Family Child Care Homes and Child Care Centers Regulatory Analysis

HB 477, Chapter 287, 2025

Office of Early Childhood

Version 2.0 / October 16, 2026

Maryland
STATE DEPARTMENT OF EDUCATION

MARYLAND STATE DEPARTMENT OF EDUCATION

Carey M. Wright, Ed.D.
State Superintendent of Schools

Sarah Neville-Morgan
Chief
Office of Early Childhood

Wes Moore
Governor

MARYLAND STATE BOARD OF EDUCATION

Joshua L. Michael, Ph.D., President

James C. Bell, Jr., Ed.D., Vice President

Lorena Wu, Student Member

Dr. Peggy Carr

Alverne "Chet" Chesterfield

Kenny Clash

Monica Goldson, Ed.D.

Nick Greer

Dr. Irma E. Johnson

Marcy Leonard

Dr. Kim Lewis

Xiomara V. Medina, M.Ed.

Nicole Murray-Lewis

Samir Paul, Esq.

Maryland
STATE DEPARTMENT OF EDUCATION

Carey M. Wright, Ed.D.
State Superintendent of Schools

October 16, 2026

The Honorable Wes Moore
Governor
State House
100 State Circle
Annapolis, MD 21401

The Honorable Joseline A. Peña-Melnyk
Speaker of the House
H-101 State House
100 State Circle
Annapolis, MD 21401

The Honorable Bill Ferguson
Senate President
H-107 State House
100 State Circle
Annapolis, MD 21401

RE: Family Child Care Homes and Child Care Centers Regulatory Analysis MSAR #16443 (September 1, 2026)

Dear Governor Moore, President Ferguson, and Speaker Peña-Melnyk:

The Maryland State Department of Education (MSDE) was required to conduct a thorough analysis of the State's regulatory requirements for child care facilities, with a focus on identifying barriers that may prevent individuals from registering, licensing, or profitably operating child care facilities. MSDE submitted an interim report on the results of this analysis to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly by January 1, 2026, as required. MSDE is now issuing the final report on the results of the analysis, including any recommended changes to the regulatory framework, to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly on or before September 1, 2026, as required. Please find attached the final report for September 1, 2026. Lastly, the Department apologizes for the delay in submission.

If you have questions or need additional information, please contact Laurel Cratsley, Executive Director, Governmental Affairs, Education Policy, and External Relations by email at Laurel.cratsley@maryland.gov or by telephone at 443-571-5461.

Sincerely,

Carey M. Wright, Ed.D.
State Superintendent of Schools

c: Sarah Albert, Mandated Reports Specialist, Department of Legislative Services (five copies)

Table of Contents

Executive Summary 3

Introduction 5

Background 6

Comparative Insights: Cross-State Analysis 8

Comparative Insights: Interest Holder Engagement 12

Recommendations and Discussion 15

Conclusion 21

Appendices 22

Executive Summary

House Bill 477 (HB 477), which took effect July 1, 2025, requires the Maryland State Department of Education (MSDE) to conduct an analysis of the State's regulatory requirements for child care facilities, regulations, and overall operations.[1] MSDE submitted an interim report to the Governor and General Assembly on January 1, 2026. This submission fulfills the requirements of the final report and includes proposed recommended changes to Maryland's child care licensing regulatory framework for both home and center-based care settings.

APPROACH

Since the release of the January 2026 interim report, MSDE has completed the following:

- Examined staffing, operations, and facilities regulations and policies across all provider types including both home and center-based settings.
- Convened the Regulatory Improvement Tiger Teams (RITT) to gather insights from child care providers and operators and develop preliminary recommendations.
- Conducted a cross-state comparative analysis, including interviews with states that have recently revised their regulatory systems, to identify effective policy models and implementation strategies. The cross-state analysis included Virginia, Massachusetts, Washington, D.C., and Idaho.
- Established the Office of Child Care Advisory Council (OCCAC) HB 477 Advisory Task Force to review and refine emerging recommendations, incorporating perspectives from across Maryland's child care community.
- Conducted a literature review to assess national requirements for staff-to-child ratios, age definitions, and other relevant licensing requirements for child care centers and family child care providers and align proposed regulatory updates with current research and best practices.
- Surveyed MSDE's regional licensing specialists on the implementation of the state's licensing system.
- Synthesized and consolidated information gathered from providers, state early care and education leaders and advocates, peer states, and MSDE licensing specialists to inform the recommendations presented in this report.

This final report synthesizes information from these sources to develop recommendations and meet the objectives and statutory requirements of HB 477.

RECOMMENDATIONS

As a result of this process, MSDE has identified seven recommendations that require changes to the Code of Maryland Regulations (COMAR), and one recommendation intended to improve internal MSDE processes. Together, these recommendations are intended to increase the supply of care, especially for families with infants and toddlers, strengthen providers' ability to enter, operate, and sustain their businesses, and continue to ensure that children in care are safe and healthy.

[1] This report refers to the legislation as "HB 477".

Recommendation #1: Make licensing regulations clear and concise by modernizing outdated terminology, defining key terms, and simplifying language and structure.

Recommendation #2: Increase access to child care for families with infants and toddlers by modifying infant-toddler ratios and group sizes for both homes and centers, as proposed below:

> ***2A. Center-based***: Expand Maryland's child care center capacity by increasing infant group size to 8 with a 1:4 staff-to-child ratio, and redefining toddlers as children ages 18 to 36 months with a 1:6 ratio and maximum group size of 12. For mixed-age groups, the applicable ratio and maximum group size are based on the age of the youngest child in the group.
>
> ***2B. Home-based***: Modify family child care home ratio requirements by removing the current cap of four children ages 0-24 months and allow a 1:3 staff-to-child ratio when every third child is an older toddler (over 18 months).
>
> ***2C. Specialized Infant and Toddler Pathway***: Increase access to child care for infants and toddlers by creating a new licensing pathway for family child care homes that specialize in infant and toddler care and exclusively serve children ages 0 to 36 months, with additional flexibility in staff-to-child ratios and maximum group sizes.

Recommendation #3: Streamline teacher training requirements across center-based child care settings by requiring teachers to have 750 hours of demonstrated experience to support children without supervision.

Recommendation #4: Facilitate expedited hiring processes and expand the early care and education (ECE) workforce by permitting provisional work status in child care settings following fingerprint clearance, with clearly defined guardrails.

Recommendation #5: Support consistent and fair licensing practices across the state by establishing a process for providers to escalate provider-specific concerns beyond the regional manager, generating statewide guidance for licensors in the process.

Recommendation #6: Differentiate licensing violations to support consumer awareness and decision-making by clarifying and communicating a hierarchy of violations that distinguishes safety-critical findings from more minor issues.

Recommendation #7: Support child care providers to understand and adopt new regulations by establishing a one-year grace period from the date of enactment for new regulations, so that noncompliance may not be cited for new regulations that are deemed not-safety critical (such as those that currently impact Maryland EXCELS ratings) the first-year post-enactment.

Recommendation #8: Improve customer service by strengthening internal MSDE processes (as described in this report), to increase knowledge and consistency across licensors, minimize paperwork backlogs, and improve cross-agency coordination.

Introduction

Across the country, families with young children have difficulty accessing high-quality, affordable child care that meets the needs of their families. There are a number of contributing factors to this national child care crisis, including a lack of qualified staff leading to vacant classrooms; low compensation contributing to difficulties in recruitment and retention; costs of rent, mortgage, heating and cooling, food, books, toys, and other supplies; and the high cost and administrative complexity of opening and operating a successful child care business.

The Comptroller of Maryland documented the child care supply issues facing the state[i], noting that "[t]here has been a steady and sustained decline in family care providers in Maryland, which likely affects infants the most, as well as toddlers." The report highlights that provider wages are low, benefits are not regularly offered, and there are significant challenges associated with becoming a licensed provider. The report also notes that teacher-to-child ratio, which is lower for infants in Maryland than other states, may drive those higher costs. Finally, the report includes analysis suggesting that the growth of publicly funded prekindergarten (Pre-K) programs is changing the profile of the child care ecosystem in Maryland.

These issues are evident at the local level as well. In 2025, the Baltimore Early Childhood Advisory Committee commissioned a landscape analysis that showed similar issues kept families from accessing the care of their choice, noting that the City lacked licensed seats, especially for infants and toddlers, lacked Pre-K seats for three-year-olds, exceeded benchmarks for affordability, and failed to meet the full-day and -year needs of families.[ii]

While many factors contribute to the limited supply of child care—including persistently low wages for the child care workforce—there is growing national interest in examining how regulations may either support or hinder the expansion of child care options. Research finds no correlation between state regulations and child care supply.[iii] Yet licensing regulations can be burdensome, especially when they do not support health and safety or constrain providers' ability to increase capacity or open a new business.

HB 477 requires MSDE to analyze Maryland's regulatory context with the goal of identifying regulatory challenges to expanding child care supply, supporting child care providers, while ensuring child care is safe and high-quality.

Background

HB 477 was enacted in 2025 and requires MSDE to conduct an analysis of Maryland's regulatory landscape, with the goal of identifying regulatory challenges to expanding child care supply, supporting child care providers, while ensuring child care is safe and high-quality. See Appendix A for a comprehensive analysis of legislative requirements and the actions that MSDE undertook to address those requirements.

LEGISLATIVE REQUIREMENTS OF HB 477

HB 477 requires MSDE to conduct an analysis of Maryland's current regulatory framework and make recommendations, including a specific focus on regulations that limit the ability of a person to:

1. Register a family child care home or large family child care home;
2. Receive a license to operate a child care center; and
3. Operate a child care facility in a profitable manner while providing quality, affordable child care.

The bill also requires MSDE to analyze the current regulatory framework governing:

1. The staffing of child care facilities, including the requirements to work in child care and the supervisory requirements for child care staff;
2. The physical requirements for child care facilities; and
3. The programs in place to support child care facilities.

For each regulation examined, MSDE must determine whether the regulation results in or contributes to a:

1. safer environment for children and child care facility employees;
2. quality early childhood education; or
3. significant impact on the opening or operation of child care facilities.

Furthermore, MSDE must examine how child care regulations in other states and regions compare to Maryland.

APPROACH TO DEVELOPING RECOMMENDATIONS

The recommendations are based on analysis conducted in alignment with the legislative requirements, as well as input from interest holders:

- **Cross-State Regulatory Comparison:** MSDE conducted a structured cross-state analysis designed to clarify how comparable licensing policies operate and what lessons may inform Maryland's regulatory system. MSDE's approach combined systematic review of publicly available regulatory data with targeted outreach to state level experts who oversee or implement licensing requirements in Idaho, Massachusetts, Virginia, and Washington, D.C.
- **Literature Review:** This review examined empirical studies, national standards, and evidence-informed frameworks related to child care quality, staffing, supervision, and facility conditions.

- **Recommendation Improvement Tiger Teams (RITT):** Providers were recruited through trusted community organizations, which extended invitations to individuals with relevant lived or professional experience. RITT focus groups[2] were conducted to elicit perspectives on current challenges, needs, and opportunities within the service landscape.
- **Consultation with the OCCAC HB 477 Task Force:** The Task Force participated in five facilitated sessions that brought together family child care and center-based providers, advocates, licensing leadership, technical assistance providers, pediatric and health experts, out-of-school-time interest holders, and MSDE staff from across Maryland.
- **Licensing Specialists' Feedback Survey:** MSDE solicited input from licensing specialists through an anonymous survey to ensure the work incorporated the practical knowledge and operational perspectives of those directly responsible for executing licensing regulations.

Several principles emerged to guide and structure MSDE' s efforts to identify opportunities to streamline and modernize regulations in ways that can protect children while also removing challenges to entry, addressing affordability issues, and supporting providers. These include:

- *Flexibility with accountability* – Identifying opportunities to increase flexibility for providers while maintaining strong health and safety standards.
- *Developmentally appropriate practice* – Ensuring regulations reflect child development research and the variability of children's needs.
- *Workforce sustainability* – Highlighting the urgency of the early care and education workforce crisis and the importance of removing constraints to hiring and retention.
- *Consistency and transparency* – Addressing inconsistent interpretation across regions and licensors.
- *Administrative modernization* – Identifying opportunities to streamline and digitize licensing/compliance processes and to reduce the regulatory complexity, emphasizing the need to make regulations easier for providers to understand and navigate.

These principles ultimately led to the development of the eight final recommendations that together intend to ensure that Maryland families can thrive, children are safe in care, and providers have the resources they need to be successful.

[2] Please see Appendix E for the list of questions used throughout the focus groups.

Comparative Insights: Cross-State Analysis

Across the country, states have taken a variety of approaches to establish child-staff ratios and group sizes, definitions of age groups, professional requirements, and basic health and safety requirements, and there is no consistent nationally adopted standard. Appendix B includes extensive information about Maryland COMAR requirements for child care centers and family child care homes.

As mandated by HB 477, MSDE conducted a cross-state analysis to better understand how licensing policies in other states could inform Maryland's regulatory changes. The review combined publicly available regulatory data with input from state level expert interviews. MSDE selected four states and jurisdictions (referred to as "states" throughout this report) based either on their similarity or proximity to Maryland, or the variety of staff-child ratio standards. The four selected states are Virginia, Washington, D.C., Massachusetts, and Idaho. Massachusetts and Virginia were selected for their demographic and economic alignment with Maryland; Idaho for its less stringent ratio requirements; and Washington, D.C. for its geographic and regulatory similarities.

The cross-state analysis found that child care regulations across selected states are broadly aligned but differ in how they define age groups, establish staff-child ratios and maximum group sizes, and set staff qualification requirements. The differences identified through the cross-state analysis helped MSDE identify regulations for further review and potential updates.

STAFF-CHILD RATIOS AND AGE GROUP REQUIREMENTS

One theme that consistently emerged in conversations with interest holders was the need to reexamine staffing of child care facilities, including qualifications required to work in child care, and the supervisory expectations for child care settings. To contextualize state approaches to supervisory requirements and understand best practices for child care supervision, MSDE reviewed recommendations from leading national organizations on child care ratios and group sizes, outlined in **Table A.** MSDE also examined the extent to which states have translated these recommendations into policy through a national scan of child care licensing regulations. This exercise illuminated the range of approaches used in child care settings nationwide, outlined in **Table B**. Finally, MSDE reviewed the supervision practices and requirements of the four targeted states.

Table A – Ratio and Group Size Best Practices

Source	Provider Type	Age Group	Ratio	Max Group Size	Notes
National Association for the Education of Young Children (NAEYC)	Center	Infants (0-15 months)	1:4	8	
	Center	Young Toddlers (12-28 months)	1:4	12	If group size is over 10, an additional adult is required

Source	Provider Type	Age Group	Ratio	Max Group Size	Notes
	Center	Older Toddlers (21-36 months)	1:6	12	
	Center	Preschoolers	1:10	20	
The National Association for Family Child Care (NAFCC) and Zero to Three	Family Child Care	Infants/Toddlers (younger than 36 months)	1:4	4	No more than two under 18 months of age
	Family Child Care	Mixed Age	1:6	12	No more than two children under age two
Caring for Our Children	Family Child Care	Infants/Toddlers (0-24 months)	1:2	2	No children over 2 are permitted when 2 children under 24 months are in care; if one child under 24 months in care, then home provider may have up to 3 children in care
	Large Family Child Care	Infants (under 12 months)	1:2	6	
	Large Family Child Care	Infants (13-23 months)	1:2	8	
	Large Family Child Care	Young toddlers	1:3	12	
	Center	Infants (0-12 months)	1:3	6	
	Center	Young toddlers (13-35 months)	1:4	8	

Table B – National Supervision Trends by Age (Consist of all Child Care Setting Types)

Infants (6 weeks to 18 months*)	Young Toddlers (18-35 months)	Older Toddlers (at 35 months)	3-year-olds	4-year-olds	5-10 Years Olds and Older
1:4: Most common 1:5: Used by 13 states 1:3: Used in MA 1:6: Used in NC and GA	1:6: Used by 19 states 1:5: Used by 12 states 1:4: Used by 10 states	1:8: Used by 17 states 1:10: Used by 8 states 1:6: Used by 8 states	1:10 in 23 states 1:12 in 13 states	1:10 in 18 states 1:12 in 13 states 1:18 or 1:20 in other states	1:15: in at least 12 states 1:20 or 1:25: in other states

* Age ranges and staffing practices in this table are presented broadly to provide a summary of how states regulate and apply staff-child ratios and classroom groupings. The table is not intended to capture every state-specific age threshold, exception, or condition that may affect applicable ratios or group sizes.

Nearly all states set mandatory group size limits for centers based on the ages of children in care. For infant/toddler classrooms, 45 out of 51 jurisdictions enforce strict maximum group size caps for rooms with infants and young toddlers, defined as 6 weeks to 35 months. For older children, group size requirements apply in at least 42 states for 3-5-year-olds and 40 states for school-age children (6 to 10+ years).

Additionally, states frequently establish mixed-age group regulations for child care centers, with 31 jurisdictions regulating specific group sizes for mixed-age classrooms in center settings, including:

- 16 states that require the classroom ratio/group size to default to the requirements of the youngest child present;
- 9 states that establish distinct numerical caps specifically for mixed-age rooms;
- One state (Arkansas) bases the mixed age group on the average age of the children.

The four targeted states (DC, ID, MA, and VA) use more restrictive staff-child ratios for infants and toddlers than older age groups, recognizing that younger children require closer supervision. However, cross-state analysis showed that states use widely different age thresholds and ratio rules such that some states define infants as children from birth to 12 months, while others extend the infant age group to 15 or 24 months. Similarly, some states define toddlers as children through 24 months, while others extend the toddler age group through 36 months. Staff-to-child ratios for the youngest children also vary across states, ranging from 1:3 to 1:6.

These differences provided MSDE with points of comparison for Maryland's own requirements and prompted further consideration of how age thresholds and ratios could be structured across settings to improve clarity for providers. This evidence provided the basis for MSDE's policy recommendations (Recommendation #2) to modify ratio requirements in both homes and centers, so they remain safe,

developmentally appropriate, and easier for providers to apply. For more detailed findings and ratio and age group comparison across states, please see Appendix C and Appendix D.

STAFF QUALIFICATIONS

A comparison of provider qualifications across selected states showed key differences in education requirements, minimum ages, and pre-service expectations. As in Maryland, the states reviewed have fewer qualification requirements for family child care home providers than for center-based teachers. In some states, family child care providers may qualify based on experience as a parent alone, while center-based teachers may be required to have a formal degree or credential, such as an associate or bachelor's degree or Child Development Associate (CDA) Credential. Minimum age requirements also vary across states, ranging from 18 to 21. Notably, comparisons across states are complicated by differences in how states define and categorize staff roles. Some establish separate requirements for directors, lead preschool teachers, lead infant and toddler teachers, and assistant teachers, while others use broader categories, such as program directors and program leaders. The analysis highlighted where Maryland's child care regulations are more aligned with national practices and where they differ in their level of flexibility or stringency. See Appendix C for more detailed information on state approaches to staffing.

This analysis guided MSDE's policy recommendations to clarify staff role definitions, strengthen workforce pathways, and review Maryland's education and pre-service training requirements, specifically in Family Child Care settings.

Aligning qualifications more clearly across settings can reduce confusion, streamline hiring processes, and support business sustainability by making staffing more predictable and requirements easier to meet. Clearer requirements can also improve family experiences by increasing confidence in staff preparedness and ensuring children are cared for by well-qualified and supported teachers and providers.

Comparative Insights: Interest Holder Engagement

MSDE engaged with interest holders with various backgrounds and perspectives across the state to understand how current child care licensing regulations affect providers' ability to open or operate child care programs in a profitable manner, while providing quality, affordable child care. MSDE conducted three primary engagements, to understand the current state and inform the recommendations outlined in this report:

- **Recommendation Improvement Tiger Teams (RITT):** Providers were recruited through trusted community organizations, which extended invitations to individuals with relevant lived or professional experience. RITT focus groups were conducted to elicit perspectives on current challenges, needs, and opportunities within the service landscape. See Appendix E for more information about RITT focus group protocol.
- **Consultation with the OCCAC HB 477 Task Force:** The Task Force participated in five facilitated sessions that brought together family child care and center-based providers, advocates, licensing leadership, technical assistance providers, pediatric and health experts, out-of-school-time interest holders, and MSDE staff from across Maryland. See Appendix F for more information about the OCCAC HB 477 Taskforce.
- **Licensing Specialists' Feedback Survey:** MSDE solicited input from licensing specialists through an anonymous survey to ensure the work incorporated the practical knowledge and operational perspectives of those directly responsible for executing licensing regulations.

Across all groups that shared feedback, there was broad agreement that the Maryland licensing requirements support children's health and safety, set a clear baseline for quality that parents and providers can easily understand, and are backed by knowledgeable, responsive, and reliable state licensing staff. At the same time, interest holders raised concerns that spanned multiple areas of the licensing system:

- Ratios and group size requirements for infants and toddlers
- Degree and certification requirements for child care teachers and providers
- Consistency across licensors (i.e., MSDE licensing specialists and offices) and appeals processes when a provider disagreed with a finding of noncompliance from MSDE
- Paperwork burdens and regulatory complexity for opening and operating child care facilities

RATIOS AND GROUP SIZE FOR INFANTS AND TODDLERS

Interest holders expressed the need for increased flexibility in ratios and group sizes for infants and toddlers to address the demand for infant care, while also remaining committed to strong health and safety standards. Interest holders identified several key areas:

- In family child care, the current limit of four children under age two within an eight-child cap—and a 1:2 ratio—makes infant care financially untenable for some providers and families despite high demand and need for infant care.
- In centers, the existing toddler ratio shift at 18-24 months disrupts primary caregiver relationships, requiring classroom moves or repeated relicensing designations to preserve continuity.

- The lack of consistency in age transition rules (24 months in family child care vs. 18 months in centers) can impact infant capacity because children are subject to different ratios and supervision requirements once they transition to the next age group. This means providers in different settings may face different costs and capacity constraints when caring for younger children.

DEGREE AND CERTIFICATION REQUIREMENTS

Providers identified challenges related to the timing and pathways for meeting degree and certification requirements, particularly noting the delays in getting certified through MSDE's Child Care Licensing Branch, and how long it can take before a provider can be in the classroom with children without supervision. Focus group participants also noted several concerns about the cost of receiving certifications, as those costs were seen as a challenge to entry for many providers. Concerns included:

- The one-year experience requirement plus over 100 hours of training creates a long, costly path for a candidate to be "fully qualified," during which staff cannot be alone with children.
- High out-of-pocket costs for required training and certifications deter entry and progression.
- Peers report assistants with ITIN/EIN, background checks, and medical clearances are still deemed ineligible due to lack of SSN or Real ID. This limits access to reliable, multilingual staff in a low-wage labor market.
- Out-of-state background checks prolong onboarding, and the requirement of having notarized release forms is a bottleneck.
- College coursework alignment to COMAR requirements is unclear. Without transparent descriptions of coursework that meets requirements, many providers are unclear whether they need additional credit hours.
- Many teachers and staff have the required certifications or degrees and have passed the background checks but delays in processing mean they cannot work in classrooms unsupervised, which makes staffing difficult and may delay hiring for qualified staff, leading to vacant classrooms.
- Many online trainings are difficult to access for those with limited access to technology.
- Rigid credential silos (infant-toddler vs preschool vs school-age) impede the ability of staff to provide common-sense coverage during certain hours (e.g., lunch breaks, short before-care windows, etc.)
- For the purpose of requiring criminal background checks, the definition of a "regular volunteer" was unclear, leading some programs to limit participation of volunteers and led others to require significant paperwork for volunteers.
- Challenges to entry for family child care and center-based child care providers and differences in practice, which impacts recruitment strategies for center-based providers.

CONSISTENCY AND APPEALS

Focus group participants noted that there were inconsistencies across licensors (including within MSDE, across EXCELS, and fire safety monitoring) that created confusion and delays. Providers felt that there was little recourse to address confusion or differences in interpretation of various regulations. Concerns included:

- Fire marshals often do not understand child development and the components of a high-quality setting and are unaware of licensing or EXCELS requirements, creating conflict between monitoring reviews.
- When different interpretations of licensing rules are provided and shared, respondents felt there was no recourse to address these inconsistencies in a coordinated or statewide basis.
- Respondents also noted that "not all findings are the same" (i.e., paperwork gaps vs health and safety concerns).
- Minor infractions risk major funding impacts (e.g., EXCELS, Pre-K), causing significant anxiety.
- Several participants noted that the complexity in licensing language often leads to misunderstandings between providers and licensors and across licensing agencies.

PAPERWORK BURDENS AND REGULATORY COMPLEXITY

Several participants noted that MSDE processes often limit or slow their ability to staff classrooms. Participants expressed frustration with long wait times to review documents, the need to submit the same information multiple times to different licensors or offices, and inconsistencies in the timing of document review. While focus group participants noted their overall support for referring to licensing regulations to communicate standards and expectations of care with parents and staff, they also noted that the regulations are often written in ways that lead to misunderstandings. Specifically, they noted that unclear regulatory frameworks underpin trust between providers and families. Examples of specific concerns included:

- Complex language creates confusion between providers and licensors, and across licensors and licensing agencies.
- Single root issues can generate numerous category-based violations, creating punitive burdens and discouraging transparency.
- Certificates, materials, and documentation are often requested multiple times with limited ability to confirm receipt by the licensing agency.
- MSDE disallows shared cloud folders as they are deemed "insecure," which requires emailing documents multiple times.
- Digitized materials, such as daily logs, incidents, meals, diapering, and signatures, are not accepted to meet requirements.

While interest holders widely affirmed that Maryland's licensing standards provide a vital foundation for child safety and quality, their feedback highlighted significant operational friction points—specifically regarding rigid infant-toddler ratios, lengthy workforce onboarding delays, regulatory inconsistencies, and burdensome paperwork requirements. MSDE directly leveraged these insights to shape its policy recommendations and sought to prioritize expanding child care capacity, expediting workforce entry without compromising safety, establishing clear avenues for regulatory appeal, and upgrading technology to reduce administrative strain.

Recommendations and Discussion

After analyzing national data, reviewing state approaches to child care regulations, and considering interest holder input, this report outlines opportunities to streamline and improve licensing processes, and modernize licensing regulations to reduce provider burden without significantly impacting program quality. Based on this analysis, MSDE has developed a core set of recommendations aimed at improving access, increasing supply, and addressing affordability issues within the child care system while maintaining protections for health and safety. These recommendations follow the principles developed through the feedback process, and are designed to:

- *Balance flexibility with accountability*, with increased provider flexibility while maintaining strong health and safety standards;
- *Support developmentally appropriate practice,* ensuring regulations reflect child development research and the variability of children's needs;
- *Ensure workforce sustainability,* highlighting the urgency of the ECE workforce crisis and the importance of reducing challenges to hiring and retention;
- *Create consistency and transparency*, addressing inconsistent interpretation across regions and licensors;
- *Address administrative modernization*, identifying opportunities to streamline and digitize licensing and compliance processes; and regulatory accessibility, stressing the need to make regulations easier for providers to understand and navigate.

The following recommendations are informed by the above common principles and organized by common themes.

AMEND COMAR TO INCREASE UNDERSTANDING AND ALIGNMENT

Recommendation #1: Make licensing regulations clear and concise by modernizing outdated terminology, defining key terms, and simplifying language and structure to improve clarity and usability.

Throughout the HB 477 regulatory analysis and interest holder engagement process, MSDE identified unclear or conflicting regulatory language that can lead to misinterpretation or inconsistent application by providers. To improve usability and promote consistent implementation, this report proposes to modernize and clarify regulatory language using plain, precise, and consistent terminology, alongside consistent regulatory structures.

Given the variation within Maryland's child care community, regulations should be written accessibly so that providers can readily understand and apply requirements regardless of their language background or familiarity with regulatory or business terminology.

MSDE recommends improving the organization of regulations across COMAR 13A.14 through 13A.18 by placing similar requirements in corresponding sections across all child care settings, making it easier for providers, licensors, and the public to locate and compare requirements, supporting more consistent regulatory implementation. Clear and consistently organized regulations will reduce instances of provider noncompliance that result from misinterpretation or difficulty locating applicable requirements.

Implementing comprehensive structural changes to COMAR will take several years to implement, requiring dedicated staff time for drafting, facilitating and responding to public comments, finalizing regulations, and updating supporting materials, staff and provider trainings, standard operating procedures, and other critical supporting documentation. However, MSDE is committed to updating COMAR to enable providers to maintain compliance, operate their businesses more effectively, and communicate regulatory requirements to families and the public.

SUPPORT ACCESS TO CHILD CARE BY RIGHT-SIZING GROUP SIZES AND STAFF-CHILD RATIOS

Recommendation #2: Increase access to child care for families with infants and toddlers by modifying infant-toddler ratios and group sizes for both homes and centers, as proposed below:

> ***2A. Center-based***: Expand Maryland's child care center capacity by increasing infant group size to 8 with a 1:4 staff-to-child ratio, and redefining toddlers as children ages 18 to 36 months with a 1:6 ratio and maximum group size of 12. For mixed-age groups, the applicable ratio and maximum group size are based on the age of the youngest child in the group.
>
> ***2B. Home-based***: Modify family child care home ratio requirements by removing the current cap of four children ages 0-24 months and allow a 1:3 staff-to-child ratio when every third child is an older toddler (over 18 months).
>
> ***2C. Specialized Infant and Toddler Pathway***: Increase access to child care for infants and toddlers by creating a new licensing pathway for family child care homes that specialize in infant and toddler care and exclusively serve children ages 0 to 36 months, with additional flexibility in staff-to-child ratios and maximum group sizes.

Staff-to-child ratios and group sizes are important components of quality care, as they influence the amount of individual attention children receive as well as providers' ability to maintain safe, responsive environments. At the same time, staffing requirements directly affect the cost of providing care, making ratios and group sizes an important consideration in supporting a financially sustainable child care system.

Maryland families continue to face a shortage of infant and toddler care, with demand for spaces outpacing the available supply, and interest holder feedback consistently amplified this critical need. Accordingly, this recommendation focuses on staffing structures and group sizes for younger children. Feedback from interest holders highlighted infant and toddler care as a priority area for policy change. Expanding the number of spaces available to families across child care settings is therefore an important priority for improving access and reducing the cost of care.

To further contextualize Maryland's requirements, MSDE conducted a cross-state analysis of staffing ratios and group sizes. While the analysis found considerable variation across states, a 1:4 ratio is the most commonly required ratio for infants in center-based care, while preschool-aged children are most commonly permitted at a 1:10 ratio. National standards also provide an important point of reference, with the National Association for the Education of Young Children (NAEYC) and Zero to Three recommending a 1:4 ratio for infants in centers, with a maximum group size of eight children.

MSDE also reviewed incident reports and health and safety records from states with comparable, more stringent, and less stringent requirements. This review found no correlation between more stringent staffing requirements and lower rates of reported incidents, suggesting that differences in ratio requirements alone do not predict health and safety outcomes.

In addition to revising the staff-to-child ratio in child care centers, ***Recommendation 2A*** addresses the impact of mixed-age groupings on child safety and the ability of child care providers to open and operate sustainable programs, while responding to concerns raised by interest holders. Providers have identified the transition between toddler and two-year-old classrooms as a significant challenge to creating additional child care slots for younger children. Allowing greater flexibility in how children ages 18-36 months are grouped would enable providers to make better use of available spaces and staffing capacity, increasing access to care for younger children without increasing staffing costs. This approach is also consistent with national best-practice recommendation that use more broader age brackets and allow children within the 18-36 month range to be served together, rather than separating children based on narrow age distinctions. The proposed approach maintains a focus on safe, high-quality care while providing providers with greater flexibility to structure care in ways that support access and the sustainable operation of child care facilities.

Recommendation 2B advances this priority of increasing access to infant/toddler care by increasing the number of infants and toddlers a family child care provider can care for, while maintaining all other health and safety standards for family child care providers. Family child care home supervision regulations for infant and toddlers are among the most restrictive, creating unique financial pressures for providers. This recommendation allows providers to continue serving infants and toddlers while increasing capacity through the addition of additional adults. Interest holder engagement emphasized the importance of additional safety considerations when expanding infant and toddler capacity, which informed the requirement that every third child be at least 18 months.

Finally, a specialized licensing pathway as outlined in ***Recommendation 2C*** would allow providers who complete additional training and choose to exclusively serve children ages 0 to 36 months to provide child care with greater flexibility in staff-to-child ratios and group sizes than is permitted in a typical family child care home. The pathway would also allow providers to align their business model with the higher costs and specialized demands of infant and toddler care, supporting greater financial sustainability. This approach would expand capacity while maintaining appropriate safeguards and recognizing the unique requirements of serving infants and toddlers.

Taken together, these recommendations aim to advance the critical goal of expanding access to safe, quality, and affordable infant/toddler care for Maryland's families.

BUILD THE EARLY CHILDHOOD WORKFORCE THROUGH FLEXIBLE QUALIFICATION PATHWAYS

Recommendation #3: Streamline teacher training requirements across center-based child care settings by requiring teachers to have 750 hours of demonstrated experience to support children without supervision.

The child care workforce is the foundation of a strong child care system. Reducing unnecessary challenges to qualification can help providers build their workforce, expand available child care slots,

and ensure more families have access to affordable high-quality care. Current requirements are based on calendar time, requiring teachers to complete a full year of experience regardless of hours worked. Based on interest holder engagement and feedback from the Regulatory Improvement Tiger Teams, this recommendation recognizes demonstrated practical experience, allowing educators who work full-time to reach the required experience level in approximately 4.5 months, based on a 40-hour workweek. By creating a more flexible and efficient pathway to qualification, the recommendation responds to workforce supply challenges and helps providers move qualified educators into teaching roles, while maintaining the required training and experience standards.

Recommendation #4: Facilitate expedited hiring processes and expand the ECE workforce by permitting provisional work status in child care settings following fingerprint clearance, with clearly defined guardrails.

Interest holder feedback identified administrative burdens in the hiring and onboarding process that can delay educators from beginning work and limit providers' ability to staff programs, maintain operations, and expand access to child care. Establishing a provisional work status allows background clearances to follow the individual educator, eliminating redundant, site-level re-checks during onboarding.

The Office of Early Childhood is currently working with the Criminal Justice Information System (CJIS) to modernize technology and resolve county code notification limitations that currently prevent background check portability. By streamlining administrative requirements and shortening onboarding timelines, this recommendation enables providers to more efficiently staff and operate their businesses while maintaining appropriate safeguards.

REFORM LICENSING COMPLIANCE PROCESSES TO ENSURE FAIRNESS AND CONSISTENCY

Recommendation #5: Support consistent and fair licensing practices across the state by establishing a process for providers to escalate provider-specific concerns beyond the regional manager, generating statewide guidance for licensors in the process.

Licensing compliance is intended to ensure that child care providers meet regulatory requirements and maintain safe, high-quality environments for children, while also supporting continuous improvement in program operations. Interest holder feedback highlighted inconsistencies with the current system through which individual child care settings and providers voice disagreements or concerns to MSDE, and appeal noncompliance decisions, grounded in the current system's dependence on an individual licensors' interpretations of the regulations, which result in discrepancies in practice.

This recommendation aims to facilitate the development of a mechanism that both resolves provider disputes and standardizes guidance across regional offices. By ensuring that requirements are clearly understood and consistently applied, this approach can reduce uncertainty for providers and enable them to more effectively operate their businesses.

Recommendation #6: Differentiate licensing violations to support consumer awareness and decision-making by clarifying and communicating a hierarchy of violations that distinguishes safety-critical findings from more minor issues.

Effective licensing compliance balances accountability with continuous improvement, helping providers understand and address areas of concern while maintaining safe, high-quality care. While MSDE views all child care regulations as critical to supporting health and safety, some regulations, such as those that currently impact Maryland EXCELS quality rating levels, have been identified as the most critical for ensuring children health and safety, while others are important, but more distally connected to children's safety and well-being.

The cross-state analysis identified other states using different types of compliance models to differentiate minor compliance issues from more serious health and safety violations. MSDE proposes to review current regulations and differentiate those that are more or less critical to health and safety, and update public-facing resources such as the Check Child Care Maryland website, to support appropriate and nuanced consumer education.

In a context where many families struggle to access child care, implementation of a more transparent, supportive, and nuanced compliance model can provide families with clearer information about a program's compliance history, helping them make more informed decisions about where to enroll their child based on their individual needs.

Recommendation #7: Support child care providers to understand and adopt new regulations by establishing a one-year grace period from the date of enactment for new regulations so that noncompliance may not be cited for new regulations that are deemed not-safety-critical the first year post-enactment.

In alignment with the framework recommended in Recommendation #6, this recommendation creates a transition period when new regulations that are deemed non-safety-critical take effect, allowing time for guidance, technical assistance, and training without penalizing providers for more minor administrative non-compliance.

To ensure child protection is never compromised, critical health and safety standards and federal mandates are explicitly excluded from this grace period and remain strictly enforced. This approach also supports providers' business sustainability by providing greater consistency during periods of regulatory change, giving providers time to understand and implement new requirements, in addition to the time that is already allotted through the COMAR public comment regulatory process. This reduces the risk of providers incurring repeated costs to modify policies, practices, or physical environments in response to regulatory changes and emphasizes education and technical assistance over punitive compliance measures.

IMPROVE OFFICE OF EARLY CHILDHOOD (OEC) INTERNAL PROCESSES

Recommendation #8: Improve customer service by strengthening internal MSDE processes to increase knowledge and consistency across licensors, minimize paperwork backlogs, and improve cross-agency coordination.

These internal process improvements include:

- Streamlining criminal background check processes by strengthening collaboration with state partners, including the Department of Human Services (DHS), to improve and streamline release processes;

- Improving internal controls to ensure timely communication between the licensing staff and provider community by providing a confirmation of receipt within 24-36 hours of when licensing staff receive a submission from providers;
- Creating new training for licensors to prioritize a coaching posture through staff development, coaching, and organizational climate initiatives;
- Conducting a comprehensive review of licensing data collection and reporting tools;
- Modernizing portals for submission of licensing materials and required documentation; and
- Facilitating user-friendly, effective provider training.

Efficient internal processes will reduce administrative delays that can disrupt providers' ability to hire staff, submit required documentation, and maintain compliance. By improving background check and release processes, providing timely confirmation of submissions, modernizing licensing portals, and strengthening coordination and training, MSDE can reduce unnecessary administrative burdens and allow providers to focus more of their time and resources on operating and expanding their programs.

To fully advance these internal process improvements and implement the report's broader recommendations, including modernizing digital portals, expanding training, and increasing staff capacity, MSDE requires securing newly dedicated resources. The Department looks forward to partnering with the Governor's Office and the General Assembly to secure the resources necessary to bring these modernizations to fruition.

Finally, MSDE will also undertake discussions with partner agencies that manage background checks, fire safety, and other certifications to ensure that there are no challenges, duplication of processes, or obsolete practices in place.

Conclusion

This final report meets the requirements of House Bill 477 by providing a clear, evidence-based review of Maryland's child care licensing system. Using research, comparisons to other states, and input from providers, licensors, and early childhood experts, the report explains how current regulations affect child care operations, safety, and quality. By examining rules around staffing, facility requirements, and oversight, MSDE identified which health and safety protections are truly critical, and which regulations may unintentionally reduce child care availability, provider sustainability, and family access.

Beyond meeting legislative reporting mandates, this report delivers a strategic roadmap and actionable steps for MSDE and partner state agencies to modernize child care operations statewide. The resulting recommendations and internal process improvements address core challenges by right-sizing ratios and age groupings to expand infant/toddler capacity, establishing flexible workforce qualification pathways, streamlining background check coordination with partner agencies like DHS, upgrading digital technology portals, and instituting fair, tiered compliance enforcement.

Fully implementing the proposed recommendations will require dedicated investment and continued inter-agency collaboration. In partnership with the Governor's Office, the General Assembly, and community interest holders, MSDE is prepared to execute these reforms to build a more resilient, and high-quality early childhood ecosystem for Maryland families.

Appendices

APPENDIX A. HB 477 LEGISLATIVE REQUIREMENTS AND CORRESPONDING ACTIONS SUMMARY MATRIX

Requirement	Approach	Notes
B. The State Department of Education shall conduct a thorough analysis of the State's regulatory requirements for child care facilities.	Multi-layered, community-engaged approach in analyzing the state's regulatory context	
C.1. In conducting the analysis required under subsection (b) of this section, the Department shall pay particular attention to current regulations that limit the ability of a person to: (i) register a family child care home or a large family child care home; (ii) receive a license to operate a child care center; or (iii) operate a child care facility in a profitable manner while providing quality, affordable child care.	Recommendation Improvement Tiger Team Meetings with providers, child care business owners/operators, and advocates.	Over 50 people across Maryland were interviewed.
C.2. In conducting its analysis, the Department shall, at a minimum, analyze the current regulatory framework governing: (i) the staffing of child care facilities, including the requirements to work in child care and the supervisory requirements for child care staff; (ii) the physical requirements for child care facilities; and (iii) the programs* in place to support child care facilities.	COMAR Regulatory Analysis for staffing, facilities, and operations	*Under this requirement, MSDE analyzed COMAR regarding operations; however, the Child Care Capital Support revolving loan fund is managed by the Department of Commerce, and MSDE has no autonomy over that program. Therefore MSDE did not analyze the program.
C.3. The Department shall examine the framework that governs the regulation of child care and child care facilities in different states and regions and how they compare to those in the State.	Cross-state analysis and expert interviews	VA, DC, MA, and ID were analyzed for state comparison. MN and MI were interviewed to learn about their regulatory updates process.
C.4. For each regulation examined as part of its analysis, the Department shall determine whether the regulation results in or contributes to:	Recommendation Improvement Tiger Team Meetings with providers, business owners, advocates, and parents.	Over 50 people across Maryland were interviewed.

Requirement	Approach	Notes
(i) a safer environment for children and child care facility employees; (ii) a quality early childhood education; or (iii) a significant impact on the opening or operation of child care facilities.		
C.5. In conducting its analysis, the Department shall consult with stakeholders, including: (i) the Office of Child Care Advisory Council; (ii) State and local early childhood advisory councils; (iii) private child care providers; and (iv) nonprofit organizations and unions that represent child care providers.	OCCAC HB 477 Taskforce (5 meetings with OCCAC members, providers, a pediatrician, and advocates) OCCAC Quarterly November (2025), February (2026), May (2026), and August (2026) presentations Monthly Childcare Info Session (August 2026) presentation	
D.1. On or before January 1, 2026, the Department shall provide an interim report on the results of its analysis to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly.	Submitted on January 1, 2026.	
D.2. On or before September 1, 2026, the Department shall issue a final report on the results of its analysis, including any recommended changes to the regulatory framework, to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly.	Submitted on September 1, 2026.	

APPENDIX B: MARYLAND'S CURRENT LICENSING REGULATIONS' ANALYSIS FOR STAFFING, FACILITIES, AND OPERATIONS: COMAR REQUIREMENTS

STAFFING

COMAR establishes minimum requirements for child care staff in Maryland. The following section describes key qualifications for employment in child care settings.

Basic Qualifications

Minimum age requirements vary based on child care setting even amongst roles with similar responsibilities. Generally, minimum age requirements are more aligned between Large Family Child Care Homes (LFCCH) and Child Care Centers (CCC) than Family Child Care (FCC). For example:

- FCC Providers (a role comparable to a LFCCH or CCC Director and/or Teacher) must be 18 or older while LFCCH Directors and CCC Directors must be 21 or older.
- LFCCH and CCC teachers must be at least 19 years old.[3]
- Aides in LFCCH, CCC, and Letter of Compliance facilities (LOC) must be at least 16 years old.
- LOC staff members and substitutes must be at least 18 years old.

All child care staff in Maryland must submit a medical evaluation that was completed within the past year. Additionally, medical evaluations must be submitted for all residents in homes where a FCC and LFCCH is located. All child care staff across settings must complete a comprehensive background check.

Education and Experience

Education and experience requirements also vary depending on child care setting as FCC providers are required to have additional credentialed coursework, while CCC and LFCCH staff may rely more heavily on child care experience. Across child care settings, experience and education requirements generally increase for more complex or higher-risk roles. For example, Directors require more experience than Teachers, even though higher education may not always be mandatory. For example:

- FCC Providers do not have any educational requirements while LFCCH and CCC Directors are required to hold at least a high school diploma (or equivalent certificate) and have experience in a child care setting (experience and education requirements in CCC settings depend on the quantity and age of children served).
- FCC Providers have no experience requirements.

Teachers in LFCCH and CCC settings have similar education and experience requirements with variation depending on the age of children served. Teachers must have either a high school diploma, equivalent certification or credit from an accredited college or university and one year of experience, one year of college, or a combination of both education and experience.

[3] Per HB 662, COMAR regulations will be updated to reflect that LFCCH and CCC teachers are only required to be at least 18 years of age.

Across settings, Directors must generally have a high school diploma or equivalent, but there is a great deal of variation depending on setting. For example:

- LFCCH directors can complete at least 6 credits from an accredited college in lieu of a high school diploma and must have 1 year of experience.
- CCC directors can substitute at least 2 courses for credit from an accredited college for a high school diploma.

There is additional variation in qualification requirements depending on the age and number of children served in a CCC, with increased requirements for Directors compared to Teachers in those settings. For example:

- Directors of Preschool Centers serving infants and toddlers must have at least one year of experience working with young children, whereas Preschool Teachers need only one year of experience or a combination of experience and college coursework.
- Directors of School Age Centers with 60 or fewer children must have 400 hours of supervised experience or one year caring for school-age children, while Teachers in the same centers may meet requirements with only a high school diploma and limited experience.
- For larger centers, Directors' experience requirements double, emphasizing that senior roles and higher-risk settings demand greater practical expertise.

Finally, Letter of Compliance (LOC) does not have a regulation or requirements for education and experience for staff. It is important to note that the LOC is the type of license issued to nonpublic Nursery schools and religious organizations providing before and after school care to children exclusively enrolled in the school. The regulations set certain minimum standards for child health and safety and the operation of a child care program in a school operated by a tax-exempt religious organization. The qualifications and training of staff in these programs is overseen by the religious organization itself.

Training Requirements

Training requirements vary significantly depending on the child care setting and personnel role in that setting.

The Child Development Associate Credential (CDA) is issued by the National Council for Early Childhood Professional Recognition. Staff may substitute 6 semester hours, 90 clock hours, or the equivalent of approved preserved training for completing the CDA. FCC Providers are initially required to complete pre-service training. The CDA or approved alternatives are also options for FCC Providers (a role comparable to a Director), Directors and Teachers in a LFCCH, and Directors and Teachers in a CCC. Probationary teachers can be approved if they have an associate's or bachelor's degree and also enroll and complete the 90-hour and Americans with Disabilities Act (ADA) requirements within 6 months of hire. In CCCs, while the CDA credential is not required for staff, they can still enroll and complete the CDA in place of the 90-hour certification.

FCC staff are required to complete a more extensive list of training compared with LFCCH and CCC staff. FCC Providers are required to complete all of the following trainings:

- Provider registration orientation

- 24 Hour Preservice Training; or
    - An associate's degree that includes at least 15 semester hours of early childhood education or elementary education course work; or
    - A bachelor's degree or higher in early childhood education, elementary education, or other discipline approved by the office; or
    - Child Development Associate Credentials (6 semester hours or 90 clock hours or approved preservice training); or
    - Department of Defense Module.
- Americans with Disabilities Act (ADA) training
- Health and Safety training
- 12 clock hours of Continued Professional Development Training
- Basic First Aid and CPR
- Emergency and Disaster Preparation training
- 3 semester hours of Infant and Toddler training (only if approved for 3 or 4 infants/toddlers),
- Administering Medication training
- Supporting Breastfeeding Practices training (for providers caring for children under 2)
- Sudden Infant Death Syndrome (SIDS) training.

Of the above required trainings, all LFCCH and CCC Directors and Teachers are required to complete:

- ADA training
- Health and Safety training
- 12 clock hours of Continued Training

LOC staff are only required to complete:

- Health and Safety training
- The qualifications and training of staff in these programs is overseen by the religious organization itself.

Other training requirements for Directors and Teachers in LFCCHs and CCCs vary because these facilities have more than one staff on-site at a time, compared to FCCs which typically only have one staff person on site. Some examples of ways training requirements differ for CCCs and LFCCHs include:

- In CCCs and LOCs, at least one staff person who has completed Basic CPR and First Aid training must be present during all operating hours for every 20 children in care. In LFCCHs, there must be one Basic CPR and First Aid certified staff present during all operating hours.
- In LFCCHs, CCCs, and LOCs, at least one staff member is required to complete the Medication Administration training and be on site during all operating hours.
- In LFCCHS, CCCs, and LOCs, at least one staff person must take the approved Emergency and Disaster Training course and train other staff upon completion.

Other training requirements that vary across personnel and setting types include:

- Breastfeeding Practices training and the 3 semester hours of Infant and Toddler training are required by LFCCH Directors and Teachers as well as CCC Directors and Teachers that care for infants and toddlers.
- Assistant Teachers and Aides in LFCCH and CCC settings are required to complete the Health and Safety training and 6 clock hours of Continued Training.
- FCC providers are not required to complete managerial training like those required for LFCCH and CCC directors
- Directors and Teachers in LFCCHs and CCCs as well as Assistant Teachers in CCCs must complete 9 hours of preservice training in communicating with staff, parents, and the public (or one college course for credit).
- Directors in LFCCHs and CCCs must also complete 3 semester hours or the equivalent of approved administrative training (except for Directors in School Age Centers).
- Aides in LFCCHs and CCCs must complete an orientation that includes workplace professionalism, interacting with parents, and child supervision. There are no comparable requirements for FCC staff.

Staff/Child Ratios and Group Sizes

Across home-based and center-based settings, staff/child ratios and maximum group sizes are generally similar for infants, toddlers, and mixed infant-toddler groups, ensuring close supervision of the youngest children. Differences emerge for older children, with LFCCH and CCC allowing larger groups and using assistants or aides to meet staffing requirements, whereas FCC relies on smaller groups and a minimum number of staff.

Staffing in FCC is based on minimum required staff rather than a strictly defined ratio:

- For up to two children under age two, the maximum group size is eight children with one required provider.
- For 3 or 4 children under age two, the maximum group size remains eight, but two staff are required, one provider and one additional adult, who is assigned to care only for the 3rd and 4th child under 2 years old.

LFCCH staff/child ratios are clearly defined and include minimum staffing levels that are for all age groups. Maximum group sizes for LFCCH range from six children with two staff for infants, resulting in a 1:3 ratio, and up to 12 children for 1 staff for children ages 5 and older, resulting in a 1:12 ratio.

CCC staffing ratios are defined, and staff/child ratios may include assistants or aides for older children. For infants, toddlers, and mixed infant-toddler groups, CCC follows the same ratios and maximum group sizes as LFCCH. Staff/child ratios for groups with children between the ages of 2 and 4-years old range between a ratio of 1 staff to 6 children to 1 staff to 10 children depending on the ages of the children in the classroom. Allowable group size increases up to a maximum of 30 children in classes with children age 5 and older, or if there is a mix of 3, 4, and 5-year-old children, in a school age program, with qualified school-age-teachers, assistants, and aides.

LOC staff/child ratios are similar to those of CCCs but have a larger max group size for 3- and 4-year-olds. 2-year-olds still have a 1:6 staff-child ratio with a max group size of 12. While 3-year-olds can be in a

group as large as 24 with 2 staff members, 4-year-olds can be in a group as large as 30 with 2 staff members. Unlike FCC, LFCCH, and CCCs, LOCs are not approved for children under 2 years old.

OPERATIONS

Registration

For providers applying for their initial registration or license, all child care providers are required to complete an orientation, submit an application, and provide pre-opening documentation, including background checks and proof of zoning/building compliance (if applicable). All applicants must demonstrate readiness to operate safely and that they are in compliance with state regulations. The differences lie mainly in scope and detail:

- FCC registration requires medical evaluations for residents, lead-safe environments, homeowner's insurance (if applicable), and landlord approval (if applicable). LFCCH builds on FCC requirements and emphasizes continuity for homes converting from small centers and issues a non-transferable certificate of registration. CCC and LOC applicants require more formal documentation such as site and floor plans, written operational plans, staffing patterns, personnel lists, menus, and discipline policies.
- When seeking a continuing registration or licensure, providers must submit documentation demonstrating ongoing compliance. FCCs, LFCCHs, and CCCs must provide proof of continued training annually and submit updated medical evaluations, and abuse/neglect record documentation every 24 months. LOCs follow the same 24-month renewal requirements but are not subject to the annual training documentation submission requirement.
- Across all settings, providers may be placed on provisional status for up to 120 days during initial or prior to continuing approval, with required background and abuse/neglect checks. An initial or continuing approval may be denied at any stage for failure to meet requirements. After facility inspections, decisions are rendered within 30 days.
- Resumption of service processes apply only to FCC and LFCCH providers. If a provider changes addresses or re-registers, they must meet all initial registration requirements but may use an abbreviated application form. Certain previously completed documentation, such as orientation, medical reports, background checks, abuse and neglect clearances, and required training, can be reused within given timeframes.

Management and Administration - Program Oversight

- *Multi-site providers:* For CCCs and LOCs, multiple sites with the same owner and director may be treated as a single facility when they are close, connected, and operate under shared policies.
- Providers must get approval before making operational changes. CCCs and LOCs must obtain approval for any changes beyond their license. When transitioning to summer youth camps, they must notify the Office, provide proof of camp certification, temporarily remove the license/LOC from display, and inform parents. FCCs have no regulations for operational changes.
- Providers may request a variance if they maintain child safeguards and meet a regulation's intent

Management and Administration - Record Keeping

- Providers may only admit a child if all required documentation is provided and recorded. All providers require emergency forms, health assessments, immunizations, lead screening, and written information from the parents about the child's individual needs. LFCCHs and CCCs additionally require feeding and activity plans for infants/toddlers. Concurrently, an operator must keep written records that they have provided consumer education resources, including how to file a complaint. Temporary admission is allowed for families experiencing homelessness or if a medical appointment is scheduled within 20 days.
- Program records must be kept for at least 2 years including enrollment, attendance, parent agreements, discipline policies, volunteer and fire/emergency drill records, and proof of health and safety training. LFCCHs, CCCs, and LOCs must additionally keep records of food service for the most recent four weeks. All providers must also share information about the Maryland Infant & Toddlers Program to parents of children under 3.
- Child records must be kept for 2 years after disenrollment, including emergency information, health assessments, lead screening, immunizations, illness and injury reports, parent permissions for off-site activities, medication and diet information, and annual reviews of individual needs. LFCCHs and CCCs also track infant/toddler feeding.
- LFCCHs, CCCs, and LOCs must maintain current personnel lists, staffing patterns, and individual staff records during employment and for 2 years after termination, including training, medical evaluations, and criminal background checks. Substitute and emergency staff logs must also be kept. FCCs have no specific regulations for staff records.
- If there are staff changes, providers must promptly notify the office within 5 days for terminations and for new hires. Additional notification requirements pertain to serious incidents or death, requiring notification within 24 hours. Any investigations or changes affecting compliance require immediate notification. Parents must be notified of serious injuries the same day and of water contamination within 10 business days. FCCs also require advance notice for temporary absences with a substitute.
- Written Emergency & Disaster plans are to be created by a trained employee, including evacuation procedures, emergency contacts, monthly fire drills, and semi-annual disaster drills (or quarterly if overnight care). Staff must confirm attendance during each emergency drill. Emergency plans must be updated annually, and evacuation plans must be posted in all areas.

Child Protection and Supervision

- Child protection regulations are consistent across all care settings as no child may be subjected to abuse, neglect, mental injury, or any harmful treatment. Anyone responsible for care must monitor children for signs of abuse or neglect and report concerns directly to the appropriate authorities. Accordingly, staff are to be trained on their legal reporting obligations.
- In respect to child discipline policies, discipline must match a child's age, maturity, and physical condition. Staff and providers are explicitly prohibited from using physical punishment, forcing a child to eat or drink, punishing a child for refusing food, or withholding food. Providers must maintain a written discipline policy that is consistently followed and shared with parents.
- Children may only be released to parents or individuals authorized by the parents, except in emergencies when release to Child Protective Services is required. Parents must be allowed access to their child during the center's hours of operation.
- Providers must ensure the safety of each child at all times and accompany children whenever there are unapproved individuals or independent contractors present. Off-site or special activities require proper supervision or chaperones, and any contractor without a verified background check must remain within sight and sound of staff.

- While FCC regulations do not specifically address individualized attention and care, other care settings require that each child receive adequate supervision at all times, with care tailored to their age, needs, and abilities. Providers must make reasonable accommodations for children with special needs, follow information provided by parents at admission, and closely supervise children when using potentially dangerous equipment.

- Rest time supervision requires that children under 2 remain closely observed, with FCC specifying sight-and-sound supervision and checks at least every 15 minutes for all children, while LFCCH, CCC, and LOC emphasize maintaining the required staff/child ratios. For children 2 and older, ratios must be maintained until all are resting quietly, with at least one staff member remaining in the room with the other able to leave the room but remain on the premises. FCCs regulations note periodic observation, whereas LFCCH, CCC, and LOC simplify the guidance to staff presence on the premises. Safety guidelines such as placing infants who cannot roll over on their backs, avoiding weighted rest items for children under 12 months, and following physician instructions are highlighted in FCC, LFCCH, and CCC settings but are not addressed for LOCs as they do not care for children under 2 years old.

- Overnight care is allowed only with written approval from the Office and parents. FCC regulations require the provider to stay on-site, follow routines, and remain alert if four or more children are present. LFCCH regulations include a submitted plan with supervision, meals, bedtime, and evacuation details. CCC regulations for overnight require sleeping arrangements to be approved by the parent. There are no overnight regulations for LOCs.

- There are no FCC regulations for individualized infant and toddler plans, though FCC does set requirements for a daily schedule of activities for all children. For LFCCHs and CCCs, each infant or toddler must have one staff member assigned primary responsibility during each shift, supported by a written, individualized activity plan developed with parent input that reflects the child's routines and developmental needs. Daily schedules across FCC, LFCCH, and CCC must be written, posted, and followed, promoting emotional, social, intellectual, and physical growth, including age-appropriate active and quiet periods, individual and group activities, rest times, and outdoor play. Screen time is limited, with interactive technology supplementing hands-on learning for children 2 and older, passive technology is restricted or prohibited based on age, and no media is allowed during meals or snacks. Plans and schedules must be implemented by all staff, updated as needed with parent input, and reviewed at least every three months. Plans and schedules must ensure that infants and toddlers are held, actively engaged, given opportunities to move, taken outdoors daily, and diapered as needed.

Health, Safety, and Nutrition

- Children must be monitored for signs of acute illness, and parents or emergency contacts must be notified immediately if symptoms appear. FCC regulations specify that children exhibiting vomiting, fever, seizures, severe pain, or diarrhea may not remain in care. LFCCH, CCC, and LOC regulations expand on this by requiring temporary isolation within sight and hearing of an adult and a written statement from a parent or physician before readmission after an absence of three or more days. Providers must not knowingly care for a child with a serious transmissible infection or communicable disease during the period of isolation. LFCCHs, CCCs, and LOCs also require immediate reporting to the local health officer if a child or staff member appears infected or exposed, with CCC regulations noting exceptions for centers that care for children with acute illness. To prevent the spread of disease, LFCCHs, CCCs, and LOCs require a written handwashing procedure to be posted at each sink and followed by providers, staff, substitutes, volunteers, and children after toileting or diapering, before food preparation or eating, and after outdoor activities or handling animals.

- Medications must be labeled, stored safely out of children's reach, and discarded when expired. FCC and LFCCH regulations focus on labeling, storage, and disposal. All regulations add that parental authorization is required, prescription medications may be given only after a home

dose, topical applications may be applied without prior approval, and self-administration is allowed with a physician order and staff monitoring.

- Residents, providers, and other adults may not consume alcohol during approved child care hours or be under the influence of alcohol, cannabis, or illegal or nonprescribed substances while on the premises or providing care on or off site, including during transportation. FCCs and LFCCHs also require residents who smoke or vape any substance, including tobacco or cannabis, to inform parents prior to enrollment, and prohibit smoking or vaping indoors or in any approved outdoor child care area while children are present. CCC and LOC regulations emphasize that smoking is prohibited at all times indoors, and all regulations consistently keep alcohol, tobacco, cannabis, and related products out of children's reach.

- Emergency regulations require children to be oriented to procedures they can understand and substitutes and additional adults to be trained on the emergency plan. Providers must follow local emergency management directions during emergencies and take attendance and emergency cards during evacuations or drills. All regulations specify that providers must maintain first aid supplies at reach. LFCCHs, CCCs, and LOCs are required to have an emergency backup plan when only one staff member meets the staff/child ratio, with a background-checked adult available if needed. LFCCHs, CCCs, and LOCs allow the substitute/backup adult for children 2 and older to arrive within 15 minutes rather than being on-site. Emergency preparedness plans must be practiced monthly for fire evacuations and at least twice annually for other types of emergencies. Programs providing overnight care must conduct emergency drills at least four times per year.

- Regulations for playground and outdoor safety differ between settings. FCC regulations, which fall under Outdoor Safety, and LFCHH regulations, which fall under Outdoor Activity Area, are more detailed and prescriptive, specifying that children may not play on climbing equipment from which they could fall seven feet or more, must avoid unsafe equipment or unsafe use of equipment, cannot wear clothing or accessories that pose hazards during activities, and must use protective gear when required by law. Trampolines are explicitly prohibited. LFCCH, CCC, and LOC also have regulations grouped under Playground Supervision that focus primarily on general supervision. Staff in these settings are required to stay close enough to intervene immediately if necessary and to monitor children for signs of discomfort from weather or environmental factors, responding promptly to any concerns.

- Written parental consent for participation to swim or wade is required across regulations. Children engaged in swimming or wading must be under immediate supervision at all times. FCC requires at least two adults present during swimming, one-to-one supervision in chest-deep water for non-swimmers, and a certified lifeguard for water over four feet. LFCCH, CCC, and LOC regulations require one-to-one supervision for non-swimmers in water over the chest, and a certified lifeguard for water deeper than four feet who is not counted in the staff/child ratio. All facilities must meet state or local health, sanitation, and safety standards, and above-ground or inflatable pools are prohibited in FCCs.

- During off-site activities, providers must supervise children at all times, take reasonable precautions to protect them from hazards, and accompany them to and from any off-site activities. FCC regulations specify that all children transported in vehicles must be secured in age- and weight-appropriate car seats or seat belts. LFCCHs, CCCs, and LOCs require that if more than eight preschoolers are transported, or if one child is transported by a driver who is neither a provider nor an authorized parent, at least one additional adult must be present in the vehicle. This adult must be background-checked for LFCCHs, CCCs, and LOCs. Children in first grade or higher may travel without adult supervision only if allowed by a written agreement with the parent and operator for FCC, LFCCH, CCC, and LOC.

- Providers must serve age-appropriate meals and snacks at intervals of no more than three hours, with regulations further specifying meal and snack quantities based on the child's time in care. Menus must be posted, and feeding schedules and food service records must be

maintained for at least four weeks in LFCCH, CCC, and LOC. For infants and toddlers in LFCCHs and CCCs, a written feeding schedule must be updated at least every three months, and milk for children under age 2 must be provided or approved by the parent. Bottle-fed infants must be held during feeding unless a child can safely self-feed, and only parent-provided or pre-bottled formula, breast milk, or baby food opened the same day may be served. For children under 2 years old who are no longer receiving breastmilk or formula, whole pasteurized milk may be served unless lighter milk is approved in writing. All bottles and food must be properly labeled, dated, stored safely, and sanitized.

Inspection, Complaints, and Suspension

- The Office must investigate all complaints, whether written, oral, or anonymous, regarding potential violations of child care regulations or the provision and advertising of unregistered or unlicensed child care.
- The Office has the authority to inspect child care programs at any time, whether announced or unannounced, including at least once every 12 months after initial or continuing certification, license, or LOC issuance. Inspections cover review of records and documentation, observation of child care practices and conditions, and evaluation of health, safety, and sanitation standards. Providers or substitutes may verify the inspector's identification before permitting entry and may contest or appeal findings of noncompliance.
- If an investigation or inspection identifies a violation that does not pose an immediate threat to a child's health, safety, or welfare, the Office may issue a written warning. The warning may be included on an inspection report or issued as a separate letter and must describe the violation, cite the applicable regulation, provide a deadline for correction, and state that failure to comply may result in sanctions, suspension, or revocation.
- If a provider or facility violates regulations or fails to meet program requirements, the Office may impose intermediate or emergency sanctions. These may include limiting the age or number of children in care, reducing enrollment, requiring remedial training, increasing monitoring or inspections, entering into corrective agreements, or notifying parents about issues. Failure to comply with these sanctions may result in suspension or revocation of the certificate, license, or LOC. For emergency sanctions, the Office must notify the operator of the regulatory basis, the operator must immediately implement the sanction, and the operator has the right to request a hearing within 7 days, with a decision issued within 7 days of the hearing.
- The Office may suspend a certificate, license, or LOC for up to 60 days if regulations are violated and children's health, safety, or welfare is threatened, or if a conditional certificate, license, or LOC lapses without meeting reinstatement requirements. Written notice must be provided at least 20 days before suspension, including the requirement to cease care unless a hearing is requested, which stays the suspension. If the suspension is upheld after a hearing, the operator must stop providing care until the threat is resolved, and the suspension may lead to revocation.
- The Office may emergency suspend a certificate of registration for up to 45 days. The Office may emergency suspend a license or LOC for up to 365 days. Written notice, that requires the operator to immediately cease care, is delivered at the time of the emergency suspension. A hearing shall be conducted within 7 days of the hearing request filing date with a decision issued within 7 days. Operators must surrender the certificate of registration, license, or LOC at the time the emergency suspension becomes effective. If the emergency suspension is upheld after a hearing, child care may not begin again until the threat to children in care is resolved. The suspension may also lead to revocation.
- The Office may revoke a certificate, license, or LOC if a violation threatens a child's well-being, the operator provides false information, obstructs inspections, employs or allows prohibited individuals, violates the terms of an intermediate sanction, fails to correct violations during a

suspension period, allows a conditional letter to lapse without reinstatement, or is deemed incapable of safeguarding children. The Office must provide written notice at least 20 calendar days before revocation, and the operator has the right to request a hearing.

- Operating a child care program without a valid registration, license, or LOC is a misdemeanor. For FCCs and LFCCHs, fines are $1,500 for the first violation and $2,500 for subsequent violations. CCC and LOC regulations additionally outline civil penalties of up to $1,000 per violation per day, with a maximum total of $5,000 per civil action.

FACILITIES

Family child care homes and centers' physical plant and requirements are established in COMAR under several subtitles such as home environment and equipment, physical plant and equipment. Within the scope of this regulatory analysis, physical property related requirements are coded as "facilities" for clarity and are grouped under four main categories, namely Space and Capacity, Safety and Physical Plant Standards, Health and Sanitation Standards, and Equipment and Furnishing.

Space and Capacity

- As one of the foundational rules of space that is related to use and occupancy, all FCCs, LFCCHs, CCCs, and LOCs must comply with all applicable state and local codes (including fire, zoning, health, safety, environmental, and building (for centers only) codes). These codes are subjected to change by jurisdiction and inspections. Building repair, maintenance, or renovation in LFCCH and centers may not occur when children are in care, if the activity presents a significant risk to child safety and health. However, this is not explicitly outlined in COMAR 13A.15.05.01 for FCCs and regulations only state the home must be maintained in good repair.

- For family child care homes only, there is a primary residence rule that emphasizes the child care home must be the provider's primary residence and registration can be revoked if the home is no longer the provider's primary residence.

- Except for FCCs which are only required to provide sufficient floor space to allow active play without overcrowding for the number and ages of children in care, providers in LFCCHs, CCCs, and LOCs are required to provide a minimum of 35 square feet of floor space per child. Some exceptions apply for programs approval of space, if they demonstrate that meeting the standard would threaten economic viability and they are able to maintain children's health and safety.

- In terms of outdoor area requirements, FCCs must provide ample outdoor space for children that is free from hazards to health or safety, while LFCCHs are required to provide 75 square feet per child with the exception that LFCCHs licensed originally as small centers before January 1, 2009 are exempt from 75 square feet of outdoor space per child. In addition, CCCs and LOCs must provide 75 square feet per child for half the approved capacity or 75 square feet per child if capacity is 20 or fewer.

- Related to outdoor space, any pool on the premises of homes or centers must be inaccessible to children and have safety features, including a fence at least 4 feet high surrounding the pool, self-closing and self-latching gate, and door with an operable and secured lock. Sensors or alarms on the pool to manage access to the pool must be installed for security as well as sensors or alarms in the pool itself.

- Lastly, for lighting, while FCCs are only required to have safe, operable, utility services for lighting, heating, and cooking, LFCCHs and centers are required to provide adequate natural and artificial lighting in all child care areas for safety and supervision. In addition, the rules are outlined as using shatter-proof or shielded light fixtures, rooms without windows need backup lighting for power outages, and outdoor areas being well-lit for safe entry and exit in darkness.

Safety and Physical Plant Standards

- Lead-safe environment regulations are standard across homes and centers. General rule is to maintain a lead-safe environment by never using lead-based paint, ensuring pre-1978 rental properties have a current lead risk reduction or lead-free certificate, and keeping child care areas free of deteriorated paint. If paint deterioration or renovation occurs in pre-1978 homes, it is required for accredited professionals to follow lead-safe work practices and obtain a passing lead dust test from an accredited inspector.
- In rooms with children under 5, all electrical outlets within reach must be plugged or capped in both homes and centers.
- For both homes and centers, window coverings must be safe for children. If installed before October 1, 2010, there should be no unsecured cords, beads, ropes, or strings available for children. Windows installed on or after October 1, 2010 must be cordless.
- In terms of keeping firearms and other potentially hazardous items such as petroleum and flammable products, cleaning agents, poisons, and pesticides, the provider shall properly store in an area not used by children. Additionally, the operator/provider must keep them inaccessible to children in family home care, label poisonous products clearly, and store away from food. For centers, the same rule applies to hazardous items and adds regulations on storage rules such as keeping firearms in a location not used by children in care, unloaded and partially disassembled in a locked container.
- To ensure staff members are able to communicate without leaving children unattended during operating hours, LFCCHs, CCCs, and LOCs are required to have at least one operable telephone available for use by all staff. Centers and LFCCHs with more than two rooms need an internal system for staff to call for help. LFCCHs and centers must install extra phones/extensions as needed for emergency calls, and each infant/toddler room must have its own phone. FCCs are only required to have an operable telephone.
- LFCCHs and centers must make sure emergency vehicles can use the access road whenever children are present in care.
- Lastly, except for in FCCs, COMAR specifically outlines safe use of materials and equipment, whether indoor or outdoor use, in accordance with manufacturer instructions.

Health and Sanitation Standards

- Homes and centers must have proper ventilation and maintain floor temperature at least 65°F.
- For water supply, homes and centers have differing requirements related to their physical properties. All homes and centers are required to have hot and cold running water, with hot water not exceeding 120°F. While LFCCHs have the same foundational requirement, they must also provide at least one drinking water source available for children 2 years and older without assistance, and this source cannot be located in a toilet room or handwashing sink. In LFCCHs, water may be served from a pitcher during meals and snacks, if poured directly from the approved water source. In addition, centers are required to provide at least one drinking source per 40 children that is easily usable by kids age 2 and older. Similarly drinking sources cannot be in a toilet room or handwashing sinks. In addition, COMAR lists approved sources for centers, such as angle-jet fountains with mouthguard, licensed bottled water in original containers, running water with single-use cups, and other office-approved methods.
- In terms of bathrooms/sinks/toilets regulations, FCCs must have a toilet in good working condition that is easily usable by children in care, while LFCCHs are required to provide one toilet and one sink that are in good working condition, easily usable by children, and equipped with water-resistant, non-absorbent platforms at a safe height for independent use. Toilet

rooms must have individual paper towels, soap, toilet paper, trash receptacle, and all items must be reachable by a child using the facilities. On the other hand, centers must provide one child-size toilet and sink per 15 children aged 2 years and older in good working condition. School age toilets must be in enclosed stalls to ensure privacy and small mixed-age centers need only one toilet and sink. First time licensed centers must provide a separate adult restroom, except for small centers or programs under 2 ½ hours. Toilet room flooring and supplies have the same requirement across LFCCHs and centers. Finally, portable potty chairs are only allowed in FCCs, and they must be placed on a non-absorbent surface or mat, be located away from food preparation, service, and eating areas, and be cleaned and sanitized after each use.

- For diapering area rules, in LFCCHs and CCCs each group of children under 2 years must have an approved diapering area with a sink that is only used for diapering and toileting. Additionally, the diapering area must allow continuous supervision and immediate response to each child. Diapering areas must have a separate trash container that is child inaccessible.

- Regarding the disposal of refuse and general cleanliness, all areas of both homes and centers including floors, walls, and ceilings, must be kept clean and free of infestation. In LFCCHs and CCCs, each child care room must have a trash container with a disposable liner, and all trash bins must be emptied when full at least daily. Regarding outdoor refuse, trash collection must be in tightly covered, non-absorbent, and washable containers and be disinfected when needed. Dispose of hazardous or bio-contaminated waste must be done in a clean and sanitary manner (LFCCH and centers only).

Equipment and Furnishing

- Across all types, activities, materials, and equipment must be enough for all children, indoors and outdoors, based on their age and developmental needs. Materials should support active play, creative/dramatic play, social interaction, fine motor activities, art, music, language, and science. Except for FCC, furnishings used by a child must be child-size and for ages 2 years and older, the center must provide multipurpose tables and chairs. In addition, under COMAR activity materials and equipment requirements, LOCs have screen time guidance which is covered for homes and CCCs under operations/program requirements.

- For infant and toddler specific equipment, FCCs have no regulations specified in COMAR. However, LFCCHs and CCCs are required to provide sufficient strollers or carriages with appropriate restraints for all non-walking infants and toddlers. Walkers are prohibited in homes and centers. LFCCHs and CCCs must have furnishing to allow safe and easy feeding for infants and toddlers, including high chairs, toddler tables, and child-sized tables/chairs. Relatedly, for breastfeeding space, in homes caring for infants or toddlers, the operator must provide a designated breastfeeding or milk pumping space that is not in a bathroom, has access to electrical outlet, has appropriate seating, and has access to running water. CCCs are also required to provide the breastfeeding or milk pumping space in the same conditions described.

- Rest furnishings are also described in detail for both homes and centers with differences across settings. Homes and centers must provide clean, age appropriate, comfortable, and safe rest furnishing for each child. For children under 12 months, they are required to provide a crib, playpen (FCC or LFCCH only), or portable crib (FCC or LFCCH only) for sleep (cribs must meet current CPSC standards), and sleep surfaces must be firm, flat, and non-inclined unless prescribed by a physician. For FCC, children 12 months old to 5 years old, bed, cot, mat, or child-size sleeping bag is required for sleep, and upon parents' request, the provider can supply a crib, portable crib, or playpen for children 12-24 months old. In LFCCHs, children 12 months old to 5 years old in care for more than 4 hours and rest regularly, the provider must give a suitable cot or mat. If overnight care is needed in FCCs and LFCCHs, children 12 months and older should be provided with a suitable bed. For LFCCHs and CCCs, COMAR outlines stackable cribs are not allowed, and cribs and playpens (LFCCH only) must have at least one long side unobstructed and maintain 3 feet side-to-side or 18 inch end-to-end spacing unless separated

by a solid challenge. LFCCHs and CCCs have identical regulations for rest furnishing, while LOCs are only required to provide a suitable mat or cot with clean bedding for 2-5-year-olds and older children who are present for more than 4 hours. LOCs must also set up all cots and mats spaced to allow for safe movement and efficient evacuation by both staff and children. In CCCs, parents of children 12-24 months may request a crib, with a snug mattress, moisture-proof cover, and fitted sheet.

- Except for FCC, LFCCHs and centers are required to provide sufficient storage for materials and equipment; mats, cots, beds, and bedding; portable outdoor equipment; each child's clothing and personal items (individual space); and any materials, equipment, and furnishings held in reserve.
- FCCs are required to transport, store (perishables to be kept at or below 40°F), display, and serve food in a safe, sanitary, and healthful manner and discard any food that has contacted a child's mouth or utensils immediately after the child finishes eating. On the other hand, food preparation areas and equipment regulations overlap in both LFCCHs and centers. Regulations state that the preparation areas must be clean, well-lit, ventilated, and equipped for safe food handling. Food contact surfaces must be non-toxic, smooth, well-maintained, and free of any cracks or other damage. Facilities operating more than 4 consecutive hours must have a refrigerator that has enough space for all perishables, operate at or below 40°F, and include a thermometer with 2°F graduations. Freezers must operate at or below 0°F and must have an indicating thermometer. Paper towels shall be provided in or adjacent to each food preparation area. Food preparation and utensil washing sinks may not be used for handwashing. Doors and walls in a food preparation area should be easily cleanable and maintained in a clean condition. A cooking exhaust hood must be installed if cleaning alone does not remove condensation or grease build-up. Utensils, dishes, and equipment must be cleaned and sanitized after each use. Food must be stored in a dry, cool, well-ventilated, well-lit area with easily cleanable shelving; open-shelf food must be at least 6 inches off the floor.

APPENDIX C. DETAILED CROSS-STATE FINDINGS ON THREE AREAS OF FOCUS

1. Health and Safety Requirements

All four states require both home- and center-based child care facilities meet certain health and safety requirements, including state and local fire codes, and conduct criminal background checks (with the minimum age differing) for providers wanting to provide care. Family child care settings across all states have a minimum age requirement of 18 for providers.

2. Child-Staff Ratios and Group Size

Across the comparison states there is significant variation in how infant-toddler age thresholds, staff-child ratios, and group sizes in centers and family child care homes are defined.

Table C – Staff-Child Ratios and Group Size (Centers)

State	Infants	Toddlers	Preschool	School-Age
Idaho*	0–24 months: 1:6	24–36 months: 1:8	3–5 years: 1:11	5–12 years: 1:21
Massachusetts	0–33 months: 1:3 (max 9; no more than 3 infants up to 15 months; +1 educator for 4–9 children)	15–33 months: 1:5 (max 9; +1 educator for 6–9 children)	33 months–school age: 1:10 (max 20)	Kindergarten–school age: 1:13 (max 26)
Virginia	0–16 months: 1:4 (max 12)	16 months–2 years: 1:5 (max 15) 2 years: 1:6 (max 24)	3 years–school entry: 1:10 (max 30)	School-age (to 9): 1:18 (max 30) 9–12 years: 1:20 (max 30)
Washington D.C.	0–24 months: 1:4 (max 8)	24–30 months: 1:4 (max 12)	30–48 months: 1:8 (max 16) 48–60 months: 1:10 (max 20)	N/A
Maryland	6 weeks-18 months old: 1:3 (max 6)	18-24 months: 1: 3 (max 9) 2 years: 1:6 (max 12)	3 years–4 years 1:10 (max 20)	5 years and older: 1:15 (max 30)

* Idaho applies the same point-based staffing system to all facilities, without distinguishing family or center-based programs. The conversion is approximate because Idaho uses a 12-point system per staff member.

Table D – Staff: Child Ratios and Group Sizes in Family Child Care Homes

State	Max Capacity in Family Child Care Homes (capacity may vary based on square footage requirements)	Staff to Child Ratios for Infants/Toddlers in Family Child Care Homes
Idaho	Undefined Capacity is variable and determined by a 12-point caregiver limit	1:6*
Massachusetts	10 children All children over capacity of 6 must be school age	1:3 One adult can care for no more than three children under age 2, including one of those three who can be a child who is already walking. Any additional children in the group must be all over age 2.
Virginia	12 children Capacity is variable and determined by a 16-point caregiver limit	1:4*
Washington D.C.	12 children If more than 4 children are under 2, max capacity is 9	1:2 1 caregiver with 2 under 2 years old has a max group of 6; 2 caregivers with 3 under 2 years old, has a max group of 9
Maryland	8 children No more than 4 children under 2	1:2 If 3 or 4 children under 2, an additional adult is required

*Ratios shown in this table are approximate and may vary depending on the age composition of enrolled children and educator qualifications under applicable state licensing requirements.

Age Definitions:

States differ widely in how they define infants, toddlers, and preschoolers. Across the comparison states, there is very little consistency, and most do not use the definitions recommended by NAEYC.

Table E – Age Thresholds Across Selected States in Comparison to NAEYC

State	Infant	Toddler	Preschooler
Idaho	Birth to 12 months	Young Toddler: 12 to 23 months Two-Year-Old/Older Toddler: Defined as 24 to 36 months (or age 2)	36 months to 5 years
Washington D.C.	Birth to 12 months	12 months to 36 months	24 months or older up to school age

State	Infant	Toddler	Preschooler
Massachusetts	Brith to 15 months	15 months to 33 months	35 months old to first grade
Virginia	Birth to 16 months	16 months to 2 years	2 years old to the age of eligibility to attend public school
Maryland*	6 weeks old to 18 months (for centers) 6 weeks old to 24 months (for homes)	18 months old or older but younger than 2 years old	Two years old or older
NAEYC	Birth to 15 months	12–36 months	30 months–5 years

*Maryland defines infant age differently for homes and centers.

3. Provider Qualifications

Staffing requirements are not always directly equivalent across states. There are notable differences in how states define staff roles, required credentials, and levels of experience, which can affect comparability. The information below provides a synthesis of how Maryland compares to other states across different child care settings, with regards to qualifications, education requirements, pre-service requirements, and more.

Center-Based Child Care Programs (Child Care Centers & Large Family Child Care Homes

Similarities to Maryland

1. **Role-Tiered Qualifications:** Like Maryland, most peer states (Virginia, Washington D.C., and Massachusetts) structure center qualifications into distinct hierarchical tiers (Directors, Lead Teachers/Teachers, Assistant Teachers/Aides/Volunteers) that combine educational attainment with practical, supervised experience.
2. **Director Age & Leadership Benchmarks:** Virginia, Massachusetts, and Maryland all establish **21 years old** as the minimum age for center directors and require demonstrated administrative or supervisory experience.
3. **Entry-Level Classroom Support:** Across Maryland, Virginia, Massachusetts, and Washington D.C., assistant teacher and aide roles carry lower educational challenges and allow younger entry-level staff (ages 16-18) to work under direct supervision.
4. **Scaled Experience for Program Complexity:** Similar to Maryland (where director experience requirements double for larger centers or programs serving infants/toddlers), Virginia and Massachusetts scale experience requirements based on supervisory scope and the age group served.

Differences from Maryland

- **Teacher Educational Thresholds:** Washington D.C. enforces higher formal educational requirements for teachers (requiring an Associate degree, CDA, or 48 college credits), whereas Maryland permits teachers to qualify with a High School diploma combined with one year of experience.

- **Minimum Teacher Age:** Massachusetts sets the minimum age for teachers and lead teachers at **21 years old**, whereas Maryland sets it at **19 years old** (and Virginia/D.C. permit teachers at **18 years old**).
- **Diploma Substitutions:** Maryland uniquely allows directors in Large Family Child Care Homes and Child Care Centers to substitute college coursework directly in lieu of a High School diploma, whereas peer states require a High School diploma or higher degree as a prerequisite.
- **Complete Regulatory Outlier (Idaho):** Unlike Maryland and all other comparison states, Idaho does not tier staff roles by education or experience; any staff member can qualify solely through CPR/First Aid certification and ongoing training.

Family Child Care Homes (FCC)

Similarities to Maryland

- **Minimum Age Standard:** Maryland, Virginia, Washington D.C., and Massachusetts all require primary Family Child Care providers to be at least **18 years old**.
- **Supervised Assistants:** All comparison states allow secondary assistants or substitutes to support care, provided they operate under provider supervision or with defined limits on independent responsibility.

Differences from Maryland

- **Baseline Education Requirements:** Virginia requires FCC providers to hold a High School diploma, and Washington D.C. requires a CDA or Associate degree plus one year of experience. In contrast, **Maryland (like Massachusetts) does not require a High School diploma** for FCC providers.
- **Pre-Service Coursework Heavy Approach:** Although Maryland does not mandate a formal diploma or prior child care experience for FCC providers, it requires an extensive list of pre-service training modules (e.g., 24-hour preservice, ADA, SIDS, breastfeeding, medication admin) prior to registration—a structural approach not required to the same extent in states like Virginia or Idaho.

Special and Non-Traditional Programs (Religious/Exempt Settings)

Differences from Maryland

- **Letter of Compliance (LOC) Flexibility:** Maryland explicitly regulates religious-sponsored before/after-school programs and nonpublic nursery schools under a "Letter of Compliance" (LOC), which enforces basic health and safety rules while delegating staff education and experience requirements to the religious organization itself. Comparison states do not explicitly outline this broad operational exemption within their standard staffing tiers.

Universal and All-Staff Requirements

Similarities to Maryland

- **Baseline Safeguards:** All states enforce foundational health and safety standards across all center types, including comprehensive background checks, pediatric First Aid/CPR, and mandatory annual professional development hours.

Differences from Maryland

- **Medical Evaluation Standards:** Maryland uniquely mandates an annual medical evaluation for all child care staff across all settings, as well as for all adult residents living in a Family Child Care home.

- **Drug and Alcohol Testing:** Washington D.C. mandates pre-employment drug and alcohol testing policies established by licensees, which is not a standard COMAR requirement across all Maryland provider types.
- **Annual Training Hours:** Ongoing training requirements vary significantly; for example, Idaho requires only 4 hours annually, whereas Maryland mandates 12 clock hours for most center and home personnel.

These cross-state insights provide national context for understanding Maryland's early childhood system and provide helpful points of comparison in considering opportunities for licensing modernization.

APPENDIX D. STAFF QUALIFICATION REQUIREMENTS ACROSS SELECTED STATES FOR COMPARISON

Staffing information presented below reflects both center-based and home-based child care settings across the selected states and includes key requirements related to staff roles, qualifications, education, and experience. This overview is intended to provide a high-level comparison, and as such, detailed requirements are abbreviated.

Virginia

In center-based programs, staff qualifications are tiered by role and combine education with programmatic and supervisory experience:

- Directors must be at least 21 years old and meet one of the following:
  - Graduate degree in a child-related field with at least six months of programmatic experience
  - Bachelor's degree in a child-related field with at least one year of programmatic experience
  - Minimum college coursework in child-related subjects with at least one year of programmatic experience
  - Two years of programmatic experience and one year of supervisory experience combined with an early childhood credential
- Program leaders must be at least 18 years old and meet one of the following:
  - Meet the qualifications required for program directors
  - Hold an endorsement or bachelor's degree in a child-related field
  - Have at least three months of programmatic experience combined with an early childhood credential
  - Have at least six months of supervised programmatic experience
- Aides and volunteers may support classrooms with fewer qualification requirements, subject to minimum age thresholds and supervision.

In family child care homes providers must be at least 18 years old:

- Hold a high school diploma or equivalent.
- Must have prior experience working with children
- Assistants may support care under the provider's supervision, with limits on independent responsibility.

Across both settings, all staff must complete annual training to support children's health, safety, and development.

Washington, D.C.

In center-based programs, staff qualifications are tiered by role:

- Directors must meet one of several education and experience pathways:
  - Bachelor's degree with early childhood credits and 1 year of experience,
  - An associate's degree with 3 years of experience,
  - 48 college credits (including 15 in early childhood education) with 4 years of experience,
  - A Director Credential or Montessori pathway with additional experience. Directors must also complete 30 hours of training within 1 year.
- Teachers must be at least 18 years old and meet one of several pathways:
  - Associate's degree in early childhood education or a related field,
  - A Child Development Associate (CDA) with additional coursework and experience,

  - 48 college credits with 2 years of experience,
  - Or a high school diploma with a CDA and transitional associate's degree requirement.
- Assistant teachers must be at least 18 years old and qualify through a CDA, associate's degree, vocational early childhood training, or a high school diploma with supervised experience; some pathways require CDA completion within 2 years.
- Aides and volunteers may support classrooms under direct supervision and may be under 18.

In family child care homes providers must be at least 18 years old:

- Hold a CDA or associate's degree pathway combined with 1 year of home-based or center-based experience.

Across all settings, staff must complete pre-service training in child abuse reporting, emergency preparedness, safe sleep, shaken baby syndrome prevention, first aid, CPR, infectious disease control, and poison prevention. All staff must complete annual training and professional development, undergo annual health exams, and participate in pre-employment drug and alcohol testing policies established by licensees.

Massachusetts

In center-based programs, staff qualifications are tiered by role:

- Directors must be at least 21 years old, meet lead teacher qualifications, have additional work experience, and complete administrative training.
- Lead teachers must be 21 years old and meet one of the following
  - At least nine months of work experience or one practicum
  - High school diploma or equivalent and 36 months of work experience
  - Education including an Associate's degree in Early Childhood Education or a related field, 12 credits in required categories, and 18 months of work experience
  - Bachelor's degree in an unrelated field, 12 credits in required categories, and 18 months of work experience
  - Bachelor's or advanced degree in Early Childhood Education or a related field, 12 credits in required categories, and nine months of work experience
  - Alternative early childhood training program, 12 credits in required categories, and 27 months of work experience
  - Certification as an Early Intervention Specialist
- Teachers must be at least 21 years old and meet one of the following
  - Nine months of work experience and three credits in Child Development (Associates or Bachelor's degree may be substituted for a portion of the work experience requirement)
  - Hold a CDA Credential
- Assistant teachers must be at least 16 years old or hold a high school diploma or equivalent and work under supervision.
- Aides and support staff may assist in classrooms under supervision with fewer qualification requirements.

In family child care homes providers must be at least 18 years old:

- Licensing and qualification requirements increase based on the number of children in care, combining parenting or child care experience with Department-approved training or equivalent certification. MA does not have a diploma requirement for family educators.
- Certified assistants may substitute for the provider with prior notice, while regular assistants work under supervision with limits on independent care.

Across both settings, all educators must complete ongoing training, be trained in emergency procedures, health and safety practices, and medication administration, and at least one CPR- and first aid-certified individual must be present at all times.

Idaho

Staff qualifications are not tiered by role and do not include education or experience requirements. Instead, staff must meet these certification and ongoing training requirements:

- Each staff member must have current certification in pediatric rescue breathing and pediatric first aid from a certified instructor.
- Each employee must receive four hours of ongoing training in child development areas related to daycare every 12 months after the employee's hire date.

APPENDIX E. RECOMMENDATION IMPROVEMENT CHILD CARE LICENSING TIGER TEAM PROTOCOL

Providers were asked:

- How long have you been a provider?
- What are the ages of children you work with?
- What is your favorite part of the work?
- What makes you successful?
- When was the last time you interacted with a licensor?
- On a scale of 1-5 (1 being not at all, 5 being "expert"), how familiar are you with licensing regulations for:
    - Infants and toddlers
    - Preschoolers
    - School-age children
- How have licensing regulations helped your business?
- How have licensing regulations helped you serve families with infants and toddlers?
- How have licensing regulations been a challenge for your business?
- How have licensing regulations been a challenge for serving infants and toddlers?
- How have licensing regulations impacted your ability to recruit new staff?
- Is this statement true? "In my opinion, licensing regulations promote high-quality care." Why or why not?
- Is this statement true? "Licensing regulations have prevented me from expanding my business." Why or why not?
- What changes would you like to see in licensing regulations for:
    - Infants and toddlers?
    - Preschoolers?

APPENDIX F. OCCAC HB 477 TASK FORCE SESSION AREAS OF FOCUS

Date	Session	Focus
May 19, 2026	Session 1: Kick-Off	Orientation, Task Force structure, member roles, and stakeholder engagement. Members raised the need for stronger family child care and grounded the work in existing research and the OPEGA audit.
May 26, 2026	Session 2	Ratios and group size and an initial look at workforce qualifications. Breakouts covered infant/toddler thresholds and mixed-age grouping, qualification and experience models, training user-friendliness, a universal substitute registry and background-check portability, and course equivalency.
June 2, 2026	Session 3	Degree and certification requirements, clearances and background checks, and consistency, appeals, and enforcement. The session also surfaced recommendations members opposed or found confusing.
June 9, 2026	Session 4	Paperwork burden and regulatory complexity, digital portals, clearance and record portability, submission acknowledgments, and regulatory communication and introduction of the cross-state analysis findings.
June 16, 2026	Session 5	Final review and refinement of recommendation language. Remaining cross-state recommendations (plain language, coaching, stakeholder engagement) and OPEGA-derived items, with identification of consensus and implementation considerations.

ACKNOWLEDGEMENTS

The Office of Early Childhood (OEC) at MSDE wishes to acknowledge the members of OCCAC HB 477 Taskforce: Kimberly Curtis, Ruby Daniels, Dr. Mark Diamond, Rossana Espinoza-Thorndahl, Diminkga Grannum, Michelle Lloyd, Ellie Mitchell, Meg McFadden, Beth Morrow, and Christina Peusch, for their contributions and commitment for consultation on identified challenges regarding child care licensing for both homes and centers and proposed recommendations. Their diligent review of meeting artifacts, informed perspectives, and thoughtful feedback have significantly enhanced the rigor and coherence of the recommendations in this final report.

The OEC also gratefully acknowledges the Recommendation Improvement Tiger Team participants, who shared their lived experiences regarding licensing regulations in Maryland and offered ideas and candid feedback for improvement. Their contributions were instrumental in shaping the proposed policy recommendations and the final report.

---

[i] Comptroller of Maryland (2024). *State of the Economy Series: Child Care and the Economy*. Available at https://www.marylandcomptroller.gov/content/dam/mdcomp/md/reports/research/childcare.pdf

[ii] Baltimore City Early Childhood Advisory Council (2025). *Baltimore City Early Care and Education Landscape Analysis: Supply, Demand, Obstacles, and Opportunities.* Strategic Thinking for Social Change and University of Virginia School of Education and Human Development. Available at https://ecacbaltimore.org/wp-content/uploads/2025/06/2025-Baltimore-City-ECAC-Landscape-Analysis.pdf

[iii] Allie Schneider, Hailey Gibbs, Lauren Hogan, Casey Peeks, Paola Andujar, Maria Estlund, Daniel Hains (2025). *A Path Forward on Child Care Regulation: Differentiating Between Harmful Deregulation and Helpful Reform*. Center for American Progress and National Association for the Education of Young Children. Available at https://www.americanprogress.org/article/a-path-forward-on-child-care-regulation-differentiating-between-harmful-deregulation-and-helpful-reform/