



DATE: January 27, 2021 **COMMITTEE:** House Way and Means
BILL NO: House Bill 392
BILL TITLE: Child Care Centers – Early Childhood Screening and Assistance
POSITION: Support with amendments

Kennedy Krieger Institute supports House Bill 396 – Childcare Centers – Early Childhood Screening and Assistance.

Bill Summary:

Beginning July 1, 2022, the bill requires licensed childcare centers to provide a parent or guardian of a child under the age of three the opportunity to have their child evaluated for potential disabilities. This evaluation will be completed using guidelines developed by the Maryland State Department of Education. 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.

Amendments:

Kennedy Krieger Institute understands the limitations of childcare providers, but also sees tremendous opportunity for early intervention. An evaluation must be performed by a trained medical professional or allied health professional; however, with proper guidance from MSDE and the health community, a child care provider can provide a screening. Based on these results, a parent or guardian would be referred to an appropriate program for further intervention.

Kennedy Krieger Institute requests a favorable report on House Bill 392.

AMENDMENTS:

Article 9.5-413.1

Amendment 1:

On page 2, Line 9, strike “to evaluate the child” and insert “TO SCREEN THE CHILD”

Amendment 2:

On page 2, Line 12, strike “to be evaluated” and insert “TO BE SCREENED”

Amendment 3:

On page 2, Line 12, strike “the evaluation” and insert “THE SCREENING”

Amendment 4:

On page 2, Line 28, strike “the evaluation” and insert “THE SCREENING”

Amendment 5:

On page 2, Line 32, strike “the evaluation” and insert “THE SCREENING”

Amendment 6:

On page 3, Line 3, strike “an evaluation” and insert “A SCREENING”

Explanation on Amendment 1-6: Child care centers are not equipped to perform an evaluation of a child. However, with proper guidance from MSDE and the health community, they can screen a child and refer to appropriate programs.