COMMUNITY REVIEW OF
MONTGOMERY COUNTY CHILD CARE
RESOURCE AND REFERRAL CENTER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PLANNING, ACCOUNTABILITY AND CUSTOMER SERVICE

NOVEMBER 2018

FINAL REPORT

Planning, Accountability and Customer Service

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This document is part of ongoing series of reports to inform management, frontline staff, community partners and the public about the Department of Health and Human Services' efforts to make data informed decisions.

The aim of this work is to identify needs and provide practical responses for frontline practitioners in support of that mission and to support long term strategic solutions which improve individual, family and community health and social outcomes, to deliver more equitable services which reduce disparities, and to be a responsible steward of the public resources.

ACKNOWLEDGEMENTS

The Department of Health and Human Services (DHHS) is among the largest agency in Montgomery County government and is responsible for public health and human services that help address the needs of the community's most vulnerable children, adults and seniors. DHHS has a staff of 1600+ professionals, provides more than 130 programs and delivers services at more than 20 locations, with many more school-based health and wellness centers, in addition to more than 700 contracts for services with community providers located throughout Montgomery County.

DHHS provides services through several service areas: Aging and Disability Services (ADS); Behavioral Health and Crisis Services (BHCS); Children, Youth and Family Services (CYFS); Public Health Services (PHS) and Services to End and Prevent Homelessness (SEPH), formerly Special Needs Housing. The Office of Community Affairs (OCA) provides direct services through several programs. In addition, DHHS administrative functions include budget administration, fiscal administration, contract management, facilities, grant acquisition, human resources, information systems and performance management.

The Department's core services protect the community's health, protect the health and safety of at-risk children and vulnerable adults and address basic human needs. Planning, Accountability and Customer Service (PACS) is operated under the Office of the Director, to ensure efficient, effective and high-quality delivery of services and to measure the goals of the organization and focus on results in line with the organization's values.

The review is not a performance or financial audit, nor is it a program evaluation or in-depth assessment of client case management like the Quality Service Review (QSR). Instead, the review provides an independent perspective of service delivery from the community experience. The independent panel for this review consisted of Larry Checco, Emily Glazer and Vera Johnson.

The Community Review was coordinated by Abigail Hoffman with support provided by Sarah Yaftali, under the direction of Nicki De La Rosa and Denis Linders, DHHS Planning, Accountability and Customer Service. Graphic design and covers were provided by Sean Clark, Office of Public Information, Montgomery County, Maryland.

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EXPLANATORY NOTES

This report relies upon the following acronyms listed below.

AA	Associates in Art
ADA	Americans with Disabilities Act
ADS	Aging and Disability Services
BHCS	Behavioral Health and Crisis Services
CCA	Child Care Administration
CR	Community Review
COOP	Continuity of Operations
CRAT	Community Review Assessment Tool
CYFS	Children, Youth and Family Services
DHHS	Department of Health and Human Services
ECS	Early Childhood Services
eHR	electronic Health Records system
eICM	electronic Integrated Case Management System
FARMS	Free and Reduced Meals
ITM	Intensive Team Meeting
JHU-CTE	Johns Hopkins University Center for Technology in Education
LEP	Limited English Proficiency
MCCCRC	Montgomery County Child Care Resource & Referral Center
MFN	Maryland Family Network
MSDE	Maryland State Department of Education
NOPP	Notice of Privacy Practices
OCA	Office of Community Affairs
OESS	Office of Eligibility and Support Services
PAA	Principal Administrative Aide
PACS	Planning, Accountability and Customer Service
PAU	Professional Activity Unit
PHS	Public Health Services
QSR	Quality Service Review
RR	
SEPH	Services to End and Prevent Homelessness
TA	Technical Assistance
QEC	Quality Enhancement Coordinator

EXECUTIVE SUMMARY

The Department of Health and Human Services (DHHS), one of the largest government agencies in the County, is responsible for public health and human services that build resiliency among the community's most vulnerable children, adults and seniors. DHHS regularly evaluates service delivery and outcomes to identify gaps and equitable service solutions, which reduce disparities and improve individual, family and community health and social outcomes. Since 1999 the Community Review process has been a valuable means through which the Department receives feedback regarding the effectiveness of its programs.

The Montgomery County Child Care Resource & Referral Center (MCCCRRC) is a program under Early Childhood Services (ECS) in the service area of Children, Youth and Family (CYF), a division of DHHS. Their mission is to build a successful and knowledgeable child care workforce through professional development and individualized support.

The Community Review (CR) was conducted over a three-day period, on June 12, 13 and 19, 2018. During this timeframe, the review panel interviewed the administrator of ECS, the MCCCRRC program manager, and all program staff; observed a Training Team Meeting and a Technical Assistance (TA) Team Meeting; toured the facility; participated in a training session; and observed TA sessions at three center-based programs. One reviewer also observed one-on-one counseling TA sessions with two women seeking to become child care providers: One had been taking online classes at Montgomery College and needed assistance with homework and obtaining resources and the other was working in a child care setting but desired to become a child care provider. They were both assisted by the Quality Enhancement Coordinator (QEC). The MCCCRRC Community Review was conducted by Emily Glazer, Larry Checco and Vera Johnson.

This program was last reviewed in November 2001. It was interesting to note that during the earlier review, the program's services were split between TECHNIC and LOCATE services. At that time, MCCCRRC networked with several State and local commissions, some of which still exist today such as: Commission on Child Care Programmatic Issues Committee, MCCCRRC Steering Committee, Organization of Child Care Directors, and Office of Child Care (formally Child Care Administration). The review activities during the 2001 review included observing staff telephoning child care providers and parents to ask how MCCCRRC was serving their needs. Additionally, reviewers sat in on a meeting with the Child Care Administration representative and a TECHNIC counselor at the Child Care Administration site. Though some of the names of the organizations and the shift in services by MCCCRRC have changed since the last review, many of the issues the program hoped to address continue. This includes the following: (a) young children ready for school; (b) healthy children; (c) children safe in their home, school and community and (d) stable and economically secure families. By adopting these outcomes, MCCCRRC commits itself to the overall goal of improving the accessibility of high-quality child-care programs for all families that work or live in the county.

Results are organized by findings which 1) exceed expectations and 2) which might be transferrable to other programs. Findings that warrant attention and recommendations are also listed. Findings that exceeded reviewer's expectations, and may be of value to similar programs included:

1. The mission of MCCCRRC is to "build a successful and knowledgeable child care work force through professional development and individualized support," all of which clearly relates to the

DHHS mission. The fact that MCCCRRC requested this review to "stay ahead of the curve" with respect to a rapidly changing child care environment in the county indicates a willingness on the part of the agency to stay true to its mission.

2. All MCCCRRC staff members participate in professional development/continuing education to stay current in the field. Trainers when hired are Maryland State Department of Education (MSDE) approved. By being approved as MSDE trainers, MCCCRRC complies with the State mandate that supports child care educators pursuing required coursework for licensing. The program is committed to assisting child care providers with the licensing process. At team meetings, staff share information about client needs and discuss the best ways to address them. Following each training session, participants complete evaluation forms. The results are shared with the trainers, and feedback is incorporated in future trainings.

3. MCCCRRC uses a Strength-Based Coaching approach, a national model promoted by Child Care Aware, which focuses on teacher-driven interactions and builds on strengths. MCCCRRC has embedded reflective coaching based on Dathan Rush's work to reinforce the adult learning process. (Mr. Rush is the associate director of the Family, Infant and Preschool Program based in North Carolina). MCCCRRC staff adapt their knowledge and expertise to the needs of individual child care providers. The review panel was highly impressed with the skills, knowledge and depth of experience by the TA and training staff. They are truly dedicated to their craft and ensuring the child care professionals they work with succeed in making each child care program one that provides the best quality early childhood education program to Montgomery County children.

The review panel also identified opportunities for improvement with the following observations and recommendations:

1. One of the challenges noted by the reviewers is the lack of easy accessibility to the program's website. MCCCRRC's website is deeply embedded within the Montgomery County DHHS website, making it difficult to reach. Although it is updated regularly**,** it is very text heavy, making it difficult to find specific bits of information**.** Part of the reason is that the site is maintained primarily by DHHS and not MCCCRRC. The panel recommended that this program advocate for a Quick Link under Children, Youth and Family Services on the DHHS Home Page of the County website.

2. It would be helpful for MCCCRRC to develop a written emergency preparedness plan for staff and their providers who attend trainings in the 1401 Rockville Pike building where ECS and MCCCRRC are located. Additionally, the program manager indicated that the Continuity of Operations Plan (COOP) needs to be updated. The 1401 building does not have a coordinated plan for an emergency or a mock disaster training. Several additional DHHS programs are tenants in the building. Perhaps the DHHS and facilities staff can be contacted to facilitate and plan a future meeting to help with updating the COOP.

3. In an effort to create a more equitable work environment, it is recommended that contracted staff become merit positions. Contracted staff are limited to the scope of the contract, which

poses challenges to meeting program goals. In addition, changes in the child care community require the program to shift priorities and adapt to changing needs.

4. The panel recognizes staff dedication and commitment to carrying out program goals, however the detailed and labor-intensive services makes it difficult to respond to State mandated requirements and the needs of 1400+ child care programs in the County. Currently, services are single person dependent, making it difficult to serve client needs when there are staff vacancies. Increasing the number of staff and the addition of a Program Manager II would allow the program to be strategic in providing for current and future needs of the child care community.

1. BACKGROUND

The Community Review Program is a valuable means through which the Montgomery County DHHS receives feedback and input regarding the effectiveness of department programs from community members' perspectives. Trained panels independently assess how the programs are serving clients, examine the impact of programs on the community, and recommend possible improvements to services.

Guided by the Community Review Assessment Tool (CRAT) self-assessment, reviewers examine program delivery based on:

- Alignment with Mission and Guiding Principles of the Department;
- Effective and Equitable Service Delivery;
- Accountability;
- Capable and Engaged Workforce;
- Service Delivery Transformation; and
- Collaborative Partnerships (Annex I).

The programs are also reviewed for ADA compliance (Annex II) and how they meet objectives in line with the goals in the Department's two-year Strategic Roadmap.[1]

Figure 1. Panel members with MCCCRRC Staff members at the preliminary meeting

Selected Review

Montgomery County Child Care Resource and Referral Center (MCCCRRC) was selected by PACS as part of the DHHS Community Review for FY18. The programs administrator and program manager requested this review to "stay ahead of the curve" with respect to the rapidly changing child care environment in the county. This program was previously reviewed in November 2001. In light of the Strategic Plan for Early Care and Education, MCCCRRC is striving to increase awareness of existing factors in the provider community that must be acknowledged and considered if Montgomery County wants to remain in the forefront of early childhood care and education and realize their following vision statement: *All children in Montgomery County have equal access to high-quality early care and education and afterschool programing*.

Independent Review Panelists and Process

The Community Review is a structured process of program self-assessment, desk and subsequent field reviews performed by three knowledgeable, trained independent reviewers from the local community. The Community Review of Montgomery County Child Care Resource and Referral Center (MCCCRRC) was performed by reviewers Emily Glazer, Larry Checco and Vera Johnson (Annex III).

The Community Review preparation and introductory session commenced on June 7,

[1] www.montgomerycountymd.gov/HHS/Resources/Files/Reports/DHHS%20STRATEGIC%20ROADMAP%20(4)%202016_2018.pdf

2018, during which a comprehensive overview of MCCCRRC and its services was provided.

The review was conducted on June 12, 13 and concluded on June 19, 2018. During the review process, the panel of reviewers toured the facility's offices and education center, met all the staff of the program to obtain overviews of the program, observed a Training Team meeting and a Technical Assistance Team meeting, observed technical assistance being provided at three center-based programs, attended two child care provider meetings with QEC for family child care, and two reviewers attended a training session on *Mindfulness and Yoga* led by the Quality Enhancement Coordinator for center-based care. The full schedule of observations and a list of people interviewed is included in Annex IV.

On October 4, 2018, the Community Review process concluded with a meeting by the panel with DHHS and MCCCRRC management and staff to present the final report, discuss ways forward and agree on any recommendations.

EARLY CHILDHOOD SERVICES

Figure 2: An insignia ECS uses in documents

Figure 3: Services MCCCRRC provides

Figure 4. Barbara Andrews, Administrator of Early Childhood Services and Jennifer Arnaiz, Manager III of MCCCRRC at the preliminary meeting

2. WHAT WAS REVIEWED

Program Mission and Services

The Montgomery County Child Care Resource and Referral Center was established locally in 1998 in the Montgomery County Department of Health and Human Services to provide early care and education to County residents. The mission of MCCCRRC is to build a successful and knowledgeable child care workforce through professional development and individualized support.

MCCCRRC offers four program services to accomplish this goal:

1. **Technical Assistance (TA)** – a free service to family child care and center-based providers that supports these programs to ensure licensing compliance and quality improvement. Their TA team uses a strength-based coaching model to facilitate change through one-on-one counseling and building strong working relationships based on trust. The team uses research-based teaching practices to improve early educational settings. Sessions are given in a variety of formats: a warm line (phone support), walk-in, group sessions, site visits and

case management. They support early childhood educators with teaching practice such as routine and transitions, classroom environments, curriculum and lesson planning; assessments and screenings; challenging behaviors; how to engage with the family and child development. In addition, the child care health consultant, a registered nurse, also provides support to meet the health and safety of children in these facilities through site visits, group sessions, training and access to community resources. A third component is Quality Enhancement for early child educators pursuing professional development benchmarks such as MD Child Care Credential, Child Development Associate (CDA), and individualized supports for program achievements via Maryland Excellence Counts in Early Learning and School-age Care (MD EXCELS) and accreditation. MCCCRRC offers reimbursement for accreditation and CDA classes; group sessions; training classes; projects/cohorts; and coaching and mentoring services. A final support is to assist in increasing the supply of family child care programs and improving the quality of current registered family child care programs in the County by coaching; training; and providing business development through their partnership with the Maryland Women's Business Center to provide tools, resources and information to family providers, center directors and owners through counseling and classes on topics that include human resources, marketing, financial management and business planning.

2. **Professional Development** – is accessible, attainable and affordable opportunities that support adult learning for registered family child care providers and licensed center-based providers. MCCCRRC trainers are MSDE approved trainers and provide classes on Core of Knowledge that meet all licensing requirements, pre-service and State required courses. Registered and licensed providers can obtain the Maryland Child Care Credential, a certification as a Child Development Associate (CDA) or obtain an Early Childhood Education 4-year Degree. Each year, two conferences are held that include 6 hours of training and one Professional Activity Unit (PAU). Conferences featured a keynote speaker and breakout sessions, and one track is offered in Spanish only. In addition, two Super Saturday events are offered each year with 4 hours of training in four unique curriculum tracks, again with one track in Spanish. MCCCRRC also offers scholarship support for providers completing CDA classes online and will cover the cost to convert foreign higher education credentials to USA equivalent semester credits. Fees for training courses range from $10 to $30. Discounted tuition is offered to providers located in Title 1 catchment areas of Montgomery County.

3. **Data Collection** – Training and Technical Assistance (TA) data are submitted online to the Maryland Family Network (MFN) database; evaluations and assessments are completed after each training class while TA is documented after every contact; monthly reports to Maryland Family Network (MFN) are submitted as well. As part of the Early Childhood Services, MCCCRRC submits monthly reports to the chief of Children, Youth and Family Services (CYFS), which are

ultimately forwarded to the Director of DHHS.

4. **LOCATE: Child Care** – is an online database maintained by MFN. Staff at MCCCRRC provide assistance and support to parents searching for regulated child care providers in the community. Through consumer education and business development skills, MCCCRRC staff support their registered and licensed providers in updating their websites to attract and engage parents searching for child care providers.

Figure 5: Review panel receiving a tour of MCCCRRC's office and training rooms at 1401 Rockville Pike

Vision

MCCCRRC wants all children in Montgomery County to have equal access to high-quality early care and education and after-school programming. In 2001, MSDE/Division of Early Childhood Development began developing an initiative that would help improve access to quality child care for low-income families in Maryland. A voluntary, tiered reimbursement program recognizes the quality of child care programs that exceed the minimum requirements of licensing and registration. By the summer of 2011, the former "Tiered Quality Rating and Improvement System" was renamed Maryland EXCELS (Excellence Counts in Early Learning and School Age Care).

Maryland EXCELS focuses on five core disciplines:

1. Compliance
2. Professional Development
3. Accreditation
4. Developmentally Appropriate Activities
5. Administrative Practices

Figure 6: Reviewer Larry Checco in the providers resource room located in MCCCRRC's office

In 2010, the Johns Hopkins University Center for Technology in Education (JHU-CTE) joined the Maryland EXCELS. MSDE and JHU-CTE work in partnership to continually refine the standards and system based on workgroup recommendations and new research. These researchers continue to analyze the EXCELS standards and program performance within the system to ensure the accuracy and value of quality ratings. In addition, the research team may be able to validate the impact EXCELS has on accessibility to quality child care across Maryland, particularly for children in poverty, with developmental delays or disabilities, or who are English Language Learners.

Ultimately, the researchers will examine the relationship between a child's exposure to high-quality child care and long-term school success. More information on Maryland EXCELS can be found at https://marylandexcels.org/about-us/.

In 2015, the DHHS Early Care and Education Policy Office was established by the County Council**.** The role of the office is to serve as a focal point for the early care and education system in Montgomery County, to identify gaps, and to promote collaboration among County agencies and community partners to ensure a range of services for children from birth to five years old. The office oversees the Early Childhood Coordinating Council and brings together representatives of a variety of stakeholders to develop recommendations for the County Executive and the County Council on early care and education issues.

The County's Early Care and Education Strategic Plan has five goals:

1. High quality from birth in all settings
2. Affordable, accessible early care and education for all children and families
3. An educated, diverse, well-compensated early childhood workforce
4. Transitions and continuity across ages and settings
5. Leadership and financing

Progress reports and updates to the Strategic Plan can be found at: https://www.montgomerycountymd.gov/HHS-Program/CYF/ECEPO/EarlyCareEducationPolicyOffice.html

Services and Service Population

MCCCRRC supports the registered and licensed child care educators in Montgomery County. As of this report there are 877 registered family child care providers and 488 licensed center-based programs (taken from Maryland Family Network LOCATE Database). Their program provides extensive supports to Title 1 school districts and outreach to Latino communities. Their staff also encourages all providers to view their job as a career by offering the additional trainings and TA to owners to pursue accreditation, credentialing, and college degrees to create career ladders for themselves and throughout the early child care community so that children are Ready at 5 to enter and succeed in kindergarten.

Figure 7: Lead reviewer Vera Johnson discussing MCCCRRCC services with Suja Ali, Training and Technical Assistance Coordinator

Organizational Overview

MCCCRRC is a program in Early Childhood Services (ECS), a division within Children, Youth and Family services (CYF) in the Montgomery County Department of Health and Human Services (MCDHHS). The current administrator for ECS is Barbara Andrews and the Manager that oversees MCCCRRC is Jennifer Arnaiz. Staff consist of five and a half merit positions and four contracted positions to carryout program goals and initiatives. MCCCRRC is a member of the Maryland Child Care Resource Network. Their program assists child care professionals, parents and the community by delivering training for child care professionals in best practices; increasing knowledge of early

childhood development to support licensing requirements and credentialing criteria; providing information, assistance, guidance and resources to current and prospective child care providers and to assist parents in locating regulated child care.

Figure 8: 1401 Rockville Pike building where MCCCRRC and other DHHS services are located

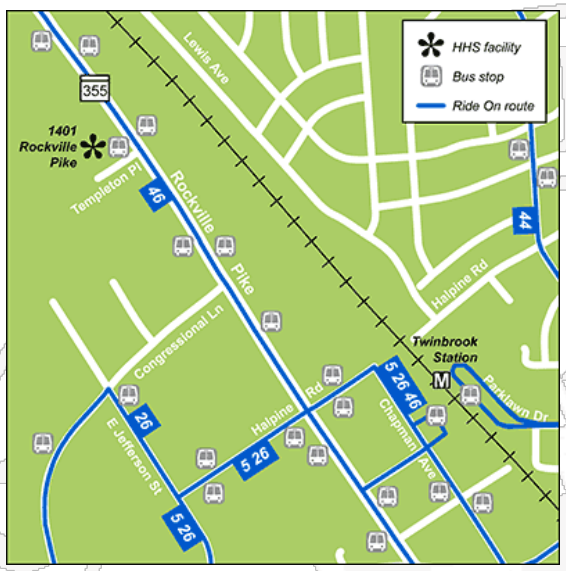

Figure 9: MCCCRRC at 1401 Rockville Pike is located near several public transportation options

Location and Coverage

MCCCRRC is located at 1401 Rockville Pike, Suite 200, Rockville, MD 20850; the main telephone number is 240-777-3110. In addition, the Early Education Training Center is located on the first floor in the same building. Their services are county-wide.

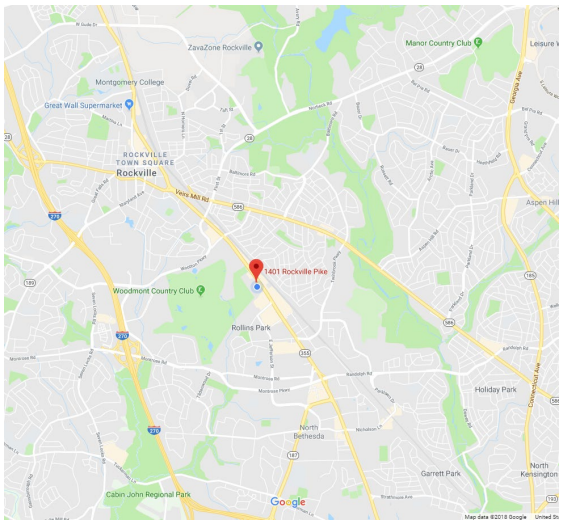

Figure 10: Map of MCCCRRC location in Rockville

Budget

FY 18	
Maryland Family Network-Infants & Toddler	$64,225.00
Maryland Family Network-Capacity Building	$135,467.00
County	$1,113,143

Figure 11: MCCCRRC's three primary funding sources for FY18

In addition to funding sources, MCCCRRC collects an average of $125,000 in training fees per year. The annual budget for FY18 was approximately $1,437,835.00.

GROWING
FAMILY CHILD CARE
OPPORTUNITIES

Figure 10: Graphic on ECS' brochure for how to become a family child care provider. MCCCRRC provides opportunities for family child care providers such as trainings and registration information.

into a single recommendation, where appropriate.

Additionally, recommendations may stem from reviewer's notes and/or observations and may not be directly reflected in the instruments. Panel recommendations are listed in order in the short-term (within 60 days), mid-term (within a year) and long term (over a year).

Figure 12: Reviewers in one of MCCCRRC's training rooms

Figure 13: Training Team meeting

3. RESULTS

The program Self-Assessment and subsequent findings by the review panel are guided by the Community Review Assessment Tool (CRAT) and a checklist of Americans with Disabilities Act (ADA), provided in Annex I and II, respectively.

Results are organized by findings which exceed the panel's expectations and can be transferred to other programs. Findings that warrant attention and recommendations are also listed. Recommendations may cover more than one section or tool and may be merged

I. Mission and Guiding Principles

The goal is to promote and ensure the health and safety of the residents of Montgomery County to build individual and family strength and self-sufficiency.

Findings Exceeding Expectations

- The Montgomery County Child Care Resource & Referral Center (MCCCRRC) "wants all children in Montgomery County to have equal access to high-quality early care and education and after-school programming." Its mission is "to build a successful and knowledgeable child care work force through professional development and individualized support," all of which clearly relates to

DHHS' mission. The fact that MCCCRRC requested this review to "stay ahead of the curve" with respect to a rapidly changing child care environment in the county indicates a willingness on the part of the agency to stay true to its mission. The agency's 11.5-member staff appear to be acutely aware of the agency's mission and passionate about executing it well.

- In the MCCCRRC 2017 strategic planning document, it clearly articulates the need for a plan for early childhood care and education in Montgomery County. This program strives to meet its goal to provide the highest level of quality early childhood education to all children in Montgomery County. Staff are very aware that the cost of achieving this goal is difficult based on the income of the County's diverse and multicultural and multi-linguistic residents. The strategic plan highlights five goals and strategies for achieving these goals, including:

  1. High quality from birth in all settings
  2. Affordable, accessible early care and education for all children and families
  3. An educated, diverse, well-compensated early childhood workforce
  4. Transitions and continuity across ages and settings
  5. Leadership and financing

- The reviewers noted that all staff appeared well-versed in describing their respective programs and trainings and were focused on desired outcomes, especially regarding individual cases. Also, staff interactions with clients, as observed by the reviewers, were always professional and appropriate, caring and compassionate.

Figure 14: Jill Lyons, Infant/Toddler Specialist

Figure 15: Starr Stevenson, Child Care Health Consultant and Rena Dubensky, Quality Enhancement Coordinator, discuss their roles at MCCCRRC during the CR

Findings Transferable to Other DHHS Programs

- If modeled and implemented properly, the Mission and Guiding Principle findings exceeding expectation mentioned can be transferred as best practices for other early childhood professionals and child care providers.

Figure 16: Inette Hunter, Program Specialist for Pre-school

Findings Needing Attention and Recommendations

Mid Term

- Many of the MCCCRRC staff felt that it was difficult for the public at-large to locate their program on the DHHS website. The administrator for ECS via the chief for CYF should add a *DHHS Quick Link* for Children, Youth and Family Services on the DHHS home page**.** This would provide better access to parents, child care providers and educators and the public to search for child care services and children's health and education programs through a more direct link.

- In order for MCCCRRC to achieve the goals of their strategic plan, there needs to be an increase in staffing levels for training and technical assistance personnel.

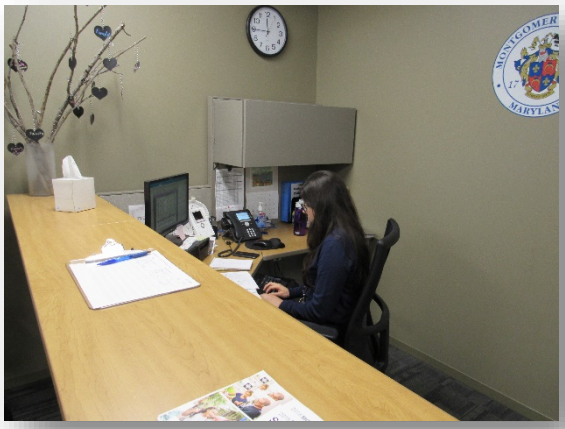

Figure 17: Principal Administrative Aide Evelin Serpas at work in MCCRRRC's reception area

II. Effective and Equitable Service Delivery

The goal is to align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.

Findings Exceeding Expectations

- Staff members participate in professional development/continuing education to keep current in the field. At team meetings, staff share information about client needs and discuss best ways to address them. Following each training session, participants complete evaluation forms. The results are shared with the trainers, and feedback is incorporated in future trainings. Complaints are dealt with on an individualized basis by the manager. The 2019 Grant Application MCCCRRC submitted to MFN references the complaint policy established for the LOCATE: Child Care, and this procedure is referenced on the MCCCRRC website.

- The center is located in a Class A building, offering modern amenities, comfortable waiting areas, private

consultation rooms, and appropriate adult learning environments. All of the center is clean and well-lighted. There is comfortable seating in the main reception area, with a clean, accessible restroom nearby. Interviewing rooms have white noise machines outside the door to maintain confidentiality. Staff greet clients/visitors as they arrive.

- Staff have a client calendar to reserve consultation rooms. The program accommodates walk-ins as well as evening and Saturday hours.

- The program follows up on missed/broken appointments as appropriate. For TA, staff handles this on an individualized basis, rescheduling via email and/or phone, depending on the preferred and most efficient method of communication for each case. It is important to note that the assigned coach will have a conversation with a provider who consistently fails to make appointments or complete tasks agreed upon on the action plan. Sometimes, timing is an issue and it is best to stop the case and agree to try later. The provider can also be overcommitted so providing a break or revising the action plan may be necessary. (This is done one on one.)

- The program does not maintain an official waiting list for training. MCCCRRC policies state that classes and conferences are filled on a first-come, first-served basis. The staff work closely with interested educators to get them into classes before they close.

- Response time for TA varied. Typically, requests are made by phone, with return calls made within 48 hours. At that time, depending on their need, a coach is assigned and reaches out to the program within a few days, to inquire more about the needs and schedule a time to meet and observe. The first face-to-face encounter typically is scheduled within a week or two. Each coach has 10 cases. Currently, there is not a wait list for TA. However, if there were one, a list would be maintained with an expected wait time communicated to the client. The program would also provide resources (classes or referrals to other programs if necessary) and do monthly check-ins to see if things have changed.

Figure 18: Reviewer Emily Glazer with members of MCCCRRC's Training Team

Findings Transferable to Other DHHS Programs

- Providing services in a Class A facility with all the amenities of MCCCRRC goes a long way to providing excellent service to clients and staff.

- Meeting the demands for services in a timely manner helps MCCCRRC achieve success.

- If other programs were able to meet the demands for services without a waiting list (as does MCCCRRC), this would be an excellent service to clients.

Figure 19: Technical Assistance Team meeting

III. Accountability

The goal is maintenance of reliable, accurate records and data for analysis, so program effectiveness can be quantified through performance measures.

Findings Exceeding Expectations

- MCCCRRC uses a Strength-Based Coaching approach, a national model promoted by Child Care Aware, which focuses on teacher driven-interactions and builds on strengths. MCCCRRC has embedded reflective coaching based on Dathan Rush's work to reinforce the adult learning process. The provider makes use of purposeful, reflective questioning based on observations in their program. Video recordings are utilized as an observation tool permitting early childhood educators to thoughtfully review their own actions while the coach asks specific questions using Rush's Framework for Reflective Questioning. MCCCRRC has two full time TA specialists who focus on curriculum and environments. The infant and toddler inclusion specialist concentrates on increasing high quality infant toddler care and improving the overall quality of care in these programs. The preschool specialist focuses on kindergarten readiness. These coaching models support both family child care and center-based settings. Both offer specialized training and technical assistance using the Healthy Beginnings Guidelines and Early Learning Standards.

- Staff adapt their knowledge and expertise to the needs of individual child care providers. The review panel was highly impressed with the skills, knowledge and depth of experience by the TA and training staff. They are truly dedicated to their craft and ensuring that the child care professionals that they work with succeed in making their child care program one that provides the best quality early childhood education program to the children of Montgomery County.

- All the MCCCRRC staff that conduct training are MSDE certified trainers and credentialed by MSDE. They attend the trainings locally or throughout the State of Maryland to maintain this credential. Recently, the health consultant attended a required training out of state as the program deemed it essential for the quality of

their program and to fulfill their commitment to the child care professionals.

Findings Transferable to Other DHHS Programs

- Jurisdictions with similar Child Care Resource and Referral services would benefit from having their staff trained in evidence-based practices.

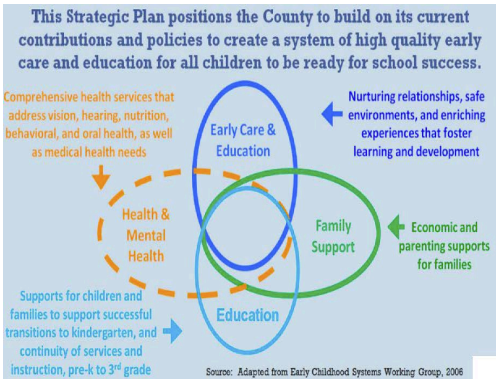

Figure 20: Diagram illustrating the County's system for early childhood care and education outlined in the Montgomery County Early Care and Education Strategic Plan 2017

Figure 21: ECS Administrator Barbara Andrews listening to wrap-up preliminary findings of the review at the exit meeting

IV. Capable and Engaged Workforce

The goal is to recruit, develop, and maintain a workforce that is engaged, accountable, responsible, respected, recognized, and prepared for changing roles within the department and representative of the community.

Findings Exceeding Expectations

- MCCCRRC has a total staff of 11.5 members comprised of 7.5 merit staff (1 vacant, 6.5 filled) and 4 contractual staff.

- Currently, the program is able to carry out all program goals with its current number of staff members. However, any vacancy places a burden on the remaining staff to maintain all programming scheduled. When asked how many additional staff are needed for this program, the manager stated at least ten more staff would be ideal. Given the number of training courses held each month and TA provided on site to family and center-based providers, it is remarkable that the staff continue to meet its program goals with only 8.5 staff to carry out training and technical assistance.

- The training manual included the requirements for independent trainers and a sample invoice. Uniquely, a reviewer noted that participants at training sessions not only evaluated the training topic, but there was an evaluation for the trainer as well.

- MCCCRRC collects fees for the training programs they offer to child care professionals. These fees, totaling $120,000 to $130,000, can supplement program needs and ensure program goals are met.

- MCCCRRC has monthly managers meetings with fiscal updates to ensure sustainability. Data is shared with its funders and the many agencies the

program collaborates with during each program year.

- The program receives grants from the MFN for Infants and Toddler Support and Capacity Building. These grants total $199,692 of the approximate $1,437,835 budget for FY18.

- Although the review panel suggested that staff submit proposals for funding to expand its staffing and to supplement the gaps in their current funding, the existing staff do not have the time to proactively take on this added responsibility. With a current workforce of 10.5 work years, a combination of employees and contractors and one position that has been vacant for more than one year due to a hiring freeze, the team demonstrates almost daily how committed they are to their jobs and assisting all providers and parents who contact them.

- The program also assisted in the development of the Montgomery County Early Care and Education Strategic Plan 2017. With the continual growth of children under 5 years old in the County, MDSE found that only 49% of all kindergarten students met the guidelines of the Kindergarten Readiness Assessment in 2016 for their *Ready by 5* initiative. With the county's continuous growth, it is feared that this number will increase as the number of households with children on Free and Reduced Meals (FARMS), with disabilities and access to related health/mental health/dental services and ability to earn a living. These disparities increase as the number of parents and children living below the US Poverty Level increases. The reviewers support the report's conclusion "for a cohesive, well-financed system of early care and education for [all] children and families in Montgomery County."

- To ensure the training staff have the knowledge, skills, awareness and meet the training requirements for their positions, they must have received the designation of being MSDE approved trainers when hired and maintain that designation while in this position. Staff can attend training via the County's Center for Continuous Learning (CCL) if a training class interests them. MCCCRRC will pay for staff to attend required training even when located out of town. Staff also complete all DHHS required trainings such as HIPAA, Limited English Proficiency (LEP), use of technology, working with difficult/hostile clients, customer service, etc. Training staff also have an early childhood education or early education degree. Some staff may have related work experience conducting adult learning which meets COMAR requirements.

- Staff members participate in professional development/continuing education to keep current in the field. MCCCRRC will provide funding for staff to attend MSDE and *Ready at 5* trainings. For the contract staff, their sponsoring agency, Family Services, Inc., does provide a stipend to send them to training workshops if required for their position.

- During the two site visits, MCCCRCC staff demonstrated a high degree of knowledge, compassion and understanding when meeting the needs of child care providers. Staff are experienced in their respective areas of expertise in early child care and have access to ongoing training. All training staff when hired, who are

currently all contractor, must be MDSE approved trainers. This certification must be maintained by these staff.

- Following each training session, attendees complete evaluation forms. The results are shared with the trainers, and feedback is incorporated in future trainings.

Findings Transferable to Other DHHS Programs

- Other Child Care Resource and Referral Services that conduct comprehensive evaluations of their child care and early childhood education services system at the local and State level should advocate for a wholistic system supporting the development of an Early Care and Childhood Education Strategic Plan in the areas of access, quality, workforce and affordability.

- At team meetings, staff share information about client needs and discuss best ways to address them.

Findings Needing Attention and Recommendations

Mid Term

- More outreach and retention staff are needed to support child care professionals who would like to expand their businesses.

- The addition of a program manager II position would allow MCCCRRC to be strategic in providing for current and future needs of the child care community.

- In an effort to create a more equitable work environment, it is recommended that contracted staff become merit positions.

Long Term

- The program should develop a written emergency preparedness plan for staff and their providers who attend trainings in this building.

- The building where MCCCRRC is located does not have a coordinated plan for an emergency or even mock disaster training. Perhaps the DHHS facilities unit be contacted to facilitate this contact and a future meeting.

V. Service Delivery Transformation

The goal is for an integrated service delivery system supported by technology, which enables staff to share information and work effectively.

Findings Exceeding Expectations

- Staff work diligently to meet its stated goals to provide quality childcare in a safe, healthy, nurturing environment by supporting licensed and registered child care providers through training and technical assistance. Staff utilize evidence-based practices that support adult learning such as coaching and mentoring as they work with family child care and center-based providers.

- Staff meet regularly. The TA team meets weekly and the training team meets monthly to problem-solve. Reviewers observed team meetings where information is shared and strategies discussed. Each team member is diligent and strives to ensure they are successful in meeting the child care providers' needs for registration or licensure, curriculum development, classroom design, parent engagement, professional development and other needs.

VI. Collaborative Partnerships

The goal is to strengthen internal and external partnerships with other programs and agencies to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes and eliminating disparities.

Findings Exceeding Expectations

- MCCCRRC solicits the input of clients and the community to support proactive planning and to improve services. They hold focus groups and collect customer satisfaction surveys following training sessions and annual conferences. Staff utilize town hall meetings and collaborative partnerships to identify and meet community needs.

- Data is compiled, reviewed by staff and used to discuss goal setting for the following year. An example of this is trends of canceled classes alerted the program not to plan as many during that time period for the next year. Also, program data determines where efforts should be concentrated for resources to be most effective.

Findings Transferable to Other DHHS Programs

- When a program collects feedback on every aspect of its program and services, the program will be highly successful in pinpointing supporting evidence and identifying realistic targets for their program on an annual basis. This program is further aided in the extensive support of local government, parents, the Montgomery County community, its collaborative partners in the Child Care community, State government and its Early Care and Education Strategic Plan 2017: Investments in Our Future.

Findings Needing Attention and Recommendations

- Staff noted that it makes every effort to solicit feedback from providers through surveys and questionnaires, but the return rate can be low. The program attributes this to the lack of incentives to encourage providers to participate in such feedback. The review panel encourages MCCCRRC to find "sponsors" in DHHS community partners and from their numerous collaborative partners in the early child care and education community who may be willing to assist in providing solutions to increase the number of completed surveys.

Figure 22: Reviewers and DHHS staff at the MCCCRRC Final Community Review Meeting in October 2018

4. NEXT STEPS

The Community Reviewers met with DHHS and MCCCRRC management and staff to review the report content and its findings on October 4, 2018. DHHS commits itself to review progress at regular intervals. PACS will monitor progress on the recommendations and report results to the DHHS Director and the Senior Leadership Team. An informal update on progress will occur in six months and a final review of the recommendations will occur in October 2019.

The final report will be made available to the public on the internet site for DHHS.

ANNEX I: COMMUNITY REVIEW ASSESSMENT TOOL

I. Mission and Guiding Principles

Standards/ Strategies	Supporting Evidence
1. Program's mission statement clearly relates to the DHHS mission.	The Montgomery County Child Care Resource & Referral Center (MCCCRRC) "wants all children in Montgomery County to have equal access to high-quality early care and education and after-school programming." Its "mission is to build a successful and knowledgeable child care work force through professional development and individualized support" -- all of which clearly relates to the DHHS mission. The fact that MCCCRRC requested this review to "stay ahead of the curve" with respect to a rapidly changing child care environment in the county indicates a willingness on the part of the agency to stay true to its mission. The agency's 10.5-member staff appear to be acutely aware of the agency's mission and passionate about executing it well.
2. Program has clear goals, objectives and strategies to accomplish its mission.	MCCCRRC, in its 2017 strategic planning document, clearly articulates the need for such a plan for early childhood care and education in Montgomery County. This program strives to meet its goal to provide the highest level of quality early childhood education to all children in Montgomery County. Staff are very aware that the cost of achieving this goal is difficult based on the income of the County's diversity and multicultural residents. The document highlights 5 goals and strategies for achieving those goals, including: ○ High quality from birth in all settings ○ Affordable, accessible early care and education for all children and families. ○ An educated, diverse, well-compensated early childhood workforce ○ Transitions and continuity across ages and settings ○ Leadership and financing During this interviewer's interactions with staff, all appeared well-versed in describing their respective programs and trainings and were intently focused on desired outcomes, especially regarding individual cases. Also, staff interactions with clients, as observed by this reviewer, were always professional, appropriate, caring and compassionate.
3. Staff can articulate the program's mission, goals, services and target population. Program mission, goals, service, and contact information are accessible, accurate and consistent across sources such as, printed materials, information referral lines, website, and social media.	MCCCRRC's printed materials—brochures, in particular—are well-designed, colorful, informative, easy to read, printed in at least two languages (English and Spanish) and are made readily available to the public. The program's mission and goal statements are printed on all brochures. The agency employs multiple social media platforms to get its messages out to the public—including Facebook, Twitter, Instagram, Pinterest and YouTube—and sends out email blasts to over 2,500 providers/recipients at least two to three times a week. The e-blasts contain information about opportunities, news and updates of interest to the child care community. The website and e-blasts also publish the LOCATE: Child Care complaint policy on a regular basis. The MCCCRRC website complies with all standards established by the Child Care Awareness of America and with Section 508 of the Rehabilitation Act of 1973. The agency's one great communications weakness is access to its website. The MCCCRRC website is deeply embedded within the Montgomery County DHHS website, making it difficult to reach. Although it is updated regularly, it is it is very text heavy, making it difficult to find specific bits of information. Part of the reason is that the site is maintained primarily by DHHS and not MCCCRRC.

4. Program incorporates DHHS principles into policies, procedures, professional interactions and information technology systems.	The staff of MCCCRRC is highly customer service-oriented. Training, Technical Assistance and LOCATE: Child Care all mandate that the staff are in constant contact with the child care provider community, the public at-large seeking to obtain quality child care services and networking continuously throughout the year with their partner agencies and networks that include public schools, local agencies, Montgomery College, public libraries and the Early Head Start programs. Their staff sit on various committees, workgroups and boards. During the two site visits made by this reviewer, MCCCRCC staff demonstrated a high degree of knowledge, compassion and understanding when meeting the needs of child care providers. All appeared to be well-versed in their respective areas of expertise in early child care and have access to ongoing training. All the training staff when hired—currently all are contractors—must be MDSE approved trainers. This certification must be maintained by these staff. Staff respond to client/customer telephone calls within 48 hours; all clients are greeted warmly. The main phone line and website are monitored by multiple staff for accountability. All TA contacts are entered into a log. MCCCRRC collects fees for the training workshops. All revenue intake follows the county policies and procedures to ensure accountability and fiscal compliance.
5. Program has a system in place to identify efficiencies and improvements.	This reviewer sat in on a meeting of staff who provided technical assistance to providers (held once a month), as well as a meeting (held once a week) for training staff. These meetings provide an opportunity to evaluate these services and problem solve with challenges. Further, evaluations are given to all participants at the conclusion of each training workshop. The staff indicated that they receive almost 100% return of completed evaluations. In both meetings, staff demonstrated their professionalism and passion for what they do. Individual cases were discussed in detail and staff offered suggestions to one another on how best to proceed with specific cases. The TA and Training team leader was extraordinarily responsive and respectful of staff.

II. Effective and Equitable Service Delivery

Standards/ Strategies	Supporting Evidence
1. Staff have accurate information and appropriate tools and are empowered to provide the highest level of customer service.	Staff members participate in professional development/ continuing education to keep current in the field. At team meetings, staff share information about client needs and discuss the best ways to address them. Following each training session, attendees complete evaluation forms. The results are shared with the trainers, and feedback is incorporated in future trainings. Complaints are dealt with on an individualized basis by the Manager. The 2019 Grant Application MCCCRRC submitted to Maryland Family Network references the complaint policy established for LOCATE: Child Care, and this procedure is referenced on the MCCCRRC website.
2. Clients are screened for other needs and referrals are made for eligible services available outside the	Staff screen clients for other needs, share information on resources, and make referrals to other County services as appropriate (for example, to health clinics, fire department for inspections, English classes, GED, and zoning permits). If a program is opened as a case, staff follow up on referrals to ensure an action or task has been completed.

	program.	
3.	Program regularly solicits customer satisfaction information across all clients and uses information to improve program delivery.	Providers and attendees at training sessions receive written surveys following each session. The surveys are used to determine the appropriateness of the training, format, and if the training material should be modified. Similarly, upon closure of each technical assistance case, providers receive an evaluation of services. (This can be done anonymously online, or traditionally with pen/paper.) Staff review the data for specific feedback; and collectively the evaluations give the staff a better understanding of their approach and what is most meaningful to the provider. Conference evaluations are distributed, collected, and discussed in Training Team meetings to help determine the best course of action to address any concerns.
4.	Program delivers services respectful of diverse communities.	More than half of the staff are bilingual/bicultural, which is extremely helpful in serving the many Spanish-speaking child care providers who seek their services. Staff have had training on Limited English Proficiency (LEP) clients and cultural competency. As indicated in #2 above, when the need arises, MCCCRRC uses the services provided by the County's LEP program. End of the year training will focus on equity (mandatory for all staff).
5.	Print and multimedia communication materials and forms are developed in easy to understand language, taking into consideration literacy level, cultural, and linguistic appropriateness and people with other forms of communication needs.	Program information is available in English and Spanish on the Web, in print, and in lobbies. Bilingual brochures and flyers are very colorful, upbeat, inviting, and in easy-to-read language. Fortunately, when information is needed in other languages, the program has been able to get free support from the LEP program which uses qualified HHS merit staff to perform interpretation and translation. If an HHS staff person is not available, the program is required to go to an approved vendor and pay from their own budget. Clearly, their budget limits how much can be translated.
6.	Program is aware of and uses translation services to serve non-English speaking customers.	To communicate with speakers of languages besides English and Spanish, staff have access to the County's Language Line and know the procedure to request in-person interpreters. Staff are aware of the language(s) spoken by their providers. But as stated in Question #5 above, maintaining a supply of interpreted documents can be costly to this program. The Montgomery County Government and Department/Offices and Services websites have an option to translate information into 100 languages. Unfortunately, MFN does not provide information (such as their complaint policy) in other languages. MCCCRRC has requested a rational for this.
7.	Program staff are knowledgeable about and provides reasonable accommodations and accessible facilities for customers with disabilities.	Staff follow County guidelines and are in compliance with the ADA checklist. If accommodations are requested (for example, 3 days' notice for a sign language interpreter), staff have access to the appropriate resources. All facilities are fully accessible for any customers with disabilities. Staff indicated that the program's current location is in a "Class A" building.

8. Staff are knowledgeable about and provides reasonable accommodations for customers with limited access to transportation (i.e., bus ticket, taxi voucher, etc.).	MCCCRRC does not provide transportation assistance; however, they are located near Metro and bus stops. They also occasionally take their services into communities in their jurisdiction, such as a Judy Center, public schools or public libraries; and occasionally will do a training at child care programs. MCCCRRC provides free parking for those coming to their main office and Learning Center.
9. Services are delivered in facilities that are accessible to clients.	Services are delivered in facilities that are accessible to clients. The center offers free parking, is .8 miles from the Twinbrook Metro station, and a 2-minute walk from a Ride-On #46 bus stop. To accommodate the work schedules of the child care providers, trainings are often held in the evening and on Saturdays. There are automatic door openers for customers with limited mobility issues; bathrooms can accommodate wheelchairs and there is at least one accessible unit in each rest room.
10. Services are delivered in facilities that are safe, comfortable and welcoming to clients.	The center is located in a Class A building, offering modern amenities, comfortable waiting areas, private client consultation rooms, and appropriate adult learning environments. There is comfortable seating in the main reception area. Interviewing rooms have white noise machines outside the door to maintain confidentiality.
11. Information on how to access or apply for services is available online for clients.	The website is challenging to find; however, the program sends most of the information about its services via e-blasts and social media.
12. Program services are received in a timely manner.	Staff have a client calendar to reserve consultation rooms. The program accommodates walk-ins as well as evening and Saturday hours. The program follows up on missed/broken appointments as appropriate. For TA, staff handles this on an individual basis -- rescheduling via email and/or phone, depending on the preferred and most efficient method of communication for each case. It is important to note that the assigned coach will have a conversation with a provider who consistently fails to make appointments or complete tasks agreed upon on the action plan. Sometimes timing is to blame and it's best to stop the case and agree to try later. Sometimes the provider is overcommitted so providing a break or revising the action plan is necessary. (This is done one on one.)
13. If the program has a waiting list for services, staff are working to eliminate the waiting list.	The program does not maintain an official waiting list for training. MCCCRRC policies state that classes and conferences are filled on a first-come first served basis. The staff works closely with interested educators to get them into classes before they close. Response time for TA varies. Typically, requests are made by phone, with return calls made within 48 hours. At that time, depending on their need, a coach is assigned and reaches out to the program within a few days, to inquire more about the needs and schedule a time to meet and observe. This first face-to-face encounter typically is scheduled within a week or two. Each coach has 10 cases. Currently, there is not a wait list for TA. However, if there were one, a list will be maintained with an expected wait time communicated to the client. The program would also provide resources (classes or referrals to other programs if necessary) and do monthly check-ins to see if things have changed.
14. Program regularly	The program tracks client outcomes and submits reports in keeping with local and state requirements. As part of their grant, MCCCRRC submits yearly targets, along with a timeline of

reviews changing client outcomes and population needs data and incorporates findings into their practice. p	tasks to be completed. This is used to set training classes and targeted numbers of people to register. The program also sets the number of quarterly TA group sessions. The total number of people touched is used as their end target. Each quarter, MCCCRRC submits a report to MFN indicating if they are on track (and if not, why).
15. Are data on race, ethnicity, country of origin and/or preferred language collected on clients served?	Montgomery County Government collects demographic data. The program compiles and reviews data from the customer surveys and feedback forms and uses it to discuss goal setting for the following year. This includes noticing the times of year when classes are canceled and determining where the staff efforts are most concentrated to help use resources effectively.

III. Accountability

Standards/ Strategies	Supporting Evidence
1. Program applies evidence-based practice to the design and delivery of services.	MCCCRRC uses a Strength-Based Coaching approach, a nationally model promoted by Child Care Aware, which focuses on teacher driven-interactions and builds on strengths. MCCCRRC has embedded reflective coaching based on Dathan Rush's work to reinforce the adult learning process. The provider makes use of purposeful, reflective questioning based on observations in their program. Video recordings are utilized as an observation tool permitting early childhood educators to thoughtfully review their own actions while the coach asks specific questions using Rush's Framework for Reflective Questioning. MCCCRRC has two full time TA specialists who focus on curriculum and environments. The Infant Toddler/Inclusion Specialist concentrates on increasing high quality infant toddler care and improving the overall quality of care in these programs. The Preschool Specialist focuses on kindergarten readiness. These coaching models support both family child care and center-based settings. Both offer specialized training and technical assistance using the Healthy Beginnings Guidelines and Early Learning Standards. MCCCRRC staff adapt their knowledge and expertise to the needs of individual child care providers. The review panel was highly impressed with the skills, knowledge and depth of experience by the TA and training staff. They are truly dedicated to their craft and ensuring that the child care professionals that they work with succeed in making their child care program one that provides the best quality early childhood education program to the children of Montgomery County. All the MCCCRRC staff that conduct training are MSDE certified approved trainers and credentialed by MSDE. They attend the trainings locally or throughout the State of Maryland to maintain this credential. Recently the Health Consultant attended a required training out of state as the program deemed it essential for the quality of their program and to fulfill their commitment to the child care professionals.
2. Program sets monthly/annual targets for outcome measures.	MCCCRRC conducts 500 to 600 training classes per year, which brings in an estimated $120K to $130K in revenues. The agency appears to do an excellent job of collecting quantitative data on the number of TA and professional development trainings and services it provides, but there appears to be little in the way of collecting qualitative data. Quality is derived more through anecdote rather than data. The panel reviewed the projected targets in several program categories for FY 2019 in MCCCRRC's Grant Application to the Maryland Family Network for FY 2019. The reporting categories indicated targeted numbers for specific categories. For example, an objective was

	to provide individualized counseling on business development strategies. The milestone to be achieved was "by June 30, 2019, [the program] will have supported 30 programs with business development." Another objective was to "provide individualized technical assistance to support quality improvement. By June 30, 2019, the program hopes to provide support to 50 programs with MD EXCELS related topics." All the projections for FY 2019 included a Goal, Objective, Milestones and Strategies to accomplish the goal.
3. Management routinely monitors outputs and meaningful outcomes data and uses measures to determine results.	MCCCRRC's director meets directly with staff on a routine basis ("morning huddles") to ensure that the agency's objectives are met, and proper procedures are followed when meeting those objectives. The program manager reviews monthly reports to determine trends and gaps in services. In addition, MCCCRRC participates in MDSE and MFN evaluation services. This includes submission of monthly Training and TA reports as well as quarterly grant reports. Montgomery County government evaluates customer satisfaction and collects demographic data. Internal reports evaluate trends as well as data. They are submitted to the Administrator and Chief for review and in turn sent to the DHHS Director as part of the County's monthly report. Monthly Training and Technical Assistance team meetings are conducted to evaluate services, review successes and problem solve challenges that arise. All reports are public information and are shared with stakeholders and the public at large. Data is reported to County Stat for publication yearly. Many reports are submitted to the County Executive as the County budget is developed. Finally, the County Council's Education Committee workgroup are held throughout the year. Annual financial audits are performed, and results are found on Montgomery County's website.
4. Manager regularly disseminates the program's performance data with staff.	Program managers meet regularly with staff (TA once a month; Training once a week) to discuss program performance on a case by case basis. Monthly reports are disseminated to both the agency's chief, as well as the Director of HHS. Quarterly reports are submitted to funding sources.
5. Program compares results/ trends with similar programs in other jurisdictions or appropriate benchmarks.	MCCCRRC is a member of the Maryland Family Network (MFN) - Child Care Resource Network and as such meets quarterly with the other 11 R&R programs throughout the state. Directors of individual programs meet bimonthly.
6. Are managers utilizing reporting tools and data?	MCCCRRC uses Maryland state data on child care to compare its growth with the rest of the State. Because of Montgomery County's demographics, the program's child care providers are the highest user of child care subsidies in the State. This easily exceeds the State-funded voucher as Montgomery County has an additional locally-funded child care voucher that supports households with slightly higher incomes than the State-funded child care voucher program. Multiple Excel spreadsheets generated by both the county and state help the agency to determine policies and track equitable distribution of resources and disparities in service or to ensure equity.
7. Program holds staff accountable to demonstrate respect, professionalism, timelines and fairness.	The review panel sat in on both a TA and Training meeting. It appears that MCCCRRC staff demonstrate respect, professionalism and fairness toward one another, as well as share information regarding their respective work schedules and timelines for work completion. However, the agency's job descriptions and performance plans can be more explicit in customer service expectations, as well as with respect to defining professionalism, timelines and fairness in each job description and performance plan based on the employee's position in the program.

8. Program has participated in the Quality Service Review (QSR) process.	N/A. This program does not maintain traditional case records. TA provision to child care providers is logged. Training sign-ups only indicate the participant's name and contact information. The participant signs in at the training session and can complete the training survey and later receive a document verifying she/he attended or completed a specific required training to support her/his progress toward meeting MD EXCELS's credentialing, maintaining their current level in the system or progressing toward career development goals.
9. Program has a clearly written policy for handling complaints/disputes about the delivery of services that is available to clients.	MCCCRRC has a clearly written policy for handling complaints/disputes about the delivery of services that is disseminated via E-Blasts that go out regularly to providers, at least two or three times a week. In addition the program's website refers users to the Maryland Family Network's website to the LOCATE: Child Care Complaint Policy posted in full detail at http://www.marylandfamilynetwork.org/complaint-policy/.
10. A notice of privacy practices (NOPP) is visibly posted in public areas and is provided to clients.	N/A However, the child care providers should have the NOPP posted at their program location as well as the form signed off by each enrolled child's head of household.
11. Staff always adhere to appropriate information security safeguards when sharing confidential documents.	All emails and flash drives related to sharing confidential documents and information are password protected. In addition, staff can encrypt emails containing client confidential information but utilize the client's case numbers when engaging with non-DHHS consultants or outside agencies.
12. Client files are stored in a secure area and confidential information is not in plain view.	MCCCRRC is HIPAA compliant, and all confidential documents are kept under lock and key. Computers have screen savers to keep confidentiality of client personal information; plus, they are password protected. White Noise machines are positioned outside of interviewing rooms and offices to keep conversations confidential.
13. Staff practices discretion and has safeguards in place when discussing sensitive client information.	All sensitive client information is discussed in specially designated "Interview Rooms" and "white noise" machines are employed just outside the doors to further ensure confidentiality.

IV. Capable and Engaged Workforce

Standards/ Strategies	Supporting Evidence
1. Program has sufficient staff and appropriate resources to support goals.	MCCCRRC has a total staff of 11.5 members comprised of 7.5 merit staff and 4 contractual staff. Currently, there is one vacant merit position, so 6.5 merit positions are filled. The merit positions are the Manager III, the Training and Technical Assistant Team Leader, and positions for the Technical Assistance staff. They include the part-time Child Care Health Consultant, the Infant Toddler Specialist, Pre-school Specialist, the Quality Enhancement Coordinator (QEC) for Family Child Care and the Quality Enhancement Coordinator for Center-based programs and a Principle Administrative Aide. The full-time Child Care Health Coordinator's position has been vacant for almost a year due to the hiring freeze by Montgomery County Government. All the Training staff are contractual. They are the Training Coordinator and two Training Assistants and the QEC for Center-based providers. The Training and Technical Assistance Team Leader conducts separate team meetings for the Training Team which meets weekly and the T. A. Team which meets monthly. Currently, the program is able to carry out all program goals with its current number of staff members. However, any vacancy places a burden on the remaining staff to maintain all programming scheduled. When asked how many additional staff are needed for this program,

	the manager stated at least ten more staff would be ideal. Given the number of training courses held each month and Technical Assistance provided on site to family and center-based providers, it is remarkable that the staff continue to meet its program goals with only 8.5 staff to carry out training and technical assistance. The program can hire outside consultants, but funding is limited to a lifetime maximum of $10,000 for individuals. The Training Manual included the requirements for independent trainers and a sample invoice. Uniquely, this reviewer noted that participants at training sessions not only evaluated the training topic but the trainer as well. MCCCRRC collects fees for the training programs they offer to child care professionals. These fees can supplement program needs and ensure program goals are met.
2. The program budget reflects and supports the program's mission and significant needs.	The budget is set each year by the County (FY18 $1,113,143), Maryland State Family Network—Infants and Toddlers funding (FY18 $64,225.00) and Maryland Family Network—Capacity Building (FY18 $135,467.00). In addition, the program can generate an additional $125,000 to $130,000 in fees collected in providing professional development courses to child care providers attending their courses for Accreditation, Credentials and Professional Development. It was noted that in FY 2018 the County Council provided additional funds for ninety-six scholarships for child care providers to attend Montgomery College (MC). For FY 2019, the County eliminated this scholarship fund of $110,000. The program is exploring options for the State to support the sixty-one students who are currently enrolled at MC to complete their AA degree program. Update: All students were absorbed into the State's Childcare Career and Professional Development Fund. The review panel suggested MCCCRRC should explore obtaining foundation grants from agencies via their partner child care associations. The budget does not fully support the program's mission to build a successful and knowledgeable child care workforce through professional development and individualized support. This is not to disparage the efforts of the managers and administrators in securing the current budget increases. However, the review panel felt it was important to highlight that significant financial increases are needed for MCCCRRC to accomplish its Vision Statement: All children in Montgomery County have equal access to high-quality early and education and afterschool programing.
3. To ensure appropriate planning and sustainability, the program follows a process to communicate budget needs and alternate funding strategies, engaging the department and other entities as required.	MCCCRRC has monthly managers meeting with fiscal updates to ensure sustainability. Data is shared with its funders and the many agencies the program collaborates with during each program year. The program receives grants from the Maryland Family Network for Infants and Toddler support and Capacity Building. These grants total $199,692.00 of the approximate $1,437,835.00 budget for FY 2018. Although the review panel suggested that staff submit proposals for funding to expand its staffing and to supplement the gaps in their current funding, the existing staff do not have the time to proactively take on this added responsibility. The program has a current workforce of 11.5 work years (which includes one vacant position) of a combination of employees and contractors. The one position has been vacant for more than one year due to a hiring freeze. The staff demonstrate almost daily how committed they are to their jobs; assisting all providers and parents who contact them. The program also assisted in the development of the Montgomery County Early Care and Education Strategic Plan. With the continual growth in the county for children under 5 years, MDSE found that only 49% of all kindergarten students met the guidelines of the Kindergarten Readiness Assessment in 2016 for their Ready by 5 initiative. With the county's continuous growth, it is feared that this number will increase as the number of households with children on

	FARMS, with disabilities and other related access to health/mental health/dental services and households earning less than a living wage increase. As these and other disparities increase, the number of parents and children living below the US Poverty Level increases. With the support of the County Council, an Office for Early Child Care and Education was created. Further the State of Maryland adopted a standardized system for early care and childhood educators, MD EXCELS, that supports credentialing, accreditation, professional development and business growth for child care and early childhood educators—the very services offered by MCCCRRC. The reviewers support the report's conclusion "for a cohesive, well-financed system of early care and education for [all] children and families in Montgomery County."
4. Job descriptions are in place for position and reflect the individual's role in achieving the program's goals.	The review panel were provided with 11 job descriptions, missing only the Child Care Health Consultants' job descriptions (for both full and part time positions). All defined the skills, knowledge and abilities required for each position. In addition, we reviewed the resumes of each current employee/contractor. One could easily conclude that all were well qualified for their position.
5. Staff responsibilities and activities are appropriately aligned with their position description.	Each staff person's job description aligns appropriately with her position under the section for Major Duties. It was noted that only two job descriptions included customer service skills. However, customer service was not defined—i.e., maintaining a professional manner when engaged with child care providers, colleagues, community partners; being aware of the various cultures and diversity of their clients. It would appear this skill to be clearly impactful in the daily performance of their work. Most position descriptions had a preference for Bilingual English/Spanish speakers as this program has an ample number of Spanish speakers in their provider network.
6. Staff have the knowledge, skills, awareness and training required to formulate, implement, execute, and manage services to customers.	To ensure that the training staff have the knowledge, skills, awareness and meet the training qualifications for their positions, they have received the designation of being Maryland State Department of Education (MSDE) approved trainers when hired and must maintain that designation while in this position. Staff can attend training via the County's Center for Continuous Learning (CCL) if a training class interests them. MCCCRRC will pay for staff to attend required training even when located out of town. Staff also complete all DHHS required trainings—HIPAA, Language Interpretation/LEP, use of technology, working with difficult/hostile clients, customer service, etc. Training staff have an Early Childhood Education or Early Education degree. Some staff may have related work experience conducting adult learning which meets COMAR requirements. MCCCRRC will provide funding for staff to attend MSDE and Ready at 5 trainings. For the Contract staff, their sponsoring agency—Family Services, Inc.—does provide a stipend to send them to training workshops if required for their position.
7. Performance plans and evaluations are conducted on a regular basis for staff (as per Performance Management Cycle).	MCCCRRC follows the County Performance Planning and Evaluation (PPE) Management cycle with plans being developed for employees by September and the evaluation being completed by August. Montgomery County follows a fiscal year (July 1 to June 30) calendar for performance planning and evaluation (PPE). The panel was provided with a redacted copy of a completed PPE. The employee accepted the plan and signed off on the final evaluation. There was no evidence of a mid-year discussion or update/adjustment of objectives. This section may be omitted when a supervisor feels an employee does not need to make improvements in an objective prior to the end of the evaluation period.
8. Program management utilizes techniques to ensure staff is effectively working to meet goals.	MCCCRRC has a bifurcated system to achieve its primary mission to provide professional development—i.e., training and technical assistance--to family child care and centered-based child care providers. Trainers must be Maryland State Department of Education (MSDE) approved trainers when hired and maintain their appropriate credentials.

	Cross training does not usually occur as the training staff conduct training and the technical assistance staff provide TA and some also perform coaching. TA and coaching are conducted usually at the child care professional's site. When a center-based Director has a group of staff that require training, MCCCRRC trainers will perform the training at that site. Each team supports itself to ensure proper coverage of the day's schedule. However, the Quality Enhancement Coordinator for center-based care does provide training and TA for center-based providers only. As stated in Question #6 above, staff have access to training through the DHHS Continuous Center for Learning, MSDE to maintain their approved trainer status and access to outside paid trainings, even out of State if needed to maintain their certifications. The Program Manager and Training & Technical Assistance Coordinator support their staff during their team meetings to share ideals and problem solve.
9. Program provides opportunities for volunteers, interns and/or students.	Currently, volunteers are trained verbally in how to perform volunteer functions. They have begun the process of developing a volunteer manual, but the program was not sure when it will be finalized and implemented. A coaching manual is in draft and includes defined roles for mentors as well as coaches. With the increased efforts for recruitment and retention of family child care providers, some of the strategies are being utilized by the training assistant for family child care who is charged with this function.
10. Program ensures that volunteers, interns and/or students understand their role by providing job descriptions, training, and supervision.	MCCCRRC has a completed Training Manual. They have a draft for the Coaching Manual that is updated as needed and posted on the County's website. However, the Volunteer Manual is still being developed. In February 2017, the program hired a Quality Enhancement Coordinator for Family Child Care. Among her duties is to contribute to the Family Child Care Recruitment Campaign. It will contain sections for coaching ambassadors and peer-to-peer support for those providers new to the child care profession. It is projected that this enhancement will assist with retention of family child care providers. Volunteer ambassadors will promote career options as family child care providers via a word of mouth campaign at the grassroots level to assist in the recruitment of new providers or re-engaging former providers who may have dropped out of the profession for various reasons—lack of enrollment of children, family issues, low finances to maintain fees for registration and/or annual certified training requirements.
11. Program staff have received emergency preparedness guidance, training and have a plan in the event of an emergency.	The program should develop a written emergency preparedness plan for staff and their providers who attend trainings in this building. Training on active shooter in building has been conducted as well as fire drills. The Manager indicated that the COOP needs to be updated. The building where MCCCRRC is located does not have a coordinated plan for an emergency or even mock disaster training. Several DHHS programs are tenants in the building. The reviewers recommend that an emergency preparedness plan be put in place. Perhaps DHHS facilities can be assist with the plan?

V. Service Delivery Transformation

Standards/ Strategies	Supporting Evidence
1. Manager promotes, and staff are working towards an integrated seamless services delivery approach for problem solving and case reviews.	Staff work diligently to meet its stated goals to provide quality childcare in a safe, healthy, nurturing environment. Staff meet regularly (TA team meets weekly and training team meets monthly) to problem-solve. Reviewers observed team meetings in which information was shared and strategies were discussed.
2. Program is aware of, and participated in,	The program manager and staff were not aware of the Intensive Team Meeting (ITM) process. Although the staff do not work long term with providers or parents looking for child care

the Intensive Team Meeting (ITM) process to support service integration and collaboration across service areas, County departments and community providers.	providers, they were advised to be aware of the process in case one of their providers or parents had the need to access this tool. For further information and to request a referral form, MCCCRRC staff may contact the PACS office for details.
3. Staff effectively uses appropriate technology to support work and achieve program goals.	Staff use an iPad to facilitate technical assistance and laptops and personal cell phones in the field. Audio/visual equipment is used in the training rooms.
4. Program has an on-going training curriculum and accountability structure to ensure full utilization of the electronic Integrated Case Management (eICM), Electronic Health Records (eHR) and/or Electronic Content Management (eICM) systems.	N/A
5. Program staff effectively use eICM, eHR and/or eICM systems for service delivery and to monitor client and program outcomes.	N/A
6. Program staff are accessible by telephone and e-mail, and voicemails are responded within one business day.	Staff are required to respond within 48 hours to phone calls or emails. Social media messages are usually responded to within hours.
7. Program uses electronic and social media (webpage, Facebook, Twitter, etc.) to conduct outreach and promote services to customers.	Given that the website is difficult to find, and not easy to update, staff rely heavily on social media to promote services to customers. They are on Facebook, Twitter, Instagram, YouTube, and Pinterest. All have the same handle @MCCCRRC. The Center uses the platforms to publicize their trainings, provide news, and share tips.

VI. Collaborative Partnerships

Standards/ Strategies	Supporting Evidence
1. Program is continually developing and	MCCCRRC collaborates with several community partners, agencies and associations, including: • Montgomery County public schools • Montgomery College

building community partnerships to promote innovative solutions to current and emergent challenges.	• Maryland's Women's Business Center • The Judy Centers • Public Libraries • Early Head Start programs In addition, staff sit on various committees, workgroups and boards; these include: • Early Childhood Coordinating Council (formally ECAC) • Local Interagency Coordinating Council • Infant and Child Mortality Group • Healthy Montgomery • Maryland State Department of Education - Office of Child Care Advisory Board The MCCCRRC has close relationships with all nine local associations who represent various provider constituents. They meet on a quarterly basis to ensure communication and tackle common challenges. These associations include: • Organization of Child Care Directors • Maryland State Child Care Association-Montgomery County Chapter • Family Child Care Association of Montgomery County • Maryland Association for the Education of Young Children-Montgomery County Chapter • Monday Morning Moms • Latino Child Care Association of Maryland • Jewish Preschool Federation of Greater Washington • Montessori Institute of Montgomery County • Maryland School Age Child Care Alliance
2. Staff regularly collaborate with the provider community in identifying potential solutions for efficiencies and improvements.	MCCCRRC conducts focus groups, meets quarterly with association leaders, sits on various association boards and participates on steering committees and community work groups.
3. Program regularly solicits the broad input of clients and the community to support proactive planning and improve services.	MCCCRRC does solicit the input of clients and the community to support proactive planning and to improve services. They hold focus groups and collect customer satisfaction surveys following training sessions and annual conferences from their child care providers. They utilize town hall meetings, and their collaborative partnerships to meet the needs of the community. The data is compiled and reviewed by staff. It is used to discuss goal setting for the following year. An example given to the reviewers noted that trends of canceled classes alerted the program not to plan as many during that time period for the next year. Also, data is reviewed to determine where their efforts should be most concentrated so that dialogue can take place about using resources more effectively. MCCCRRCC noted that it makes every effort to solicit feedback from providers through surveys and questionnaires, but the return rate can be low. The program attributes this to the lack of incentives to encourage providers to participate in such feedback. The review panel encourages MCCCRRC to find "sponsors" in DHHS community partners and from their numerous collaborative partners in the early child care and education community who may be willing to assist in providing solutions to increase the number of completed surveys.

ANNEX II: AMERICANS WITH DISABILITIES ACT CHECKLIST

This review notes general impressions and observations about ADA compliance. It is not a formal assessment for ADA compliance.

Accessible Parking/ Route of Travel	Yes/ No/ NA
1. Is there clearly marked accessible parking? ADA parking regulations require 1 accessible space per 25 spaces. The first space should be a van accessible space-8ft. parking space plus an 8ft. access aisle.	Yes
2. Is there an accessible path of travel between the parking space and the main entrance of the building? Look for curb cuts, ramps, etc. Follow the travel path and see if you encounter any problems.	Yes
3.If the main entrance is not accessible, is there a clearly marked alternative route to the building that is accessible? Again, follow this route and see if you encounter any problems.	N/A
4.Does the route appear to be wide enough for a wheelchair user (at least 36 inches)?	Yes
5.Is the front door wide enough (at least 32 inches wide) for a wheelchair to get through?	Yes
6.Can you open the door without too much trouble? If not is there an automatic door or doorbell to ring for assistance?	Yes
Accessible Interior Space	**Yes/ No/ NA**
7.Can you reach the main office by an accessible route?	Yes*
8.Is the aisle at least 36 inches wide and clear of boxes and protruding items?	Yes
9.Are interior doors wide enough for wheelchair access (32 inches wide)?	Yes
10.Is there an accessible bathroom?	Yes
11.Does the door open easily or is there an automatic door?	Yes
12.Is there a water fountain that can be used by those using wheelchairs?	Yes
13.Are interviewing or counseling rooms accessible for someone in a wheelchair?	Yes
Program Accessibility	**Yes/ No/ NA**
14.Do staff know how to request a sign language interpreter?	**Yes**
15.Is your program walk-in or first-come-first-serve?	Yes*
15a. If yes, are staff aware they should make appointments for people with disabilities upon request?	Yes
16.Will staff members assist people with disabilities in completing applications if necessary?	Yes
17.Do staff know how to provide information in alternate formats such as Braille or large print?	Yes
18.Does the program permit service dogs to accompany clients? There are no licensing requirements or identifying equipment needed to prove that the dog is a service dog. The client may be asked if the dog is a service dog and what the dog is trained to do. Those are the only questions that can be asked.	Yes
19. If the agency has a website, is it accessible to users who are blind or have visual impairments?	**Yes**
20.Has your program received any complaints within the last year from people with disabilities? If so, explain: See below.	**No**
21.Are meetings held in accessible locations?	Yes
22.Do meeting notices include a statement explaining how to request a sign language interpreter or other accommodation?	No
23.Does the agency have a lot of telephone contact with clients?	Yes
23a. If yes, are program staff trained to use Maryland Relay?	Yes
23b. If yes, are program staff trained on Video Relay?	N/A
24.Is staff trained on the use of the TTY? If so, does the agency have a TTY telephone? **Note, crisis programs or 911 systems only*	N/A
25.Does the program brochure and website inform people of how to request the information in an alternative format or request other accommodations?	Not in brochure but yes on the Website.

ANNEX III: REVIEWERS

The Department of Health and Human Services extends appreciation to the following independent reviewers who volunteered their time for the community.

	Larry Checco Larry Checco is president of Checco Communications and a nationally sought-after speaker and workshop facilitator on leadership, organizational management and branding. He also serves as a consultant to both large and small nonprofit organizations, companies, foundations and government agencies. Mr. Checco's books, Branding for Success: A Roadmap for Raising the Visibility and Value of Your Nonprofit Organization, and Aha! Moments in Brand Management: Commonsense Insights to a Stronger, Healthier Brand have sold thousands of copies throughout the United States, Australia, Canada, South Africa, Sweden, Israel, Southeast Asia and elsewhere around the globe. Mr. Checco writes political and economic columns, as well as personal essays for several online publications, including Accountability Central, Inequality.Org and BoomerCafe. He is recognized as a leading communications professional with articles cited and reprinted on countless websites. Mr. Checco holds a degree in economics from Syracuse University and a MA in journalism and public affairs from American University.
	Emily Glazer Emily Glazer is a health education specialist with more than 40 years' experience. She has a master's degree in public health education and is a Certified Health Education Specialist. Ms. Glazer has managed national health promotion programs in English and Spanish; educated consumers and patients of diverse ages and cultural backgrounds; and provided training and technical assistance to health professionals in multiple disciplines. A few years ago, she served as the Senior Health and Wellness Coordinator for Montgomery County's Department of Health and Human Services. Currently, she is a Community Interpreter, facilitating communication between Spanish-speaking consumers and English-speaking service providers in health care, social service, and education settings. Ms. Glazer holds a bachelor's degree in Urban Studies and Sociology from New York University, and a master's in Public Health Education from Hunter College.
	Vera Johnson Vera Johnson, LCSW-C, is a Licensed Certified Clinical Social Worker with over 32 years of experience with DHHS in the areas of Child Welfare Services and Special Needs Housing. She held several positions as a social work case manager and lead worker; homeless family services and grants contract monitor and Program Manager in the Upcounty and Rockville regional offices. Mrs. Johnson participated on various workgroups that developed and implemented integrated customer service assessment models; assisted in creating a government, non-profit and community partner-managed service delivery program known as the Neighborhood Opportunity Network Centers for individuals to have easier access to department services for food and preventing homelessness to gain service access in a less formal setting located in their neighborhood. Mrs. Johnson also served on the department's cadre for Quality Service Review until she retired in 2015. Mrs. Johnson is a graduate of Syracuse University and the School of Social Work at Howard University.

ANNEX IV: SCHEDULE OF THE REVIEW

DHHS MONTGOMERY COUNTY	**Department of Health and Human Services Community Review** **d Care Resource & Referral Center June 2018 Schedule Updated 6/12**
Tuesday 6/12	**Community Review Day 1**
1:30 PM – 9:45 PM	*1401 Rockville Pike, Suite 200, Rockville, MD 20852 Conference room 2004*
1:30 PM – 2:00 PM	MCCCRRC staff member Suja Ali will give tour of offices
2 PM – 3 PM	Interview with Eveline Serpas, PAA and Suja Ali, Technical Assistance Coordinator
3:30 PM -4:45 PM	Interview Technical Assistance team:
4:45 PM – 5:30 PM	Team Check-in
5:30 PM – 6:30 PM	Dinner Break
6:45 PM – 9:45 PM	1 Class
7 PM- 9 PM	EXCELS Workgroup
Wednesday 6/13	**Community Review Day 2**
10:30 AM – 4:30 PM	*1401 Rockville Pike, Suite 200, Rockville, MD 20852 Conference room 2004*
10:30 AM – 11:15 AM	Technical Assistance Team Meeting –
11:15 AM – 12 PM	Meet with Jennifer Arnaiz in Conference Room 2004
12 PM –1 PM	LUNCH / Travel Time
1:00 PM - 2:00 PM	Site Visit for Larry and Vera to go to LilyPads with Jill Lyons
1:30 PM – 2:30 PM	Site Visit for Emily to go to Wheaton Woods in Rockville with Rena Dubensky
2:30 PM – 3:30 PM	Training Team Meeting Check with Front Desk for Room
3:30 PM – 4:30 PM	Interview Training team:
Tuesday 6/19	**Wrap-up Day**
10 AM – 3 PM	*1401 Rockville Pike, Suite 200, Rockville, MD 20852 Conference room 2004*
1:30 PM – 3:00 PM	Exit meeting with staff to give preliminary findings with Jennifer Arnaiz and Barbara Andrews.

ANNEX V: INTERVIEWEES AND PARTICIPANTS

The independent review panel met with and interviewed the following staff, participants and community partners, and wishes to extend appreciation for their participation in this Community Review. The list is not exhaustive, as additional program staff may have been unintentionally omitted from this list.

Name	Title	Organization
Barbara Andrews	Administrator, Early Childhood Services	DHHS
Jennifer Arnaiz	Manager III, MCCCRRC	DHHS
Suja Ali	Training and Technical Assistance Coordinator	DHHS
Evelin Serpas	Principle Administrative Aide	DHHS
Starr Stevenson	Child Care Health Consultant (PT)	DHHS
Jill Lyons	Infant Toddler Specialist (Tech. Asst.)	DHHS
Inette Hunter	Preschool Specialist (Tech. Asst.)	DHHS
Paulia Alvarado	Quality Enhancement Coordinator for Family Child Care	DHHS
Rena Dubensky	Quality Enhancement Coordinator for Center Based Care	Contractor
Etrulia Lee	Training Coordinator	Contractor
Victoria Negro	Training Assistant	Contractor
Jo Rodriguez	Training Assistant	Contractor

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