Maryland
DEPARTMENT OF
JUVENILE SERVICES

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Date:	February 11, 2026
Bill Number/Title:	HB 396 Residential Child Care Programs - Education of Children and Training of Child and Youth Care Practitioners
Committee:	Ways and Means
DJS Position:	Letter of Information

House Bill 396 proposes to amend the Health Occupations Article to establish additional, more detailed statutory training requirements for child and youth care practitioners employed in residential child care programs. Specifically, the bill delineates a list of mandatory training topics for applicants and employees, requires demonstration of competencies in specified areas, and places these requirements directly in statute rather than relying primarily on existing regulatory frameworks administered through COMAR and professional certification bodies.

While the Maryland Department of Juvenile Services (DJS) supports high-quality, well-trained residential staff and shares the goal of ensuring safe, therapeutic, and developmentally appropriate care for youth, we submit this letter to highlight potential operational and workforce impacts of HB 396.

Maryland already has a comprehensive regulatory structure governing residential child care staffing, qualifications, and training through COMAR 10.57 (Certification of Residential Child and Youth Care Practitioners) and COMAR 14.31 (Standards for Residential Child Care Programs). Embedding detailed training requirements in statute reduces the State's ability to update standards efficiently through the regulatory process as best practices in youth care evolve. Under current COMAR standards, Residential Child Care Centers (RCCs) have the ability to design and implement training that aligns with State standards while also responding to the specific needs of the youth they serve (e.g., trauma-informed care, behavioral health, developmental disabilities, or culturally responsive practice). Additionally, many RCC programs are required to maintain external accreditations such as JCAHO, CARF, COA, or EAGLE, which also impose significant staff training requirements.

While DJS agrees that there should be baseline training and an examination process for residential child and youth care practitioners, there are concerns that adding additional statutory training mandates could create a backlog of staff seeking certification and lengthen onboarding timelines. An unintended consequence of HB 396 could be a delay in workforce readiness, making it more difficult for programs—including DJS-operated and contracted facilities—to maintain adequate staffing levels. Many RCC programs already struggle with workforce shortages; adding new statutory barriers without corresponding investments in training infrastructure and workforce support could further exacerbate these challenges.

Regarding the bill's education provisions, the proposed statutory language raises several implementation and policy concerns. The proposed statutory language in HB 396 relies heavily on mandatory "SHALL" requirements that are overly prescriptive and do not adequately account for

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the varied realities of residential child care settings or the individualized needs of children. While the intent to strengthen educational engagement is clear, codifying detailed operational

practices—such as mandatory teacher contact, specific academic supports, and uniform documentation requirements—creates compliance risk without necessarily improving outcomes. These rigid mandates may conflict with school district protocols, confidentiality considerations, staffing capacity, security restrictions, clinical priorities, and the child's developmental readiness, particularly for youth with short lengths of stay or complex behavioral and trauma-related needs.

We fully understand and support the underlying goal of ensuring that children in residential care receive consistent educational support and advocacy. However, a more effective and sustainable approach would emphasize individualized educational planning and professional judgment rather than uniform statutory mandates. An approach that allows programs to tailor educational support to a child's individual needs, length of placement, educational plan, and clinical stability—while maintaining accountability for meaningful engagement—would better align with trauma-informed, youth-centered practice.

Thank you for your consideration of this information and for your continued attention to this issue.

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