Caring For Maryland's Most Important Natural Resource™

Maryland State Child Care Association

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The Maryland State Child Care Association (MSCCA) is a non-profit, statewide, professional association incorporated in 1984 to promote the growth and development of child care and learning centers in Maryland. MSCCA has over 4500 members working in the field of early childhood. We believe children are our most important natural resources and work hard to advocate for children, families and for professionalism within the early childhood community.

March 25, 2021
Position: Favorable with **Amendments**
HB 392
Education, Health and Environmental Affairs

MSCCA recognizes and appreciates the efforts of Delegate Guyton to increase early childhood screenings for developmental disabilities. MSCCA fully supports early childhood screenings for developmental disabilities. We understand early intervention is critical and some of our programs that are confident in their training and tools may be offering and incorporating developmental screenings as an option for families. This proposed legislation to require offering and possibly implementing sensitive screenings for only some children in child care settings, to require a referral system to an appropriate program, which we are not trained to do, as well as requiring to offer the screening without tool specific training and without a fiscal note to ensure funding needed to carry out to fidelity, causes much concern. Even more concerning is how this will impact the child and the relationship with the family. All of these factors are important to consider and come up with viable solutions. My goal was not just oppose the legislation because I believe all who care about and for children want more children screened by the best, most qualified professionals. Professionals can dive even deeper into why there may be red flags (such as, child may have been premature, yet the trainer would not necessarily know this information or how to interpret on a screening). These scenarios and ill prepared trainers could lead to an unnecessary referral and cause numerous issues, possibly liability and legal issues.

HB 392 has sparked much thought and research to best determine how to achieve this commendable goal brought to light by the sponsor.

In researching developmental screenings from the perspective of the experts in health, I share language from the CDC (Center for Disease Control): If a child has a developmental delay, it is important to identify early so that the child and family can receive intervention services and support. Healthcare providers play a critical role in monitoring children's growth and development as well as identifying problems as early as possible.

The American Academy of Pediatrics (AAP) recommends that healthcare providers do the following; monitor child's development at each visit; periodically screen children with validated tools to identify an area of concern that may require further evaluation and ensure that more comprehensive developmental evaluations are completed if risks are identified.

Developmental monitoring and screening can be done by a number of professionals in healthcare, community and school settings in collaboration with parents and caregivers, however pediatric primary care providers are in a unique position to promote children's heathy development because they have regular contact with children before they reach school age and their families. They have a one on one opportunity with child and parent where the child care provider would have much higher ratios and would need time to focus to complete multiple screening tools, should many parents take advantage of the offer, as I am sure is the desired outcome. The child care provider would need time to sit down with the parent to discuss outside of the classroom or when children are not there. They must be compensated or a substitute would need to be compensated while covering the classroom, for the time to complete and to review with parent as it would be a requirement by law. The screenings cost money, the professional tool specific training costs money and the child care provider must be compensated according to labor laws. There is no fiscal note, so these costs would be passed onto parents who are already struggling with child care access and costs. We cannot continue to require unfunded mandates on the backs of child care who make a wage comparable to parking lot attendants. The pandemic has had a devastating financial impact on our essential child care small businesses. COVID 19 exacerbated the already tenuous child care system including the workforce. Data is still being collected as we are still in the midst of a continuing pandemic, but MSDE reports child care has lost almost 500 businesses and Maryland Family Network reports on average child care programs are losing $8,51.00 per week for a total of $9.6 million lost per week due to pandemic impact. MFN survey also

includes data on the increase eto operational costs that have increased for child care during the pandemic of $5, 339.00 per month to cover additional PPE, cleaning, food and increased staffing requirements due to CDC guidance for child care. Data is showing more than 34% of center based child care staff have left their positions. Child care teachers make on average $26,000 per year. National and State research is reporting child care financial losses of between $40-$50,000 per month. This legislation will add more financial burden and stress to thousands of struggling businesses and frankly, they will not have the staff to comply as we already were facing a critical workforce shortage pre pandemic, which has increased due to the pandemic.

The AAP recommends that developmental monitoring should be a part of every well child preventative care visit. All children should be screened using a validated test during well-child visits at 9, 18, 24, and 30 months even if there are no concerns. Healthcare providers may screen a child more frequently if there are additional risk factors, such as preterm birth, low birthweight, and lead exposure, among others. Developmental screening is more in-depth than monitoring and may identify children with a developmental risk that was not identified during developmental monitoring.

Evidence-based screening tools that include parent reports can help parents and healthcare professionals talk about the child's development in a systematic way. Screening tools can be specific to a disorder (for example, autism), an area (for example, cognitive development, language, or gross motor skills), or they can be about development in general, addressing multiple areas of concern.

If the screening test identifies a potential developmental problem, further developmental and medical evaluation is needed. Screening tools do **not** provide conclusive evidence of developmental delays and do not result in diagnoses. A positive screening result should be followed by a thorough assessment done by a trained provider. A more detailed evaluation will show whether the child needs treatment and early developmental intervention services. Medical examinations can identify whether the problems are related to underlying medical conditions that need to be treated.

It would seem logical to follow the best practice cited in the CDC and AAP's recommendations of the health care professionals not only offering screenings, but triggering reminders by integrating the developmental screening into the visits with the health care professional. This can be cost effectively done by modifying/revising the COMAR required Health Inventory form prescribed by The Department to add language to include developmental screenings/monitoring. The form attached in my testimony includes an immunization chart which must be completed before enrolling in a licensed or registered child care program in Maryland and must be updated at each interval required for immunizations in order for program to stay in compliance and for child to participate in the program. This solution would increase awareness for parent, trigger and connect the health care professional to the requirement and achieve the goal of increasing screenings.

MSCCA is aware that some children do not see a pediatrician or health care professional, but they are not the children in licensed child care programs in our state. All parents or guardians must complete the health inventory assessment to be signed and dated by health care professional according to COMAR Office of Child Care Licensing regulations 13A.16.03 (Child's Record) The form #1215 can be revised by The Department by July 1, 2021 to include language about developmental screenings and be required to be promulgated in regulations thereafter.

MSCCA appreciates the inclusiveness of more licensed child care programs/providers, the addition of Letter of Compliance programs has not been reflected in amendments.

MSCCA appreciates the amendment to meet the requirements of this proposed legislation by communicating the existence of screening and assistance related to screenings through personal emails, texts or calls to parents/guardians. The recommendations for alternatives to meeting the screening requirements for HB was to share the responsibility with MSDE who would develop a document on developmental screenings to share with child care providers and parents can initial they received the professional information.

MSCCA amendments:

Include all child care providers and all children in this legislation and not some child care providers and some children in this legislation by requiring all Licensed, **Registered** and Letters of Compliance programs to provide the form to families.

Modify the COMAR Office of Child Care Health Inventory forms #1215 to include developmental screening language to ensure more discussion and implementation of screening tools which will help to achieve the goals set in HB 392 .

Integrating the developmental screenings language into the health assessment forms required by the state will engage parents and pediatricians, inform the child care providers as we receive and file the forms for compliance and allow a highly qualified professional to complete the sensitive tool and if necessary, explore medical reasons or make excellent referrals, which according to the AAP and CDC is best practice. The children and families of Maryland deserve the best.

HB 392 should not be mandatory and much more support and training needs to be done to successfully achieve the goal.

MSCCA urges the Sponsor and Committee to accept our amendments as the best way to achieve the ultimate goals of increasing screenings by qualified professionals.