DAY CARE LICENSING ADVISORY AND STUDY COMMITTEE

REPORT

TO

STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

December 1974
DAY CARE LICENSING ADVISORY AND STUDY COMMITTEE

an advisory committee to the

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
301 West Preston St. (MCH) / Baltimore, Maryland 21201 / Phone 383-2669

M's Nancy Goldsmith
Chairperson

Dr. Masbah Khan
Alternate Chairperson

The Honorable Verda S. Welcome
Parliamentarian

Mrs. Jeannette Sorrentino
Secretary

Mrs. Marjorie Teitelbaum
Alternate Parliamentarian

December 11, 1974

Dr. Neil Solomon
Secretary
Department of Health and Mental Hygiene
301 West Preston Street
Baltimore, Maryland 21201

Dear Dr. Solomon:

The Day Care Licensing Advisory and Study Committee herewith presents this Report in response to the charges which it received from you in November 1972.

In light of the estimated seven million children of today - the adults of the 21st century - who will have been affected by day care, the Committee has given serious consideration to its charges, as well as to the concerns of the Joint Subcommittee on Human and Natural Resources.

Over a period of 25 months the Committee members, representing a cross-section of persons involved in child care services, met periodically to study day care in Maryland. This study included a thorough review and assessment of 10.02.01 - Regulations Governing Group Day Care Centers and its implementation and enforcement.

Day care is a new social institution and is an expression of society's need to ensure the best possible care for its children. To make the best possible care a reality will demand commitment by all. Such commitment will require the formulation of new laws ensuring the provision of day care to all families in need of this service. In addition it will require a substantial financial commitment. Day care is a basic need of families and children today.

As a reflection of this thinking, the following report is respectfully submitted.

Sincerely yours,

Nancy Goldsmith
Chairperson

NG:clt
Enclosure

The Day Care Licensing Advisory and Study Committee consists of representatives of various types of licensed group care centers — public, private, non-profit, parochial and proprietary; the Maryland E-C Committee; Maryland Early Childhood Council; Maryland Legislature; Maryland Chapter American Academy of Pediatrics, Maryland Psychological Association, Maryland Committee for the Day Care of Children, Inc.; Conference of Local Health Officers, labor and industry, and parents of children in group day care centers.
**OUTLINE OF CONTENTS**

<table>
<thead>
<tr>
<th>I. Introduction</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Restatement of initial charges</td>
<td>1</td>
</tr>
<tr>
<td>B. Statement regarding economic impact on centers of meeting regulations in terms of realities and ideals</td>
<td>1</td>
</tr>
<tr>
<td>C. Statement regarding child's right to care</td>
<td>2</td>
</tr>
<tr>
<td>D. Format Committee adopted to discharge responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>1) Number of meetings of Day Care Licensing Advisory and Study Committee; period of time</td>
<td>4</td>
</tr>
<tr>
<td>2) Questionnaire developed addressing areas of concern identified by Joint Subcommittee on Natural and Human Resources</td>
<td>5</td>
</tr>
<tr>
<td>a) Distributed to 800+ licensed day care centers</td>
<td></td>
</tr>
<tr>
<td>b) Analyzed by Statistical Division of State Department of Health in conjunction with Questionnaire Subcommittee</td>
<td></td>
</tr>
<tr>
<td>3) Subcommittees developed to address areas of concern identified by Joint Subcommittee on Natural and Human Resources</td>
<td>6</td>
</tr>
<tr>
<td>4) Working Documents</td>
<td>8</td>
</tr>
</tbody>
</table>

| II. Statement regarding need for clarification of laws with respect to programs for young children; an underlying problem | 8 |

| III. Recommendations for changes in 10.02.01, Regulations Governing Group Day Care Centers | 9 |
| A. Kitchen Facilities | 10 |
| B. Square Footage Requirements | 10 |
| C. Adult/child ratios and maximum group sizes | 10 |
| D. Educational requirements for program directors | 11 |
| E. Other (draft of overall rewrite of 10.02.01 exclusive of sections indicated in A, B, C, and D) recommended changes of the Executive Committee | 16 |
OUTLINE OF CONTENTS
Page 2

IV. Recommendation regarding development of Handbook to accompany 10.02.01 - Regulations Governing Group Day Care Centers........ 30

Statement regarding definition of Handbook, its purpose and format.................................................. 31

V. Recommendations regarding implementation and enforcement of Regulations.................................................. 31

VI. Recommendations for future................................................................. 38

A. Economics of Day Care................................................................. 38

B. Identification of areas in need of study by this committee.. 39

C. Continuation of Advisory Committee for purposes of periodic (i.e., annual, bi-annual) review of existing regulations and completion of unfinished business (i.e., Handbook)...... 41

Appendix #1. Adult Child Ratios, Group Size and Space

Appendix #2. Centers Closed or Unlicensed and New Center Licenses Since 1971

Appendix #3. Amendments to 10/02.01, Regulations Governing Group Day Care Centers proposed at the August 30, 1974 Public Hearing

Appendix #4. Draft of Handbook for Group Day Care Center Regulation and Licensing

Appendix #5_Group Day Care Licensing Report, December, 1973
I. INTRODUCTION

A. Restatement of Initial Charges

In the fall of 1972 an advisory committee to the Maryland State Department of Health and Mental Hygiene was formed, the Day Care Licensing Advisory and Study Committee. The Committee was charged with the following specific responsibilities:

--To study extensively the various modes of group day care in Maryland by visiting a variety of day care centers throughout the State;

--To make an in-depth study of Department of Health and Mental Hygiene day care regulations as they affect the quality of care, protection, sound growth and development of Maryland's children;

--To assist and advise the Department of Health and Mental Hygiene in an on-going reassessment of regulations;

--To assist and advise the State Department of Health and Mental Hygiene and its local health departments in the implementation and enforcement of day care regulations;

--To make regular reports to the Secretary of Health and Mental Hygiene and all other interested parties.

The following text of this Report reflects the judgements and values of the Committee which were arrived at assiduously in light of the above charges.

B. Economic Impact

At the initial meeting of the Committee and repeatedly thereafter, the economic realities of operating a day care center in compliance with 10.02.01, Regulations Governing Group Day Care Centers were stressed.
Only when there is societal commitment to the provision of day care for all children and families who need it, supported by adequate funding, will there be optimal, truly preventive regulations and/or standards. For a discussion of truly preventive regulations with respect to adult-child ratios, group size, and space, please refer to Appendix #1.

Throughout the meetings it was repeatedly expressed by operators of both public and private day care centers that meeting expenses of operating a center was becoming increasingly difficult. On the other hand, other committee members pointed out that they view the current regulations as "minimal" and that they represent "little risk" to the operator. A report of the State Department of Health and Mental Hygiene indicated that in the last two years from December, 1971 to October, 1973, 127 centers have closed and 223 new centers have been established. (See Appendix #2).

UNTIL DAY CARE SERVICES ARE ADEQUATELY FUNDED, OPTIMAL REGULATIONS WILL CONTINUE TO BE DEBATED AND OPTIMUM QUALITY DAY CARE FOR ALL CHILDREN WILL REMAIN AN IDEAL.

C. Child's Right to Care

It is the birthright of every child to have the best possible health care, education, and vocational opportunity to enable the child to live a full life consistent with individual ability and potential. The declaration of children's rights as they appeared in the Children's Charter of 1930 are as follows: (1) the right to be wanted; (2) the right to be healthy; (3) the right to live in a healthy environment; (4) the right to satisfaction of basic needs; (5) the right to continuous
loving care; (6) the right to acquire intellectual and emotional skills necessary to achieve individual aspirations and to cope effectively in our society. The time has come for society to give priority to the implementation and granting of the rights of children.

One such right of children is the right to quality day care: By day care we mean the care and developmental opportunities which parents select for the children outside of the home for a part of the twenty-four hour day. Quality of services should be the same, regardless of the number of hours, auspice, source of funds, or name of the service (i.e., child developmental center, Head Start, family day care, nursery school, etc.). Such services should be available to all families who seek to use them and to all children who need them.

Day care should be comprehensive, developmental child care, where the child is helped to learn, explore, create, integrate and organize experiences through play and guidance. A quality service should provide: (1) a strong child development program geared to the child's individual needs; (2) adequate nutrition; (3) a health program and health services when needed; (4) an opportunity for social and emotional growth; (5) parent education and participation; and (6) social services as needed by the child and family.

The need for day care services as accelerated primarily due to the increase in the number of working mothers. According to the 1970 census, there are 89,696 working mothers in Maryland with approximately 200,000 children under the age of six.
In addition, 300,000 boys and girls age six to fourteen have working mothers. Licensed day care services in Maryland serve less than 23,000 children. A 1965 Census Bureau Survey found that eight percent of the children of working mothers were being left with no care at all - i.e., the latch key child who lets himself in and out of an empty house, with a key tied around his neck. Since 1966, five counties have enacted legislation which states that no child under seven shall be allowed to be left alone unless he is provided supervision by a reliable person. This action was necessitated by statistics showing that an ever increasing number of children have been killed by fires as a result of being left unattended. Parents generally do not leave their children alone except from desperation - they feel they must work to support the family, rather than being destitute or on welfare; and they cannot afford day care services, or cannot find them.

Also in need of day care services are children and families with handicaps, and children from economically deprived backgrounds, where day care services can supplement the family in meeting its child rearing responsibilities.

D. Format of the Committee

The Day Care Licensing Advisory and Study Committee has met monthly and sometimes twice a month since November 10, 1972.

The officers and members of the Committee are:

Ms. Nancy Goldsmith, Chairperson, Head Start Bi-State Training Office, University of Maryland
Dr. Misbah Khan, Alternate Chairperson, Maryland Chapter, American Academy of Pediatrics
Mrs. Jeanette Sorrentino, Secretary, State Department of Education
The Honorable Verda S. Welcome, Parliamentarian, Senate of Maryland
Mrs. Marjorie Teitelbaum, Alternate Parliamentarian, Maryland Community Coordinated Child Care (4-C) Committee
Mrs. Angela Bambace, ILGU
Mrs. Louise Bennett, Parent, Jack & Jill Nursery
Mrs. Evelyn Cavenaugh, Parent
Mrs. Juanita Chase, Social Services Administration
Mrs. Sadie Ginsberg, Concerned Citizen
Mrs. Cynthia A. Herringa, Parent, Maryland Early Childhood Council
Mrs. Mary Kelley, Concerned Citizen
Mrs. Judy King, Parent, Maryland Early Childhood Council
Mrs. Richard Lansburgh, Maryland Committee for Day Care of Children
Dr. J. Brett Lazar, Conference of Local Health Officers
Mrs. Dorothy Mapp, Director, Harvey Johnson Day Care Center
Mr. Raymond McGill, Maryland Early Childhood Council
Mr. John McQuade, C&P Telephone Company
Mr. Arnold L. Osborne, Maryland Early Childhood Council
Mrs. Twana Palimino, Parent, Harvey Johnson Day Care Center
Dr. James Prescott, Maryland Psychological Association
Mrs. Margery L. Prout, Concerned Citizen
Mr. Alan M. Resnick, Delegate to State Legislature
Mrs. Carolyn D. Wynne, Director, Jack & Jill Nursery
Mrs. Susan Strother, Director, Brownie Day Nursery

The following individuals served as resource staff to the Committee:

Miss Jane Beals, Child Day Care Center Coordinator, State Department of Health and Mental Hygiene
Mrs. Margaret Bush, Environmental Health Administration
Mrs. Mary Jane Edlund, Child Day Care Center Coordinator, State Department of Health and Mental Hygiene
Mrs. Marion Persons, Baltimore City Health Department
Mrs. Ethel Spencer, Preventive Medicine Administration, and on occasion, various members of the State Day Care Unit

In order to proceed with making recommendations about the regulations, the Committee felt it was vital to know the views of licensees. A questionnaire was developed and distributed to over 850 licensees of day care centers. The questionnaire was so designed that each licensee had
the opportunity to express an opinion ranging from "disagree strongly" to "agree strongly" on each section of the regulations. In addition, each licensee was encouraged to comment freely on any special concerns.

At such time that 51.4% response was received, the questionnaires were coded and analyzed by the Maryland Center for Health Statistics. A subcommittee was formed to study the questionnaire returns and make subsequent recommendations.

**Questionnaire Subcommittee Members:** Dr. Misbah Khan, Chairperson, Mrs. Juanita Chase, Mrs. Sadie Ginsberg, Mr. Raymon McGill, Mr. Arnold Osborne, Mrs. Jeanette Sorrentino.

**Staff:** Dr. Bettie Rogerson, Dr. Frances Warthen and Mr. Don Daley.

Meanwhile, it had been determined by the Advisory Committee that the best method for addressing areas of concern identified by the Joint Subcommittee on Human and Natural Resources would be to form subcommittees. Each subcommittee would concentrate on a section of the Regulations agreed upon as an area of concern or on other areas of concern.

**Food Services Subcommittee:** Subsequent to study and discussion, the food services sections of the day care regulations were amended and revised in cooperation with the Environmental Health Administration. These have been reviewed by the Regulations Officer of the State Department of Health and Mental Hygiene for processing prior to adoption. A Public Hearing was held on August 30, 1974.
Subcommittee members: Mrs. Evelyn Cavenaugh, Chairperson, Mrs. Mary Kelly, Dr. Brett Lazar, Mr. Raymon McGill, Mrs. Carolyn Wynne.
Staff: Mrs. Margaret Bush, Mrs. Ethel Spencer.

Educational Requirements Subcommittee: This subcommittee was formed to study and make recommendations about those sections of the day care regulations which deal with requirements for directors and senior staff members of day care centers, staff/child ratios, and maximum group sizes.

Sub-committee members: Mrs. Mary Kelley, Chairperson, Mrs. Margery Prout, Co-Chairperson, Mrs. Evelyn Cavenaugh, Mr. Raymon McGill, Mr. Arnold Osborne, Mrs. Jeanette Sorrentino, Mrs. Marjorie Teitelbaum, Mrs. Carolyn Wynne.

Economics Subcommittee: The Economics subcommittee, in grappling with the issues of the cost of day care services, found itself to be understaffed for a study of this magnitude, but has submitted a report with some general recommendations for future study.

Subcommittee members: Mr. John McQuade, Chairperson, Mrs. Juanita Chase, Mrs. Sadie Ginsberg, Dr. Misbah Khan, Mr. Raymon McGill, Mr. Arnold Osborne, Dr. James Prescott, Mrs. Susan Strother.
Staff: Mrs. Marion Persons

Handbook Subcommittee: It was agreed upon by the Advisory Committee that a handbook, or manual, to accompany the Regulations would help to effect equal and just enforcement. The Handbook Subcommittee has committed itself to assisting the staff of the Department in developing this important tool for public education, for standardization of licensing procedures, and for the licensees' right to know what happens in the licensing process.
Subcommittee members: Dr. Brett Lazar, Chairperson, Mrs. Evelyn Cavenaugh, Mr. Arnold Osborne.

Staff: Mrs. Mary Jane Edlund.

Preventive Health Care Subcommittee: This subcommittee was charged with studying the possibilities for delivery of comprehensive preventive health care to children in day care centers.

Subcommittee members: Dr. Misbah Khan, Dr. Brett Lazar, Dr. James Prescott.

Executive Committee: The Executive Committee operated as a subcommittee. In addition to planning meetings, it prepared drafts of those sections of the regulations not dealt with by other subcommittees. It also developed the Introduction to the Report (I); Section II, III-E, V, VI, VI B-1-4, and VI C.

Executive Committee members: Ms. Nancy Goldsmith, Dr. Misbah Khan, Mrs. Jeanette Sorrentino, Mrs. Marjorie Teitelbaum, Mrs. Verda Welcome.

Staff: Miss Jane Beals, Mrs. Mary Jane Edlund.

The major working documents of the Committee were: Report of the Joint Subcommittee on Human and Natural Resources; Guide for Day Care Licensing (HEW, Office of Child Development); Questionnaire Subcommittee Report; the licensing requirements of other states; Group Day Care Licensing Report, December, 1973; and 10.02.01, Regulations Governing Group Day Care Centers.

II. CLARIFICATION OF LAWS

A fundamental problem related to the charges given to the Advisory Committee is the urgent need for clarification of the laws, covered in
the Articles in the Annotated Code of Maryland and its Supplements, which govern programs for young children. Such programs are currently regulated by three State agencies, each using its own set of standards or regulations:

A. According to Article 77 of the Annotated Code of Maryland, non-public schools and kindergartens must comply with Bylaw 912:2, Maryland Standards for Non-public Nursery Schools and Kindergartens enforced by the Maryland State Department of Education unless exempted on religious grounds.

B. According to Article 43 of the Annotated Code of Maryland, group day care centers must comply with 10.02.01, Regulations Governing Group Day Care Centers enforced by the Maryland State Department of Health and Mental Hygiene through local health departments.

C. According to Article 88A of the Annotated Code of Maryland certain kinds of child care institutions such as family day care homes and publicly funded day care centers must comply with Rule 600 enforced by the State Department of Employment and Social Services.

Until such time that the issue of clarification of laws is resolved, programs for young children will be subject to fragmented regulations which will adversely affect the lives of children and perpetuate the general confusion.

III. RECOMMENDATIONS FOR CHANGES IN 10.02.01, REGULATIONS GOVERNING GROUP DAY CARE CENTERS

In discharging its responsibility "to assist and advise the Department of Health and Mental Hygiene in an on-going reassessment of regulations," the Day Care Licensing Advisory and Study Committee proposes the following changes to 10.02.01, Regulations Governing Group Day Care Centers:
Please note that recommended changes in regulations are in capital letters with the exception of the new proposed Food Service regulations and new immunization regulations. Omissions will be indicated in brackets. The regulations are presented here in order in which they were taken up by the Committee. Approval and date of approval by the Committee is indicated in the margins.

Approved 12-13-73

A. Kitchen Facilities

These sections of the regulations have been submitted to the Secretary and there has been a public hearing, August 30, 1974. See Appendix #3.

Approved 6-6-74

B. Square footage requirements

A minimum of thirty-five (35) square feet of usable floor space shall be provided for each child. THE SPACE SHALL BE DETERMINED BY MEASURING THE TOTAL INSIDE SQUARE FOOTAGE OF FLOOR SPACE exclusive of corridors, kitchens, bathrooms, offices, isolation rooms, storage space, and permanent sleeping space AND DIVIDING THE TOTAL AMOUNT OF INSIDE SQUARE FOOTAGE OF USABLE FLOOR SPACE BY THIRTY-FIVE (35). Minimum space may include non-fixed children's chairs, tables and play equipment.

Approved 6-20-74

C. Adult child ratios and maximum group sizes

No change recommended.

Group size and staffing. For two year old children, there shall be a staff child ratio of one (1) STAFF MEMBER to every six (6) children. No group shall exceed twelve (12) children.

For three and four year old children there shall be a staff child ratio of one (1) STAFF MEMBER to every ten (10) children. No group shall exceed twenty (20) children.

For five year old children, there shall be a staff child ratio of one (1) STAFF MEMBER to every thirteen (13) children. No group shall exceed twenty-six (26) children.

Children of mixed ages may be placed in groups. The size of a mixed group shall not exceed twenty (20) children and there shall be a minimum of two (2) staff members.

If more than four (4) two year old children are placed in a mixed group, one additional staff member shall be required.
When a center is in operation on a full day basis, a staffing pattern shall be submitted to the local health officer for the purpose of determining appropriate staff in relation to the daily schedule.

Approved 
8-1-74

D. Educational Requirements

In centers licensed prior to DECEMBER 1, 1971, the director and senior staff member shall be at least twenty-one (21) years of age. In addition, they shall meet the following qualifications within (3) years:

1. Shall have graduated from high school or shall have obtained an approved certificate of high school equivalence OR SHALL HAVE SUCCESSFULLY COMPLETED COURSES FOR CREDIT IN AN ACCREDITED INSTITUTION OF HIGHER LEARNING,

2. Shall have completed at least sixty-four (64) classroom hours in early childhood education specifically directed to the needs of children, ages two to six, and

3. Shall indicate an intent to continue training.

OR

1. SHALL BE AT LEAST TWENTY-ONE (21) YEARS OF AGE,

2. SHALL HAVE ACHIEVED A STATE APPROVED, COMPETENCY CERTIFICATE FOR EARLY CHILDHOOD PROGRAMS, AND

3. SHALL INDICATE AN INTENT TO CONTINUE TRAINING.

In centers licensed after the promulgation of these regulations, the qualifications of the director shall depend upon the number of children for which the center is licensed.

Approved 
8-1-74

Directors in centers licensed for five (5) to twenty (20) children:

1. Shall be at least twenty-one (21) years of age,
2. Shall have graduated from high school or shall have obtained an approved certificate of high school equivalence OR SHALL HAVE SUCCESSFULLY COMPLETED COURSES FOR CREDIT IN AN ACCREDITED INSTITUTION OF HIGHER LEARNING,

3. Shall have completed at least sixty-four (64) classroom hours in early childhood education specifically directed to the needs of children, ages two to six, and

4. SHALL HAVE HAD ONE (1) YEAR OF EXPERIENCE UNDER SUPERVISION IN A LICENSED EARLY CHILDHOOD PROGRAM, AND

5. Shall indicate an intent to continue training

   OR

1. SHALL BE AT LEAST 21 YEARS OF AGE.

2. SHALL HAVE ACHIEVED A STATE-APPROVED, COMPETENCY CERTIFICATE FOR EARLY CHILDHOOD PROGRAMS, AND

3. SHALL INDICATE AN INTENT TO CONTINUE TRAINING.

Approved .92 [Program] Directors in centers licensed for twenty-one (21) to forty (40) children:

1. Shall be at least twenty-one (21) years of age,

2. Shall have achieved a minimum of two (2) years of college credit from an accredited college or university,

3. Shall have completed at least sixty-four (64) classroom hours in early childhood education specifically directed to the needs of children, ages two to six,

4. SHALL HAVE HAD TWO (2) YEARS OF EXPERIENCE UNDER SUPERVISION IN A LICENSED EARLY CHILDHOOD PROGRAM, AND

5. Shall indicate an intent to continue training.

   OR

1. SHALL BE AT LEAST TWENTY-ONE (21) YEARS OF AGE,
2. SHALL HAVE ACHIEVED A STATE APPROVED, COMPETENCY CERTIFICATE FOR EARLY CHILDHOOD PROGRAMS, AND

3. SHALL INDICATE AN INTENT TO CONTINUE TRAINING.

Approved .93 (Program) Directors in centers licensed for more than forty (40) children:

1. Shall be at least twenty-one (21) years of age,

2. Shall be a graduate of an accredited four year college or university,

3. Shall have specialized or be specializing in early childhood education, nursery-kindergarten education, or child development. This individual shall have had at least two (2) years of teaching experience in pre-primary education, and shall have demonstrated ability to work with parents and other adults in the community as well.

OR

1. Shall be at least twenty-one (21) years of age,

2. Shall be a graduate of a four (4) year college or university,

3. Shall have had previous teaching experience UNDER SUPERVISION IN A LICENSED EARLY CHILDHOOD PROGRAM,

4. Shall have completed sixty-four (64) classroom hours in early childhood education specifically directed to the needs of children, ages two to six, and shall have demonstrated ability to work with parents and other adults in the community, and

5. Shall indicate an intent to continue training

OR

1. SHALL BE AT LEAST TWENTY-ONE (21) YEARS OF AGE,

2. SHALL HAVE ACHIEVED A STATE APPROVED, COMPETENCY CERTIFICATE FOR EARLY CHILDHOOD PROGRAMS, AND

3. SHALL INDICATE AN INTENT TO CONTINUE TRAINING.
Senior Staff Members. A staff member in charge of single groups, working under the supervision of a program director:

1. Shall be at least twenty-one (21) years of age,
2. Shall have graduated from high school or shall have obtained an approved certificate of high school equivalence, OR SHALL HAVE SUCCESSFULLY COMPLETED COURSES FOR CREDIT IN AN ACCREDITED INSTITUTION OF HIGHER LEARNING,
3. Shall have completed at least sixty-four (64) classroom hours in early childhood education, beyond high school, which are specifically directed to the needs of children ages two to six,
4. SHALL HAVE HAD ONE (1) YEAR OF EXPERIENCE UNDER SUPERVISION IN A LICENSED EARLY CHILDHOOD PROGRAM, OR SHALL HAVE SUCCESSFULLY COMPLETED ONE (1) YEAR OF STUDY IN AN ACCREDITED INSTITUTION OF HIGHER LEARNING, AND
5. Shall indicate an intent to continue training

OR

1. SHALL BE AT LEAST TWENTY-ONE (21) YEARS OF AGE,
2. SHALL HAVE ACHIEVED A STATE APPROVED, COMPETENCY CERTIFICATE FOR EARLY CHILDHOOD PROGRAMS, AND
3. SHALL INDICATE AN INTENT TO CONTINUE TRAINING.

Approved .95 Staff Aides. Staff aides shall be at least sixteen (16) years of age, and shall work directly under the supervision of a senior staff member. This person shall not assume responsibility for a group of children, except on a temporary basis for activities specified by the program director/SENIOR STAFF MEMBER AND/OR THE DIRECTOR. Participation in training opportunities shall be required.

Approved .96 Other Personnel. It shall be the responsibility of the licensee AND/OR THE DIRECTOR to provide sufficient personnel for food preparation and service, housekeeping, transportation, clerical, and other duties not involving direct supervision of children.

Approved .97 Substitutes. [An adequate plan for substitutes for all absent personnel shall be maintained]. IT SHALL BE THE RESPONSIBILITY OF THE LICENSEE AND/OR DIRECTOR TO EMPLOY SUBSTITUTES WHEN
REGULAR STAFF MEMBERS ARE ABSENT. EVERY EFFORT SHALL BE MADE TO PROVIDE SUBSTITUTES WHO MEET THE QUALIFICATIONS REQUIRED OF THE ABSENT STAFF MEMBER, PARTICULARLY IN CASES WHERE A SUBSTITUTE IS NEEDED FOR LONGER THAN A TWO WEEK PERIOD.

Approved 6-6-74  
Number of Staff. A [Program]DIRECTOR OR OTHER STAFF MEMBER MEETING THE REQUIREMENTS FOR senior staff member shall be in attendance at all times. AT ANY TIME WHEN ONLY ONE STAFF MEMBER IS PRESENT IN A CENTER, THERE MUST BE AN ADDITIONAL ADULT (shall be) IMMEDIATELY AVAILABLE (to each center when children are present) AT ALL TIMES.

In addition to the educational requirements for staff, the Education Subcommittee studied the definitions and Sections .14, .15, .28, .29, .87, and .88.

Approved 7-10-74  
"GROUP DAY CARE center". A group day care center (means] is an agency or institution offering (or supplying) group day care to five (5) or more children who have not the same parentage, for a portion or all of a day and on regular schedule more than once a week. GROUP DAY CARE CENTER SHALL HEREIN AFTER BE REFERRED TO AS "CENTER".

Approved 7-10-74  
"Licensee" means any person or agency who establishes, conducts and maintains a center and is responsible for the total operation of a center and for compliance with all regulations.

Approved 7-10-74  
"License" means that certificate or document which gives permission to establish, maintain, conduct and operate a center.

Approved 7-10-74  
"Local Health Officer" means the Deputy State Health Officer in the county of licensure or the Commissioner of Health in Baltimore City and may include his authorized representative.

Approved 6-6-74  
[Program]Director means that person in a center who is responsible for planning and supervising the children's program.

Approved 7-10-74  
"Senior Staff Member" means that person in charge of a single group of children and working under direction of the [Program] director.

Approved 7-10-74  
"Approved" means in satisfactory compliance with practice acceptable to the local health officer, or other appropriate authority designated by law to give approval in the matter in question.
"SECRETARY" means the State Commissioner of Health and Mental Hygiene charged with revoking and suspending licenses and may include his designees.

"Hearing Officer" means the Secretary of Health and Mental Hygiene or an authorized representative so designated by his office.

Exemptions as provided for in Sections .24A, .28 and .89 are intended solely for the benefit of those centers licensed prior to the effective date of these regulations and are not intended for, nor shall they apply to, their successors and assigns. Any additions and changes shall meet current regulations.

Capacity of Center. The number of children cared for at any one time in any center shall be determined in accordance with criteria established in these regulations affecting space, staff, equipment and ages of children enrolled.

In centers licensed prior to the promulgation of these regulations, a minimum of thirty (30) square feet of usable floor space shall be provided for each child, subject to the conditions stated in Section .27.

Ventilation by natural or mechanical means shall be provided and approved.

Qualifications of Personnel. The licensee of each center shall provide for staff with qualifications as stated in these regulations and in sufficient number to provide adequate service and supervision at all times.

Program Director. Each center shall have a program director. This individual shall have responsibility for one center.

E. Recommended changes in 10.02.01 drafted by the Executive Committee

10.02.01 REGULATIONS GOVERNING GROUP DAY CARE CENTERS

Pursuant to authority conferred by the Annotated Code of Maryland, 1957 Edition, and 1971 Supplement, the following regulations governing group day care centers for children in Maryland are hereby established as minimum requirements of the Secretary of Health and Mental Hygiene.

PREFACE

The State Department of Health and Mental Hygiene recognizes the following regulations as minimal to the well being and development of children in group day care centers throughout Maryland. It declares its intent to periodically review and evaluate the conditions under which children receive care outside of their own homes and to continue to regulate these conditions.
A LICENSE TO OPERATE A GROUP DAY CARE CENTER IS REQUIRED UNLESS AN OUT OF HOME CHILD CARE, RECREATIONAL OR EDUCATIONAL ACTIVITY IS REGULATED OR EXEMPT FROM REGULATION BY ANOTHER AGENCY OR ADMINISTRATION OF THE STATE.

LICENSING POLICY AND PROCEDURE

.10 Application for License. A person desiring to qualify as a licensee of a center shall obtain an application from the local health officer. The application shall be on a standardized form. Plans and specifications for a new center, or for alterations of an existing center; STAFF/QUALIFICATIONS AND PLAN FOR STAFFING; AND A PROGRAM PLAN FOR THE CHILDREN ALSO shall accompany the application. The applicant shall return to the local health officer the application, duly notarized, with approval where applicable, from the appropriate authorities showing compliance of the premises with zoning, building, and fire regulations and codes as required.

.11 Investigation of Application. The local health officer or his duly authorized representative shall interview the prospective licensee and shall inspect the proposed facility.

.12 Issuance of License. When the local health officer is satisfied that the provisions of these regulations have been met, a license to operate a center shall be issued.

.13 Conditions and Limitations of License. A license automatically expires one year after issue. The renewal procedure for such license shall include a reinspection and re-evaluation of the center by the local health officer, and shall be subject to current regulations except as hereinafter provided. The license shall be kept posted in a conspicuous place on the premises to which it applies. The license shall not be transferable nor assignable from place to place or person to person. The local health officer shall be notified of any change of ownership, and the new owner shall apply to the local health officer for a new license. A separate license is required for centers conducted in separate locations, even though under the same management.

.16 Suspension and Revocation of License. For failure of a licensee to comply with these regulations, a license may be revoked or suspended by the Commissioner SECRETARY after a hearing. For serious or repeated violations of any of the requirements of these regulations, or for interference with the local health officer in the performance of his duties, a license may be permanently revoked after an opportunity for a hearing has been provided by the Commissioner SECRETARY. Prior to such action the Commissioner SECRETARY or the local health officer shall notify the licensee in writing, setting out the reasons for such action and advising the licensee that his license shall be permanently revoked at the end of five days following service of such notice, unless a request for a hearing is filed with the Commissioner SECRETARY by the licensee within such five day period.
For other causes which seriously threaten the health, welfare and security of the children, the [Commissioner] SECRETARY or the local health officer may petition the courts for an injunction to forbid further operation of a center during the period prior to the public hearing under circumstances set forth in Article 43, Section 712 (b) of the Annotated Code of Maryland.

.17 Title Appeals. Any person aggrieved by a refusal to issue a license, by a revocation or suspension of a license, or by any other action of a local health officer or the [Commissioner] SECRETARY of the State Department of Health AND MENTAL HYGIENE may take such appeal as may be provided by statute.

ADMISSION POLICIES

.18 Minimum Age. No child under twenty-four (24) months of age shall be admitted to a center without prior approval of the local health officer.

.19 Admission of Children Requiring Special Care. A child with a mental or physical condition requiring special care shall be admitted to a center only upon prior approval from the local health officer.

PHYSICAL PLANT

.20 Location. The premises on which a center is operated shall be serviced by a good road, which is passable at all times the center is in operation, and shall be accessible to emergency vehicles.

.21 Communication. There shall be at least one (1) telephone, not a pay station or locked telephone, in the building, and such additional telephones or extensions as may be required to summon help promptly in case of fire or other emergencies.

.22 Building. Any building to be used for a center shall be of sound construction, and shall be maintained in good repair. All interior paint and that exterior paint accessible to children shall have a lead content not in excess of 1% of the total contained solids.

.23 No basement room located entirely below ground level shall be used for the care of children.

.24 A basement room having the uppermost three (3) feet of the required clear inner height above the outside ground level may be used provided:
A. Clear inner height shall be at least seven feet six inches. IN CENTERS LICENSED PRIOR TO THE PROMULGATION OF THESE REGULATIONS, A CLEAR INNER HEIGHT OF NO LESS THAN SEVEN (7) FEET IS ACCEPTABLE UNLESS LOCAL BUILDING CODES Dictate OTHERWISE.

B. The heating system shall keep floor warm.

C. There shall be no indication of dampness.

D. The room shall meet the requirements for ventilation as stated in these regulations.

E. The room shall meet the State, and where applicable, local fire codes.

.25 Playground. Each center shall have an outdoor playground providing ample play space which shall be free from hazards. Such a playground shall be appropriately equipped and readily accessible to the center. Fencing of the outdoor play area shall be provided when deemed necessary by the local health officer.

.26 Fire Control. Provision shall be made for adequate fire control equipment AND fire escapes (and evacuation of children) in case of fire or other emergency. The building shall conform to State and where applicable, local fire codes. A PLAN FOR EVACUATION AND ORIENTATION OF CHILDREN AND STAFF IN CASE OF FIRE AND OTHER EMERGENCY SHALL BE MAINTAINED.

SAFETY AND SANITATION

.30 Safety. Safety precautions, as follows, shall be instituted and maintained:

A. Stairways and hallways shall be kept free of obstructions and shall be well lighted.

B. Petroleum and flammable products shall be stored in an approved manner.

C. Drugs, cleaning agents, pesticides, and poisonous products shall be stored apart from food and out of reach of children and shall only be used in such manner as to insure safety of children.

Sanitary Facilities

.31 Drinking Water. Drinking water shall be easily accessible to the
children, and shall be provided by either an angle jet drinking fountain with mouthguard or by a running water supply with individual single service drinking cups. One (1) such drinking water facility shall be available for each forty (40) children or less. Such facility shall not be located in a toilet room.

.32 Toilet and Washbowl. A minimum of one (1) toilet and one (1) washbowl shall be provided for each fifteen (15) or fraction of that number of children. The washbowl shall be in proximity to each toilet, and shall be equipped with hot and cold running water. Toilet seats shall be the open front type. The fixtures shall be of such height that they may be used by the children without assistance. CHILDREN MAY USE PLATFORMS TO REACH FIXTURES PROVIDING THE PLATFORMS ARE SAFE AND KEPT IN SANITARY CONDITION. The floor in each toilet room shall have water-resistant, non-absorbent finish, and the walls shall be smoothly finished with a hard surface. Each toilet room shall be equipped with approved natural or mechanical ventilation.

.33 Supplies. Individual paper towels, a trash receptacle, soap, and toilet paper shall be provided at all times, and shall be placed within the reach of children. No drinking cups, towels, face cloths, brushes or combs shall be used in common.

.34 Soiled Linen. All soiled reusable diapers and clothing shall be immediately rinsed in water and put in a covered receptacle. All soiled disposable diapers shall be disposed of in an approved manner.

.35 General Cleaning. General cleaning SHALL BE CONDUCTED REGULARLY INCLUDING DAILY SWEEPING, DUSTING AND WET MOPPING THROUGHOUT THE CENTER. HEAVY cleaning maintenance shall not be conducted while rooms are occupied by the children.

Sanitation

.36 Sewage Disposal. Sewage disposal shall comply with regulations promulgated by the Secretary of Health and Mental Hygiene.

.37 Water Supply. The water supply system shall comply with regulations promulgated by the Secretary of Health and Mental Hygiene. The water shall be of safe and sanitary quality.

.38 Plumbing. All plumbing and plumbing fixtures shall conform to all applicable State and local codes.

.39 Garbage and Refuse. Garbage and refuse shall be stored and disposed of in an approved manner.
.40 Swimming or Bathing Facilities. Any swimming or bathing facilities used by any center shall conform with sanitary standards prescribed by the Department of Health and Mental Hygiene in 10.03.29 Regulations Governing Public Swimming Pools and Bathing Beaches.

.41 Heating Units. Heating units must meet the State, and where applicable, local fire codes, and must be adequate to maintain an even temperature of between 68°F [20°C] and 70°F [21°C] floor level when the outside temperature is 0°F [-18°C].

.42 Portable space heaters are prohibited.

.43 Chimneys, flues, and pipes connected with the heating units shall be checked and cleaned annually, and shall be maintained in proper operating condition at all times.

.44 All steam pipes shall be covered with insulating materials approved under all applicable codes.

.45 The fuel supply shall be handled according to the regulations of the State Fire Code and, where applicable, local fire codes. If coal is used, ashes shall be stored in fireproof containers pending disposal.

Gas and Electric Appliances.

.46 All gas appliances shall be connected by approved methods.

.47 All unused gas connections shall be removed or properly capped in an approved manner.

.48 All wiring shall conform to all applicable electrical codes.

.49 Lighting. Each room used for children's activities shall be provided with sufficient artificial lighting so that the combined natural and artificial light will provide illumination of at least [15] TWENTY (20) foot candles at play surfaces at all times when the day care center is in operation, and at least [10] FIFTEEN (15) foot candles on all stairways and corridors. Glare shall be kept at a minimum by:

A. Providing shades at all windows exposed to direct sunlight.

B. Using lighting fixtures designed so that bare lamps or tubes are shielded at normal viewing angles.

.50 Insects and Rodents. All buildings used for day care shall be maintained free of insects and rodents. Control measures shall be maintained to prevent rodent and insect infestation. All control measures shall be by approved methods.
FOOD SERVICE See Appendix #3

[HEALTH PROGRAM]

1. Personal Hygiene. The staff members shall wash hands thoroughly after handling wet or soiled diapers and clothing, and after toileting children.

Children shall wash hands after toileting, before meals and snacks and after handling pets.

NUTRITION AND FOOD SERVICE AFFECTING CHILDREN

2. Nutrition and Food Service. A variety of foods and snacks, which appeal to children and which meet children's daily nutritional needs shall be planned and provided. Meals and/or snacks shall be served at intervals of not more than three (3) hours apart. Snacks shall be planned as supplements to meals.

<table>
<thead>
<tr>
<th>Hours at Center</th>
<th>Minimum Meals and/or Snacks</th>
<th>Proportion of Total Nutritional Daily Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 hours or less</td>
<td>1 snack</td>
<td>Dependent on age</td>
</tr>
<tr>
<td>5-7 hours</td>
<td>1 meal and 1 snack</td>
<td>1/3-1/2</td>
</tr>
<tr>
<td>8 hours or more</td>
<td>1 meal and 2 snacks or 2 meals and 1 snack</td>
<td>2/3</td>
</tr>
</tbody>
</table>

3. Current menus for all meals and snacks served shall be posted in a conspicuous place and made available to parents on request. Menus as served shall be kept on file for a four (4) week period.

4. Children shall be served in a manner commensurate with their age using appropriate dishes and eating utensils.

5. Meals to fulfill the needs of modified diets required for medical conditions shall be provided when a written diet prescription signed by a physician and a copy of the modified diet are included in the child's health record. This child shall be included in all food related learning and social activities.

[HEALTH REGULATIONS] PROGRAM AFFECTING STAFF

6. Pre-employment Medical Examination. Each staff member shall have a pre-employment medical examination and FURNISH CERTIFICATION THAT HE IS FREE OF TUBERCULOSIS IN A COMMUNICABLE STAGE. The report of the examination shall include the physician's statement that the individual is physically able to perform the duties for which he is employed.

[Annotation: Each staff member should have an annual medical examination.]
PERIODIC TUBERCULOSIS EXAMINATION. BEFORE EMPLOYMENT IN A CENTER AND AT INTERVALS DESIGNATED BY THE LOCAL HEALTH OFFICER, EACH ADULT IN CONTACT WITH THE CHILDREN SHALL FURNISH CERTIFICATION THAT HE IS FREE OF TUBERCULOSIS IN A COMMUNICABLE STAGE. THIS CERTIFICATION SHALL BE BASED ON RESULTS OF SPECIFIC TESTS. THE TYPES OF TESTS AND INTERVALS BETWEEN THESE TESTS SHALL BE PRESCRIBED BY THE LOCAL HEALTH OFFICER AND SHALL CONFORM TO STANDARDS OF THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. THE REPORT ON EACH EXAMINATION SHALL BE SUBMITTED PROMPTLY TO THE LOCAL HEALTH OFFICER AND RETURNED TO THE PERSON IN CHARGE OF THE DAY CARE CENTER.

Health Information. Each director, staff member, volunteer, substitute, participating parent, and member of the household who is in contact with the children enrolled in the center, shall upon request furnish such information, permit such examination, or x-rays and submit such laboratory specimens as the local health officer may require for purpose of determining freedom from disease or condition hazardous to the children.

Communicable Disease. Staff personnel with evidence of communicable disease in a communicable stage or form shall not be permitted to work at the center during the period of communicability.

HANDWASHING. The staff members shall wash hands thoroughly with SOAP AND RUNNING WATER after handling wet or soiled diapers and clothing, after toileting children AND BEFORE MEALS.

HEALTH REGULATIONS PROGRAM AFFECTING CHILDREN

Medical Examination. No child UNDER SIX(6) YEARS OF AGE shall be admitted without a written report of medical examination completed within not more than three (3) months prior to admission to a center, unless such a report has been submitted on a previous admission within one year. The report shall be made on a standardized form supplied by the Health Department.

Immunizations. Immunizations are required prior to admission to a center.

A. Before admission to a center, evidence shall be furnished of primary immunizations against diptheria, tetanus, pertussis, poliomyelitis, measles (rubeola) and rubella (German Measles) in a manner approved by the Deputy State Health Officer; and any other immunizations deemed necessary by the Secretary of Health and Mental Hygiene and in conformance with 10.02.20, Regulations Governing Required Immunizations Prior to Entry Into a Maryland School. Such immunization will be in accordance with the current schedule of immunizations recommended by the Maryland Steering Committee on Immunization.
Practices of the Medical and Chirurgical Faculty of Maryland. Exception may be made for a period of 90 days in the case of a child whose parent or guardian indicates that his child is in the process of complying with these regulations and furnishes evidence of further compliance after enrollment in a center or within a reasonable length of time that is consistent with the current schedule of immunizations.

B. Medical Contraindications. Immunization requirements shall not apply to any child who presents a written statement from a licensed physician or a Deputy State Health Officer indicating that immunization against any or all of the above mentioned diseases is considered medically contraindicated, detrimental to, or not in the best interest of, the child's health. The statement shall indicate whether the contraindication is permanent or temporary. If temporary, the statement shall provide assurance that the child will receive the immunization(s) and furnish evidence of their completion.

C. Religious Conflict. Any parent or guardian who presents a written statement of objection to immunizations upon the grounds that they conflict with the tenets or practices of a recognized church or religious denomination of which he is a member, shall not be required to present a physician's certificate of immunization. This exception will not apply in case of an emergency or epidemic of disease which is declared by the Secretary of Health and Mental Hygiene.

D. Vaccine Provision. If for any reason a parent or guardian is not able to obtain the service of a private physician he may take his child to the Local Health Department where such immunizations will be provided.

Physician Services. Every operator shall select and make an arrangement with a licensed physician, preferably one experienced in the needs and care of young children, to serve as a consultant in matters of medical care and/or to provide service in an emergency. The name, address, and telephone number of the consultant physician shall be posted near each telephone. Immediately following the appointment of such physician, the operator of the center shall file with the local health officer the name and address of such physician.

Daily Health Observation. The staff shall be responsible for observing each child daily for signs and symptoms of illness.
HANDWASHING. CHILDREN SHALL WASH HANDS WITH SOAP AND RUNNING WATER after toileting, before meals and snacks and after handling pets.

.74 Isolation. Temporary isolation in a suitably equipped separate area, within sight and hearing of an adult shall be provided for a child showing signs or symptoms of illness. Parents, guardians, or other designated persons shall be contacted immediately.

.75 Exclusion for Communicable Disease. No child having a diagnosed communicable disease or signs and symptoms of a communicable disease shall remain in or return to a center until THE CHILD IS WELL AND the regulations for communicable disease of the Maryland State Department of Health and Mental Hygiene RECOMMENDATIONS FOR CONTROL AND PROVISIONS OF COMMUNICABLE DISEASES have been met.

.76 Reporting. The licensee of a center having under his care a child who appears to be affected with a reportable disease or a child who has been exposed to such a disease shall immediately report such individual to the Local Health Department according to the regulations of the Department of Health and Mental Hygiene RECOMMENDATIONS FOR CONTROL AND PROVISION OF COMMUNICABLE DISEASES.

.77 Readmission after Illness. Absence from the center for more than five (5) consecutive operating days due to illness, shall require a PARENT'S WRITTEN STATEMENT OR A physician's certificate of freedom from illness before the child is readmitted to the center.

.78 Attendance at periodic workshops dealing with first aid emergency procedures shall be required of directors, or designated staff members.

First Aid. TRAINING IN BASIC FIRST AID EMERGENCY PROCEDURES APPROVED BY THE AMERICAN RED CROSS, SHALL BE REQUIRED OF DIRECTORS OR DESIGNATED STAFF MEMBERS. AN INDIVIDUAL WITH THIS TRAINING SHALL BE IN DAILY ATTENDANCE.

.80 First aid by staff shall be limited to that necessary to preserve life or prevent further immediate damage, AND SHALL BE ADMINISTERED WITHIN THE BOUNDARIES OF FIRST AID TRAINING.

.79 Every center shall have first aid supplies as designated by the center's physician OR BY THE SECRETARY OR HIS DEPUTY for the treatment of minor injuries.

.81 Emergency Plan. The licensee shall be responsible for instructing the center staff in emergency procedure. FOR EACH CHILD, the center shall maintain the following readily accessible written information PERTINENT TO AN EMERGENCY PLAN:
A. where the parent can be reached,
B. where a responsible adult designated by the
   parents can be reached,
C. the child's physician and phone number
D. the center's physician and phone number
E. A SOURCE OF EMERGENCY HEALTH SERVICES ACCEPTABLE
   TO PARENTS WITH WRITTEN PARENTAL AGREEMENT FOR
   ITS USE.

.82 Medication. Oral medication may be given to children in a center
only upon the written prescription of a registered physician.
There shall be no stock or patent medication of any kind. All
medications shall be properly labeled, and shall be stored in
locked cabinets.

.83 Injurious Treatment. No child shall be subjected to treatment
injurious to his physical or emotional health by a staff member.

.84 Rest Periods. Provision shall be made for periods of rest
appropriate to the age and activity of each child.

.85 Individual cots and bedding shall be provided for each child
under six when time spent at the center exceeds four (4) hours.

.86 Cots provided for children's naps shall be placed not less
than three (3) feet apart if located head to head, or not less
than one and a half (1 1/2) feet apart if the head and foot
of the cots are alternated. No double decker beds shall be
used.

PARENTS

PARENTS AND LEGAL GUARDIANS. PARENTS AND LEGAL GUARDIANS OF
CHILDREN ENROLLED SHALL BE PROVIDED WITH 10.02.01, REGULATIONS
GOVERNING GROUP DAY CARE CENTERS.

ANNOTATION: PARENTS AND LEGAL GUARDIANS MAY REGISTER COMPLAINTS
CONCERNING DAY CARE SERVICES WITH THE HEALTH OFFICER IN THE
JURISDICTION OF LICENSURE AND/OR WITH THE SECRETARY OF HEALTH
AND MENTAL HYGIENE.

PROGRAM

.103 Planned Program. There shall be [an arrangement] A PLAN for daily
activities appropriate to the ages and needs of the children
enrolled in the center. Such a program shall include SELF-
SELECTED activities which foster sound social, intellectual,
emotional and physical growth. THIS PLAN SHALL BE SUBMITTED IN
WRITING AS PART OF THE APPLICATION REQUIRED FOR A LICENSE.
.104 The daily activities shall provide alternate active and quiet periods.

.105 Children shall be provided with opportunities for individual and small group activities.

.106 A VARIETY OF CREATIVE EXPERIENCES SHALL BE PROVIDED THROUGH MEDIA SUCH AS LANGUAGE ART, MUSIC, ART AND SCIENCE, USING SUCH MATERIALS AS BOOKS, BLOCKS AND DRAMATIC PLAY EQUIPMENT.

Creative experiences shall be provided through art, language, music, books, stories, science, cooking, blocks, and dramatic play; with sufficient time, materials, equipment, and opportunities for these activities.

.107 Outdoor Play. Morning and afternoon periods of outdoor play shall be provided for all children, except in extremely inclement weather.

.108 Clothing. Sufficient and suitable SAFE AND COMFORTABLE clothing shall be required for each child.

.109 Snacktime and mealtime shall be planned to provide learning experiences and promote SOCIAI DEVELOPMENT AS WELL AS FOSTER positive attitudes toward food and eating.

EQUIPMENT

.110 General. Equipment shall be provided in sufficient quantity, and of a variety, size, and design appropriate to the child's developmental needs. All equipment shall be safely constructed, easy to clean, and if painted, shall have a lead content not in excess of 1% of the total contained solids.

.111 Basic play equipment as follows shall be provided and shall be easily accessible FOR CHOICE BY CHILDREN:

A. Materials for dramatic play, to provide opportunities for activities in the areas of housekeeping, transportation, and community roles.

B. Materials for CREATIVE PLAY, and experimentation, to be placed at a convenient height and on open shelves accessible to children TO PROVIDE OPPORTUNITIES IN:

   ART materials such as paint, clay, chalk, crayons, large sheets of newsprint, construction paper, scissors, paste, etc.
MUSIC AND rhythm instruments such as drums, bells, tambourines, etc.

SCIENCE AND NATURE materials such as terrarium, seed bed, thermometer, measuring instruments, magnifying glass, etc.

Natural materials such as sand, water, wood, etc.

C. Sufficient Unit blocks of regulation size plus block building accessories of appropriate size such as animals, human figures [cars and trucks], TRANSPORTATION VEHICLES.

D. Adequate A variety of appropriate books, table blocks, games, SMALL MANIPULATIVE MATERIALS, and puzzles in varying degrees of complexity.

E. Equipment, indoors and outdoors, appropriate to for vigorous play and large muscle development to include:

- Climbing apparatus such as jungle gym, sturdy large building blocks.
- Balancing apparatus such as saw horses, long and short cleated boards.
- Wheeled toys such as Carts WAGONS, tricycles.
- Digging area with accessories such as shovels, sifters, trucks, large spoons.
- Other items such as rubber tires, rope swing, large pipes.

WOODWORKING AREA WITH MATERIALS SUCH AS HAMMERS, NAILS, VICE, SAWS, SCRAP LUMBER, ETC.

FURNISHINGS

.112 General. Furnishings and storage space shall be provided in sufficient quantity for the number of children in the center. THE NUMBER OF CHILDREN ENROLLED IN THE CENTER SHALL DETERMINE THE QUANTITY OF FURNISHINGS AND STORAGE SPACE. Equipment and furniture shall be arranged so that small groups of children can move safely and easily from one activity to another according to their interests.

.113 All furnishings shall be appropriately scaled to children size. CHILDREN'S FURNISHINGS SHALL BE SCALED TO THEIR SIZE.

A. Tables and Chairs

B. Individual cots FOR CHILDREN UNDER SIX (6) YEARS OF AGE

C. Individual space for children's clothing and possessions
.114 **Storage.** Storage space shall be provided for:

A. Play materials on low open shelves accessible to children

B. Cots and bedding

C. Indoor equipment and supplies not currently in use

D. Movable outdoor equipment

**RECORDS**

.115 The following records shall be maintained and kept available for inspection:

A. **Enrollment.** A record of all children currently enrolled in the center with the names, current addresses, and telephone numbers of the parents or guardians of such children shall be maintained at the center.

B. **Daily Attendance.** A daily record of children in attendance shall be kept. DAILY ATTENDANCE RECORDS SHALL BE KEPT on file for the periods between inspections for licensure.

C. **Staff.** A list of current staff members, their age, education, experience, and function, plus a pre-employment medical record shall be kept on file in the center. A copy of this list shall be provided to the local health officer. Changes in staff shall be reported IMMEDIATELY AS THEY OCCUR in writing to the local health officer.

D. **Substitute list.** The names, addresses, and qualifications of substitutes for various positions shall be kept on file.

E. **Menus.** A projected weekly menu shall be kept on file. Past weekly menus "as served" shall be kept for a four (4) week period.

F. **Staffing Pattern.** A staffing pattern shall be kept on file indicating staff child ratio in relation to the daily schedule.

G. **Child's Personal Record.** Each child's personal record shall be kept on file. This includes:

1. Medical certificate.
2. Record of immunization.
3. Record of illness and accidents.
4. Record of medications dispensed to a child during care and/or modified diet needs.

5. Emergency care plan INCLUDING SOURCE OF EMERGENCY HEALTH SERVICES.

6. Progress Report

Annotation: The Child's Personal Record (DHMH-560) should be forwarded to the child's next placement upon the child's discharge.

INSPECTIONS

.116 Centers to be Open for Inspection. Centers functioning within the purview of these regulations or any premises proposed to be operated in such manner, shall be open to inspection by State or local representatives of, and any agency designated by, the Department of Health and Mental Hygiene.

.117 Frequency of Inspections. Licensee shall be inspected by the State or local representatives of the Department of Health and Mental Hygiene, periodically at reasonable times TO INVESTIGATE THE APPLICATION OF THE LICENSE, ANNUALLY THEREAFTER, AND AT SUCH ADDITIONAL AND REASONABLE TIMES AS DEEMED NECESSARY.

.118 Records and Reports-Inspection. Licensees shall keep such records and make reports as the Department of Health and Mental Hygiene shall prescribe and all such records shall be open to inspection by State or local representatives of the Department of Health and Mental Hygiene.

TITLE PENALTY

.119 In addition to such penalty as is established by Section 712 (b) of Article 43, any person who maintains and operates a group day care center without a license or who violates any provision of the subtitle governing group day care centers or a regulation adopted and promulgated thereunder, if convicted, is guilty of a misdemeanor. Upon conviction thereof, he shall be liable to a fine of not more than $500 for the first offense and not more than $1,000 for any subsequent offense; and each day that a group day care center operates illegally after a first conviction shall be considered a separate offense.

IV. HANDBOOK FOR GROUP DAY CARE CENTER REGULATIONS AND LICENSING

The Committee recommends that the State Department of Health and Mental Hygiene develop, publish and distribute a Handbook for Group Day Care Regulations and Licensing to accompany 10.02.01, Regulations Governing Group Day Care Centers.
The Handbook's purpose is to foster, in a very positive manner, Statewide uniform interpretation, understanding and application of the Regulations.

The Handbook should be designed to help Health Department personnel discharge their licensing responsibilities with equity; to help those persons who wish to operate group day care centers, and licensees of group day care centers understand the reasons for regulations and how to comply with them; and to help parents know the kind of care the State expects to be provided for children.

Such a Handbook should include such items as a description of the regulatory agency and how it is administered; a description of the nature and value of a license; a description of what will happen during the licensing process and afterward; copies of all standardized and working forms; a discussion and explanation of each section of the regulations; and copies of policy statement.

Please refer to Appendix #4 for a draft of the Handbook to date.

V. IMPLEMENTATION AND ENFORCEMENT

"To assist and advise the State Department of Health and Mental Hygiene and its local health departments in the implementation and enforcement of day care regulations", the Day Care Licensing Advisory and Study Committee first reviewed relevant remarks of the Joint Subcommittee on Human and Natural Resources. The Joint Subcommittee's comments indicate concern for "too many instances of inconsistent, inflexible, unrealistic, and conflicting interpretation and implementation of the new regulations at the local level." Further, it was suggested in the Joint Subcommittee's Report that the State Department of Health and Mental Hygiene "should issue written minimum guidelines...to insure
consistency and flexibility." (This particular concern for guidelines is being specifically addressed in the development of a Handbook to accompany 10.02.01).

In addition, the Day Care Licensing Advisory and Study Committee reviewed those comments from the returned Questionnaires which pertained to implementation and enforcement.

--"Health Department representatives...should come in as advisers and not order people around."

--"Those making inspections should be assistants to day care operators and not gestapo agents."

--"Intent is excellent. However, the enforcement by local health departments is selective, capricious, and arbitrary resulting in an overall impression by his owner-operator of a conspiracy to put the private day care centers out of business."

--"...the Health Department came in and put me through a very rude time. I did not have a menu plan posted for the parents to read, but I did have it in my desk. I also had a 60 lb. bag of potatoes on the floor at the time."

--"...there are no restrictions or guidelines to restrain overzealous record-oriented personnel."

--"Inspectors take the attitude of policing centers, instead of approaching the center as one in which they are here as a service to advise and help."

--"...Inspector should come at a reasonable time...in fact he should call...at times, too busy for inspection."

--Inspection times should "be coordinated with center."

--"Frequency of inspections would appear to be necessity. Suggest that appointments be made with the respective day care centers. We are proud of our center, but as the owner-operator, it would be pleasant to meet and discuss any problems with the Inspector rather than have a telephone conversation."

--"...Directors should be notified. Some times are more convenient than others just the same as a home. There's nothing to hide. We just like being treated like people too."
"Inspections should not be made 'without notice'. It took two hours and I needed more help with the children so I could give my full time to the inspector".

"Inspectors should not expect directors to talk or help her during working hours. Appointment should be set up."

"'at reasonable time' is too ambiguous!"

"'periodically at reasonable times' can be interpreted in a variety of ways."

"Define 'reasonable times.' Very vague."

"Inspectors...come at the busiest time of day which is frustrating and annoying."

"If only these regulations could be enforced and all Centers comply, the day care program would most certainly be a rich and rewarding place for young children."

"The regulations are excellent in areas dealing with sanitation and safety. Why doesn't the Health Department enforce them without partiality and fairly?"

"Center operators have been under too much pressure, the Health Department being unequal. Other centers don't have to comply with regulations we have to meet. We can't seem to satisfy their demands."

The comments cited above reflect the day care operators' need and desire for help and consultative service rather than policing. In addition, they address the lack of consistency and the lack of uniformity with which the regulations are enforced. And finally there is a plea throughout the comments for better human relations; day care operators want to be treated with respect and courtesy. Rapport between day care personnel and health department personnel must be gradually developed to ensure positive communications. Through positive communications each can discharge his responsibility to the other effectively.
In "A Maryland State Plan for Coordinated Child Development Services," a document recently prepared by the Maryland 4-C Committee for the Department of Employment and Social Services, it is recommended that the presently fragmented system of licensing be viewed as a total system with effort addressed to developing a common set of standards and regulations. In order to accomplish such a goal, agencies will have to communicate periodically and coordinate their efforts. A common set of standards and regulations, according to the 4-C document, would do away with the wide range of evaluations and monitoring procedures which currently exist. A first step toward coordination of efforts and better communication would be interagency review and discussion of the 4-C document.

Personnel from the State Department of Health and Mental Hygiene have shared with the Advisory Committee the following departmental procedures which the Committee endorses:

1. A multiple-discipline State Day Care Unit was formed to assist in the administration of a group day care licensing program. The Unit consists of a pediatrician, public health nurse, sanitarian, nutritionist, social worker, occupational therapist, health educator, psychologist, child development specialists. Cooperating members of the Unit are the State Fire Marshal; the Assistant Attorney General, Counsel to the Secretary; Chief, Division of Licensing and Certification (Nursing homes and hospitals); and a liaison person with the Office of the Secretary.
2. A coordinator was identified in each local health department who established licensing teams consisting of a sanitarian, public health nurse, child development specialist, nutritionist, pediatrician and, in some instances, the Local Deputy State Health Officer. However, not all teams are complete in all counties. Cooperating members of the team are the local fire marshal and representatives of other agencies who must give clearances before licensure (i.e., zoning).

3. The State Day Care Unit and the local licensing team meet for the purposes of staff training and coordination of efforts to develop standardized licensing procedures. (See Group Day Care Center Licensing Report, December, 1973, Appendix #5). These reports provided background information necessary for the State Day Care Unit and the local licensing team to pursue their goals.

4. Standardized inspection forms have been developed and are presently being field tested.

5. A standardized state license and application form have been developed and are in use.

In addition, responsive to the Advisory Committee's suggestions State Health Department personnel have recently developed procedures for appeals and for issuing receipt of applications.

The Advisory Committee believes that roles and responsibilities of local and state licensing personnel need to be clarified; confusion prevails
among some day care operators as well as within some local licensing
teams as to who inspects what. The licensing of day care centers
lacks an organized system of checks and balances.

As an initial step toward such clarification the Committee
recommends the establishment of a Day Care Division within the State
Department of Health and Mental Hygiene, separate and distinct, with
a director or chief, an administrative assistant and appropriate
adequate staffing.

In accordance with the establishment of a Day Care Division, the
Committee recommends that a job description be developed which clearly
defines the responsibilities of the State and local day care coordinator
and the person in the local Health Department responsible for coordinating
day care center licensing. The job description should be prepared
cooperatively by State and local health department personnel.

In order to maintain a clear definition of responsibilities,
the Committee further recommends that all local licensing teams (as
previously described) should be complete.

Subsequent to the development of complete licensing teams in each
county and in Baltimore City, it is the Committee's recommendation
that a schedule of periodic meetings be established for the following
agencies and/or organizations: (1) State Day Care Unit; (2) the State
Department of Health and Mental Hygiene (Day Care Division), the State
Department of Education, the State Department of Employment and Social
Services, the State Fire Marshal; (3) local licensing teams; (4) local
Departments of Health, Social Services, Fire and Zoning; and (5) complete
local licensing teams and the complete State Day Care Unit.

The purpose of such meetings is for continued coordination of
licensing services and clarification of responsibilities.

The Committee further recommends that the Day Care Division assume
responsibility for providing training to all staff personnel, both on the
State and local levels, who have anything to do with the licensing process
(i.e., fire marshal, sanitarian, zoning official, child development
specialist, etc.).

In December, 1973, Mr. Norris Class, M.S., a Child Care Licensing
Consultant, visited Maryland at the State Health Department's request.
In his subsequent report to the Department, he described a training concept
which should be implemented. Such training should include workshops in
human relations and positive enforcement procedures as well as in child
care program development planned to meet the needs of the appropriate personnel in attendance.

Because the committee supports Mr. Norris Class's proposal regarding the necessity and need for the visibility of licensing, it recommends the appropriation of funds to ensure the provision of (1) training programs and opportunities for staff; (2) additional staff needed both at State Headquarters and at local levels; and (3) workshops and meetings for licensing personnel and licensees addressed to compliance with the Regulations (10.02.01).

With respect to the Regulations a Handbook is being developed to accompany 10.02.01 which will clarify terminology, explain licensing procedures, and expand on some sections.

It is recommended that the Handbook be distributed in conjunction with the Regulations Governing Group Day Care to licensing personnel, licensees, and parents of children enrolled in day care centers. An additional recommendation about the Regulations is that a section should be included in them regarding parents' "right to know" about the regulations as well as the procedures for registering complaints.

The distribution of the Handbook will insure the applicant for a license of his right to know the policies and procedures involved in licensure.

The Committee recommends as part of the application procedure that the applicant should apply for a fire inspection and a zoning inspection on a document co-signed by himself and the local day care coordinator.

Such a procedure will help to (1) expedite the processing of the license and (2) promote a better understanding of the licensing process.

With regard to policies and procedures, the Committee recommends that licensees should be notified in advance of forthcoming inspections, particularly for inspection of records when directors and/or staff members may be taken away from their normal duties.
As referred to previously in this report, applications, inspection forms, and receipt forms have either already been developed or are in the process of being developed.

It is the Committee's recommendation that standardized applications, inspection forms, license forms, and receipt forms be used uniformly throughout the State. Local health departments may develop additional regulations and/or forms. However, the Committee further recommends that the State should have final authority in 10.02.01 with respect to an appeals procedure; no local ordinance should prohibit an operator from appealing to the State.

The closing recommendations of this report refer to (1) the present laws and procedures, and (2) the structure for the future.

The Committee recommends a thorough review of the laws relevant to children's programs in order to resolve the inconsistencies. The Committee further recommends a simultaneous review of the regulations and/or standards of the three State agencies, as well as of pertinent local ordinances in order to resolve inconsistencies.

It is the feeling of the Committee that policies and procedures should be periodically reviewed by Health Department personnel to maintain their relevancy.

Consequently, the Committee recommends that the procedures for appeals, suspension, and revocation of licenses be reviewed with clarification of the State's position regarding the final work.

Looking to the future, the Day Care Licensing Advisory and Study Committee recommends that serious consideration be given to establishing an Office of Child and Family Services, separate and distinct from the three major state agencies, and that all licensing for child development programs be placed under one agency.

VI. RECOMMENDATIONS FOR FUTURE

A. Economics

As stated in the introduction of this report, the Committee early recognized the close relationship between adequate funding and quality day care. A Subcommittee on Economics was appointed
to determine whether a group such as the Day Care Licensing Advisory
and Study Committee could deal with this complex issue. The
Subcommittee found it did not have the capability nor the time to
analyze or publish data associated with such studies. For a brief
review of state and national funding of day care programs, please
refer to Appendix #6. Further, the work of the Subcommittee on
Economics, as opposed to the work of other Subcommittees, was not
directly or specifically related to the existing child care regulations:

The Committee proposes that the State establish or employ a
professional group to pursue the following objectives:

1. To define those factors influencing the per diem
cost of day care, including but not limited to staff,
equipment, capital expenditures and consultative
services.

2. To develop data relative to operational costs of day
care, examining factors such as geography and ownership
which may influence these costs; and to determine the
relationship between operational costs and charges.

3. To evaluate the relationship between staff costs and
quality of services provided.

4. To determine the impact of day care costs on various
socioeconomic groups.

5. To enumerate current resources available to fund day
care services, including public and private sources,
and to make recommendations for expansion and improvement
of the financing of day care if these resources are
determined to be inadequate.

6. To recommend a means for effective coordination of available
resources.

7. To study other related areas as determined by the sponsoring
agency.

B. Identification of areas in need of further study

The necessity for the Advisory Committee to complete its charges
suppressed the desire to explore as fully as possible not only the
economics of day care, but also the areas of infant, drop-in, before-
and-after school, and night care.

Another serious concern to the Committee is the training offered to day care personnel. Requiring 64 classroom hours of early childhood education is a beginning.

This Committee strongly recommends the development of a state approved and financed program of competency based child development training which could be substituted for formal training.

In addition, the Committee identified as a problem and recommends for further study the area of clarification of terms and functional definitions for differing types of out-of-home care, educational and recreational programs and services.

The Day Care Licensing Advisory and Study Committee fully recognizes the universal right of children to comprehensive health care. But more than this the value of continuing health surveillance resulting in early identification of problems in children cannot be over-emphasized. Day care provides a vehicle and a mechanism for a continuum of surveillance of the health of children and provide a source of intervention to correct disabilities due to adverse physical and social influences and to insure early identification of impairments of sensory functions in very young children.

The current health evaluation form required for day care admission is clearly inadequate. There is at present no component of preventive evaluation inclusive of continuing screening at recommended intervals for physical and developmental impairments.

Therefore, the Committee recommends that the Secretary of Health and Mental Hygiene take the necessary steps to develop an adequate health form which would include standards of physical and developmental assessments such as the forms used in the EPSDT program.

The State has responsibility to ensure that comprehensive preventive health services are available to all children in the State.
of Maryland. An obvious vehicle is through existing programs where children are collectively present in large numbers. Therefore, as new programs are developed for pre-school age children, comprehensive preventive health services must be incorporated.

C. Continuation of Day Care Licensing Advisory and Study Committee

The Day Care Licensing Advisory and Study Committee recognizes the need for continuation of an Advisory Committee for the purposes of periodic review of existing regulations, evaluation of current systems of delivery of services, and recommendations for future developments.
APPENDIX #1

ADULT-CHILD RATIOS, GROUP SIZE AND SPACE

A motion passed by the Advisory Committee on June 20, 1974, by 10 favorable, 2 opposed and 1 abstention retaining the existing regulations concerning group size and adult-child ratios with the proviso that herein stated be ratios and group size which realistically protect the physical and mental health of the children in care. They are similar to those recommended by the Day Care Alliance of the National Council of Organizations for Children and Youth as of May, 1974. About fifty national organizations with major interest in services for children and their families comprise the Day Care Alliance.

Recommendations by this Committee regard adult-child ratios and group size are:

<table>
<thead>
<tr>
<th>Age</th>
<th>Ratio</th>
<th>Group Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>2's</td>
<td>1 - 3</td>
<td>6</td>
</tr>
<tr>
<td>3's</td>
<td>1 - 4</td>
<td>12</td>
</tr>
<tr>
<td>4's</td>
<td>1 - 4</td>
<td>12</td>
</tr>
<tr>
<td>5's</td>
<td>1 - 5</td>
<td>15</td>
</tr>
</tbody>
</table>

These approximate numbers are supported by outstanding early childhood experts (See table at end of Appendix #1)

CLASS SIZE

Class size is considered by experts, researchers and practitioners alike to cause the strongest malignant pressure on children and teachers. Research does not yet prove any one class size is optimal for educational growth because it is relative depending on the age of the children, method of teaching and goals of the program and adult behavior with resultant effects upon children's freedom and ability to engage in
activities which promote good learning and good health. There are also almost unanimous guides to right class size accumulated over generations of practical personal experience of teachers of young children. These are in effect in the best private centers which strive for quality education and have the means to make them effective, e.g., Towson State College Council Day Care Center.

Large classes in the beginning day care or school years are to be avoided because they represent roadblocks to:

1. Meeting the individual differences and needs of children
2. Working with their parents
3. Activity programs of first hand experiencing and learning by doing, such as:
   a. kinds of experiences that can be opened up for children
   b. opportunities to mess around with material to discover how they work and how you can best use them
   c. the natural noise and opportunities of communication between children, children and the materials, children and teacher -- which is part of a good hard work-play classroom or playground

In addition large classes

1. Encourage too much negative screaming and supervision on the part of the teacher. They force teachers to give too many authoritative commands regulating movement and social behavior.
2. Limit children's chances, their movement, their conversation, and their social give and take which are at the heart of good learning method in the early years.
3. Lead to lining up and boring long waits
4. Lead to doing things always in large groups when children do best in small group and individual experiences
5. Demand grown up behavior of children, inappropriately leading to emotional and physical frustration
6. Spoil the fun of day care or school for everybody

SPACE AND CLASS SIZE

The relationship of space to class size to children's learning and behavior are evident in two early studies. One, at the University of Minnesota, on children's aggression under Dr. Neith Headly linked the two. It indicated considerably more aggression, fighting, biting, pinching, etc. when 25 children were in an average kindergarten classroom. Behavior was considerably improved when the numbers were lessened. This study was corroborated by Given McConkie and Marie Hughes in a study reported in "Childhood Education," May 1956, showing that 35% of the children in a 30 ft. square classroom, housing 20 children, engaged in this same kind of aggressive behavior, but when the number of children dropped to 15 only 15% showed this kind of behavior.

Elizabeth Prescott, in "Childhood Education," January 1974, in an article titled "Approaches to Quality in Early Childhood Programs" says "Measures of quality arise out of the concerns of their creators. We were struck by watching non-thriving children, and their usefulness in pointing out the demands and shortcomings of centers in which we observed. For example, a program's demand for limited mobility may be noticable primarily through the non-thrivers who simply cannot handle it; but this demand shows also as a source of discomfort and restricting of experience for many other
Appendix #1, cont. page 4

children in the setting".

SPACE

In 1971, the most complete study of state requirements for space was made by CONSERCO for the Federal Office of Child Development, HEW.

Regarding Indoor Space:

Of the fifty states, only ten required thirty (30) square feet or less. Of these ten, only two were lower. Thirty-nine states specify thirty-five (35) square feet of open unshelved space free for play-work activities.

Professional health and education organizations recommend much more space. The Child Welfare League of America, whose standards have been accepted by the Maryland 4-C Committee and which for nearly fifty years has been the standard setting, accreditation service for public and non-profit organizations; and "Windows on Day Care", the action study of the National Council of Jewish Women base their recommendations on these:

Fifty (50) feet is the rule of thumb for individual classrooms -- two hundred (200) feet for out of doors. This latter usually means one hundred (100) square feet for each child enrolled and the play yard is shared by half the group at one time.

Space itself is influenced by other factors such as: staff numbers, staff training, sensitivity and knowledge of how to use the space to the best advantage of the children and the staff capabilities.

Outdoor space is barely mentioned in 10.02.01 Regulations Governing Group Day Care Centers -- "ample space free from hazards." Many states have specific references to outdoor space. The CONSERCO study for the Federal Office of Child Development shows a wide variation: forty (40) square feet to two hundred (200) square feet. About one half of the states
have a standard at seventy-five (75) square feet of outdoor space per child enrolled, in twenty-four of the thirty-four states reporting. Since nearly all states are reconsidering licensing standards, the three and one-half intervening years will have made some changes, probably for the better.

Since healthy children are likely to be those who spend great deal of time out of doors where they can play actively and imaginatively, exploring, discovering, learning, it is essential that we be more emphatic about the provision of outdoor space and its use. All children are entitled to space and air -- whatever its prevailing quality.

Enough space is not always the chief problem. What is done in the space available is enormously important, e.g., big empty space in the middle of a meadow with equipment placed so that there can be little if any interchange between children in one interest area and another defeats the purposes of imaginative and active use of equipment. (Prescott)

Lots of space and no challenging equipment, nor enough equipment encourages play to stagnate into aimless running about. Time and money must be spent on a suitable layout for any space planned for use.

Play yards have to be relaxing as well as stimulating and afford places for quiet and day dreaming as well as large muscle activity. You can put things into space, but where they are put is related to how well they will be used by the children.

A study from Pacific Oaks College, Pasadena, Cal., 1972, of "Day Care as a Child Rearing Environment", based on a random sampling of 100 day care centers from a listing of 380 full time centers, proprietary, public and non-profit yields interesting conclusions. The chapters on "Physical Settings in Day Care Centers: Teachers, Program and Space yield methods of using and judging the use of space.
Appendix #1, cont. page 6

In the course of the study it was found that space quality clearly predicts differences in teachers' behavior and children's responses. Effective use of available space was associated with sensitive and friendly teachers, interested and involved children, non-routine encouragement, and a great amount of spontaneous learning of consideration and creativity. Program format also appears to be highly related to spatial factors.

Space and teacher attitudes and children's response seemed better served in medium size centers, enrollment approximately sixty children, than in smaller or very large centers.

It reveals that in this study the worst space footage was allotted to the two year olds, who need more, not less, space in which to practice their developing leg muscles, and with whom restrictions play havoc.

The study reveals again the great necessity for operators to rethink child development and the needs of their children, the purposes and goals of their program, the extent of their enrollment in relation to the use of the amount of space they have available.

A chart of Recommended Space Requirements and Bibliography follows.

Prepared for the Day Care Licensing Advisory and Study Committee

CONCERNING SPACE FOR DAY CARE CENTERS FOR CHILDREN TWO TO SIX YEARS OLD

Square Foot of Open Space for Child Enrolled:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Indoor</th>
<th>Outdoor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abt Associates</td>
<td>35</td>
<td>75</td>
</tr>
<tr>
<td>ACEI</td>
<td>35-60</td>
<td>100-300</td>
</tr>
<tr>
<td>Butler</td>
<td>35-60</td>
<td>150</td>
</tr>
<tr>
<td>California</td>
<td>35</td>
<td>75</td>
</tr>
<tr>
<td>Child Welfare League</td>
<td>50 (rule of thumb)</td>
<td>200</td>
</tr>
</tbody>
</table>
### Appendix #1 cont. page 7

#### Daytime Programs for Children, Joint Statement

<table>
<thead>
<tr>
<th>Source</th>
<th>Indoor</th>
<th>Outdoor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engelhardt</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>40-60 (for 20 children-if group is smaller allow more space per child-1000 min. for 20 ch.)</td>
<td></td>
</tr>
<tr>
<td>Federal Interagency Day Care Requirements</td>
<td>Must meet State standards</td>
<td>Adequate, safe readily available</td>
</tr>
<tr>
<td>Hymes</td>
<td>50</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>(35 absolute minimum)</td>
<td></td>
</tr>
<tr>
<td>Keyserling (used Child Welfare League Standards) Illinois, 1970</td>
<td>50</td>
<td>75</td>
</tr>
<tr>
<td>Maryland Committee for Day Care Mississippi</td>
<td>50</td>
<td>200</td>
</tr>
<tr>
<td>Murphy &amp; Leeper</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>35-50</td>
<td>100 per child at least</td>
</tr>
<tr>
<td>NAEC</td>
<td>40</td>
<td>200</td>
</tr>
<tr>
<td>NEA-EKNE</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>New York State</td>
<td>35</td>
<td>Adequate, safe readily available appropriate to age</td>
</tr>
<tr>
<td>North Carolina Division of School Planning</td>
<td>60-75</td>
<td></td>
</tr>
<tr>
<td>Prescott</td>
<td>1500 for 20-24 children</td>
<td>Adequate, safe readily available appropriate to age</td>
</tr>
<tr>
<td>Relationship of space to teacher-child interaction</td>
<td>50</td>
<td>Adequate, safe readily available appropriate to age</td>
</tr>
<tr>
<td>Southern States Work Conference</td>
<td></td>
<td>300</td>
</tr>
<tr>
<td>US OCD</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Yawkey</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

### BIBLIOGRAPHY

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Appendix #1, cont. page 8

Butler

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Day Time Programs for Children

Engelhardt, N.

Federal Interagency Day Care Requirements

Gretberg

Guide for Planning Educational Facilities

Haase

Hest & Heller


State Welfare Regulations

44 E. 23rd St., New York, N.Y. Active as standard setting agency for National Children's Services for 50 years. Standards for Day Care Services, 1971.

State and Local Day Care Licensing Requirements Usable Indoor Space for Child (by status) 1971 Table V. pp.22

Statement issued jointly by: AAECNE, NEA, ACEI, DC & CDC, NCECA, NPTA Available from EKNE-NEA, 1201 16th St., N.W., Washington, D.C.


Early Child Pre-Schools

US OCD HEW

Day Care: Resources for Decision-Research & Evaluation, pp. 253 - 254

Education Facilities Laboratory (Ford Foundation) 477 Madison Avenue, New York, see chart, Hapgood, D.C., Day Care Centers, American Society of Planning Officials, 1313 E. 60th St., Chicago, Ill. 60637. (Chart of Day Care Physical Plant Standards of Elected Agencies & Jurisdictions)


Teaching the Child Under Six - p. 123
7 pp. 124-133. Tools and Freedom to Teach

Hymes, J. L.

Illinois State Department of Welfare


Murphy & Leeper Away from Bedlam-Caring for Children #4, #5 Caring for Children #9

New York State Department of Welfare


Nagera Day Care Centers: Red Light, Green Light or Amber Light by Director of Child Psychoanalytic Study Program, Children's Psychiatric Hospital, Dept. of Psychiatry, University of Michigan. For conditions for children under three.

NEA-EKNE Kindergarten Education. 1972

New York State Education Department Schools for Three and Four Year Olds. 1972

North Carolina Division for School Planning 1970

OE No longer square footage. Recommends the interest areas and arrangements for activities indoors and out of doors. If heeded, square footage must be capacious.

Appendix #1, cont. page 10

Prescott, Jones, Kritchewsky


Southern States Work Conference

Early Childhood Education - Challenge and Resources, 1968-69

US OCD HEW

Guide for Day Care Licensing 1973

Yawkey & Seafold

Day Care: Planning & Implementing. AA EKNE-NEA 1201 16th St., N.W. Washington D.C., March 1973

Prepared by Mrs. Sadie Ginsberg
APPENDIX #2

NEW MARYLAND GROUP DAY CARE CENTER LICENSES

Reported for 1971 - 1972 Academic Year by County

Allegany County

Calvary Christian Academy

Anne Arundel County

Eastport Coop Day Care Center
Little Red Nursery
First Baptist Church of Arnold Day Care Center
Kangaroo Korner
Mary Moppit Day Care Center
Morgan Manor Play Group
Mt. Carmel Day Nursery
Nursery in the Pines
Raggedy Ann and Andy Child Care Center
Twin Oaks Academy
Wee Lad and Lassie Day Nursery
Weems Creek Nursery School

Baltimore County

Baltimore Hebrew Congregation
Catonsville Community College Day Care Center
Epworth United Methodist Day Care Center
Mar-Nan Nursery
Mars Hill Baptist Day Care Center
Middle River Child Development Center
Pied Piper Day Care Center
Randallstown Extension Day Care Center
St. Pauls Lutheran Kindergarten
Towson State Student Day Care Center

Calvert County

Caroline County

Federalsburg Day Care Center
Idlewild Children's Center

Carroll County

Carroll County Day Care Center #4
Carroll County Developmental Center #2
Kiddie Garden
Appendix #2 New Centers Licenses '71 - '72 cont. page 2

Cecil County

West Nottingham Playschool

Dorchester County

A B C Day Care Center
St. Mary's Nursery

Frederick County

Frederick County Developmental Day Care Center #2

Harford County

Bel Air Group Day Care Center
Headstart - Aberdeen
Jack and Jill
Kiddieland Day Care
Kinder Klasse
St. John's Episcopal
Tiny Tot Day Care

Howard County

McHetes Day Care Center

Kent County

Walbert Nursery

Montgomery County

Barnesville Primary School, Inc.
Barnesville Primary School Annex
Busy Bees Day Care Center
Casa De Montessori Pre-School
Center for Handicapped
Child Care Center, Inc.
Edufax Early Learning Center
Fairhaven School
Farrell Montessori School
Har Shalom Nursery School
Hefner Park Nursery School
Hobby Horse Day Nursery
Holden Montessori of St. Dunstan
Institute of Behavioral Research, Inc.
Poolesville Community Cooperative Preschool
Rosemarry Hills Community Children's Center
Rosemary Hills Community Children's Center
Silver Spring Nursery Learning Center
Twinbrook Nursery School, Inc.
White Oak Day Nursery, Inc.
Appendix #2 New Centers Licenses '71 - '72 cont. page 3

Prince George's County

ACIST
Bowie Alliance Little Red School-House
Child Day Care Assoc. of P.G. County, Inc. Center #1
Child Care Assoc. of P.G. County, Inc. Center #2
Child Day Care Assoc. of P.G. County, Inc.
Child Day Care Assoc. of P.G. County, Inc. Center #4
Child Day Care Assoc. of P.G. County, Inc. Center #3
Cornerstone Baptist Church
First United Methodist Church of Hyattsville
Geier's Child Development Nursery
Kiddie Korral
Kiddie World Child Day Care Center
Landover Hills Baptist Early Learning Center
Little Kids Day Nursery
Montessori Children's House, Inc.
Montessori Children's House, Inc.
Nursery School of Nevey Shalom
Parkway Baptist Preschool
South County Day Care Center
United Cerebral Palsy Assoc. of Prince George's County, Inc.
United Cerebral Palsy Assoc. of Prince George's County, Inc.
Village Day Nurseries, Inc.

Queen Anne's County

Christ Church Play School
Day Care Inc.

St. Mary's County

Children's Center
St. Mary's County Department of Social Services
Tot Fun Center

Somerset County

Early Childhood Research Center
Princess Anne Head Start Center

Talbot County

Neil's Day Nursery
Presbyterian Nursery School

Washington County

Broadfording Pre-School Academy
John Wesley United Methodist Pre-School Nursery
St. John's Parish Nursery
Appendix #2 New Centers Licenses '71 - '72 cont. page 4

Wicomico County

San Domingo Day Care Center

Worcester County

Kiddie Kollege

Baltimore City

Berea Day Care Center
Bethlehem Lutheran Pre-Kindergarten
Carousel Day Care Center
Edmondson Village Day Care Center
Hopkins Play Group
Howard Park Nursery Center
Kathleen Mallory Baptist Center Day Nursery
Kiddie College Day Care Center
Martin Luther King Satellite
Little Red Hen Day Nursery
Model Cities Day Care Center Area G
Model Cities Block Day Care Home
Model Cities Block Day Care Home
Model Cities Block Day Care Home
Model Cities Block Day Care Home
Model Cities Block Day Care Center Area A
Montebello Day Care Center
Powder Mill Nursery
Presbyterian Pre-School
Red Wagon Child Center
St. Mark's Early Childhood Learning Center
Small World Day Nursery
Village of Mt. Washington Nursery
Walter F. Perkins Day Care Center
Waters Child Day Care Center
Zion Baptist Day Nursery

Maryland State Department of Health and Mental Hygiene
Preventive Medicine Administration
NEW MARYLAND GROUP DAY CARE CENTER LICENSES
Reported from October, 1972 to October, 1973 by County

Allegany County

St. Lukes Child Development Center
St. Josephs Child Development Center

Anne Arundel County

Annapolis Child Development Center
Baylor Day Nursery
Calvary Christian Academy
Galilee Nursery School
Indian Creek Day Care Center
Jessup Day Nursery
Little People Day Nursery
Meade Village Child Development Center
Woods Child Development Center

Baltimore County

Essex Community College Early Childhood Learning Center
Phoenix - Child's World
Reisterstown Extension Center
Talmudical Academy of Baltimore, Inc.
Towson Three's

Calvert County

Busy Bee Nursery School
Calvert Nursery Center
St. Paul's United Methodist Church Cooperative Nursery

Carroll County

Carroll Christian Academy Kindergarten
Happy Play Care Center
Messiah Lutheran Nursery

Caroline County

Applebee Day Care Center
Denton Child Development Center
Appendix #2 New Centers Licensed '72 - '73 cont. page 6

Cecil County

Little People's Day Care Center
Teeny Weeny Day Care

Charles County

The Abell Day Care
Knepley's Po-Bo-K

Dorchester County

Ridah Collins Kindergarten
Sunny Day Kindergarten

Frederick County

Mrs. Jesse Boone
Headstart Center
Headstart Center
Summit Nursery

Harford County

Aberdeen Day Nursery
Christ Our King Cooperative Nursery
Headstart - Aberdeen
St. Matthew's Co-op Nursery
Wilson Day Care Center

Howard County

Abbott House Kindergarten Day Care
Aberdeen Day Care
Bryant Woods Hourly Care
Glen Mar Play School
Grace Church of the Elkridge Landing Day Care Center
Kahler Hall Hourly Care
Evelyne Lonas
Oakland Mills Hourly Care
Slayton House Hourly Care

Kent County

Kent County Day Care Center, Inc.
Tumble Inn
Washington College Headstart Center

Montgomery County

Bel Pre Day Care English Manor School
Childhood, Inc. Day Care Nursery
Christ Church Child Center Annex
Appendix #2 New Centers Licensed '72 - '73 cont. page 7

Montgomery County cont.

Farris Day Care
First Baptist Church Day Care Center
Good Shepherd Nursery School, Inc.
Good Shepherd Play Group Nursery
Liberty Grove Nursery
Luther Rice Nursery School
Montgomery College Child Development Center
Montgomery Village Day Care Center
N.I.H. Child Development Center
Potomac Nursery
Rock Creek Terrace Apts.
Rock Creek Terrace After School Center
St. Luke's Lutheran Day Care Center
South Lawn Child Care Center
South Lawn Child Care Center - Preschool Section
Sunny Day Child Care Center
YWCA of Montgomery County
Rosemary Village Hill Day Care

Prince George's County

Bowie Therapeutic Nursery Center
Creative Garden School, LTD
Kiddie World Child Day Care Center
Twin Oaks Academy
University Child Care Center, Inc.

Queen Anne's County

Chesapeake College Center

Somerset County

Christian Day Care Center

Talbot County

Bay Child Care Center

Washington County

Noland Village Early Childhood Center

Wicomico County

Fruitland Child Development Center
Little Tots Nursery

Worcester County

Amy's Place
Atlantic Child Development Center
Nelson Townsend Day Care Center
Appendix #2 New Centers Licensed '72 - '73 cont. page 8

Worcester County cont.

Pre School Center

Baltimore City

Ashland Nursery Head Start Center
Cat in the Hat Day Nursery
Children's Community Services, Inc.
Greater Maryland Church of God
Greenspring Valley Nursery & Kindergarten
Learning Tree Child Care Center
Lower Park Heights Community Day Care Center
Northeast Day Care Center
Sinclair Lane Satellite of the Children's Guild, Inc.
Time for Livin', Inc.
Two's Day Nursery
Winnie the Pooh Day Nursery
Wonder World Center

Maryland State Department of Health and Mental Hygiene
Preventive Medicine Administration
NEW GROUP DAY CARE CENTERS 1972 - OCTOBER, 1973 BY SPONSORSHIP AND JURISDICTION

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MARYLAND GROUP DAY CARE CENTERS REPORTED CLOSED OR UNLICENSED
for 1971 - 1972
ACADEMIC YEAR BY COUNTY

Allegany County
  Kinder House

Anne Arundel County
  E. Nyce Feldmyers
  Glen Burnie Methodist Church Nursery School
  St. Margarets Nursery
  Fountain Green Day School
  St. John Evangelist Kindergarten

Baltimore County
  The Creative Day Center, In
  Trinity Nursery School
  Woodmoor Nursery
  Swain Nursery and Kindergarten

Caroline County
  Mrs. Raymond Slacum

Carroll County
  Mrs. Edgar Leiter
  Mrs. Leslie Leiter
  Mrs. Charles Lookingbill
  Mrs. Catherine Weishar

Cecil County
  Chesapeake City Kindergarten

Charles County
  La Plata Country Day School

Dorchester County
  Mrs. Rhea Wilkens
Appendix #2 Centers Closed or Unlicensed for '71 - '72 cont. page 11

Frederick County

Mrs. Jessie Boone
Brookhill United Methodist Pre-School
Free Kindergarten
St. Joseph's Nursery
Summit Nursery
Lee's Place
Mrs. James Horner

Harford County

Aberdeen Child Development Center
Branner Day Care
Day Nursery of Aberdeen
St. Margarets Catholic School

Howard County

Steven's Forrest Nursery School, Inc.

Kent County

Antone's Day Care Center
Primer for Tots

Montgomery County

Clinton Day Nursery
Hobby Horse #2
El Dorado Nursery
Love N' Care
Hobby Horse #3

Prince George's County

Creative Day Nursery
Belair Montessori School
Bowie Country Day Nursery
Creative Garden School
Edith Holton Primary Day School
Grace Lutheran Day School
(2) Julia Brown Montessori Schools #1 and #2
Kinks Day Care Center
Morgan's Day Care Center
Palmer Park Recreation Center
Pepper Mill Village Recreation Center
Prince George's County General Hospital
Seegar Plum Day Nursery
Toddler's College
Trinity Baptist Church Pre-School
Appendix #2 Centers Closed or Unlicensed for '71 - '72 cont. page 12

Queen Anne's County
   Pentacostal Holiness Church

St. Mary's County
   Little Flower Kindergarten
   Leonardtown Day Nursery
   St. Joseph's Day Care Center

Somerset County
   Katie M. Quinn Memorial Children's Center, Inc.

Talbot County
   Jack and Jill Nursery #1

Washington County
   Woodland Nursery

Wicomico County
   Marine's Day Nursery
   Truitt Day Care Center

Worcester County
   Ebenezer and Mt. Zion Child Development Centers (OEO)

Baltimore City
   Bond Street Day Care Center
   Broadway Day Care Center
   Helping Up Mission Nursery
   Hope Pre-School
   Hopkins Play Group
   Model Cities Day Care Center Area A
   Perkings Home Day Nursery
   Ralph Young Day Nursery

Maryland State Department of Health and Mental Hygiene
Preventive Medicine Administration
MARYLAND GROUP DAY CARE CENTERS REPORTED CLOSED OR UNLICENSED
from October, 1972 to October, 1973 by County

Anne Arundel County
Crowley's Kindergarten
Raggedy Ann and Andy Child Care Center
Twin Oaks Academy
Holy Trinity Kindergarten

Baltimore County
Mar-Nan Nursery
Mars Hills Baptist Day Care Center
Oella Play Group
Pikesville Nursery & Kindercraft
Reisterstown Play Center, Inc.
St. Peter's Lutheran Church Kindergarten

Calvert County
Calvert Christian School

Carroll County
Carroll County Day Care Center
Kiddie Garden
Mrs. Jean E. Ogg
Mrs. George Trump

Cecil County
St. Mary Anne's Episcopal Kindergarten
Mrs. Daisy Thompson

Charles County
Governness Day Care and Nursery

Frederick County
Esther Grinage Kindergarten
Mrs. Mabel V. Lookingbill
The Nursery
Weekday Center for Children

Garrett County
Kitzmiller Child Development Center
Appendix #2 Centers Closed or Unlicensed cont. page 14

Harford County

Alice Bond Home
Bee Hive
Day Nursery

Howard County

McHetes Day Care Center

Montgomery County

(2) Edufax Early Learning Center - 2 centers
Institute of Behavioral Research
Mt. Zion Methodist Church Day Care Center
Wheaton Nursery School

Prince George's County

A B C Day Care Center
A B C Day Care Center Annex
Ardmore Preschool
Clinton Christian School
First United Methodist Church of Hyattsville
Happy Day Nursery
Kane's Day Nursery

(2) Montessori Children's House, Inc. - 2 centers
Parkway Baptist Preschool
Prince George's Day Nursery
Ro-Nel, Inc.
St. Ann's Day Care Center

Queen Anne's County

Union Wesley Church Head Start Center
Day Care, Inc.

Talbot County

Neil's Day Nursery

Wicomico County

(2) Shore-Up, Inc. Project Head Start - 2 centers

Worcester County

Pocomoke Child Development Center
Appendix #2 Centers Closed or Unlicensed cont. page 15

Baltimore City

- Laplaza Day Care Center
- Model Cities Day Care Center, Area D
- Model Cities Day Care Center, Area E
- Peter and The Wolfe Day Nursery
- Village Gate Day Nursery
Amendments to Regulation 10.02.01 Governing Group Day Care Centers

These amendments with the exception of the definitions which are wholly new material supersede the like numbered sections in Regulation 10.02.01 adopted October 1, 1971 Effective: December 1, 1971.

DEFINITIONS

.01 - .09 are Unchanged; .10 - .17 are New

.10 Equipment shall mean all ovens, ranges, hoods, meatblocks, tables, counters, refrigerators, sinks, dishwashing machines, hot tables, and similar items other than utensils, used in the service of food.

.11 Food as herein used shall include all articles used for food, drink confectionary or condiment, whether simple, mixed or compound.

.12 Food-Contact Surfaces shall mean those surfaces of equipment and utensils with which food normally comes in contact, and those surfaces with which food may come in contact and drain back onto surfaces normally in contact with food.

.13 Perishable Food shall mean any food of such type or in such condition as may spoil.

.14 Potentially Hazardous Food shall mean any perishable food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting rapid and progressive growth of infectious or toxigenic micro-organisms.

.15 Sanitize shall mean effective bactericidal treatment of clean surfaces of equipment and utensils by a process which has been approved by the Secretary of Health and Mental Hygiene or his designee as being effective in destroying micro-organisms, including pathogens.

.16 Single-Service Article shall mean cups, containers, lids or closures; plates, knives, forks, spoons, stirrers, paddles; straws, place mats, napkins, doilies, wrapping materials; and all similar articles which are constructed wholly or in part from paper, cardboard, molded pulp, foil, wood, plastic, synthetic, or other readily destructible materials, and which are intended by the manufacturers and generally recognized by the public as for one usage only, then to be discarded.

.17 Utensils shall mean any tableware and kitchenware used in the storage, preparation, conveying, and serving of food.

.51 Food Service Equipment

A. Food service equipment is acceptable providing it can be sanitized, is in good repair, capable of normal operation, capable of being
maintained in a condition whereby it can be easily cleaned and is not conducive to the harborage of insects and rodents.

B. All refrigerators shall be operated at or below 45 degrees Fahrenheit (7 degrees centigrade) and provided with an indicating thermometer graduated at 2 degree Fahrenheit intervals (1 degree centigrade). All frozen food storage units must be capable of maintaining a temperature of 0 degrees Fahrenheit (-17 degrees centigrade) or less.

C. Food contact surfaces shall be smooth, in good repair and free of breaks, open seams, cracks, pits, similar imperfections and shall be nontoxic.

D. Soft solder of high lead content is toxic and may not be used on food contact surfaces. Hard solder may be used.

E. Cast iron is acceptable material for a cooking surface.

F. Enamelware and cracked or chipped china may not be used.

G. Handwashing facilities shall be provided in all food preparation areas and may be used for no other purpose. Food preparation and utensil washing sinks may not be used for handwashing.

H. Mechanical ventilation shall be provided when presence of condensation or greasy film that cannot be removed by routine cleaning appears.

I. All areas of food preparation shall have a minimum lighting of twenty foot candles.

.52 Food Sources

All food, milk and other beverages shall be safe, pure, and free from spoilage and contamination. The following shall be promptly destroyed: all spoiled fruits, vegetables, or other foods; refrozen foods; frozen perishable foods kept thawed at room temperature; swelled, rusty or leaky canned foods and foods exposed to fire, smoke or water damage. No food which has been processed in a place other than a commercial food processing establishment may be used. Home canned foods may not be used. Party cakes or similar foods are exempted.

.53 Food Protection

All food, while being stored, prepared, transported, or displayed or served shall be protected against contamination.

A. Dry Storage

(1) An adequate food storage area shall be cool, well ventilated, well lighted, fitted with shelving. Covered bins or equally vermin-proof containers shall be used for the storage of dry foods.

(2) All foods shall be stored off the floor and provisions made to allow for cleaning.
(3) Food may not be stored under overhead waste lines unless such lines have been installed as required by the Maryland State Plumbing regulations and local plumbing codes.

(4) Poisonous and toxic material, including cleaning and sanitizing agents, shall be stored separate from food and out of the reach of children. All containers of poisonous materials shall be clearly labeled.

B. Controlled Temperature Storage

(1) All potentially hazardous food shall be refrigerated at or below 45 degrees Fahrenheit (7 degrees centigrade) except food intended to be served hot, which shall be kept at 140 degrees Fahrenheit (60 degrees centigrade) or above while being held for serving.

(2) Adequate storage for both hot and cold food shall be provided.

C. Preparation

(1) All raw fruits and vegetables shall be washed thoroughly before being cooked and served.

(2) Frozen or processed foods, intended to be served hot shall be heated to a minimum internal temperature of 170 degrees Fahrenheit (77 degrees centigrade).

D. Service

Food served once at the table may not be re-served; except that wrapped food, other than potentially hazardous food, which is still wholesome and has not been unwrapped, may be re-served.

.54 Individual meals brought from home shall be handled and stored in keeping with all the food protection regulations stated above.

.55 All utensils and equipment used for the preparation and service of food and beverages shall be washed, rinsed, sanitized, air dried and stored in an approved manner.

.56 Single Service Articles

A. Single service articles shall be of nontoxic materials.

B. Single service articles shall be handled and dispensed in such a manner as to protect them from contamination.

C. Single service articles shall be stored in closed cartons or containers which protect them from contamination.

D. Single Service articles shall be used only once.
.57 Personnel Health and Hygiene

A. Any individual engaged in food service activities shall meet the requirements of the Health Regulations Affecting Staff (sections .66-69).

B. All individuals engaged in food service activities shall practice good hygiene in the handling of food, beverages, utensils and equipment.

.58 All projects in which children prepare food shall be supervised and shall be compatible with the safety and health practices set forth in this section.

.59 Neither domestic animals nor pets of any kind may be permitted in rooms where food is prepared, stored or served.
IMMUNIZATIONS

.71 Immunizations. Immunizations are required prior to admission to a center.

A. Before admission to a center evidence shall be furnished of primary immunizations against DIPHTHERIA, TETANUS, PERTUSSIS, POLIOMYELITIS, MEASLES (RUBEOLA) AND RUBELLA (GERMAN MEASLES) in a manner approved by the local Deputy State Health Officer; and any other immunizations deemed necessary by the Secretary of Health and Mental Hygiene and in conformance with 10.02.20, Regulations Governing Required Immunizations Prior to Entry Into a Maryland School. Such immunization will be in accordance with the current schedule of immunizations recommended by The Maryland Steering Committee on Immunization Practices of the Medical and Chirurgical Faculty of Maryland. Exception may be made for a period of 90 days in the case of a child whose parent or guardian indicates that his child is in the process of complying with these regulations and furnishes evidence of further compliance after enrollment in a center or within a reasonable length of time that is consistent with the current schedule of immunizations.

B. Medical Contraindications. Immunization requirements shall not apply to any child who presents a written statement from a licensed physician or a local Deputy State Health Officer indicating that immunization against any or all of the above mentioned diseases is considered medically contraindicated, detrimental to, or not in the best interest of the child's health. The statement shall indicate whether the contraindication is permanent or temporary. If temporary, the statement shall provide assurance that the child will receive the immunization(s) and furnish evidence of their completion.

C. Religious Conflict. Any parent or guardian who presents a written statement of objection to immunizations upon the grounds that they conflict with the tenets or practices of a recognized church or religious denomination of which he is a member, shall not be required to present a physician's certificate of immunization. This exception will not apply in case of an emergency or epidemic of disease which is declared by the Secretary of Health and Mental Hygiene.

D. Vaccine Provision. If for any reason a parent or guardian is not able to obtain the service of a private physician, he may take his child to the Local Health Department where such immunizations will be provided.
The Handbook for Group Day Care Center Regulations and Licensing is a
guide to 10.02.01; Regulations Governing Group Day Care Centers.

Regulations give official directions about what must be done in order
to care for children away from their own homes in group day care centers.

The Handbook is designed to help Health Department personnel discharge
their licensing responsibilities uniformly and with equity; to help pro-
spective applicants, applicants and licensees of group day care centers
understand the reasons for regulations and how to comply with them; and
to help parents know what kind of care they can expect for their children.

Increasingly, both parents in two-parent households are working. Out
of home care has become a way of life for more and more children. The
reasons for this are many but it cannot be denied that the ways in which
children are nurtured in the United States are changing.

All of us, as adults, share a concern in our own communities to see to
it that children are kept safe and that they grow up to be valued, healthy,
and satisfied citizens.

Day care which assists children to grow and develop into adults who
value themselves and others is quality day care and should be available in
quantity in each community.
Parents should have a choice of where their children will be placed for care - not a choice between custodial facilities but a choice of good developmental facilities operated under a variety of auspices.

TYPES OF DAY CARE

Group day care in Maryland is provided under a variety of auspices.

There are public day care services offered by the Social Services Administration, the Office of Economic Opportunity, Model Cities and, for children of migrant workers, by local Boards of Education.

There are proprietary centers which vary in the types of services offered and the number of children served. These centers offer parents a wide choice of settings for children, from small intimate groupings to family operated settings to large organized institutions.

Non-profit day care centers usually charge a sliding scale fee and are operated by such groups as day care associations, United Fund, Red Feather, Colleges, cooperatives, private boards of directors and the YMCA.

Day care centers operating under religious auspices do not necessarily offer religious training but some do. Many are operated on a non-profit basis and charge a sliding scale fee for services.

There are a very few centers which offer only before and after school care for children and a very few which offer only hourly care. However, many full or half day centers offer these services as a part of their regular service.

In addition, Social Services Departments purchase care for eligible
children in day care centers which they do not operate. Social Services Departments license family day care homes which care for four or fewer children and which accept infants and toddlers for care.

There are summer day camps, licensed by local Health Departments for children requiring summer recreation programs.

For parents who wish their children to have nursery school and non-public kindergarten experience, there are many such schools in the State. They are approved by the State Department of Education, except those nursery schools and kindergartens which are exempt from approval on religious grounds.

THE REGULATORY AGENCY

The State Department of Health and Mental Hygiene is the regulatory agency which administers the group day care licensing program. The Department is structured in the following manner.

- Office of the Secretary of Health and Mental Hygiene
- Preventive Medicine Administration
  - Division of Maternal and Child Health
    - Group Day Care Licensing Program
  - State Day Care Unit
    - Child Development Specialists
    - Pediatricians
    - Public Health Nurses
    - Nutritionist
    - Sanitarian
    - Psychologist
    - Social Worker
    - Occupational Therapist
    - Health Educator
    - Lawyer
    - Fire Marshall
    - Chief, Nursing
    - Home & Hospital
    - Licensing
    - Liaison, Office of the Secretary
Appendix #4 cont. page 4

In addition there is a Day Care Licensing Advisory and Study Committee which represents: licensed day care centers - public, proprietary, non-profit, religious; Maryland Community Coordinated Child Care (4C) Committee; Maryland Early Childhood Council; Maryland General Assembly; Maryland Academy of Pediatrics; Maryland Psychological Association; Maryland Committee for the Day Care of Children; Maryland Conference of Local Health Officers; labor; industry; and parents.

The Advisory Committee was established in 1972 and was given the following charges by the Secretary:

--To study extensively the various modes of group day care in Maryland by visiting a variety of day care centers throughout the state.

--To make an in-depth study of Department of Health and Mental Hygiene day care regulations as they affect the quality of care, protection, sound growth and development of Maryland's children.

--To assist and advise the Department of Health and Mental Hygiene in an on-going re-assessment of regulations.

--To assist and advise the Department of Health and Mental Hygiene and its local health departments in the implementation and enforcement of day care regulations.

--To make regular reports to the Secretary of Health and Mental Hygiene and all other interested parties.

THE GROUP DAY CARE LICENSE AND REGULATIONS

When the Maryland General Assembly passed the Group Day Care Law in 1965, it prefaced the law with a Declaration of Policy which says in part, "It is declared to be the policy of the State of Maryland that the condition of childhood is such that the child is not capable of self protection, and
when the child's care is given over to others, certain mental and physical risks arise calling for reasonable protective measures to offset these risks."

What this means is that organized child caring activity is not in the public interest but that it may take place providing that it is licensed in accordance with regulations promulgated by the State Department of Health and Mental Hygiene.

The regulations are "little laws" and are the official means of telling everyone concerned what must be done to get and keep a license and how children will be treated in day care centers in Maryland.

10.02.01, Regulations Governing Group Day Care Centers, were made effective on December 1, 1971 and have since been revised with the advice and assistance of the Day Care Licensing Advisory and Study Committee. They describe the minimum conditions for group child care in the State.

**HOW THE REGULATORY AGENCY WORKS**

**TO HELP A PROSPECTIVE LICENSEE GET A LICENSE AND KEEP IT**

**HOW TO APPLY FOR A GROUP DAY CARE LICENSE**

If a person desires to qualify as a licensee of a group day care center caring for five (5) or more children, he should first contact the local Health Department in the area where the proposed center will be located and ask for the Day Care Licensing Coordinator.

Please turn to the map to help you determine where your local Health Department is located and for addresses and telephone numbers.

The Licensing Coordinator will send you information and materials to
get you started. The information will include an outline of the preliminary clearances which must be obtained from zoning and other agencies. Various members of the Department are available, upon request, to assist you through the preliminary phases of licensing and in obtaining clearances from other agencies.

When you are ready to apply for a license, please make an appointment with the Day Care Licensing Coordinator for an interview. You should bring with you to this interview:

1. Plans and specifications for your center. If you are building a new facility, you may already have submitted plans, in the form of blueprints, to the Department for approval. If you will be using existing space, you will need to submit a scale drawing of the facility. The following is a sample drawing:

2. The qualifications of your proposed staff members and a plan for staffing the center during hours of operations. You will already have been given work sheets on which to submit this information.

3. A plan of care for the children which you propose to enroll. Prior to coming to the interview you will be supplied with a format for submitting your plan.

During the interview, a check will be made to determine what further
needs to be done; whether or not you have all materials, information, forms, and work sheets.

REFERRALS TO OTHER AGENCIES

In Maryland, different agencies are responsible for licensing different types of out of home care, educational, therapeutic or recreational services.

Family day care. If a person wishes to care for four or fewer children and/or to care for children under twenty-four months (2 years) of age, he or she should contact the County or City Social Services Department.

Nursery school or kindergarten. If a person wishes to operate a nursery school or kindergarten, he or she should contact the Supervisor of Accreditation, Non-Public Nursery Schools and Kindergartens, State Department of Education, Box 8717, Friendship Airport, Md. 21240. Telephone: 796-8300 Ext. 272.

Centers for Mentally Retarded Children. Persons desiring to operate a center for mentally retarded children should contact the State Department of Health and Mental Hygiene, Mental Retardation Administration, State Office Building, 301 W. Preston Street, Baltimore, Maryland 21201, or their local Health Department.

Summer Day Camp. A person desiring to conduct a summer day camp or recreational program should contact his County or City Health Department, Division of Environmental Health.

INVESTIGATING YOUR APPLICATION

After you have filled out and signed the application, had it notarized and returned to the Health Department, your application will be investigated
by members of the Department. In some jurisdictions you may be asked to pay a licensing fee.

This means that four inspections of your center will be made. To see what each phase of the inspection involves, please turn to the section in the Handbook marked "inspection forms". The completed inspection forms will be submitted to the Licensing Coordinator and will be kept in a central file folder bearing the name of the day care center in the Health Department. A reinspe ction of some aspect or aspects of the day care center may be required.

ISSUANCE OR DENIAL OF YOUR LICENSE

When the Licensing Coordinator receives all necessary completed inspection forms and when information has been received from other agencies and when all inspections are satisfactory, a license to operate a group day care center will be mailed to you with a letter of transmittal.

When you receive the license, you may admit children to the center.

If for any reason the license is denied, you will receive a letter documenting the reasons for denial of the license.

A decision to deny a license may be appealed by following the Procedures for Appeal which you will have received and which are in Section of this Handbook.

SUPERVISION

Supervision means looking at your day care center to see whether or not it is in compliance with 10.02.01, Regulations Governing Group Day Care Centers.

Shortly after you begin operation, licensing persons from the Health Department will visit your center. One will be a public health nurse and she will want to inspect the children's medical records and check the pre-employ-
Appendix #4 cont. page 9

ment physical examinations of the staff. A Child Development Specialist and a sanitarian will also make supervisory inspections of your facility. In a few jurisdictions, a nutritionist will also visit.

Supervisory inspection visits may be announced or unannounced. It is desirable to announce inspection visits but the Health Department reserves the right to make unannounced visits especially under the following circumstances: (1) the schedules of sanitarians and public health nurses especially in understaffed departments may not permit them to set up appointments; and (2) if a center is in steady violation of certain sections of the regulations, it may be necessary for the Department to look at the center more often.

Supervisory inspections must be made once a year in order to annually renew the license. The operating policy for inspections is ...

When inspectors arrive at your center, they will identify themselves, tell you what they will be looking for and show you the forms upon which their observations will be recorded. You will receive a copy of the form and it will be discussed with you before departure.

Should a center be in violation of any sections in the regulations, this will be discussed with you. What the inspectors discuss with you will then be put in writing in a letter to you. If the violations are not ones which immediately threaten the health, welfare and security of the children, you will be given a time limit for the correction of the violations. At the end of that time, the appropriate inspector will return to the center for re-inspection.

Again if you are aggrieved by the action or actions of Health Department representatives, you may appeal this decision or ask for a review of the findings by another inspector.
INTRODUCTION

Licensing is one of the major tools for safeguarding children in out-of-home care. It is a preventive program affecting a sizeable segment of Maryland's child population. How group day care licensing is carried out in the jurisdictions of the State is of crucial importance to these children and their parents.

The current emphasis on licensing procedures has come about in the wake of new regulations and as a result of multiple queries about their uniform implementation - from the State Legislature, the Day Care Licensing Advisory and Study Committee, the Health Officers and licensing personnel in various Health Departments, the licensees, and local 4-C Committees.

The group day care licensing report reflects an initial assessment of licensing procedures from which plans may be refined for moving expeditiously toward full and just implementation of 10.02.01, Regulations Governing Group Day Care Centers. The State Day Care Unit plans to institute an on-going series of staff development meetings, the nature of which will be determined cooperatively with Health Officers, Licensing Coordinators and Child Day Care Center Coordinators. It is expected that the Day Care Licensing Advisory and Study Committee will give important direction to the meetings.

The report is based on nineteen (19) reporting jurisdictions or a 79% return.
REPORT BY SECTION

I. PERSONS DESIGNATED TO BE IN CHARGE OF COORDINATING GROUP DAY CARE LICENSING in each jurisdiction (Group Day Care Licensing Coordinator) by professional background of Licensing Coordinator and by regulation category:

<table>
<thead>
<tr>
<th># Licensing Coordinators</th>
<th>Title and Professional background</th>
<th>Regulation Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Dir. School, Child Health (2); Health Officer (1); PHN (3); Dir. PHN (2).</td>
<td>Child and Adult Health</td>
</tr>
<tr>
<td>5</td>
<td>Child Day Care Center Coordinators (3); Day Care Supervisor (1); Chief Div. Child Day Care (1).</td>
<td>Child Development</td>
</tr>
<tr>
<td>6</td>
<td>Sanitarians (5); Chief, Div. of Inst. Facilities Control (1).</td>
<td>Environmental Health and Safety</td>
</tr>
</tbody>
</table>

II. RESPONSE TO INITIAL LICENSING INQUIRIES BY THE LOCAL LICENSING DEPARTMENT

1. Sixteen (16) jurisdictions in the sample (84%) recorded inquiries.

2 & 3. Materials (handouts) mailed or given out:

<table>
<thead>
<tr>
<th>Regs. Law</th>
<th>Steps to License</th>
<th>Information Facts</th>
<th>Parent Brochure</th>
<th>Equipment Lists</th>
<th>Other</th>
<th>3 or more Handouts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Jurisdictions</td>
<td>18</td>
<td>10</td>
<td>12</td>
<td>10</td>
<td>2</td>
<td>Application (1) NAEYC pamphlet(1)</td>
</tr>
</tbody>
</table>

4. There are specific persons assigned to handle inquiries in all but one jurisdiction in the sample.

5. All jurisdictions in the sample make referrals to other agencies or services.
III PLANNING ASSISTANCE

1. All jurisdictions in the sample report that planning assistance is provided to prospective licensees and applicants within the limits of available resources.

2. All jurisdictions in the sample report making preliminary inspections of a proposed facility upon request.

3. Sixteen (16) jurisdictions in the sample (84%) report they inform the person desiring to qualify as a licensee that he is not in line for a license until a signed application has been received.

IV APPLICATION TAKING AND PROCESSING

A. Interview Procedures

1. Sixteen (16) jurisdictions in the sample (84%) report that the applicant comes to the Department for the interview.

2. Number of designated interviewers by jurisdiction.

<table>
<thead>
<tr>
<th>Number of Jurisdictions</th>
<th>One Person</th>
<th>Two Persons</th>
<th>Three Persons</th>
<th>More than Three Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

3. Means used to record all pertinent information:

<table>
<thead>
<tr>
<th>Number of Jurisdictions</th>
<th>Form only</th>
<th>Narrative Summary only</th>
<th>Both</th>
<th>Not Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>1</td>
<td>8</td>
<td>3</td>
</tr>
</tbody>
</table>

4. Goals of interview. Number of jurisdictions in the sample responding yes and no.

Are the reasons for obtaining a day care license discussed with the applicant? 17 yes 2 no

Are the regulations explained and interpreted in the three major categories - child and adult health, child development, environmental health and safety? 18 yes 1 no

Does the applicant describe to you what he wants to do? 17 yes 2 no
When the applicant leaves, is there an agreed upon plan for a center which is licensable?  

| 16 yes | 3 no |

Is the plan put in writing?  

| 5 yes | 14 no |

Is the applicant told that the application serves as a contract between him and the Department?  

| 8 yes | 11 no |

Is the applicant given all necessary form(s)?  

| 19 yes | 3 no |

Is the applicant told the next steps to licensure and names of persons to contact outside of the Department?  

| 19 yes | 3 no |

Is the applicant told that his center will be supervised in relation to the regulations, how often and by whom?  

| 18 yes | 1 no |

Is the applicant told and does he have in writing the differences between supervision and consultation?  

| 5 yes | 14 no |

Are the procedures for appeal discussed with and given to the applicant?  

| 11 yes | 8 no |

B. Procedures for Center Investigation, Files and Reporting

Number of jurisdictions in the sample responding yes and no.

1. Is the applicant's signature required on an application form before final Health Department investigation of the proposed total center operation?  

| 16 yes | 3 no |

2. Is all information pertinent to a center in one official file?  

| 19 yes | 3 no |

3. Is the official file accessible to all licensing workers?  

| 19 yes | 3 no |

4. Are copies of inspection reports from other agencies (fire, zoning, etc.) kept in the official file?  

| 18 yes | 1 no |

5. Is a continuation form used by all supervisors, inspectors and consultants in order to record contacts with the center?  

| 11 yes | 8 no |
Appendix #5 cont. page 5

V. PROCEDURE FOR THE ISSUANCE OR DENIAL OF LICENSE

Number of jurisdictions in the sample responding yes and no.

1. Is an acknowledgement or receipt for application and/or licensing fee sent to the applicant? 13 yes 6 no

2. Are the recommendations of all personnel responsible for inspections submitted to the person designated to be in charge of coordinating the licensing? 19 yes no

3. Is a letter of transmittal to the licensee sent with the license? 12 yes 7 no

4. Are reasons for denial of a license discussed with the applicant or licensee prior to putting the decision in writing to him? 17 yes 2 no

5. Are reasons for denial of a license documented and kept on file? 18 yes 5 no

6. Does the applicant or licensee know and have in writing the avenues of appeal open to him? 14 yes 5 no

VI. SUPERVISORY INSPECTIONS

Number of supervisors - inspectors reported by professional background and regulation category.

<table>
<thead>
<tr>
<th>Regulation Category</th>
<th>PHN</th>
<th>Nutritionist</th>
<th>Day Care Coordinator</th>
<th>Sanitarian</th>
<th>Health Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child &amp; Adult Health</td>
<td>15</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nutrition</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Child Development</td>
<td>2</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Environmental Health &amp; Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>

*Total of 22 reflects assignment of more than one discipline to inspect for nutrition

** No inspection made in one jurisdiction
Number of jurisdictions in the sample responding yes and no.

1. Are appointments made for licensing or relicensing supervisory inspections?  
   9 yes, 10 no

2. Is the licensee told what sections of regulations will be inspected by each inspector?  
   14 yes, 5 no

3. Is the licensee told about how long the inspection visit will last?  
   4 yes, 15 no

4. Do the inspectors discuss and record "seen" violations with the licensee?  
   18 yes, 1 no

5. Do the inspectors propose and record ways of correcting violations?  
   17 yes, 2 no

6. Is a letter, signed by the person designated to be in charge of coordinating licensing, sent reinforcing discussion of "seen" violations and restating ways of correcting violations?  
   16 yes, 3 no

7. Does the letter set time limit for making corrections?  
   17 yes, 2 no

VII. CONSULTATION

1. Number of jurisdictions in the sample reporting consultation by the regulation category available from the Health Department.

<table>
<thead>
<tr>
<th>Available Consultation in Regulation Category</th>
<th>Number of Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Health</td>
<td>19</td>
</tr>
<tr>
<td>Child Development</td>
<td>18</td>
</tr>
<tr>
<td>Nutrition</td>
<td>19</td>
</tr>
<tr>
<td>Environmental Health &amp; Safety</td>
<td>18</td>
</tr>
</tbody>
</table>

2. All jurisdictions in the sample report offering consultation.
VIII. AGENCY PROCEDURE

A. Initial Licensing

1. All jurisdictions in the sample indicate that reports of inspections are made promptly to the person in charge of co-ordinating licensing.

2. All jurisdictions in the sample indicate that reinspection for corrections of violations are made close to the deadline for corrections.

3. Number of jurisdictions in the sample reporting delays from cooperating agencies by agency:

<table>
<thead>
<tr>
<th>Cooperating Agency</th>
<th>Number of jurisdictions reporting delays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire</td>
<td>9</td>
</tr>
<tr>
<td>Building</td>
<td>0</td>
</tr>
<tr>
<td>Zoning</td>
<td>0</td>
</tr>
</tbody>
</table>

Time span: 2 wks. several mths.

4. The usual length of time from signing the application to issuance or denial of a license as reported:

<table>
<thead>
<tr>
<th>Time span</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 wks.</td>
</tr>
<tr>
<td>3 mths.</td>
</tr>
<tr>
<td>Varies greatly</td>
</tr>
<tr>
<td>3 to 4 wks.</td>
</tr>
<tr>
<td>Varies</td>
</tr>
<tr>
<td>2 wks.</td>
</tr>
<tr>
<td>No date</td>
</tr>
<tr>
<td>1 mth.</td>
</tr>
<tr>
<td>3 to 5 mths.</td>
</tr>
<tr>
<td>No usual time</td>
</tr>
<tr>
<td>3 to 6 mths.</td>
</tr>
<tr>
<td>Weeks, months, even year if</td>
</tr>
<tr>
<td>agency has reason for withholding approval</td>
</tr>
<tr>
<td>Several wks.</td>
</tr>
<tr>
<td>3 mths.</td>
</tr>
<tr>
<td>Undetermined</td>
</tr>
</tbody>
</table>

5. Fourteen (14) jurisdictions in the sample reported that delays have not committed the Health Department to an un licensable facility because of inaction.

Two jurisdictions in the sample though the question unclear.

B. Renewal

Number of jurisdictions in the sample reporting method of license renewal.

<table>
<thead>
<tr>
<th>Number of Jurisdictions</th>
<th>Same date county wide</th>
<th>From date of issuance</th>
<th>Both</th>
<th>Notice given prior to renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
C. Coordination of Licensing Procedures

Number of jurisdictions in the sample responding yes and no.

1. Do the persons responsible for making recommendations for licensure in the three basic categories of the regulations meet regularly as a "team?"  
   10 yes 9 no

2. Are problem centers discussed by the team and the Health Officer before action is taken?  
   15 yes 4 no

3. Are inter and intra departmental methods of communication and reporting reviewed periodically by the team and cooperating agencies?  
   9 yes 10 no

4. Number of jurisdictions in the sample reporting personnel needs by professional background in or available to Health Departments.

<table>
<thead>
<tr>
<th>Number of Jurisdictions</th>
<th>Needs by Professional Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Child Health</td>
</tr>
<tr>
<td>5</td>
<td>Nutrition</td>
</tr>
<tr>
<td>5</td>
<td>Child Development</td>
</tr>
<tr>
<td>4</td>
<td>Environmental Health &amp; Safety</td>
</tr>
<tr>
<td>1</td>
<td>Paraprofessional Assistance</td>
</tr>
<tr>
<td>1</td>
<td>Other</td>
</tr>
<tr>
<td>7</td>
<td>No personnel needs</td>
</tr>
<tr>
<td>2</td>
<td>No reply</td>
</tr>
</tbody>
</table>

D. Suspension or Revocation

Number of jurisdictions in the sample responding yes and no.

1. Is the procedure for suspension or revocation of a license workable in your jurisdiction?  
   10 yes 1 no 8 no experience

2. Does the administrative hearing produce the desired result in most instances?  
   11 yes no 8 no experience

3. Is helpful legal assistance available locally to the department?  
   9 yes 3 no 7 no experience
State and National Funding of Day Care

Until 1973, the largest source of funding, and the only major source of new funds, was Title IVA of the Social Services Amendments of 1967. In December of 1972, Congress put a ceiling of $2.5 billion on the program effectively preventing day care expansion then on the drawing boards in Maryland. Regulations proposed by HEW to replace existing regulations, threatened to reduce children in publicly supported day care in Maryland by one half. In a debate which still continues, as Congress and the public attempted to maintain present regulations, or to mitigate the severity of proposed changes, HEW revisions in their proposals, placing day care eligibility at 233 and 1/3 of state welfare payment standards, would still eliminate approximately 1/3 of the children in publicly supported day care services under this title. House and Senate have not resolved differences concerning HB 3153, now in Conference Committee.

The Administration is supporting the revenue sharing approach for social services. Meanwhile, day care children, families, personnel, are in limbo, depending on the resolution of Congressional and administration differences, are not being referred to programs. Those who were threatened with being ineligible were gradually dropped prior to November 1. Day care center enrollment under Title IVA has thus been seriously curtailed, and the viability of some programs threatened as a result.

There are some 61 different titles which provide some assistance for day care programs from the federal level. These include services such as that provided by the Department of Agriculture, which provides funding for food for eligible day care children, and for some major equipment purchases; and the Office of Education. Most of it is, however, lost in the federal
funding maze, or lodged in a program geared to the needs, interests and concern other than the well being and nurturance of children, such as WIN, which anticipates putting more welfare mothers to work while reducing the already inadequate funding for day care for their children.

In sum, federal emphasis on budget cuts, program consolidation and administration by regulation have left federally funded day care programs in disarray. Although there appears to be strong congressional interest in day care, whether issues can be resolved and constructive legislation passed in the present Washington climate, is questionable. The Governors have urged Congress to act before July 1, 1974 as it takes approximately six months lead time to make the administrative changes necessary to implement changes affecting eligibility. Even Title IVA, however, has been available only to welfare recipients, or to past or potential welfare recipients, within a certain income range and time frame. It did not apply to parents who were already working, even though earning less than enough to pay for quality day care services.

The Child and Family Services Bill, recently introduced by Senator Mondale and Congressman Brademas would provide for funding and planning to make quality day care services, as well as other services such as health and nutrition, available to children and families. Unless and until such a Bill becomes law at the federal level, Maryland will have to make its own provisions for its children and their families.
Maryland Day Care Services

Initiative at the state and local level is more important than ever, in view of developments at the national level. Maryland has a national reputation as being a leader in this field, and it is to be hoped it will continue its leadership role.

It is important to have an overview of the national scene, as much of what is utilized in Maryland matches state money against federal funds. In 1966, Maryland passed legislation funding day care services, and appropriated $800,000 for this purpose. In 1967, when Title IVA funds became available for day care, Maryland reduced its funding to $200,000 which, when matched against 3 federal dollars for each local dollar, kept the program at its previous level. If the $800,000 had been continued, Maryland would have had an additional $2,400,000 of matching federal money for a significant program in day care services.

Maryland currently appropriates $5,451,474 - for day care services under Title IVA. It is not fully utilizing the funds available to it for social services under this legislation.

Funds are also available under the WIN program, reimbursable 90 federal dollars to 10 local or state dollars. Head Start funds are on an 80-20 matching formula.