25%20of%20total%20MD%20population&tid=ACSDP1Y2010.DP05&hidePreview=false>

ⁱⁱ United States Census Bureau. Annual Estimates of Resident Population: April 1, 2010 to July 1, 2018. 2018 Population Estimates. The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population [https://www.census.gov/quickfacts/fact/table/MD#Single years of Age and Sex 2010 Census Summary File 1](https://www.census.gov/quickfacts/fact/table/MD#Single%20years%20of%20Age%20and%20Sex%202010%20Census%20Summary%20File%201)

<https://data.census.gov/cedsci/table?q=%25%20of%20total%20MD%20population&tid=ACSDP1Y2010.DP05&hidePreview=false>

ⁱⁱⁱ Funding is estimated based on best available data. MSDE is currently evaluating alternative ways to capture state, local and federal PreK funding.

2020 Federal Poverty Guidelines

The Federal Poverty Guidelines are issued each year by the U.S. Department of Health and Human Services (HHS). They are used for administrative purposes, including the determination of financial eligibility for certain federal programs. Programs using the Federal Poverty Guidelines include: Head Start, Food Supplement Program, the National School Lunch Program, the Children’s Health Insurance Program and the Low-Income Home Energy Assistance Program. (TANF, SSI and EITC do not use the poverty guidelines to determine eligibility.) The guidelines are not used for statistical purposes; estimates of the number of individuals and families living in poverty in the U.S. each year are calculated using the poverty thresholds prepared by the Census Bureau.

The guidelines are sometimes referred to as the “federal poverty level” or “FPL,” but that phrase is inaccurate and should not be used, especially when precise reference to the Federal Poverty Guideline amounts or percentages is important for legislative or administrative references.

The following table shows the 2020 values for the Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia:

Family Size	FPG	133% FPG	185% FPG	200% FPG	250% FPG	300% FPG
1	\$12,760	\$16,971	\$23,606	\$25,520	\$31,900	\$38,280
2	\$17,240	\$22,929	\$31,894	\$34,480	\$43,100	\$51,720
3	\$21,720	\$28,888	\$40,182	\$43,440	\$54,300	\$65,160
4	\$26,200	\$34,846	\$48,470	\$52,400	\$65,500	\$78,600
5	\$30,680	\$40,804	\$56,758	\$61,360	\$76,700	\$92,040

**ELIGIBILITY GUIDELINES
CURRENT MAXIMUM ANNUAL INCOME COMPARISON
FOR SELECTED PUBLIC PROGRAMS (AS OF 8/2020)**

Family Size	Child Care Subsidy Program	Head Start	WIC	FSP (Food Supplement Program, formerly Food Stamps)	MD Children's Health Program (Children up to 211% FPG)	MD Children's Health Program (Pregnant Women)	MD Children's Health Program Premium (Children above 211% - 250% FPG)	MD Children's Health Program Premium (Children above 250% - 322 % FPG)
2	\$48,637	\$17,240	\$31,894	\$22,412	\$36,384	\$45,528	\$45,528	\$55,524
3	\$60,081	\$21,720	\$40,182	\$28,236	\$45,828	\$57,336	\$57,336	\$69,936
4	\$71,525	\$26,200	\$48,470	\$34,060	\$55,296	\$69,192	\$69,192	\$84,384
5	\$82,969	\$30,680	\$56,758	\$39,884	\$64,740	\$81,000	\$81,000	\$98,808

If a family is headed by one person earning the minimum wage, \$11.00 an hour, for a 40 hour work week, the family's income would be \$21,880. (Last minimum wage increase date: 01/20.)

PROGRAM DEFINITIONS

Child Care Subsidy Program (formerly Purchase of Care) - a federal/state child care program that grants subsidies to assist low-income families in paying for child care.*

Head Start - a federal, comprehensive child development program with four main components - social services, health, education, and parental involvement. Eligibility is up to 100% of FPG.**

WIC (Women, Infants, Children) - a federal program that provides healthy food and nutrition counseling to pregnant women, new mothers, infants, and children under five. (Eligibility is up to 185% of FPG).

FSP (Food Supplement Program, formerly Food Stamps) - a federal program that gives families monthly vouchers to purchase specific groceries. The Food Supplement Program's gross income limit is 130% of FPL. However, there are several exceptions to this income limit. The income limit is waived for certain groups, and there is also a waiver that allows the State to set the limit at 200% of FPL for needy families receiving non-cash TANF services. A household can be categorically eligible for FSP based on its eligibility for TCA, SSI or transitional benefits.

Maryland Children's Health Program – MCHP provides health benefits for children up to age 19, pregnant women of any age, or family members caring for children who meet the income guidelines. Children in families earning between 211% and 322% of FPL are eligible for MCHP Premium and are required to pay a premium of either \$56 (211-250% FPL) or \$70 (250-322% FPL), depending on household income.

NOTES

The Child Care Subsidy Program* defines income as the sum of monthly income, including pre-tax benefits, received by an individual. **Exclusions include: Family Investment Program payments (TCA, WIC, LIHEAP, SNAP), SSI payments, educational loans and scholarships, and grants.

***Head Start* defines income as total annual cash receipts before taxes. Head Start includes income as: money, wages or salary before any deductions, net income from non-farm self-employment, net income from farm self-employment, regular social security or railroad retirement payments, unemployment compensation, strike benefits from union funds, workers' compensation, veteran's payments, public assistance (TANF, SSI, Emergency Assistance and General Assistance or General Relief money payments), training stipends, alimony, child support, military family allotments or other regular support from an absent family member or someone not living in the household, private pensions, government pensions (including military), regular insurance or annuity payments, college scholarships, grants, fellowships, and assistantships, dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, net gambling or lottery winnings. **Exclusions include:** Medicare, Medicaid, food stamps, school lunches, housing assistance, tax refunds, loans, employee fringe benefits, etc.

Child and Adult Care Food Program (CACFP) Meal Reimbursement Rates, July 1, 2020 – June 30, 2021

Family Child Care Providers Reimbursement Rates

	<u>Tier I</u>	<u>Tier II</u>
Breakfast	\$1.39	\$0.50
Lunch and Supper	\$2.61	\$1.58
Snack	\$0.78	\$0.21

The family child care component of the CACFP was restructured in 1996 establishing two tiers under which homes are grouped for purposes of meal reimbursement. To qualify for Tier I, the higher rate of reimbursement, the family provider must meet income eligibility guidelines for the federal Free or Reduced Price Meals (FARM) program or a family child care home must be located in:

1. an area served by schools enrolling elementary students in which at least 50% of the total number of children enrolled are certified eligible to receive free or reduced price school meals; or
2. a geographic area in which at least 50% of children residing in the area, as determined from census data, are members of households whose incomes meet the income eligibility guidelines for free or reduced price meals.

All family child care homes not meeting the criteria for Tier I are eligible for Tier II. A Tier II home enrolling a child from a family whose income meets the income eligibility guidelines for free or reduced price meals may claim that child's meals at Tier I rates. The meals for all other children enrolled in the program would be at the Tier II rates.

Child Care Center Reimbursement Rates

Breakfast

free reimbursement	\$1.89
reduced reimbursement	\$1.59
paid reimbursement	\$0.32

Lunch or Supper

free reimbursement	\$3.51
reduced reimbursement	\$3.11
paid reimbursement	\$0.33

Snacks

free reimbursement	\$0.96
reduced reimbursement	\$0.48
paid reimbursement	\$0.08

In centers, children from households with incomes at or below 130 percent of poverty are eligible for free meals. Children with household incomes between 130 percent and 185 percent of poverty are eligible for meals at a reduced price. Centers must determine each enrolled child's eligibility for free and reduced price meals.

Table 2

Enrollment by Grade: Maryland Public Schools: September 30, 2019
Total Students

Local Unit	Grand Total	Total Elementary	Pre-Kinder-garten	Kinder-garten	1	2	3	4	5	6
Total State	909,414	505,601	32,203	65,087	65,978	66,560	67,747	67,971	69,552	70,503
Allegany	8,437	4,798	455	604	576	631	629	637	631	635
Anne Arundel	84,984	48,265	2,380	6,458	6,376	6,544	6,589	6,644	6,679	6,595
Baltimore City	79,187	46,769	4,394	5,980	6,229	5,986	6,071	5,862	6,160	6,087
Baltimore	115,038	64,907	3,964	8,298	8,400	8,656	8,802	8,785	9,242	8,760
Calvert	16,022	8,373	425	1,077	1,086	1,082	1,188	1,119	1,158	1,238
Caroline	5,874	3,300	366	388	426	400	418	421	423	458
Carroll	25,345	13,262	371	1,829	1,788	1,866	1,824	1,833	1,793	1,958
Cecil	15,256	8,329	664	1,022	1,058	1,062	1,095	1,069	1,142	1,217
Charles	27,521	14,547	939	1,737	1,858	2,026	1,880	1,959	1,999	2,149
Dorchester	4,710	2,698	223	357	365	339	316	343	366	389
Frederick	43,828	23,736	1,399	3,100	3,086	3,051	3,221	3,203	3,273	3,403
Garrett	3,834	2,099	205	268	257	280	257	280	263	289
Harford	38,429	20,980	1,014	2,811	2,706	2,754	2,828	2,818	2,953	3,096
Howard	58,868	31,522	1,360	3,967	4,219	4,153	4,342	4,340	4,478	4,663
Kent	1,918	1,069	117	135	134	122	135	147	139	140
Montgomery	165,267	89,538	4,680	11,518	11,879	11,859	12,045	12,265	12,519	12,773
Prince George's	135,962	77,396	5,283	9,952	10,020	10,180	10,355	10,473	10,525	10,608
Queen Anne's	7,764	4,133	259	514	496	535	569	521	614	625
SEED School	401	76	0	0	0	0	0	0	0	76
St. Mary's	18,083	10,092	945	1,263	1,235	1,281	1,331	1,338	1,331	1,368
Somerset	2,905	1,719	215	228	230	190	209	211	229	207
Talbot	4,703	2,548	251	320	295	330	295	338	351	368
Washington	22,993	12,661	1,128	1,615	1,609	1,578	1,672	1,631	1,688	1,740
Wicomico	15,203	8,923	734	1,175	1,197	1,182	1,167	1,231	1,084	1,153
Worcester	6,882	3,861	432	471	453	473	509	503	512	508

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