

HB392_SUPPORT_Screening_KKI_SENATE.pdf

Uploaded by: Arneson, Emily

Position: FAV



DATE: March 25, 2021 **COMMITTEE:** Senate Education, Health and Environmental Affairs
BILL NO: House Bill 392
BILL TITLE: Family Child Care Homes, Large Family Child Care Homes, and Child Care Centers - Early Childhood Screening and Assistance
POSITION: Support

Kennedy Krieger Institute supports House Bill 396 – Family Child Care Homes, Large Family Child Care Homes, and Child Care Centers - Early Childhood Screening and Assistance.

Bill Summary:

On or before January 1, 2022, this legislation requires the Maryland State Department of Education (MSDE) to establish guidelines for early childhood development screenings for children younger than age three to screen for potential disabilities. Beginning July 1, 2022, child care homes and centers, in communication with parents and guardians, shall offer screenings to children under three based on the guidelines developed by MSDE. If the child needs further evaluation, the Center will provide the parent or guardian a referral to an appropriate program.

Background:

At Kennedy Krieger Institute, we have multiple, high impact programs in early childhood education serving “at risk” and medically complex children.

Our Programs include:

PACT: Helping Children with Special Needs, Inc., the only child care centers in the Baltimore Metropolitan area for 85 young children who are medically fragile and infants and toddlers who are homeless.

World of Care Medical Child Care: age’s birth to five needing daily nursing care and specialized equipment. Includes comprehensive services such as daily skilled nursing care/interventions, occupational, physical and speech therapy.

Therapeutic Nursery for Homeless Infants and Toddlers: only early Head Start in Baltimore providing specialized attachment-based, trauma-informed care and education for infants and toddlers whose families are currently living in homeless shelters or transitioning back to the community. Also provide mental Health Services for parents using research-based interventions.

Center for Autism and Related Disorders (CARD): a multi-faceted, interdisciplinary center serving individuals from infancy into adulthood with, and at risk for ASD, their families, and professionals in the ASD community. CARD combines research, clinical services, and training programs to unlock the potential of children with ASD, enrich their life experiences, empower parents and promote the well-being of families through evidence-based practices.

One of our major endeavors is developing innovative models and procedures for early detection of (ASD, communication delays, mental health challenges, and other behavioral and physical health challenges), and treatments for ASD and related challenges. Our highly trained triage team works with families to plan the assessment(s) needed to create a path forward that will lead to improved outcomes and quality of life.

Individualized intervention(s) are provided, including behavioral, occupational therapy, speech-language therapy, cognitive-behavioral, augmentative communication, social skills, medical management, job skills, and family support services.

In addition to our early childhood work apart from autism, we provide a classroom-based comprehensive early intervention program for children aged 1 year (parent-child) through 5 years of age. Our internationally recognized research program informs our clinical practices, and guides the field of autism research and care around the world.

Our interdisciplinary team of over 180 staff, representing over 20 specialties, and with fluency in at least six languages, collaborates with experts around the globe. Our contributions and areas of ongoing research are addressing anxiety, early detection, early intervention (beginning at 9 months), biological causes, transitioning to adult health care, telehealth, defining how learning and attention systems develop, crisis management, development of innovative assessment tools, and development of innovative ways to train childcare providers and public school teachers to implement evidence-based instructional strategies in their classrooms.

CARD is having a major impact on the lives of those with ASD. Last year alone, CARD clinicians provided care to over 5,800 children, youth, teens, and adults with, or at risk for, ASD.

Rationale:

Early in development, the brain is the most malleable, representing a formative period of neurodevelopment. During this time, the brain is growing, eliminating neurons that are not needed, and connecting itself within and across brain regions. This, ultimately results in the child's ability to learn at their greatest potential, and to achieve the greatest possible success.

Developmental neuroscientists have shown that children's brain development is a product of an interaction between their experiences and their neurobiology. In other words, the language, motor, and cognitive stimulation they experience when interacting with others actually affects how the brain becomes wired. This fact is the basis for what is known as 'experience dependent neuroplasticity'. When a child has autism, or other developmental delay, s/he is not sufficiently benefiting from the usual kinds of interactions with people and toys.

In addition, deleterious environmental factors may contribute to an at risk child's development. Children with autism spectrum disorder (ASD) and other developmental delays need specific types of input, opportunities, and social-emotional environments to thrive.

Children in Maryland who have behavioral, social-emotional, cognitive, language and/or motor delays will benefit from systematic exposure to evidence-based instructional and caregiver-supported interaction strategies known to accelerate learning and improve developmental outcomes.

We understand and recognize the importance for early intervention programming to be coordinated and integrated. Early intervention components should include individualized goal-setting, high-quality supportive environments, and nurturing and responsive relationships for all children (Fox, Synder, & Hemmeter, 2013).

The more skills that children develop, the more they are equipped to learn. The more they learn, the more prepared they are to benefit from social and educational opportunities at school. The literature has clearly shown that early delays in development, particularly when language is delayed, persist into later childhood and are associated with later deficits in literacy, social-emotional, behavioral, and school functioning (McKean et al., 2017; Suggate, Schaughency, McAnally, & Reese, 2018).

Early detection of delays, via screening at the ages recommended by the American Academy of Pediatrics, permits access to early intervention, which can significantly improve child outcomes.

HB 392 - Favorable - Guyton.pdf

Uploaded by: Guyton, Michele

Position: FAV

MICHELE GUYTON
Legislative District 42B
Baltimore County

Ways and Means Committee

Education Subcommittee

Finance Resources Subcommittee



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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

March 25, 2021

Support HB 392

Child Care Homes, Large Family Child Care Homes and Child Care Centers – Early Childhood Screening and Assistance

Dear Chairman Pinsky and Members of the Education, Health and Environmental Affairs Committee,

Thank you for your consideration of HB392 as amended by the Ways and Means Committee to address concerns raised by child care advocates and providers. The bill requires that that all child care centers and family child care homes licensed by Maryland State Department of Education Office of Child Care offer a developmental screening approved by the Maryland State Department of Education to all families of children under 3 years of age. The purpose of this legislation is to ensure that children with developmental delays are identified and receive appropriate interventions as early as possible in order to achieve the best outcomes and ensure Kindergarten readiness. Child care providers will also be required to provide information on the Maryland Infant and Toddlers Program to families and to assist families who request help contacting that agency. Over half of children who would benefit from early educational interventions are not identified until they enter public school. Data show that the earlier a child with developmental disabilities is identified, the more likely that they will no longer require special education services later in school and that for every dollar that we invest in early intervention, we recover seven dollars in long-term educational and economic benefits. For these reasons I ask for a favorable report on HB396.

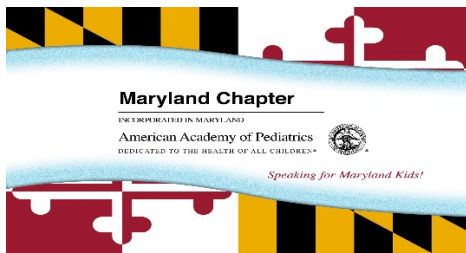
Sincerely,

Delegate Michele Guyton

HB0392 - Senate_FAV_MDAAP_Child Care Centers - Ear

Uploaded by: Kasemeyer, Pam

Position: FAV



TO: The Honorable Paul G. Pinsky, Chair
Members, Senate Education, Health, and Environmental Affairs Committee
The Honorable Michele Guyton

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: March 25, 2021

RE: **SUPPORT** – House Bill 392 – *Family Child Care Homes, Large Family Child Care Homes, and Child Care Centers – Early Childhood Screening and Assistance*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support** for House Bill 392.

House Bill 392 requires the Maryland State Department of Education to establish guidelines for early childhood developmental screenings for children younger than an age that can be provided by childcare centers to assess a child's progress through early childhood development milestones and screen for potential disabilities. The childcare centers must offer a parent or guardian the opportunity for their child to be evaluated and if a child is screened to share the results of the screening with the parent or guardian, including information on services available through the Maryland Infants and Toddlers Program and assistance in contacting the local lead agency.

Developmental screenings of young children are a critical component of comprehensive well-child and preventative health care services. While developmental screenings are an integral part of the services provided by a child's primary care provider, not all parents or guardians appreciate the importance of well-child visits and preventative services such as screenings and fail to pursue the provision of those services for their child. Authorizing childcare centers to do developmental screenings and share the findings, including information about Maryland's Infant and Toddlers program, will help increase the identification of children in need of further services.

While MDAAP looks forward to working in the future with relevant stakeholders to include communication with a child's primary care provider in the framework of childcare center screening, House Bill 392 establishes a sound and reliable framework to enhance access to critical developmental screening and referral for needed services. MDAAP requests a favorable report.

For more information call:

Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

HB 392- The Arc Maryland- Support Senate EHEA.pdf

Uploaded by: Kolp, Ande

Position: FAV

**Senate Education, Health, and Environmental Affairs Committee
HB 392: Child Care Centers -Early Childhood Screening and Assistance
March 25, 2021**

Position: Support as Amended by the House

The Arc Maryland works to advance the inclusion, rights, and opportunities of people with developmental disabilities. We know that high-quality, coordinated early childhood services are critical for children with developmental delays and disabilities, and fully support the efforts of the Maryland State Department of Education's (MSDE) Division of Early Intervention and Special Education Services (DEI/SES) and the Division of Early Childhood (DEC) to increase access and opportunities for young children with disabilities to learn and play alongside their peers without disabilities.

Federal law requires that children with disabilities have opportunities to meaningfully participate in programs with their non-disabled peers. (i) To meaningfully participate, children may need additional services and supports -some provided through early intervention services or preschool special education and some provided by the early care and education provider.

While more than 19,000 children in Maryland receive early intervention services, many have not yet been identified.

The benefits of the Maryland Infants and Toddlers Program (MITP) are clear.

- **Maryland's 2018 longitudinal research confirms the benefits of early intervention services for children with developmental delays and disabilities, with 68% of children returning to general education by 3rd grade. (ii)**

In recognition of that, and the additional awareness needed of child development and the early detection of developmental delays and disabilities, the federal Child Care Developmental Block Grant Act of 2014, required states to provide education information to families, early care and education providers, and the public about developmental screenings.

- In support, the MSDE, in Maryland's current Child Care Development Fund (CCDF) State Plan required to receive federal funds, **required all providers receiving CCDF funds to participate in Maryland EXCELS, the quality rating and improvement system, and developed standards for all early care and education providers.**

The Maryland EXCELS standards state: *Developmental screenings are conducted on all children (Birth through age 5) within 90 days of enrollment and at scheduled intervals as determined by MSDE; results are shared with families, and referrals are made when appropriate.*

According to the Division of Early Childhood's website, if a child shows any developmental concerns, the family may decide to seek further evaluation for the child.

There are many free resources (including but not limited to the Maryland Infants and Toddlers Program in Maryland) from which to choose, and the child care provider should help the family access those resources.

It is our understanding that this requirement of Maryland EXCELS to screen children was never fully implemented.

This bill seeks to ensure that parents are offered the screening opportunity for their children at least twice a year, and if the screening indicates that further evaluation is needed, the childcare provider will assist the family with making connections critical to obtaining an evaluation.

We thank the sponsor for her submission of this bill, the Ways and Means Committee for their important amendments to strengthen the bill, and we urge a favorable report from the Senate Education, Health and Environmental Affairs Committee.

Sincerely,



Ande Kolp
Executive Director
akolp@thearcmd.org
www.thearcmd.org

- i. 20 USC 1400 (IDEA, Part B, §619).
- ii. Moving Maryland Forward: Building a Birth through Five System of Services for Children with Disabilities and Their Families, MSDE, January 2020, pg. 3.

Additional information can be found here:

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_developmental_screeningfaqs.pdf

HB 392 FAV_ACY_MRock.pdf

Uploaded by: Rock, Melissa

Position: FAV



To: The Honorable Chair, Senator Paul G. Pinsky, and members of the Education, Health, and Environmental Affairs Committee

From: Melissa S. Rock, Birth to Three Strategic Initiative Director

Re.: **HB 392: Child Care Centers - Early Childhood Screening for Developmental Disabilities**

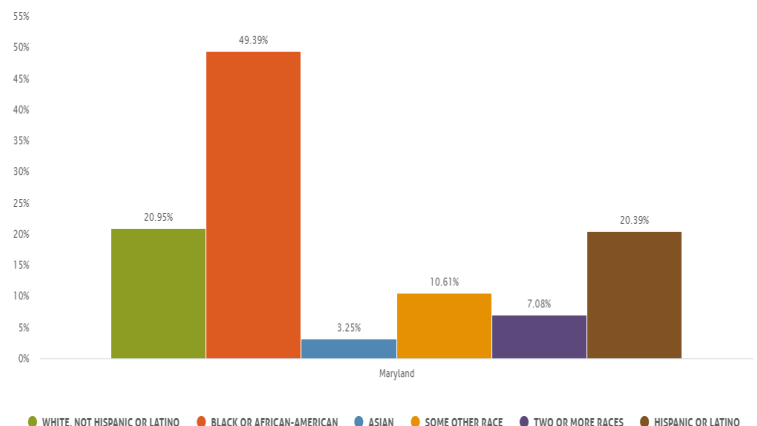
Date: March 25, 2021

Position: **SUPPORT**

With the help of the increased ability to scan brains, we now know that 85% of brain development happens before a child turns 3 years old. That brain development is highly influenced by a young child's experiences. For children experiencing toxic levels of stress—like those children living in poverty, or exposed to violence, their brains do not develop at the same rate because of the impact on their bodies responding to that toxic stress. For this reason, it is critical that we are intervening for young children who need services as early as possible, so that brain development is not interrupted.

Unlike school aged children, for young children, there are not many touchpoints where professionals can identify issues such as developmental disabilities. While pediatricians can screen for these, those visits are often rushed, and only twice per year once the child turns two. **HB 392 will ensure that licensed childcare providers are equipped to do these screenings which will go a far way towards ensuring that there is early detection of developmental disabilities for young children.** By detecting these issues early, accommodations can be made to limit the negative impact on the child.

Given the impact toxic stress can have on brain development, these early screenings will be especially beneficial for impoverished children, who are more likely to have that toxic stress lead to developmental delays. Epigenetics also disproportionately impact low income children and children of color where the impact of trauma on earlier generations impact the DNA of future generations. In Maryland, there are 51,000 children ages birth through 5 years old living under the Federal Poverty Level.¹ This represents 12% of Maryland's Children birth through 5 years old.² The table highlights the racial disparities in poverty rates caused by systemic and institutional racism for all children in Maryland under age 18.³



Child Poverty Status By Race (Percent) - 2019

Advocates for Children and Youth
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

We urge this committee to issue a favorable report on HB 392 to ensure that childcare facilities are better equipped to screen young children for developmental delays and thus allow families to receive essential interventions earlier.

¹ <https://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=22&loc=2#detailed/2/22/false/1729,37,871,870,573,869,36,868,867,133/17,18,36/12263,12264>

² Id.

³ <https://datacenter.kidscount.org/data/bar/8538-child-poverty-status-by-race?loc=22&loc=2#2/any/false/1729/4406,3303,3304,2161,3305,3306,3307,3301,4551/17226>

MDAEYC Fav W Amendments dev screening bill testimo

Uploaded by: Lopez, Christina

Position: FWA



Maryland Association for the Education of Young Children

Testimony in Support of HB 392
“Child Care Centers -- Early Childhood Screening and Assistance”
Submitted to the Senate Education, Health, and Environmental Affairs
Committee
March 25, 2021

Position: Favorable with Amendments

The Maryland Association for the Education of Young Children (MDAEYC) supports HB 392 with amendments. MDAEYC believes in the value of developmental screening in child care centers and early childhood education programs. We respectfully suggest that the bill be amended to include funds to cover child care providers' time in training and for administering the developmental screening.

MDAEYC is a professional association of 1,500 early childhood educators, allied professionals, and families. We promote high-quality early learning for all children, birth through age 8, by connecting early childhood education practice, policy, and research. We advance a diverse, dynamic early childhood profession and support all who care for, educate, and work on behalf of young children. Many of our members are educators working in child care centers or family child care homes.

We support HB 392 because we know the critical role early screening can play in young children's healthy development. Developmental screening is an effective, efficient way for professionals to check a child's development, help parents celebrate their child's milestones, and help identify developmental concerns early while guiding parents to needed resources. It's also an essential first step toward identifying children with delays or disorders in the critical early years before they start school. Conducting these screenings early in a child's life allows us the opportunity to provide children and families with support during the critical years of development, producing more significant gains in student achievement and saving tax-payer dollars later down the road to implement remediation services.

MDAEYC also supports the role that early childhood educators / child care providers can play in administering developmental screenings. As early childhood educators, many of our board leadership and our members have personal experience administering developmental screening tools such as the Ages and Stages Questionnaires, Third Edition (ASQ-3). Early childhood educators/providers often have children in their care 11 hours a day. This time spent interacting with young children allows for an unparalleled opportunity to gain extensive knowledge of and insights into



Maryland Association for the Education of Young Children

the development of the children they serve. Developmental screening allows educators access to a valid and reliable tool, opening the door for important and productive conversations with the child's parents on what is typical for a peer in their age range. We have found that the most effective screening tools are easy and quick to use, can be easily completed by a parent or provider, and can easily be scored.

MDAEYC respectfully suggests that the Committee add an amendment to include funding to support staff training and staff time administering developmental screenings. While MDAEYC believes that child care providers are an appropriate professional to complete a developmental screening, administering and scoring screenings takes time, and programs may need to dedicate additional staff to the regular classroom while an educator completes the screening. Child care educators also need to take training in scoring the screening tools. While we recognize that screenings are critical, the weight cannot be carried on the backs of an already over-burdened and under-resourced profession.

While developmental *evaluations* should be completed by developmental pediatricians or other specialized experts, it is appropriate for early childhood educators /child care providers to complete developmental *screenings*, as they are designed to be administered by a much broader range of professionals, or by parents.

These screening tools are completed in collaboration with the parents, recognizing that parents are their child's first and best teacher, and help guide powerful conversations about their child's strengths and needs. Ultimately, parents have the right to accept or deny the referral for early intervention services allowing the parent to still have the final say over whether their child receives services. In some instances, the tool may show a concerned parent that the child is right where the child needs to be and that no referral is needed, providing the family with comfort and reassurance.

The past year has been difficult for us all, but especially for young children. We have yet to see the effect of the pandemic on children's growth and development; that is why now it is more important than ever that we take proactive steps to ensure all children have what they need to be successful. We hope that the State will see the importance of this initiative and see that the cost to intervene early is much more affordable than the cost to intervene later. For that reason, we request your support for this bill if it also is amended to include funds for the staff time to administer the screenings.

If you have any questions, please contact: Christina Lopez, President, at christina.lopez@mdaeyc.org or 301-751-1626.



Maryland Association for the Education of Young Children

Testimony HB 392 Dev Screening_Tracy Jost_Senate.p

Uploaded by: Merriman, Tracy

Position: FWA

TESTIMONY to House of Delegates, HB 392, Child Care Centers – Early Childhood Screening and Assistance

Good afternoon Delegates. My name is Tracy Merriman Jost. I am writing in support with amendments of HB 392, Early Childhood Screening and Assistance. For 15 years, I have owned and operated Kid's Campus Early Learning Center located in Calvert County, MD. Kid's Campus is a Maryland State Department of Education (MSDE) accredited early learning center that serves 150 students aged 6 weeks to 12 years old and that participates in Maryland EXCELS Quality Rating & Improvement System and the PreK Expansion program. Our Center philosophy has always included an emphasis on early intervention and supporting students with special needs.

Currently 11% of our student population is receiving early intervention services or have special medical care plans. When I first opened my Center, in a classroom of 12 two-year olds, we might have referred 1-2 students to early intervention services and 1-2 students might qualify for services mostly in the areas of speech and language. More recently, we are finding often half the class qualifies for services. While the majority of those students were identified for speech and language services, we have seen an increase need of further evaluations and diagnoses for autism. The reason why screening is so important is because we know the earlier we intervene, the likelihood of making gains will increase. Children being served in Maryland's Infant & Toddler program are given the benefit of being served in the child's natural setting—the home or the childcare setting. This is so helpful to working parents who are often working 10 hour plus days and often can't take off in the middle of the day for a 45 minute speech and language appointment. It also allows our childcare teachers to learn from the Infant & Toddler specialists on how best to teach and support the child in our classrooms. Childcare teachers are often with children 8-10 hours as most parents in my County have at least an hour commute on either end of their work day. Our teachers become very knowledgeable about a child's development during that time. They often suspect and know that something may be concerning about a child's development. By using a validated screening tool, providers have a reliable tool to measure against National norms for child development. The tools allow the childcare teachers to determine whether the child is borderline for a referral and more supports can be provided in the classroom or whether the child is showing a larger area of concern and a referral is recommended. Best practice tells us that providers should conference with the parent to share the results and the determination for moving forward with the referral should reside with the parent. Developmental screening is not an evaluation for the determination of diagnosis. Screening is a quick way to compare a student's development to other typically developing peers to make sure they are on-track with developmental milestones. Childcare teachers have this knowledge as they do this on a daily basis as they accommodate for children throughout the day.

From 2014-2017, I was employed as a contractor with Maryland State Department of Education and oversaw an initiative as part of the Race to the Top Early Learning Challenge Grant to require child care providers to conduct developmental screening on children aged 5 years and younger, conference with their parents, and refer them to early intervention with parent consent. It was important for us to properly train the providers on what is developmental screening. We along with Maryland Public Television (MPT) created an overview training which addresses what is developmental screening, how it is done, information on available tools, the importance of conferencing with parents and communicating results, and how to make a referral with parent consent. That online training was made available for free for approximately a year to providers

wishing to take it. It now is available on MPT's website for approximately \$45 and is also available for in-person training through Maryland's approved training network. MSDE had a Request for Information (RFI) process and reviewer panel to review and approve tools for use in the child care setting. As part of the Race to the Top Early Learning Challenge Grant, we made available free developmental screening tools to providers that applied during our application window. We provided free developmental screening tools to approximately 4,700 childcare providers. The most selected tool with approximately 4,000 orders was the ASQ-3 which now costs \$300. ASQ-3 can be completed by the child's parent, pediatrician, or childcare provider. I would suggest any legislation to allow for the tool to be completed the way the publisher intended. The most important part of the legislation is that the screening take place and that the linkages to services be provided to the parent.

MSDE also provided the approved tools to all of the Child Care Resource & Referral Centers so that they could be housed on-site and reviewed by the childcare providers. MSDE also provided a Train-the-Trainer model for Maryland's approved training network on each of the tools so they could provide additional training on how to use each tool.

While MSDE had drafted regulatory language for Office of Child Care regulations, there were current regulations that were already in the process of being reviewed and could not get the draft regulatory language through at that time. I am in support of HB 392, Child Care Centers—Early Childhood Screening and Assistance. As the COVID-19 pandemic has created a substantial financial loss for childcare providers, I do believe on-going costs of obtaining a screening tool and receiving training should be considered for the childcare providers who did not receive the benefit of the Race to the Top Early Learning Challenge Grant. I would like to see an amendment on that to address the fiscal costs for providers who have not received these benefits already as part of the Race to the Top Early Learning Challenge Grant.

MSCCA HB 396 testimony March 25 (2).pdf

Uploaded by: Peusch, Christina

Position: FWA



**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 healthy 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 in 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.

HB 392 Screening Written Testimony 3-25-21.pdf

Uploaded by: Hancock, Rebecca

Position: UNF



**Testimony Concerning HB 392 – Child Care Centers - Early Childhood
Screening and Assistance**

Submitted to Senate Education, Health, and Environmental Affairs

Committee

March 25, 2021

Position: Oppose

The Maryland State Family Child Care Association (MSFCCA) is a non-profit association advocating on behalf of approximately 4700 registered family child care providers and 140 large family child care homes in Maryland. HB 392 establishes guidelines for early childhood developmental screenings in children under 3 that will be used by family child care center to assess a child's developmental progress and screen for potential disabilities. According to the Centers for Disease Control (CDC), developmental disabilities are conditions related to physical, learning, language or behavior impairments. Though MSFCCA strongly supports developmental screenings in young children, we do oppose HB 392 as it is written for a variety of reasons.

The significance of developmental screenings in young children cannot be understated, however we feel they are best performed by qualified healthcare professionals to ensure the screening is done correctly to glean accurate results for possible early intervention. The consequence of inadvertently labeling a young child can be detrimental and follow them throughout their academic years. It is understood that missing a developmental delay is detrimental for a child, that's why healthcare professionals with the proper education and/or credentials are better qualified to screen, offer support and advice families.

Since Family child care programs are now included in this legislation, we feel very strongly that our programs should also not be mandated to perform these screenings. If HB 392 passes, family child care providers will need to complete a *class on screening children*, but will lack the medical knowledge to accurately evaluate specific developmental indicators that can have far-reaching implications.

The increased cost to family child care programs to implement this legislation is of great concern to programs that are already struggling significantly to meet their financial obligations. Family child care programs remained open during the COVID Pandemic to care for children of Essential Personnel. These same programs have experienced severely reduced enrollments as a result of this pandemic. Client job loss, temporary or permanent, leads to open spaces and reduces a provider's income. With limited spaces to fill, the loss of one or more children can be financially devastating to a program. It is important to note as well that many programs are now or have been operating at reduced capacity due to COVID and are operating on even slimmer profit margins than before. Other recently passed Legislation as well may be impacting the bottom line for these small businesses, that is the reason we consistently advocate against legislation that will increase operating costs for small family child care programs and advocate for resources to help providers remain in business.

Liability could also be an issue with implementing HB 392. A child's parent/guardian may not agree with the results of a documented screening and therefore could put the provider in a

precarious position. Parents occasionally fail to recognize when there could be an issue with a child. This is when having the Credentials and the knowledge to help them understand is important.

Lastly, and significant is the issue of finding the time to perform and score screenings and then share the results with parents. Family child care programs are traditionally run by sole providers, having little or no outside help. Operating a small business already involves tremendous time, dedication and resources. Unfortunately, family child care providers are already leaving the field at unprecedented rates. Adding additional mandates to these programs may encourage even more providers to close which will put Maryland in a worse child care crisis than already exists.

For these reasons we respectfully ask for an unfavorable vote on HB 396 Early Childhood Screening and Assistance. Feel free to contact Rebecca Hancock, the MSFCCA Vice President of Public Policy at 240-299-0222 with any questions.

HB 392_MFN_OPP_Macsherry Screening.pdf

Uploaded by: Morrow, Beth

Position: UNF



Testimony Concerning HB 392
“Family Child Care Homes, Large Family Child Care Homes, and Child Care
Centers - Early Childhood Screening and Assistance”
Submitted to the Senate Education, Health, & Environmental Affairs Committee
March 25, 2021

Position: Oppose

Maryland Family Network (MFN) has worked since 1945 to improve the availability and quality of child care and other supports for children and families in Maryland. As the largest and oldest statewide child advocacy organization in Maryland, MFN is strongly committed to ensuring the health and well-being of children across our state.

MFN has long recognized the importance of early identification of developmental delays, and therefore supports the intent of HB 392 “Family Child Care Homes, Large Family Child Care Homes, and Child Care Centers - Early Childhood Screening and Assistance,” which would promote early childhood developmental screenings for children under age three. However, there are ongoing concerns about the bill as drafted, especially with regard to resources, screener qualifications, and implementation. Given these considerations, MFN respectfully opposes the bill in its current form.

As written, the legislation would establish a mandate without providing resources or training to the child care providers who would be screening young children. For this reason, MFN asks for an unfavorable report for HB 392.