

**Testimony Concerning Maryland HB 0477  
“Family Child Care Homes and Child Care Centers – Adult to Child Ratios - Alterations”**

**Submitted to the House Ways and Means Committee**

**February 3, 2025**

**Position: Oppose**

Child Care Aware® of America (CCAoA) opposes HB 0477, which would increase allowable ratios and group sizes for both family child care homes and child care centers, as well as prohibit the Maryland State Department of Education from setting additional limits on group sizes and ratios for children under the age of two in a family child care home through regulation. This legislation would undermine critical existing state regulations that provide important safety protections for children and uphold the quality of early education and care and would take away a crucial function of the state Lead Agency to make final determinations through regulations on appropriate group sizes and ratios for our youngest children.

CCAoA is the only national organization that supports every part of the child care system. Together with an on-the-ground network of child care resource and referral (CCR&R) organizations working in states and communities, CCAoA provides research that drives effective practice and policy, builds strong child care programs and skilled professionals, helps families find and afford quality child care, delivers thought leadership to the military and direct service to its families, works with employers on child care solutions, and provides a real-world understanding of what works and what doesn't to spur policymakers into action and help them build solutions. Together we make America child care strong—and that makes everyone stronger.

Federal law [requires states and territories](#) to establish standards for child group sizes for each age group of children receiving care. Group sizes refer to the maximum number of children allowed in each child care center classroom, or the maximum number of children allowed in a family child care home. Staff to child ratios refers to the minimum number of adults required for a specific number of children, based on the ages of the children.

Family child care programs are child care offered in a provider's home. These providers offer small mixed-age group settings in a single space and typically have just one teacher. This setting is a common choice for infant care; [almost one-quarter \(23%\)](#) of children under age one attend family child care. Family child care programs typically do not have dedicated administrative staff, like a center-based program might, and family child care providers [report having to perform several different roles](#) throughout the day. Given the smaller and more intimate nature of family child care programs, and to ensure a safe environment for children, states generally set lower group sizes and ratios for home-based programs compared to centers. This setting is different than a center-based program, which has multiple classrooms of children of similar age groups and more teachers to staff these rooms across the program. The [American Academy of](#)

[Pediatrics](#) recommends that the group size in family child care is one caregiver for no more than six children, of which no more than two are under age two.

Research shows that no matter what the setting for care is, fewer children per educator and smaller group sizes overall contribute to health and safety, as well as stronger child development, especially [for infants and toddlers](#). National [standards](#) and [accreditation](#) requirements reflect these learnings. Smaller groups of children and lower ratios allow staff to provide adequate supervision of children and respond in emergencies, including when evacuations in the event of a fire or another emergency are needed. [Studies](#) show that children who are in programs with lower ratios receive more stimulating and responsive care and have been linked to higher social competence, communication and language skills, and cognitive development.

Low ratios and group sizes also benefit child care providers and are key to their success and overall well-being. They lessen stressful situations for staff, which can decrease burnout, demoralization, and turnover when classroom settings are a more manageable size. A recent survey by the [National Association for the Education of Young Children](#) (NAEYC) found that 46 percent of educators were more burned out in January 2024 than they were at the same time the previous year, and that the workforce shortage was the primary factor driving under-enrollment at programs. Increasing ratios and group sizes has the potential to further add to the existing stress of child care providers.

For years, the supply of quality child care programs has struggled to match the demand of families. This isn't due to low classroom ratios and group sizes, but is a result of a lack of significant, sustained public investment and a heavy reliance on a financing structure that isn't designed to cover the full cost of high-quality child care. In fact, [an analysis of regulations](#) in all 50 states and child care supply found there is little correlation between the two, indicating less stringent regulations do not help grow the supply of child care in a state. Efforts to undermine health, safety and quality won't solve the long-term child care crisis. Families want peace of mind knowing that when their child is in care, they are in the reliable hands of a provider that supports their child's healthy development, safety and well-being. To give families this assurance, health and safety regulations have been enacted by states to provide important safeguards for children and program staff while upholding the quality of care.

From 2005 to 2017, the number of small family child care homes [decreased by 52 percent](#). Although nationwide the number of family child care homes continued to decline from 2021 to 2022, CCAoA found that [eleven states](#) experienced supply increases during that same period. To better understand potential reasons for supply increases, CCAoA conducted focus groups and interviews in Idaho, Massachusetts, and West Virginia. We determined from these conversations that a combination of strategic financial investments and policy levers can drive an increased supply of family child care. These solutions include, but are not limited to, aligning reimbursement rates with the true cost of care instead of using a market rate survey, addressing compensation for child care providers through [state-funded stabilization grants](#) (as Alaska, Connecticut, Illinois, Massachusetts, North Carolina, and Washington, D.C. [committed](#)

to in 2024), basing subsidy payments on enrollment (not attendance), and establishing and ensuring the continuity of family child care networks.

CCAOA opposes HB 0477 and respectfully urges policymakers to refrain from advancing this bill. As Maryland considers how it can address challenges around supply, CCAoA strongly encourages policymakers to consider solutions that invest in child care to address the root causes driving the sector's supply challenges. Instead of relaxing health and safety regulations, solving our child care crisis requires large-scale public investment that supports health, safety, and quality, and leads to the viability of the system long-term.

If you have any questions for us, please do not hesitate to contact Diane Girouard, Senior State Policy Analyst, at [diane.girouard@usa.childcareaware.org](mailto:diane.girouard@usa.childcareaware.org).

Sincerely,

A handwritten signature in grey ink, appearing to read "Susan Gale Perry".

**Susan Gale Perry**

Chief Executive Officer

Child Care Aware® of America