Maryland
STATE DEPARTMENT OF EDUCATION

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

TO: Members of the Maryland State Board Education Policy Committee

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

DATE: November 19, 2026

SUBJECT: Proposed Amendments for School-Age Children
COMAR 13A.16 *Child Care Centers*
COMAR 13A.17 *Letters of Compliance*
Permission to Adopt

Purpose

The purpose of this item is to request permission to adopt amendments to the Code of Maryland Regulations (COMAR) 13A.16 *Child Care Centers* and COMAR 13A.17 *Letters of Compliance (LOC)* related to group size and staffing requirements for school-age children in child care centers and LOC programs.

Background and Executive Summary

The Maryland State Department of Education's (MSDE) Office of Early Childhood (OEC) convened a School Age Workgroup several years ago to consider potential amendments to group size and staffing requirements for school age children. On September 20, 2023, OEC shared proposed amendments during an Office of Child Care (OCC) Advisory Council Ad Hoc Meeting. OEC proposed changes to these State Board of Education in October 2023 after gathering feedback and strong support from interest holders.

Currently, a group of school-age children (ages 5 years and older) must have a staff/child ratio of 1 to 15 and a maximum group size of 30. Regulations also require that groups including infants, toddlers, or preschoolers must have at least one staff member who is certified in approved first aid and CPR (FA/CPR) for every 20 children.

Under the proposed amendment, a center with a group of only school age children:

- May choose to have a maximum group size of 45 when staffed by at least one teacher, one assistant teacher, and one aide.
- Must have at least one staff member certified in FA/CPR for every 30 children.

A corresponding amendment says LOC programs:

- May choose to have a maximum group size of 45 while maintaining a staff/child ratio of 1 to 15.
- Must have at least one staff member certified in FA/CPR for every 30 children.

On June 23, 2026, the State Board of Education (SBOE) granted permission to publish the recommended amendments. The regulations were published in the Maryland Register (Volume 53, Issue 18) for 30-day comment period from September 4, 2026, through October 5, 2026.

MSDE received five public comments—1 supportive, and 4 opposed to the proposed change. The comments are included in the attached materials.

While OEC acknowledges commenters' concerns for the health and safety implications of increasing group sizes, it is important to note that:

- School-age programs across Maryland are facing staffing shortages and struggle to maintain adequate ratios for supervision.
- The proposed group sizes and staffing ratios are optional and represent maximum allowable numbers; program administrators continue to have discretion over safe supervision of children.
- The proposed staffing model for child care centers may allow increased supervision by aides who have training and experience.
- Many school-age programs, particularly those operating in schools, already serve multiple groups of up to 30 children within a large, shared space such as a gymnasium. As a result, more than 45 children may already be present in the same space, even though they are organized into separate groups.

In summary, the proposed changes would provide programs with additional flexibility to serve more children while continuing to comply with important health, safety, and supervision requirements. This flexibility may help alleviate staffing-related constraints and expand access to care for families who depend on these essential services.

Action

The request is for the State Board to grant permission to adopt proposed amendments to COMAR 13A.16 *Child Care Centers* and 13A.17 Letters of Compliance to require an increase in flexibility regarding maximum group size, staffing, and first aid and CPR requirements for programs serving school-age children.

Attachments

Single Attachment:

13A.16.08.03 - *Child Care Center* – Group Size and Staffing

13A.16.10.02 - *Child Care Center* – First Aid and CPR

Single Attachment:

13A.17.08.03 - *Letter of Compliance* – Group Size and Staffing

13A.17.10.02 - *Letter of Compliance* – First Aid and CPR

Public Comments

Title 13A STATE BOARD OF EDUCATION

Subtitle 16 CHILD CARE CENTERS

Chapter 08 Child Supervision

Authority: Education Article, §§9.5-401, 9.5-404—9.5-411, and 9.5-413—9.5-418; General Provisions Article, §4-333; Human Services Article, §1-202; Annotated Code of Maryland
Agency Note: Federal Statutory Reference — Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.);
Pro-Children Act of 1994 (20 U.S.C. §6081 et seq.);
Child Care Development Block Grant (45 CFR Parts 98 and 99 and 42 U.S.C. 9858 et seq.);
Social Security Act §418 (42 U.S.C. 618)

.03 Group Size and Staffing.

A.–B. (text unchanged)

C. Same-Age Groups.

(1) (text unchanged)

(2) [In] *Except as provided in §C(3) of this regulation, in* a group of children of the same age who are 2 years old or older, the following [staff/child ratio and maximum group size] requirements apply:

Child [Ages] *Age Group*	Staff/Child Ratio	Maximum Group Size
2 years old	1 to 6	12
3 or 4 years old	1 to 10	20
5 years old and older	1 to 15	[30] *45*

(3) A center may utilize a maximum group size of 45 for a group of school-age children aged 5 years old and older that is staffed by at least 1 teacher, 1 assistant teacher, and 1 aide.

D.–E. (text unchanged)

Chapter 10 Safety

Authority: Education Article, §§9.5-401, 9.5-404—9.5-411, and 9.5-413—9.5-418; General Provisions Article, §4-333; Human Services Article, §1-202; Annotated Code of Maryland
Agency Note: Federal Statutory Reference — Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.);
Pro-Children Act of 1994 (20 U.S.C. §6081 et seq.);
Child Care Development Block Grant (45 CFR Parts 98 and 99 and 42 U.S.C. 9858 et seq.);
Social Security Act §418 (42 U.S.C. 618)

.02 First Aid and CPR.

A. (text unchanged)

B. A center [with an approved capacity of more than 20 children] shall have in [attendance,] *attendance* [in a ratio of] at least one staff member [for every 20 children present, staff members who are] *who is* currently certified in approved first aid and CPR as specified at §A of this [regulation.] *regulation:*

(1) For every 20 children present in a group that includes infants, toddlers, or preschoolers; or

(2) For every 30 children present in a group of exclusively school age children.

C.–E. (text unchanged)

Title 13A STATE BOARD OF EDUCATION

Subtitle 17 CHILD CARE — LETTERS OF COMPLIANCE

Chapter 08 Child Supervision

Authority: Education Article, §§9.5-401, 9.5-404, 9.5-405, 9.5-409, 9.5-411 and 9.5-413—9.5-418; General Provisions Article, §4-333; Human Services Article, §1-202; Annotated Code of Maryland
Agency Note: Federal Statutory Reference — Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.); Pro-Children Act of 1994 (20 U.S.C. §6081 et seq.); Child Care Development Block Grant (45 CFR Parts 98 and 99 and 42 U.S.C. 9858 et seq.); Social Security Act §418 (42 U.S.C. 618)

.03 Group Size and Staffing.

A.–C. (text unchanged)

D. Same-Age Groups in Before-School and After-School Child Care Programs. In groups of children of the same age in a before-school or after-center program, the following requirements apply:

Child Age Group	Staff/Child Ratio	Maximum Group Size
2 years old	1 to 6	12
3 or 4 years old	1 to 10	20
5 years old and older	1 to 15	[30] *45*

E.-F. (text unchanged)

Chapter 10 Safety

Authority: Education Article, §§9.5-401, 9.5-404, 9.5-405, 9.5-409, 9.5-411, and 9.5-413—9.5-418; General Provisions Article, §4-333; Human Services Article, §1-202; Annotated Code of Maryland
Agency Note: Federal Statutory Reference — Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.); Pro-Children Act of 1994 (20 U.S.C. §6081 et seq.); Child Care Development Block Grant (45 CFR Parts 98 and 99 and 42 U.S.C. 9858 et seq.); Social Security Act §418 (42 U.S.C. 618)

.02 First Aid and CPR.

A. (text unchanged)

B. A facility [with an approved capacity of more than 20 children] shall have in [attendance,] *attendance* [in a ratio of] at least one staff member [for every 20 children present, staff members who are] *who is* currently certified in approved first aid and CPR as specified in §A of this [regulation.] *regulation:*

(1) For every 20 children present in a group that includes preschoolers; or

(2) For every 30 children present in a group of exclusively school age children.

C.–E. (text unchanged)



Permission to Adopt: COMAR 13A.16 & 13A.17

OFFICE OF EARLY CHILDHOOD

Presented By | Sarah Neville-Morgan, Chief of Early Childhood

November 19, 2026

Maryland
STATE DEPARTMENT OF EDUCATION

MSDE Strategic Plan Goals

1

Every child has access to a high-quality early childhood program.



PILLAR 1: EARLY CHILDHOOD EDUCATION

2

Every school has high-quality and diverse teachers and leaders.



PILLAR 2: HIGH-QUALITY & DIVERSE TEACHERS AND LEADERS

3

Every student graduates high school college and career ready.



PILLAR 3: COLLEGE AND CAREER READINESS



Every student is matched with the resources they need to ensure their success.

4

PILLAR 4: MORE RESOURCES FOR STUDENT SUCCESS



Every school and district receives a rating of ___ or higher.

5

PILLAR 5: GOVERNANCE AND ACCOUNTABILITY

Visit the Maryland State Department of Education website to learn more about the Strategic Plan!

strategicplan.marylandpublicschools.org



STRATEGIC PLAN ALIGNMENT

GOAL 1

Every child has access to a high-quality early childhood program.

1.A	Increase student readiness for kindergarten annually as measured by the Kindergarten Readiness Assessment (KRA).
1.B	Increase kindergarten readiness proficiency rates for each student group.



Presentation Outline

1. Regulation Background
2. Public Comment Review
3. Next Steps
4. Discussion

Regulation Background

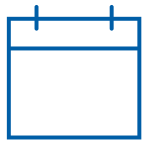
Flexibility in Group Sizes and Staffing for School-Age Children

Regulation Background



The proposed revisions **provide the option to increase the group size and staffing** for school age children in child care centers and Letter of Compliance (LOC) programs.

- **Centers:** 1 teacher, 1 assistant teacher, and 1 aide to 45 children.
- **LOC:** Group size maximum of 45 children with a 1 to 15 ratio.
- **Both:** 1 First Aid/CPR-trained staff member to 30 children.



Sept. 2023: Gathered community feedback and strong support for proposed changes.

June 2026: SBOE granted permission to publish the revisions for public comment.

Sept. 2026: Public comments opened.

Public Comment Review

Summary of Community Feedback on Proposed COMAR Revisions

Comment Data



Comments were open from September 4 to October 5, 2026.



5 comments were submitted: 1 favorable and 4 unfavorable.

- The favorable comment was submitted after the comment window closed.

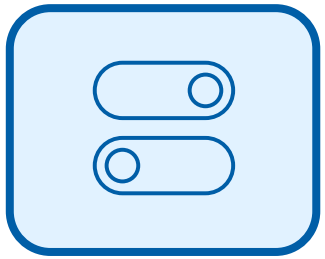
Themes:

- Concern that group sizes and ratios are too large for adequate supervision.
- Requests to increase requirements for FA/CPR training.
- Acknowledgement that the increased group sizes and ratios are optional and represent a maximum amount.
- Appreciation for flexibility in the kinds of positions allowed to supervise children.

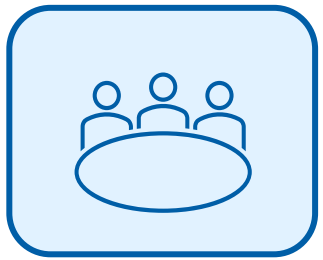
Next Steps

Adoption and Implementation

Next Steps



Increasing group sizes and staffing is optional.



Planned responses to feedback:

- Partnering with Child Care Resource Centers (CCRCs) to raise awareness on technical assistance for appropriate supervision.

Discussion

Questions and Feedback

#	Date Received	Source	Person(s) Providing Comment	Organization	Reg Citation	Comments Submitted Child Care Centers: 13A.16.08.03 and 13A.16.10.02 & Letter of Compliance: 13A.17.08.03 and 13A.17.10.02 (Group Size/Staffing/FA/CPR)	Regulation Language	Stance	MSDE Recommendation
1	9/5/2026	Email	Olatokunbo Anife @ akinfe29@yahoo.com	Unknown	COMAR **13A.16 & 13A.17** (Center and Letter of Compliance)	I am writing to oppose the proposed amendment that would raise the maximum group size for school-age children in Child Care Centers and LOC facilities from 30 to 45, and would reduce First Aid/CPR staffing coverage from one trained staff member per 20 children to one per 30. A group of 45 school-age children supervised by three adults (one teacher, one assistant teacher, one aide) is a substantial increase in the number of children each adult is responsible for during transitions, outdoor play, and emergencies — precisely the moments when adequate supervision matters most. Larger group sizes are associated with more supervision lapses, slower emergency response times, and higher stress and turnover among staff, which in turn affects the quality and consistency of care. The proposed reduction in First Aid/CPR coverage compounds this risk rather than offsetting it. Weakening the trained-staff-to-child ratio at the same time group sizes grow means fewer certified responders are available per child exactly when a larger group increases the odds that something will go wrong. In an emergency a choking incident, an allergic reaction, a playground injury – the difference between one trained responder for 20 children and one for 30 can affect outcomes. I urge the Department to: 1. Withdraw or significantly scale back the proposed increase in maximum group size, or at minimum increase the required adult staffing (not just group size) to preserve the current effective adult-to-child ratio. 2. Maintain the existing First Aid/CPR coverage requirement of one trained staff member per 20 children, rather than reducing it to one per 30. 3. Publish the data or justification behind these proposed changes, as the notice does not explain what problem this amendment is intended to solve or what safety analysis supports it. Maryland families rely on the state to set staffing and safety standards that reflect what is actually safe for large groups of children, not just what is administratively convenient for providers. I ask that the Department reconsider this proposal in its current form.	**13A.16.08.03: (Child Supervision)** C. (2) **Except as provided in §C(3) of this regulation,** in a group of children of the same age who are 2 years old or older, the following requirements apply: Child **Age Group: 5** years old and older, 1 to 15 staff/child ratio, Maximum Group Size **45** **(3) A center may utilize a maximum group size of 45 for a group of school-age children aged 5 years old and older that is staffed by at least 1 teacher, 1 assistant teacher, and 1 aide.** **13A.17.08.03: (Child Supervision)** D. Same-Age Groups in Before-School and After-School Child Care Programs. In groups of children of the same age in a before-school or after-center program, the following requirements apply: 5 years old and older, 1 to 15 staff/child ratio, Maximum Group Size **45** **13A.16.10 & 13A.17.10: (Safety)** B. A center shall have in **attendance** at least one staff member **who** is currently certified in approved first aid and CPR as specified at §A of this **regulation**: **(1) For every 20 children present in a group that includes infants, toddlers, or preschoolers; or** **(2) For every 30 children present in a group of exclusively school age children.**	**UNFAVORABLE**	**MSDE encourages programs to reach out to their Child Care Resource Centers (CCRCs) and Licensing for resources and technical assistance (TA) to support implementation of the proposed amendments. However, increasing the maximum group size for school-age groups to 45 children would still be optional, and programs may continue operating at their current group size if they choose.** **Regarding the FA/CPR requirements, programs may also continue staffing at a ratio of 1:20 rather than 1:30. This flexibility may help programs for which meeting the 1:30 ratio would create a hardship, particularly for staff who do not work full-time schedules and may struggle with the financial burden associated with fulfilling this requirement.**
2	9/6/2026	Email	Melissa Blackwell @ mblackwell03@yahoo.com	Unknown	COMAR **13A.16 & 13A.17** (Center and Letter of Compliance)	I do not agree with increasing the maximum group size to 45 children. A classroom or group of this size raises significant safety and supervision concerns, particularly for younger children who require closer observation and assistance. While the proposed 1 staff member to 15 children ratio may meet the minimum requirement, I believe there should be at least one additional teacher or aide assigned when a group exceeds 30 children to provide adequate supervision, assist children as needed, and ensure staff can effectively observe and respond to safety concerns. If group sizes of 30 -45 children are permitted, the student-to-staff ratio should also be increased beyond three staff members to ensure adequate supervision and support for all children.	**13A.16.08.03: (Child Supervision)** **C. (2) Except as provided in §C(3) of this regulation,** in a group of children of the same age who are 2 years old or older, the following requirements apply: Child **Age Group: 5** years old and older, 1 to 15 staff/child ratio, Maximum Group Size **45** **(3) A center may utilize a maximum group size of 45 for a group of school-age children aged 5 years old and older that is staffed by at least 1 teacher, 1 assistant teacher, and 1 aide.** **13A.17.08.03: (Child Supervision)** D. Same-Age Groups in Before-School and After-School Child Care Programs. In groups of children of the same age in a before-school or after-center program, the following requirements apply: 5 years old and older, 1 to 15 staff/child ratio, Maximum Group Size **45**	**UNFAVORABLE**	**MSDE encourages programs to reach out to their Child Care Resource Centers (CCRCs) and Licensing for resources and technical assistance (TA) to support implementation of the proposed amendments. However, increasing the maximum group size for school-age groups to 45 children would still be optional, and programs may continue operating at their current group size if they choose.**
3	9/8/2026	Email	Mariangelica Aponte Martinez @ angiesdaycare@protonmail.com	Angie's Daycare	COMAR **13A.16 & 13A.17** (Center and Letter of Compliance)	I am writing to submit my public comment regarding proposed action 26-122-P and the proposed amendments to COMAR 13A.16.08, 13A.16.10, 13A.17.08, and 13A.17.10. I am a Maryland licensed child care provider, and I strongly oppose the proposed increase in maximum group sizes for school-age child care programs. I understand that the purpose of the proposal is to provide greater flexibility regarding maximum group size, staffing, and first aid and CPR requirements for programs serving school-age children. However, I am concerned that allowing groups of up to 45 school-age children does not support Maryland's goal of providing safe, high-quality child care. Under the proposed regulation, a center could have a group of up to 45 school-age children staffed by one teacher, one assistant teacher, and one aide. Although that technically creates a 15-to-1 staff-to-child ratio, I believe the size of the group itself deserves serious consideration. Quality child care is about much more than meeting a numerical ratio. It requires staff to be able to actively supervise children, respond to individual needs, manage conflicts, address injuries and emergencies, support children emotionally, facilitate meaningful activities, communicate with families, and maintain a safe environment. As a provider, I know firsthand how quickly children's needs can arise at the same time. One child may need assistance while another is hurt, another is experiencing a behavioral challenge, and another needs emotional support. These situations do not happen one at a time simply because a program meets its required ratio. I also question whether a group of 45 children is consistent with the level of individualized attention we should expect from a high-quality child care program. Maryland should be asking how we can improve the quality of care, not simply how many children we can safely fit into a group. I am particularly concerned because this proposal comes at a time when Maryland's child care regulatory system is already facing challenges with oversight and responsiveness. Providers are experiencing delays with inspections, complaint investigations, communication, and licensing support. As a provider, I have personally experienced changes in licensing specialists multiple times within a relatively short period of time. Before increasing the number of children that child care programs may be responsible for supervising, I believe Maryland should first ensure that the Office of Child Care has sufficient staffing and resources to effectively oversee the programs already operating and respond to complaints and safety concerns in a timely manner. If the goal is to increase child care capacity and address affordability, I believe Maryland should pursue solutions that increase access without compromising quality. Investments in the child care workforce, provider retention, adequate staffing, and stronger regulatory oversight would be a much better direction than simply allowing larger groups of children. Maryland families should be able to trust that when they leave their children in licensed care, those children will receive more than the minimum level of supervision required by a ratio. They should receive care in which they can be seen, heard, supported, and responded to as individuals. I respectfully urge the Maryland State Board of Education to reconsider these proposed changes and prioritize child safety, meaningful supervision, and quality of care. More children in a room should not be the measure of progress in Maryland's child care system. Quality care should be.	**Same as above (Supervision Only)**	**UNFAVORABLE**	**MSDE encourages programs to reach out to their Child Care Resource Centers (CCRCs) and Licensing for resources and technical assistance (TA) to support implementation of the proposed amendments. However, increasing the maximum group size for school-age groups to 45 children would still be optional, and programs may continue operating at their current group size if they choose.**
4	9/17/2026	Email	Erika Fitzgerald @ efitzgerald@alphabest.org	AlphaBEST Education	COMAR **13A.16 & 13A.17** (Center and Letter of Compliance)	I respectfully submit this comment in opposition to the proposed regulatory amendments reducing the minimum age for child care teachers from 19 to 18.I wanted to provide a public comment on the proposed amendment in Vol. 53, Issue 18. I strongly oppose the proposed changes to the maximum group size and First Aid/CPR requirements for groups consisting only of school-age children. The proposal would increase the maximum group size from 30 to 45 children while reducing the required First Aid and CPR coverage from at least one trained staff member for every 20 children to one for every 30 children. These changes represent a substantial reduction in the level of safety protection currently required. Increasing the maximum group size by 50% creates a substantially larger population of children for staff to supervise and for whom staff may need to respond in an emergency. At the same time, increasing the number of children permitted per CPR-trained staff member by 50% reduces the likelihood that an appropriately trained responder will be immediately available to a child experiencing a medical emergency. First Aid and CPR requirements should be evaluated based on the need for timely emergency response, not solely on the developmental independence of school-age children. School-age children can still experience choking, serious injury, allergic reactions, cardiac events, and other medical emergencies requiring immediate intervention. In these circumstances, having a trained individual available is not simply a staffing consideration—it is a critical component of the facility's emergency response capability. The proposed staffing structure of one teacher, one assistant teacher, and one aide for a group of 45 children also does not adequately address this concern. The presence of three staff members does not necessarily mean that three individuals are trained and prepared to provide First Aid and CPR. Nor does it guarantee that a trained staff member will be immediately available to respond in an emergency. The proposed changes should also be considered together rather than independently. A 50% increase in the allowable group size, coupled with a 50% increase in the number of children permitted per CPR-trained staff member, results in a meaningful reduction in the safety margin for children and staff. If the intent of the proposed changes is to provide additional flexibility in operating school-age programs, that flexibility should not come at the expense of emergency preparedness. At a minimum, the existing First Aid and CPR ratio of 1 trained staff member per 20 children should be retained. Increasing the maximum group size should not be accompanied by a reduction in emergency-response coverage. For these reasons, I respectfully request that the proposed changes to the First Aid/CPR requirements not be adopted.	**13A.16.08.03: (Child Supervision)** C. (2) **Except as provided in §C(3) of this regulation,** in a group of children of the same age who are 2 years old or older, the following requirements apply: Child **Age Group: 5** years old and older, 1 to 15 staff/child ratio, Maximum Group Size **45** **(3) A center may utilize a maximum group size of 45 for a group of school-age children aged 5 years old and older that is staffed by at least 1 teacher, 1 assistant teacher, and 1 aide.** **13A.17.08.03: (Child Supervision)** D. Same-Age Groups in Before-School and After-School Child Care Programs. In groups of children of the same age in a before-school or after-center program, the following requirements apply: 5 years old and older, 1 to 15 staff/child ratio, Maximum Group Size **45** **13A.16.10 & 13A.17.10: (Safety)** B. A center shall have in **attendance** at least one staff member **who** is currently certified in approved first aid and CPR as specified at §A of this **regulation**: **(1) For every 20 children present in a group that includes infants, toddlers, or preschoolers; or** **(2) For every 30 children present in a group of exclusively school age children.**	**UNFAVORABLE**	**MSDE encourages programs to reach out to their Child Care Resource Centers (CCRCs) and Licensing for resources and technical assistance (TA) to support implementation of the proposed amendments. However, increasing the maximum group size for school-age groups to 45 children would still be optional, and programs may continue operating at their current group size if they choose.** **Regarding the FA/CPR requirements, programs may also continue staffing at a ratio of 1:20 rather than 1:30. This flexibility may help programs for which meeting the 1:30 ratio would create a hardship, particularly for staff who do not work full-time schedules and may struggle with the financial burden associated with fulfilling this requirement.**
5	10/6/2026 **(Received after public comment period)**	Email	Meg McFadden @ meg@fitnessfunandgames.org	Fitness Fun & Games	COMAR **13A.16 & 13A.17** (Center and Letter of Compliance)	This is THE busiest time of year for school age childcare providers, as we are dealing with schools reopening, hiring staff, updating MSDE scholarships for families, and updating staffing patterns and personnel lists for licensing specialists! I see that yesterday was the last day for public comment on the proposed regulations and I did not see to whom that should be addressed. So, I hope I can share my comments with you to contribute to the consideration of these changes. I have been operating licensed school age child care programs in Baltimore City for 35 years. I strongly AGREE with both of these proposed regulation changes. (2) For every 30 children present in a group of exclusively school age children....CPR, First Aid In 35 years of serving many thousands of children, staff have never had to use CPR. First Aid training has been helpful in the usual childhood injuries that present in elementary school. I am in support of training, but I believe that the 1 to 30 ratio for training is sufficient and more manageable, given the staff turnover in school age childcare. We try to get every staff trained. But it takes time to schedule and complete that. Adjusting this ratio for school age would reduce the pressure on specialists to cite noncompliances for the ratio of trained staff and allow providers time to get new staff trained. It makes sense. (3) A center may utilize a maximum group size of 45 for a group of school-age children aged 5 years old and older that is staffed by at least one teacher, one assistant teacher, and one aide. This would definitely help with staffing for school age programs! Because of the part time hours in school age programs, the staff turnover rate probably averages about 50%. So, there are constantly new staff that are motivated to work with children but have not had access to the very specific course requirements to be counted as a teacher. We receive many job applicants that have valuable skills in the arts, fitness, and academics that are such an asset to school age children. We have experienced parents, grandparents, retired teachers and coaches. But the very specific course requirements, and restrictive experience that is counted, are barriers to hiring and arranging staff. At any given time, we have more than 50 staff taking online courses to try to meet the teacher requirements as quickly as possible. But most staff only stay in school age programs for a few years. Most move onto full time jobs and jobs that offer healthcare. This change would allow more flexibility in assignments. Ultimately the manager of the program has to evaluate the skill levels and maturity of each staff and place them accordingly to achieve a quality program. Two issues to consider in the process are 1) The Assistant Teacher should be able to take a group of 15 to the playground, to the art room, to the gym, etc. I have not been able to get a straight answer on that policy. 2) Since most school age programs are using the cafeteria, gym, multipurpose room, or library, how are the groups divided? My recommendation is the 1 to 15 ratio, with each staff having their group at assigned tables. We currently have long waiting lists for school age care, and parents hunting for openings, because we were told that only two groups can be in these larger	**Same as above (Child Supervision and Safety)**	**Favorable**	**N/A**