

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 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. I do believe on-going costs should be considered for the childcare providers who did not receive the benefit of the Race to the Top Early Learning Challenge Grant.