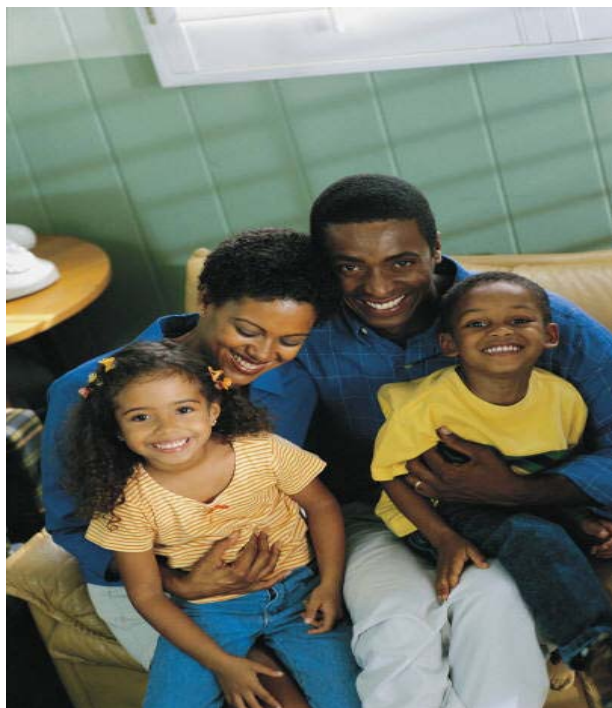


Building a Comprehensive Early Childhood System in Delaware: Early Childhood Comprehensive Systems (ECCS) Grant Needs Assessment



Report prepared
for the Delaware
Division of Public
Health, Early
Childhood
Comprehensive
System (ECCS)
Grant Program



By Leslie Kosek
April 2005

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TABLE OF CONTENTS

Introduction	3
Overview of Delaware’s Young Children & Families.....	5
Internal Scan of the Division of Public Health.....	7
Environmental Scan	
Section 1: Early Care and Education.....	9
Section 2: Social and Emotional Health.....	16
Section 3: Medical Homes and Access to Care.....	20
Section 4: Parent Education and Family Support.....	27
Cross Cutting Issues.....	34
Appendices	
Appendix A: Division of Public Health Internal Scan Survey	
Appendix B: Division of Public Health Service Matrix	
Appendix C: 2004 Delaware Early Care and Education Council Annual Report	

I. INTRODUCTION

The first five years are critical to a child's lifelong development. Recent research has shown that young children's earliest experiences and relationships set the stage for how a child manages feelings and relates to others. In the early years, health, social, emotional and cognitive development, are integrally intertwined. Functioning in any one of these areas can be enhanced or impeded by functioning in other areas of health and well-being, and the context of the early childhood experience in general (Shonkoff & Philips, 2000)

Recognizing the importance of a child's earliest years, the U.S. Department of Health and Human Services, Maternal and Child Health (MCHB) developed its Strategic Plan for Early Childhood Health, building on the mounting scientific evidence regarding the relationship between early experiences, brain development, and long-term developmental outcomes. The strategic plan calls upon state Maternal and Child Health agencies to use their leadership to foster the development of cross-agency early childhood systems development and planning. To assist states the MCHB created Early Childhood Comprehensive Systems (ECCS) grants.

In 2003, the Delaware Division of Public Health was awarded the Early Childhood Comprehensive Systems (ECCS) Grant to support Delaware in planning, developing and ultimately implementing a system of care designed to ensure that all children will be healthy and ready to learn at school entry. Public and private agencies in Delaware will collaborate with families, to develop a comprehensive early childhood system that will assist families, care providers, the medical community, and early childhood educators in the delivery of services to young children. The goal of the ECCS project is to facilitate the development of a broad range of early childhood services by focusing on five critical areas which impact a child's health and school readiness:

- 1) Assuring access to a medical home and health care coverage for each child.
- 2) Assuring the availability of services to address the needs of children at-risk for the development of mental health problems. Provide access to service

delivery pathways which facilitate entrance of at-risk children into appropriate child development and mental health delivery systems.

- 3) Assure the availability of quality early care and education services for children birth through five years of age that support children's early learning, health, and development of social competence.
- 4) Inclusion of parent education services that recognizes and supports the parent's role as the prime educator of their children.
- 5) Inclusion of family support services that address the stressors which impair a family's ability to provide a nurturing and healthy development of their children.

The primary objectives of the ECCS grant project are:

- 1) Develop a public/private partnership what will include stakeholders committed to implementing a comprehensive early childhood systems plan that will be self-sustaining.
- 2) Develop a needs assessment process and a resulting report that will provide greater knowledge of the needs of system participants, particularly families.
- 3) Develop a sustainable outcome measurement system that will provide information for the plan evaluation.
- 4) Develop pathways for service access so that existing services can be more easily accessed by families.

The initial ECCS grant involves a two-year planning period followed by a three-year implementation period. During the planning period, states must develop an "ECCS Early Childhood Comprehensive Systems" plan to guide the work of the ECCS steering committee and development of an outcomes based evaluation system. Critical to the development of the plan is an assessment of the current strengths and needs of the early childhood system in Delaware. The assessment includes both an internal (within the Division of Public Health) and external scan of the current programs serving young children and their families in Delaware. In 2004, DPH contracted with Health Systems Research, Inc. (HSR), the ECCS technical assistance contractor, to conduct focus groups

with families of young children to assess their experiences accessing early childhood resources and obtain recommendations from parents for improving the early childhood services. The recommendations from the family focus groups combined with this report will serve as the ECCS needs assessment.

II. OVERVIEW OF DELAWARE’S YOUNG CHILDREN AND FAMILIES

Population

The population of Delaware has steadily continued to grow over the last decade. In 2000, it was estimated there were 783,600 people living in Delaware. There are approximately 51,531 children under age five living in Delaware, with nearly 11,100 children being born in 2001. From 1990 to 2000 Delaware experienced a 19% growth in the number of children living in the state. More than two thirds of the children under age five live in New Castle County, with the remaining third distributed almost evenly between Kent and Sussex Counties. Approximately 51.4% of young children in Delaware are female, and 48.6% are male (Kids Count 2004).

The ethnicity of Delaware’s population is diverse. The 2000 Census estimates that 19.2% of the population is Black, 74.6% White, and 6.2% as Other. The Hispanic population in Delaware grew 136% from 1990 to 2000. Sussex County showed the greatest increase at 369% (Kids Count 2004).

Poverty

Research has shown that an income falling under 200 % of the federal poverty level is insufficient to supply a family's basic needs such as food, housing, health care, child care, transportation, and other necessities as well as taxes (Gershoff, 2003). Nearly 28% (52,698) of Delaware children live in low-income (less than 200% FPL) families.

Poverty has an impact on all aspects of child and family well being. Children in poverty are more likely to have health and behavioral problems, experience difficulty in school, become teen parents and earn less as adults. In Delaware, young children are more likely to live in low-income families than children over the age of six.

A family that is self-sufficient is defined as having enough income and resources, such as health benefits, to meet its needs adequately, without public or private assistance.

Research has shown that a wide discrepancy exists between the federal standards of poverty and the actual cost of living for working class families. The Self-Sufficiency Standard for Delaware, a report released by the Metropolitan Wilmington Urban League, revealed that in order for a single mother in Wilmington with one pre-schooler and one school-age child needs an annual income of at least \$36,859 to meet the most basic expenses without private or public subsidies. This same family would need an income of \$30,339 in Dover and \$27,638 in Sussex County.

Employment of Families

Nearly 59% of children in low-income families have at least one parent who is employed full-time/year round, compared to 92% for above (greater than 200% of the FPL) low income families. (NCCP, 2005). The 2003 annual unemployment rate for Delaware was 4%, lower than the national average of 5%.

Educational Attainment

In Delaware, children whose parents have low educational attainment are more likely to be low-income. Nearly 83% of individuals in Delaware over age 25 are high school graduates, and 25% have a Bachelors degree or higher.

Structure of Families with Children

Nearly 30% of children in Delaware live in one-parent families. Children in one-parent families are more likely to be low-income. In Delaware, the average two-parent family has a household income of \$70,000 compared to an average income of \$27,346 for a one-parent family (Kids Count, 2004).

Health Indicators

The teen birth rate in Delaware continues to decline. Based on 1997-2001 average, the teen birth rate (births to teens 15-17) in Delaware was 31.5, higher than the national rate

of 28.6. Rates are highest in Sussex County, followed by Kent and New Castle Counties respectively.

The percentage of babies born low birthweight in Delaware has continued to increase. The percentage of children born low birthweight (less than 2500 grams) was 8.8% over the five-year period of 1997-2001. Black babies are twice as likely as White babies to be born low birthweight.

The infant mortality rate in Delaware for the same five-year period (1997-2001) was 9.0 per 1,000 live births. Delaware's infant mortality rate has continued to climb since the mid 1990's, and is currently ranked as 50th (a ranking of 1 being the best, 50 being the worst) in the nation for infant mortality. The rate is highest in New Castle County (9.1), followed by Sussex (9.0) and Kent (8.7) Counties. Black infants are nearly three times as likely as White infants to die in their first year of life.

For the period of 2001 – 2003, an average of 8.9% of children did not have health insurance. The rate of uninsured children is lower in Delaware than the national average of 11.6%. However, Delaware's rate of uninsured children has been slowly rising again over the last few years.

The child mortality rate in Delaware (22.4) is lower than the national average rate of 23.2. The leading causes of death for children ages 1-4 from 1997-2001 were unintentional injuries, heart disease, homicide, birth defects, and cancer. (Kids Count, 2004).

III. INTERNAL SCAN OF THE DIVISION OF PUBLIC HEALTH

In addition to the external scan of programs in Delaware that serve young children and their families, the Division of Public Health (DPH) requested an internal scan of their own programs that serve this population. The purpose of the internal scan is to identify current programs serving this population, identify potential gaps in services, identify any potential barriers to creating a collaborative, integrated service delivery system, and

identify potential areas of collaboration. To gather this information a survey was sent to DPH program managers and follow up contact (by phone or e-mail) was made to clarify information if needed. Survey is obtained in Appendix A.

The service matrix in Appendix B details the programs in DPH that serve young children and their families, their funding streams, and location within DPH. Several barriers to internal program collaboration were identified from the information collected from DPH program managers.

- Program managers within DPH are often times not aware of activities or programs being conducted in other DPH programs.
- Staff turnover and long-term position vacancies have left many programs without critical staff and leadership.

These barriers not only make it difficult for internal collaboration, they also make it more challenging for Delawareans trying to access DPH programs and for outside agencies to partner with DPH. Some program managers also reported that the lack of resources, such as staffing shortages and diminished funding, has weakened the programs ability to reach clients.

The following recommendations are made to improve internal program collaboration:

- 1) Improve communication among programs within DPH. Program managers often feel that they are asked to provide information to leadership but that information is not filtered back down the chain of command. A system needs to be developed to allow program managers to share information across section and branches on a regular basis.
- 2) Efforts need to be made to fill vacant positions faster when possible. Vital resources and time is lost, especially in grant funded programs, when positions are left vacant for extended periods of time.
- 3) Steps need to be taken to improve employee morale. Constant re-structuring, position vacancies, and funding cutbacks have resulted in low employee morale. Many DPH employees reported they are constantly being asked to do more with less. Therefore, creating additional barriers to improved program collaboration. Additionally, low

morale has been the reason many employees have left employment with DPH. The loss of public health expertise and knowledge has impacted on the agency's ability to maintain a leadership role within state government.

- 4) Examine current grant funded programs to ensure funds are being appropriately allocated to fulfill goals and objectives of program. Identify potential areas of streamlining resources to maximize program effectiveness.

IV. ENVIRONMENTAL SCAN

An environmental scan of early childhood programs and service delivery systems was conducted to identify areas of cross-system collaboration. A review of research, task force recommendations, and studies was conducted to identify a summary of recommendations in each ECCS critical area. Finally, recommendations are made for each critical area to enhance the development of a collaborative, coordinated, and integrated system of care for early childhood services in Delaware. Please note that the Delaware ECCS Steering Committee has chosen to combine the critical areas of parent education and family support services to streamline their planning process.

SECTION 1: EARLY CARE AND EDUCATION

ECCS Critical Area:

- Early care and education services for children from birth to five years of age that support children's early learning, health, and development of social competence.

Availability of Child Care in Delaware:

There are 49,000 children currently enrolled in nearly 2,200 licensed child care facilities in Delaware. Some form of child care is a necessity for most Delaware families. Nearly 66% of children under the age of six have mothers in the workforce. That percentage increases to 81% for children between the ages of 6 – 17 (Gamel-McCormick, 2002).

Table 1, Number of Licensed Child Care Slots by Type, 2000-2003

Type of Care	2000	2001	2002	2003
Child Care Center (13 or more children)	25,665	25,986	26,584	29,313
Family Child Care Home (up to 6 children)	13,309	13,143	12,757	12,672
Large Family Child Care Home (7-12 children)	571	598	640	672
Totals	39,545	39,727	39,981	42,657

(source: Kids Count 2004)

With more mothers in the workforce the ability to afford quality child care is an issue most families face. Research has found that higher-income families pay higher fees for child care. However, higher income families pay a smaller percentage of their income on child care; 6 % as compared to 16% paid by lower income families, who often receive lower quality child care.

Table 2, Weekly Costs in Dollars to Families for Child Care by Child's Age, 2003

Age	Minimum	Average	High
0-12 Months	64	119	204
12-24 Months	62	111	188
24-36 Months	61	106	185
3 years old	57	104	180
4 years old	48	102	177
Kindergarten	45	93	148

(source: Kids Count 2004)

Delaware's subsidized child care program provides assistance to low and moderate income families to help pay for child care expenses so they can work or attend educational or training programs. Families with incomes less than 200% of the federal poverty limit are eligible for subsidized child care in Delaware. In 2003, there were 13,334 children in state subsidized child care. The major source of funding for child care subsidies is the Child Care and Development Fund (CCDF) which is managed by the Delaware Division of Social Services.

A 2002 poll conducted by the University of Delaware found that 59% of the parents surveyed said they had difficulty finding child care, including problems with quality, cost, availability, location and hours of operation. (HJR 9 Task Force Report). Parents in the ECCS Family Focus Groups expressed great anxiety over trying to obtain high-quality child care services in Delaware. Parents statewide regardless of their socioeconomic status or ethnic background share this anxiety. Grandparents raising their grandchildren also share in this anxiety. Additional issues, which may or may not be unique to Delaware, are the number of military families who are unable to obtain high quality child care on the base due to a shortage of child care slots on base. The military families reported being disadvantaged further with the lack of resources and information on community services outside of the military base.

Quality of Early Care and Education Programs in Delaware:

Research shows that high quality early care and education experiences are directly related to children performing better in school. Children from high quality early care and education programs score significantly better on language, early literacy and math skills than do children from lower quality programs. Indicators of quality early care and education programs generally include:

- A safe and healthy setting;
- Developmentally appropriate activities and programming;
- Trained, experienced, adequately compensated teachers;
- Continuing education and resources for teachers and care givers; and
- Opportunities for family engagement. (HJR 9 Task Force Report)

A recent study of the quality of Delaware early care and education programs revealed that the quality of services provided to young children is often poor or mediocre. The *Delaware Early Care and Education Baseline Quality Study* surveyed nearly 600 child care sites, including family child care programs, child care center programs, Head Start/ECAP, and part-day programs, found that:

- The quality of the majority of early care and education programs in Delaware was poor to mediocre in such areas as language, learning activities, and curriculum;
- Sixty two percent of the early care and education providers interviewed had less than an Associates Degree;
- The average center-based lead teacher earns \$8.68 per hour and most do not receive health benefits;
- Many providers expressed interest in advancing within the field but do not have access to the financial means to gain college credits (HJR 9 Task Force Report).

Delaware could assist families in recognizing quality child care programs is to establish a tiered rating system for child care programs. This has been successful in other states. In is important to recognize that along with a tiered quality rating system, financing to adjust the amount of subsidizes will be required to allow economically challenged families to afford quality programming. Updating the licensing regulations to reflect current early care and education standards and provide assistance to child care providers to meet minimum standards through training, reimbursement rates, and technical assistance.

Working to Achieve a Quality Early Care and Education System in Delaware:

In 1995 a group of individuals came together in Delaware to form the Early Care and Education Consortium (ECEC) to promote high-quality, affordable early care and education services throughout Delaware. In 1997, the ECEC engaged state policymakers from the Family Services Cabinet Council as new partners, and eventually evolved into a steering committee to develop a coordinated system of early care and education. The steering committee contracted with Sharon Lynn Kagan, a national expert on developing a coordinated system of early care and education and author of *Not by Chance: Creating An Early Care and Education System for America's Children*, to assist in the planning. Beginning in 1998 a series of focus groups were held throughout the state to gather recommendations to Delaware's needs and resources. The steering committee met for more than a year with the charge of developing a vision to ensure that services for young children and their families in Delaware are of high quality. The result of their work is *Early Success: Creating a Quality Early Care and Education System of Delaware's*

Children. The plan focuses on eight major domains including quality programs, professional development, family engagement, public will, program licensure, governance, financing, and results.

It is important to note that initially Early Success did not focus on the need for a health and social-emotional domains. Much research has been written since Early Success was completed recognizing health care and social-emotional development as key indicators of a child's lifelong health and developmental outcomes.

In 2000, the Delaware legislature authorized the establishment of the Delaware Early Care and Education Office (DECEO). The office was charged with coordinating the recommendation of *Early Success* by fostering an interagency approach to the delivery of quality early care and education services in Delaware. DECEO is an interagency office located in the Department of Education and is funded in collaboration by the Departments of Health and Social Services, Services for Children Youth and their Families, and Education.

In 2001, Governor Ruth Ann Minner endorsed *Early Success* by signing an Executive Order calling for the establishment of the Delaware Early Care and Education Council. The Council consists of members appointed by the Interagency Resource Management Committee (IRMC) and staffed by DECEO. The Council is charged with advising the IRMC annually regarding early care and education services in Delaware based on recommendation made in *Early Success*.

Much work has been done in Delaware towards achieving the recommendations in *Early Success*. The 2004 Annual Report from the Delaware Early Care and Education Council details progress toward meeting *Early Success* goals and makes recommendations for the focus of work for 2005. The full annual report is contained in Appendix C.

Significant progress has been made towards reaching Early Success goals. Highlights of recent initiatives include:

- Creation of House Joint Resolution 9 Early Childhood Education Task Force. The goals of the task force are:
 - 1) To develop a plan for implementation of voluntary full-day kindergarten for every child whose parents want it.
 - 2) To develop a plan for access for all children to affordable, quality pre-kindergarten.
 - 3) To develop a plan so that all children in Delaware, from the moment they are born through age five, have access to quality, affordable early learning.
- Development of “Delaware Stars” a quality tiered rating system for early care and education. A plan was developed for a voluntary rating system to aid programs in self-evaluation and will create a framework for a system of tiered reimbursement as a way to enhance quality of subsidized programs. A pilot study is being planned to implement the program.
- Enactment of the Child Care Subsidy Rule Revision Task Force. The task force has been evaluating current practices and exploring innovative ways to improve the subsidized care system in Delaware. Three sub-committees were created to further explore the specific issues of policies, rates and communications. Preliminary reports from the rates committee recommend an increase in Purchase of Care reimbursement rates to be at least 75% of the prevailing fair market rate by SFY 2008, a Purchase of Care cost of living increase be legislatively codified to maintain rates at 75% of the fair market rate, and beginning in SFY 2006 budget, the Division of Social Services and the Legislature support the Delaware Stars quality initiative by including financial rewards for programs that qualify for three, four and five stars.
- Licensure and Implementation of T.E.A.C.H. (Teacher Education and Compensation Helps) in Delaware. Participants in T.E.A.C.H. can receive scholarship for CDA certification through the Council for Professional Recognition and for coursework leading to an associate’s degree in Early Childhood Education at Delaware Technical & Community College. The Family and Workplace Connection administers the program, and its initial funding has come from a public-private partnership.

- Infant and Toddler Purchase of Care rate increases. The Division of Social Services was successful with a budget initiative that added \$1.1 million, in state funds, to the Purchase of Care program to increase rates paid for infant and toddler care.
- Implementation of a hand washing campaign for children in child care centers. The program was piloted in child care centers in Kent County, and hopes are to expand the program to New Castle and Sussex Counties in 2005.

Recommendations:

Delaware has made great progress towards ensuring quality early care and education system for young children. It is recommended that the goals and objectives outlined *Early Success* continue to be implemented and monitored, following the 2005 recommendations of the Delaware Early Care and Education Council (see Appendix C). It is important to note that the Delaware Early Care and Education Council has requested that it be legislatively mandated by June 30, 2005 to ensure a more permanent status. It is highly recommended that this request be implemented to ensure continued guidance of *Early Success* in the current and future government administrations.

Additionally, the following recommendations are offered:

- 1) Broaden Early Success to include health and social/emotional wellness. Add health and behavioral health representatives to the Delaware Early Care and Education Council. In order to have a comprehensive plan for early childhood issues, Early Success needs to be broaden to ensure that the medical and mental health community is engaged in providing linkages and services to families with children from birth to five.
- 2) Raise public awareness about the importance of quality early care and education programs. Support advocacy efforts of the Coalition for Early Learning.
- 3) Raise awareness of the Family & Workplace Connection's child care resource and referral services. Many parents report difficulty in locating child care services. While many parents in the ECCS Family Focus Group reported utilizing this service, a large majority of them did not know it was available.

- 4) Help early care and education providers become better sources of information for families. Provided programs with resources on community programs. Child Care Health Consultants can serve as a valuable source of education for providers on community resources.
- 5) Design and implement a sustainable Child Care Health Consultation system. Increase utilization of currently trained Child Care Health Consultants.

SECTION 2: SOCIAL AND EMOTIONAL HEALTH

ECCS Critical Area:

- Availability of services to address the needs of children at risk for the development of mental health problems and service delivery pathways to facilitate entrance of at risk children into appropriate child development and mental health delivery systems.

Research has shown that a child's earliest experiences and relationships set the stage for how a child manages feelings and impulses, and relates to others. *Neurons to Neighborhoods* highlights the emerging evidence that emotional development and academic learning are far more closely intertwined in the early years than has been previously understood.

Numerous studies have shown that emotional, social, and behavioral competence of young children (such as higher levels of self-control and lower levels of acting out) predict their performance in first grade, over and above their cognitive and family backgrounds. Young children who show disruptive behaviors participate less in classroom activities and are less likely to be accepted by classmates and teachers. Even in preschool, teachers provide these children with less instruction and less positive feedback (Raver & Knitzer, 2002)

The prevalence of problematic behaviors in young children is about 10 percent. There is no state specific data available for Delaware, but using the national prevalence rate it is estimated that 5,413 young children (under age five) in Delaware display problematic

behavior. Observational data on preschoolers suggest that between 4 and 6 percent have serious emotional and behavioral disorders, and 16 to 30 percent pose on-going problems to classroom teachers. A 2002 survey of child care providers in Delaware revealed that 18.75% of the child care providers had asked a family to withdraw a child from their care based on the child's social, emotional, or behavioral concerns (Gamel-McCormick, 2002).

In general, the more chronic economic, social, and psychological stresses young children experience, the greater the likelihood of poor social, emotional, and cognitive outcomes.

Social and Emotional Wellness initiatives in Delaware:

There have been a variety of programs in Delaware focused on the social and emotional wellness of young children. Most programs have focused on training and consultation, such as Ready, Set, Go, I Can Problem Solve, and the Division of Family Services Office of Prevention and Early Intervention Community Consultation Program. The availability of prevention and intervention programs in Delaware has changed over the years as funding decreased and agencies re-aligned program priorities. While many programs still exist, the availability and access to them is fragmented.

In 2001, a statewide steering committee came together to raise awareness of the need to address young children's emotional wellness. Under sponsorship of the Department of Education, Department of Health and Social Services and the Office of Early Care and Education, the steering committee planned and Early Childhood Summit "Partnering to Promote Emotional Wellness in Young Children" on March 1, 2002. The Summit provided the conduit to convene a planning committee to develop a research-driven, long range interagency plan to promote emotional wellness of Delaware's young children birth to age five and their families. The plan, *Partnering to Promote Emotional Wellness in Young Children: Delaware's Framework for Action 2003*, builds upon *Early Success* and national policy work. The steering committee took a collaborative approach when creating the framework to ensure that its components are aligned with *Early Success* to

build a comprehensive system for quality early care and education (Kagan & Rigby, 2002).

The Framework outlines six major goals and eighty-two strategies and implementation tasks to ensure social and emotional wellness of young children and their families:

- 1) Prevention, Early Intervention and Treatment: By 2008, Delaware will have a system in place to implement evidenced-based prevention, early intervention, and treatment services for young children birth to five.
- 2) Educational Opportunities: By 2005, offer educational opportunities to advance quality services that support emotional wellness in young children.
- 3) Public Will: By 2006, create public will for caring communities and workplaces that support practices to enhance the emotional wellness of young children.
- 4) Governance: By 2004, a governance structure will be in place for the implementation of the Framework for Action: Partnering to Promote Emotional Wellness in Young Children.
- 5) Financing: By 2004, create financing opportunities to implement the Framework for Action through coordination, redirecting existing resources, and state, federal and private funding opportunities.
- 6) Results: By 2008, systems will be implemented to measure the variety and quality of early childhood emotional wellness prevention, intervention and treatment services.

During this strategic planning, several gaps were identified including a shortage of programs that address the social and emotional wellness of young children, shortage of qualified mental health providers to serve young children, lack of awareness about existing resources, and the need to increase support for child care providers in the area of social and emotional wellness resources and education for young children.

In 2004, Nemours Health and Prevention Services performed a review and assessment of children's emotional and behavioral health strategies. The review included interviews with national experts and local stakeholders and a review of literature. The final report will not be released until 2005. The goal of Nemours Health and Prevention Services is

to work with the community to develop, pilot and expand illness prevention strategies and health promotion activities initially in the areas of nutrition and physical activity related to obesity prevention, and in the area of child emotional/behavioral health.

The Delaware Children's Department was awarded a \$300,000 Real Choice Systems Change Mental Health System Transformation grant in late 2004 by the Center of Medicare and Medicaid Services to fund a three-year project to create and distribute a statewide program of family psycho-education. The Division of Child Mental Health, partnering with the Delaware Federation of Families for Children's Mental Health, Delaware Medicaid and the University of Delaware's Center for Disabilities Studies, will develop and easy-to-access set of materials designed to be helpful to children and families in the area of children's mental health. The funding has been awarded but the program is still in the planning phase.

Recommendations:

Extensive strategic planning has taken place in the last few years to work towards ensuring social and emotional wellness of young children and their families in Delaware. It is recommended that the goals and activities in the Framework for Action be implemented. For the purpose of the ECCS grant, particular attention should be focused on the following areas:

- 1) Governance for the Framework should formally be established. It is recommended that the Framework for Action fall under the auspice of the Office of Early Care and Education and be aligned with Early Success. A dedicated staff person is needed to ensure the implementation tasks of the Framework are being implemented and monitored.
- 2) Initiate a public awareness campaign around the importance of social and emotional wellness of young children and community resources. Target healthcare providers, early care and education providers, and other professionals that have regular contact with families, in addition to the general public. As the general public awareness expands it knowledge of social and emotional wellness for young children support will increase for services and intervention programs. Collaborate with statewide

advocacy groups such as Stand for Children Delaware, Delaware Federation of Families for Children's Mental Health, and the Mental Health Association in Delaware. Coordinate with efforts of the Division of Child Mental Health's Real Choice Systems Change Mental Health System Transformation Grant.

- 3) Provide early care and education programs training, information, and consultation on social and emotional wellness for young children. Continue to expand Partners in Excellence program.
- 4) Increase the availability of social and emotional wellness services for young children and their families. Follow strategies outlined in the Framework for Action.
- 5) Implement evidenced based social and emotional wellness services for young children and their families. Possibly partner with Nemours Health and Prevention Services efforts focusing on children's emotional and behavioral health.
- 6) Encourage the use of a universal screening tool for use by healthcare providers to determine developmental or behavioral health delays. Train providers on the use of the screening tool and community resources.

SECTION 3: MEDICAL HOMES AND ACCESS TO CARE

ECCS Critical Area:

- Access to medical homes providing comprehensive physical and child development services for all children in early childhood including children with special health care needs and assessment, intervention, and referral of children with developmental, behavioral and psycho-social problems.

Children's health insurance status is a major determinant of whether children have access to care. Children who lack insurance coverage are more likely to have poor health outcomes at birth and have fewer well-child visits. Insured children are more likely than uninsured children to receive medical care for common childhood conditions, like ear infections, that if left untreated can have lifelong consequences and lead to more serious health problems (Children's Health, 2002). Uninsured people are 10 times more likely to use an emergency room for their health care and six times more likely than those who have health insurance to say they could not see a doctor because of the cost (Ratlidge,

2002) “Lack of health insurance coverage negatively affects access to care for low-income children: uninsured but Medicaid eligible children are twice as likely as those enrolled in Medicaid to have an unmet medical needs, to have not seen a doctor, and to have substantial family out-of-pocket spending on health care.” (Enrolling Uninsured, 2005)

Overall, Delawareans are doing better than the nation and region in obtaining health insurance. In 2002, less than 9 percent of Delaware’s population was without health insurance, down from almost 14 percent in 1999 (Ratledge, 2002).

Dependent children under the age of 18 in Delaware and the region have the lowest risk of being uninsured, mainly due to safety net programs such as Medicaid and the State Children’s Health Insurance Program (SCHIP). Increases in Medicaid participation by adults has also been a factor (Ratledge, 2002).

In 2003, it was estimated that nearly 9%, or about 19,000, of Delaware children under the age of 18 were uninsured. More than 24% of the uninsured children in Delaware are likely to qualify for either Medicaid or SCHIP and have yet to enroll in either program (Ratledge, 2002). Low-income uninsured children usually live in working households and have little contact with government assistance programs. The majority of low-income parents view Medicaid as a good program, but have difficulties accessing it. Many parents have never tried to enroll their children in Medicaid or SCHIP because they do not think that their family would qualify, as a result of complex eligibility rules (Enrolling Uninsured, 2005).

Following the enactment of SCHIP in 1997, many states, including Delaware, took aggressive actions to improve outreach, simplify enrollment and retain eligible enrollees in both Medicaid and SCHIP. Additional grants from the Robert Wood Johnson Foundation provided dedicated staff and resources for enhanced outreach efforts and dedicated eligibility workers for processing applications. As a result of these efforts, participation in both programs substantially grew.

Over the past few years, a changing economy and financial stressors has led states to cutback or slow spending on Medicaid and SCHIP. Fortunately, Delaware has not frozen enrollment, decreased income eligibility or reversed any simplification procedures under this fiscal pressure. In an effort to curb Medicaid spending Delaware did enact several cost saving measures. Effective January 1, 2005 drug benefit limits and prescription co-payments (does not apply to children under age 21) were enacted, and beginning April 1, 2005 a preferred drug list went into effect. All state outreach efforts to enroll were curtailed, leading to a public perception that the DHCP program no longer exists. The use of a contracted vendor to outreach for public coverage programs has not been effective as the public perceives a disconnect from the vendor (EDS) and the public agencies responsible for managing the programs.

Another issues impacting access to care is the availability of physicians to treat patients. Many areas in Delaware are federally designated health professional shortage and medically underserved areas. Additionally, the growing Hispanic population, especially in Southern Delaware, has created a gap in healthcare providers able to adequately serve the needs of the Hispanic population in Delaware (Botsko & Mark-Wilson, 2004).

Making the Case for Medical Homes

The American Academy of Pediatrics defines a medical home as:

“A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.” (AAP, 2005)

In 2002 the American Academy of Pediatrics (AAP) issued a statement calling for a medical home for all children with special health care needs (CSHCN). “The medical home is a vision for how all individuals who are involved in the delivery of health care services can partner with their patients and their patients families to help them achieve their maximum potential. It includes a seamless system of health care services that

fosters collaboration and cooperation among all member of the community in which the child and family live.” (Making the Case, 2005)

The 2001 National Survey of Children with Special Health Care Needs gathered data on the prevalence estimates for CSHCN and information on how this population fares in the current health care environment, including access to a medical home. Five criteria were selected to reflect the characteristics of a medical home as defined by the AAP policy statement. Results of the survey indicated that 1) approximately half of CSHCN receive care that meets all 5 components established for a medical home; 2) most CSHCN have a usual source and a personal doctor or nurse, but other components of the medical home, specifically care coordination and family-centered care, are lacking; 3) access to a medical home is significantly affected by race/ethnicity, poverty and the limitations imposed on daily activity by the child’s special health care need; and 4) parents of children who do have a medical home report significantly less delayed or forgone care, significantly fewer unmet health care needs, and significantly fewer unmet needs for family support services (Making the Case, 2005).

Research has shown the benefits of a medical home including:

- Increased patient and family satisfaction
- Improved coordination of care
- Enhanced efficiency for children and families
- Establishment of a forum for problem solving
- Efficient use of limited resources
- Increased professional satisfaction
- Increased wellness resulting from comprehensive care (AAP, 2001)

There also several financial benefits of a medical home:

- Children and youth who receive more outpatient services spend less time in the hospital
- Studies have indicated that a relationship with a medical home is associated with better health, on both the individual and population levels, with lower

overall costs of care and with reductions in disparities in health between socially disadvantaged subpopulations and more socially advantaged populations. (Making the Case, 2005)

As the medical home concept has developed there have been many barriers to implementing that have been identified.

- Training health care providers to understand the medical home concept.
- Communication and care coordination for related services in health, family support, and education/special education.
- Reimbursement for periodic well-child supervision and care coordination.

In a self-administered Periodic Survey of Fellows issued by the AAP, pediatricians identified lack of time and lack of medical staff as the most common barrier to providing care coordination services to all children. In Periodic Survey #53, the AAP asked pediatricians to explore their experiences with identifying children at risk for developmental problems and their perceptions of and involvement with referrals to Early Intervention (EI) programs. Nearly half of all respondents said that lack of medical office staff to perform screening is a barrier (48%), and 44% say inadequate reimbursement is a barrier. Additionally, 46% of respondents say a lack of understanding of EI program's processes produce barriers to referring children under 36 months to EI programs and 45% agree lack of information about EI programs and its services are barriers (Periodic Survey #53, 2002).

In 2001, the AAP adopted a policy that all infants and young children be screened for developmental delay at well-child visits and recommended the use of valid, reliable screening tools. Despite the efforts of the AAP to improve developmental screening in the clinical setting, few pediatricians (23%) report using a standardized screening tool, even though it has been shown that using a standardized screening tool is associated with an increased rate of identifying children with developmental disabilities.

Comments from parents in the ECCS family focus group reflected these statistics. Parents perceived that healthcare providers are rushing through their visits, unable to respond to parents' questions, and are not always providing recommendations and referrals to other services.

Medical Home Initiatives in Delaware

While there are many huge advantages and benefits to implementing the medical home concept, the barriers seem to have outweighed the benefits in many states. Delaware is not immune to this challenge.

Delaware has been working to implement the medical home concept for over ten years. The Medical Home Planning Committee is a workgroup consisting of members from the Delaware Chapter of the American Academy of Pediatrics, Division of Public Health, Division of Social Services, Family Voices and other advocacy groups, that has worked towards implementing a formal medical home system with the goal of providing comprehensive care coordination for children with special health care needs in Delaware. The Delaware Chapter of the American Academy of Pediatrics has received several Community Access to Child Health (CATCH) grants to assist in the implementation of this model by providing Medical Home Training to providers and developing a credentialing process for providers who provide a true medical home. In 2001 two trainings were offered in Delaware to health care providers on the medical home concept. Efforts to establish a certification process for medical home providers and enhanced reimbursement has hit several roadblocks in Delaware. In 2001, Delaware Medicaid agreed to provide enhanced reimbursement for case management services for children with special health care needs to Medical Home Providers. Community partners agreed to develop certification criteria under the guidance of the Delaware AAP. Currently, there are still no established certification criteria in Delaware and no enhanced reimbursement for Medical Home Providers. Efforts to establish a certification system for reimbursement purposes stalled for several reasons:

- *Agreed* upon certification guidelines were not established with Delaware Medicaid. Additionally, the Medicaid Managed Care Organizations have changed since 2001.
- It has not been established as to whom will be the certification agency.
- Lack of CPT coding for medical home services.
- And currently, lack of Medicaid funding to pay for enhanced services.

Interviews with Delaware Medicaid staff indicated that even if the certification issues were resolved, there is no money to in the current budget (due to a Medicaid deficit) to reimburse for enhanced medical home services. Additionally, the Medical Home Planning Committee has not met in over a year.

Recommendations:

- 1) Although there are current fiscal roadblocks that may temporarily prohibit a formal medical home program from being implemented, there are still components of the medical home concept that can be further developed:
 - Increased training is needed for health care providers and their staff on available community resources and early intervention programs. Health care providers are a trusted source of information for families and should have the educational tools to maximize the effectiveness of their time spent with families. Concurrently, providers need to know what families want to hear from them, as shown by the ECCS Family Survey.
 - When families need additional resource that the healthcare provider may not be able to provide (due to lack of time, staff, etc.) there should be a centralized information source for parents to be referred to.
 - Past Medical Home pilot projects in Delaware were not sufficiently evaluated to measure impact or results. Future pilot projects should be designed to measure effectiveness and produce measurable results that could be used in making the case for Medical Homes in Delaware.
 - If the Medical Home initiative is going to be successfully implemented it will need a strong and organized body to lead these efforts. Currently, the Medical

Home Planning Committee has not met in over a year. Continued steps need to be taken in moving the project forward so that when funding is available policies and procedures will be ready for implementation.

- 2) Efforts need to be enhanced to provide culturally competent and accessible care. Current state-wide efforts should include a focus on recruiting and retaining healthcare providers serving the Hispanic community and southern Delaware.
- 3) Strengthen outreach efforts to enroll eligible children and families in Medicaid or SHCIP who have not yet enrolled. Non-traditional outreach strategies need to be used to reach these families.
- 4) Ensure that developmental and behavioral screenings are a part of all well-child visits. Partner with professional organizations, such as Delaware Chapters of American Academy of Pediatrics and American Academy of Family Physicians, to encourage the use of universal screening tools. Educate healthcare providers about appropriate Early Intervention resources in the community.

SECTION 4: PARENT EDUCATION AND FAMILY SUPPORT

ECCS Critical Areas:

- Family support services, such as case management and counseling that address the stressors impairing the ability of families to nurture and support the healthy development of their children.
- Parent education services that provide support and training to parents in their role as prime educators of their children.

Research shows that regardless of socioeconomic status, ethnic/racial backgrounds, or the parents' educational level, students do better in school when their parents are involved. The educators also found that student behaviors such as alcohol use, violence, and anti-social behaviors decrease as parent involvement increases (Henderson & Berla, 1995).

The “parent” in parent involvement includes more than parents. A child may rely on parents, grandparents, foster parents or other caring adults for the nurture and care that the term “parent” implies. According to the Children’s Defense Fund, 8,080 grandparents are raising their grandchildren in Delaware. In 2003, there were 1,214 children in the Delaware foster care system (Kids Count, 2004).

Changing family dynamics, including a rise in the divorce rate, have led to a sharp rise in single parent households over the last few decades. Single parenthood significantly increases the likelihood a child will live in poverty. Children from one-parent households are six times more likely to live in poverty than those who grew up with both parents

Current trends suggest that middle-income families are now experiencing difficulties in raising their children due to the demands of work, isolation from extended members, and lack of time to spend with their children. Parents who are not literate, who are teenagers or unemployed require additional supports in order to be able to carry out the primary responsibility of raising their children. Additionally, parent of children with special health care needs may require additional supports to navigate multiple health, social and educational service systems and providers.

Parent’s face more challenges in raising children today than ever before. Parent education and support services are crucial in supporting parents to raise healthy children.

Parent Education and Family Support Programs in Delaware:

Parent support and education takes many forms in Delaware. The 1998 Parent Education Partnership, Inventory of Parent Education and Support Services in Delaware, showed 98 programs operated by 61 agencies and schools, primarily targeted to parents at-risk (Parent Education Partnership, 2000). The inventory of services divides parent education and support services into three categories by level of intensity and type of service:

- *Universal Prevention:* Parent education services available to all families with children would include:

- Resource and referral parent education information with 24-hour telephone contacts, parenting newsletters, new parent portfolios and videos.
- Community-based parent education resources beginning with prenatal and child birth education, parenting classes for birth to adolescence, parents as educators programs, parental education advocacy and support groups and health education resources.
- School-linked parent education services including family life education and wellness centers.
- Home visiting at birth for information and dissemination and referral.

Examples of current Universal Prevention programs/services would be:

- *Growing Together*, a portfolio of information for new parents produced by the Birth to Three Early Intervention System. The portfolio is distributed by Delaware hospitals to the family of each newborn and contains a health journal to record information on the child's health and development; the parenting newsletter Great Beginnings from the University of Delaware Cooperative Extension; a developmental calendar which follows the child's growth from birth through age five; a list of helpful phone numbers; a READ-ALoud nursery rhyme book to encourage early reading to children; and bib with the Growing Together logo.
- Parents as Teachers is a first time parent home visiting program designed to support parents in their role as their child's best and first teacher. The program serves between 1,300 and 1,500 families annually in Delaware, and is primarily targeted to those who have the greatest financial, educational, or social needs.
- Delaware Home Visiting Program is a home visiting program for first-time parents. Before leaving the hospital, first time mothers are offered a home visit from a nurse. During the visit, the nurse will evaluate how the mother and baby are doing and make arrangements for any needed medical care, answer questions, and explain additional community services that may benefit the family. Most private insurances cover the cost of the nurse's visit, but if it is not covered the family will not be billed.

- *Targeted*: Additional services for families needing strong support. Coordinated services and resources for families with identified needs or risk factors (such as teen parents, parents of children with special health care needs, families in poverty, etc.) would include:
 - Home visiting (surrounding birth and other appropriate times) at least monthly with an emphasis on parenting skills and helping parents access community resources.
 - Weekly contacts with trained staff who can link parents to jobs, job training, adequate compensation, transportation, dependant care, health services, substance abuse programs, literacy, and other appropriate programs.
 - Support groups targeted to parents with common challenges.
 - Telephone contact lines.

Examples of current Target services/programs would be:

- Kids Kare is a comprehensive, multidisciplinary support program administered in the home for families with children who are at risk for delayed development administered by the Delaware Division of Public Health. Parents/caregivers are given information on parenting, growth and development, nutrition, community resources, and specific information on identified needs. A social worker also addresses access to economic services, housing, child care placement, etc.
- Parent Information Center of Delaware is a federally funded parent training and information center providing information, referrals, parent to parent support and educational advocacy training to families of children who have special needs/disabilities and to the professionals who serve them. Support groups and organizations such as Autism Society of Delaware and First State Mothers of Multiples.

Intervention: Additional services for families needing intervention. Intensive, comprehensive coordinated services and therapeutic intervention for court identified and other families in crisis would include:

- Parent Aide Services
- Family Preservation including sustained in-home visiting and on-call at-home family crisis intervention.

Examples of current Intervention services/programs would be:

- Delaware Department of Services for Children, Youth and their Families, Division of Family Services provides home based services such as counseling, homemaker aides, parent aids, and shelter and group care with the goal of keeping families intact whenever possible to families/households where abuse or neglect are reported.

Strategic Planning:

There has been no lack of strategic planning for the development of a coordinated system of quality parent education and support services for families with young children.

Donald G. Unger, Ph.D. writes in the report *Parent Education and Support for Families with Young Children in Delaware: 15 Years of Recommendations Waiting to be Implemented* that “recommendations for a coordinated, quality, continuum of parent education and support services have been made by numerous local scientific experts, service providers, parents and policy makers. The need for these services is documented repeatedly in advisory reports on infant mortality, teen pregnancy, family services, early care and education, and home visiting that are included in this report. There is no need to search for more answers. The research has been done; the recommendations have been made...They all recommend focusing more on service delivery systems for providing parent education and support, strengthening home visiting services, and for better monitoring and evaluation activities.”

The Parent Education Partnership (PEP) was formed in 1993 under the administration of Governor Carper’s Family Services Council to improve the access and quality of parent education and support services in the state. The PEP initiative had three components:

- Compiling the parent education and support inventory.
- Conducting an assessment of the effectiveness of current parent education and support.

- Preparing recommendations for the framework of a comprehensive integrated delivery system.

The PEP committee produced several reports starting in 1994 to 2000 making recommendations for improvements in the delivery of parent education and support services in Delaware. In 2000, the Home Visiting Advisory Committee comprised of public and private agencies, convened to identify the core competencies that would be needed in order to implement quality home visiting programs in Delaware. They also developed an evaluation framework to be used to monitor the effectiveness and progress of home visiting programs. (Unger & Brown, 2001).

The work of planning and evaluating the needs of a coordinated parent education and family support system in Delaware has already been done. Dozens of documents produced over the last two decades in Delaware have identified similar gaps in the parent education and family support system:

- There is no organized parent education and service delivery system. Services are fragmented and not easy to access.
- There is no systematic, statewide system for program monitoring and evaluation or coordinated training system for home visitors or their supervisors. (Unger & Brown, 2001)

The need for a more coordinated system is also echoed in the data collected from the ECCS Family Focus group report. Families expressed frustration over needing better access to information about types of services available and how to access them. In addition, they identified a need for parent education services that are family friendly (i.e. providing babysitting during parent educating opportunities) and culturally sensitive and appropriate.

Recommendations:

A single body should be established to coordinate a formal parent education and family support service delivery system of public and private efforts. This body would serve as a central clearinghouse for information on parent education and family support, facilitate

training for parent education providers, and coordinate the evaluation of the effectiveness of parent education/family support services to ensure the delivery of quality services. It is recommended that this body implement the recommendations of the Home Visiting Advisory Committee, established in its 2001 report *Home Visiting Evaluation and Training*, to address the current needs of home visiting services in Delaware and the recommendations for coordinated parent education system in the *Parent Education Partnership, 2000 Report*. In addition, under the auspices of this body the following recommendations are being made:

- 1) Establish a central resource and referral source on parent education and family support services such as a web site and warm line. Possible sources include expanding the Delaware Helpline and the Delaware Helpline web site to highlight parent resources. These sources could serve as the central access point to linking families with the resources already available to the community, thus reducing the confusion on how to access information on services.
- 2) Raise awareness of the parent education and family support services available to families. Initiate a public awareness campaign to reach families by targeting those who have most often have contact with families such as health care providers, early care and education providers, and clergy. Include non-traditional ways of reaching families, such as disseminating information through workplaces or the Chamber of Commerce.
- 3) Continue to cultivate parent to parent support programs statewide. Participants in the ECCS Family Focus Group identified the need to be able to talk to other parents with similar experiences. Programs targeted at fathers were also identified as a need by focus group participants. Many parents also expressed the need for these opportunities to be “family friendly,” possibly including child care services and being offered in a convenient location.
- 4) Continue to establish parent education and family support services that are culturally competent. Hispanic participants in the ECCS Family Focus groups identified a need for more services in Spanish. This would include more

translated materials and Spanish speaking professionals in public and private agencies.

V. CROSS CUTTING ISSUES

The goal of the Delaware Early Childhood Comprehensive Systems (ECCS) Grant is to create a collaborative, coordinated, and integrated system of care that enable all children from birth through the age of five to arrive at school healthy and ready to learn.

In examining the five critical areas of the ECCS grant, common system wide challenges have been identified in all five areas:

- 1) The need for a collaborative, coordinated governance structure.
- 2) The need for a centralized information source on early childhood services and resources.
- 3) The need for greater public awareness of the importance of a child's early years.
- 4) The need to establish indicators to assess progress towards achievement of ensuring children are healthy and ready to learn at school entry.
- 5) The need for sustained funding to support a comprehensive system of services.

Governance:

An integrated, coordinated and collaborative early childhood system requires some form of governance or organizational structure. According to *Building an Early Learning System: The ABCs of Planning and Governance Structures* governance is used to describe “organized structures charged with certain responsibilities by state or local government (state law, executive order, local statute, or ordinance) to achieve a goal that requires collaboration or integration of activities across existing organizational structures that normally have separate lines of decision-making authority.” Collaborative governance structures, such as the Delaware Early Care and Education Council, provide connections and accountability across systems, rather than a single, all-inclusive early

childhood or school readiness system. Ideally, a governance structure should contain the following components:

- Representative - involving those whose perspectives, talents and positions are needed to make effective decisions.
- Legitimate – regarded as fair and appropriate locus for decision making by those affected by the decisions made
- Enduring – sustainable across changes in membership and in state or local political leadership
- Effective and flexible – organized and structured for continuous learning and quality improvement
- Authoritative – capable of holding all elements of the system accountable to achieving their objectives, through rules, policies, and practices and through marshalling resources across the relevant agencies, departments, and funding sources. (Bruner et al, 2004)

Recommendations:

The Delaware Early Care and Education Council structure would provide an obvious governance structure for a comprehensive early childhood system. By broadening Early Success to be more inclusive of health, social/emotional wellness, and parent education/family support, the Council would truly serve as a collaborative governance structure for a comprehensive early childhood system. The Council would serve as a coordinator and monitor of the system to ensure a continuum of early childhood services across the state. The Council would need to be broadened to include members representing the additional focus areas. Additional staff support will be needed in the Office of Early Care and Education to help support the expanded *Early Success* plan.

Steps need to be taken to legislatively mandate the Council to ensure continuity of the council's work. This would also help secure the Council as a more permanent structure regardless of changes in government administration.

Centralized Information Source

Parents and families expressed a great need for a centralized information source on early childhood programs and services. Parents need better access to information about early childhood services and direction on ways to access them. This is a message that was consistently expressed in the ECCS Family Focus Groups.

Recommendations:

Establish a central clearinghouse for information on early childhood services and resources that is user friendly for families.

The Delaware Helpline currently receives over 71,000 calls yearly from Delaware residents looking for information and referrals. Parents report the resource line to be helpful when the caller has a clear idea of what information is needed but was not helpful when the caller had a general need that wasn't as clear cut. Parents in the ECCS Family Focus Groups stated they wanted more than just a phone number referral, they want information on the services available and their options for accessing them. Helpline staff may benefit from enhanced training on how to handle these types of calls.

Helpline staff need additional resources to sufficiently assist families. It is recommended that the ECCS grant provide support to pilot a program similar to the Connecticut Help Me Grow Child Development Infoline, as suggested by the ECCS Family Focus Group final report. When an answer to question is not obvious, Infoline staff record information from the caller and then pass that information onto a local child development community liaison who researches the problem and identifies multiple resources the parent or provider may be able to access.

Additionally, the Delaware Helpline web page also serves as a great information source. Improvements could be made to the web page to make it more family friendly such as adding an access portal on the page specific to Delaware families with young children. This link could highlight issues that are most commonly faced by Delaware families, providing them with easier access to information on services and resources.

Professionals working with parents of young children need to become better sources of information. Steps need to be taken to better educate early childhood professionals, especially healthcare providers, child care providers and social service providers, about availability of services and resources in the community. A first step would be marketing the use of a centralized information source, such as an enhanced Delaware Helpline, that professional providers could refer parents to when appropriate.

The ECCS grant should provide support to enhance the services of the Delaware Helpline and to raise awareness of early childhood services and resources among early childhood professionals.

Public Awareness

Increased public awareness of the importance of early childhood issues is needed. As general awareness of the importance of a child's early years grows, so will support for services.

Recommendations:

Develop a coordinated, statewide public awareness campaign with a clear, centralized message. The campaign should stress the importance of a child's early years and also provide a referral source for further information. The referral source should be the enhanced Delaware Helpline and web page.

The ECCS grant should provide coordination for this public awareness campaign in collaboration with the Delaware Early Care and Education Council.

Program Evaluation

The ultimate goal of ECCS is to have established a system of care in which all children will have the ability to arrive at school healthy and ready to learn. In essence, school readiness is about the match between the environment of the child and the supports of their family, preschool, child care and community. How do we measure the effectiveness of such a system? What indicators will enable the decision makers to assess progress

toward the achievement of intended outcomes or goals? Delaware needs to identify key indicators of school readiness. The departments and agencies involved in the early childhood system must commit to collecting data on these indicators, track, measure and report on Delaware's progress over time. This should be coordinated under the auspices of the Office of Early Care and Education. Many agencies are already tracking many of the indicators which may indicate the health and school readiness of children and the supports to families and communities. For example, DPH is required to track several early childhood indicators for the Maternal and Child Health Block Grant. Eighteen national indicators and 10 state specific indicators are tracked yearly to measure the state's progress on key maternal and child health issues. Many of these indicators could also be used in tracking progress toward a comprehensive early childhood system. Using this model, additional indicators of school readiness could be added to provide a guide for system evaluation.

By monitoring progress, families will be better informed and have access to needed supports and services. Communities will have the information needed to create or enhance programs and services to meet the unique needs of the families and children they serve. Finally policy makers will be better able to make decisions that support families by eliminating barriers and providing resources where they are needed by addressing the school readiness for all Delaware's children.

Funding

There is a shortage of sustained funding to support the continuation, improvement, and development of new early childhood initiatives in Delaware. In order to support a comprehensive early childhood system, current funding streams need to be aligned and a collaborative approach needs to be taken to seeking new funding.

Recommendations:

- 1) Examine current funding streams to identify potential areas of alignment. Given the limited resources every step needs to be taken to maximize the impact of every dollar

available. Stakeholders in the early childhood system need to examine their agency's motivations and remember the common goal of ensuring all children have access to a quality early childhood system.

- 2) Communication needs to be improved within the Division of Public Health and across state agencies to allow for improved collaboration. Internally and throughout the State system agencies are not aware of what each other are doing (need to re-word). Thus, providing a huge barrier for programmatic collaboration and streamlining of resources.
- 3) A collaborative governance structure will provide increased opportunity for a coordinated inter-agency approach to funding early childhood programs.
- 4) State legislature needs to make an investment in young children and families by committing long term sustained funding to early childhood programs. The research has shown over and over the benefits of investing in services that enhance a child's school readiness. Our legislature needs to make children a priority every day, not just when there are budget surplus.

It is recommended that work of the ECCS grant focus on these common needs in order to assist in creating a truly collaborative, coordinated, and integrated early childhood system.

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APPENDIX A

Early Childhood Comprehensive Systems Grant Needs Assessment Division of Public Health Internal Scan Questionnaire

The goal of the Delaware Early Childhood Comprehensive Systems (ECCS) needs assessment project is to evaluate the current programs and systems in Delaware that serve children birth through age five and their families in order to create a collaborative, coordinated, and integrated system of care that enables all children birth through age five to enter school healthy and ready to learn. The needs assessment includes both an internal and external scan of early childhood initiatives, services and programs in Delaware for the Division of Public Health (DPH) as the State's Early Childhood Comprehensive System's (ECCS) grantee. The ECCS grant is managed in the Family Health Services branch of DPH.

Survey completed by:

Name of program and section/branch:

1. Please provide a brief overview of the program.
2. How do families access your program and/or how do you market your program to families.
3. What are the barriers to families accessing your program's services and/or what are barriers that prevent you from reaching families?
4. What are the strengths and weaknesses of your program?
5. How is your program funded (state, federal, etc)? If grant funded, please indicate name, amount and length of grant.
6. Please provide any additional comments:

APPENDIX B – Division of Public Health Service Matrix

Program Name	Section	Funding	Program Description
WIC	Health Promotion & Disease Prevention	Federal \$10,000,000.00	Education and food vouchers to eligible infants, children and pregnant women and recently delivered mothers
Tobacco Prevention	Health Promotion & Disease Prevention	Federal Funds: CDC-\$782,760. CDC has a 1 to 4 State match requirement (1 state dollar match for every 4 federal dollars). Some of the Tobacco Master Settlement Funds (MSA) used as a match (\$194,690). Special funds: MSA The funds provided are to contract programs and services and for 2 FTEs. This fiscal year total is \$3,247,500.	The Delaware Division of Public Health works to prevent the use of tobacco products through its Tobacco Prevention and Control Program. The program is supported by a cooperative agreement with the U.S. Centers for Disease Control and Prevention (CDC) and appropriations from the Delaware Health Fund. The Tobacco Prevention and Control Program collaborates with the IMPACT Delaware Tobacco Prevention Coalition, with more than 40 member organizations including health-care, youth and community groups, educational organizations, grassroots networks and state agencies. The Tobacco Prevention and Control Program provides a Smoking Quitline to help adult smokers quit successfully. The program conducts media campaigns, and funds youth-led campaigns and peer-group organizations. Educational activities are carried out at all levels, including community and school programs.
Immunization	Health Promotion & Disease Prevention	FY 05 State Funds \$432,500, Federal Funds \$1,202,806	Immunization records and information. Health educators perform community outreach to increase immunization utilization.
Office of Health Education	Health Promotion & Disease Prevention	State funds-\$800,000	Health education and outreach.
Office of Lead Poisoning Prevention	Health Systems Protection	Federal – CDC, HUD, EPA grants	Promote blood lead testing of all children at 12-months, and repeating of those at high-risk until 6 years of age. Case management and inspection, for lead hazards, in homes of children with elevated blood-lead levels. Health education programs and materials on causes and effects of lead poisoning among young children, and how to identify and reduce lead hazards.
Radon	Health Systems Protection	Federal-\$96,000 State-\$75,000	Goal is to improve indoor air quality.
Dental & Oral Health	Health Systems Development	Federal and State	Dental service to Medicaid eligible children under age 21.
Primary Care	Health Systems Development	Federal-\$239,000 SSDI grant (federal)-\$100,000	Goal is to promote the development and operation of community-based primary health care service systems in medically underserved areas for medically underserved populations.
Rural Health	Health Systems Development	Federal-\$108,000	Rural Health Services include collecting and disseminating rural health information across the state, coordinating rural health interests and activities statewide, providing technical assistance to

APPENDIX B – Division of Public Health Service Matrix

			attract more federal, state and foundation funding for rural health., supporting provider recruitment and retention efforts targeted towards health professionals in rural areas and continuing health professional educational opportunities
Emergency Management Services for Children (EMSC)	Emergency Medical Services	Federal-\$115,000	The goals of Delaware’s EMSC program are to ensure state-of-the art emergency medical care for children; to integrate EMSC into existing EMS systems; to establish and maintain links with children’s primary care providers; and to provide primary prevention of illness and injury education to children and youth
Family Planning	Community & Family Health	State and Federal	The Division of Public Health provides a variety of family planning services including: pregnancy testing, birth control education, counseling, screening and supplies, screening and treatment of sexually transmitted diseases (STDs), and other services related to sexual and reproductive health.
Women’s Health	Community & Family Health	Federal-\$1,039,932.00 State-\$780,081	Identifying, coordinating and establishing priorities for programs, services, and resources the State should provide for women’s health issues; serve as a resource for information regarding women’s health data, strategies, services, and programs that address women’s health issues across the life span.
Newborn Screening	Community & Family Health	State Generated Revenue-\$1,200,000.00 Federal-\$170,000	Identifies newborn babies born with rare disorders. Includes newborn screening for metabolic disorders, newborn hearing screening, and birth defects surveillance registry.
Office of Children with Special Health Care Needs	Community & Family Health	Federal (MCHB) \$608,462.10 or 30% of grant funds are to be used for Children w/Special Health Needs	The Children with Special Health Care Needs Program helps children with special health care needs and their families reach and maintain optimum health by: identifying the needs and referring the children to available health programs; disseminating information about health problems and solutions; supporting communities and families to implement health improvements; and assuring that children with special health care needs are able to access needed services that are culturally competent, community based, and family centered
Maternal & Child Health	Community & Family Health	Federal (MCHB w/State match) Total MCH grant dollars = \$2,028,207.00 State dollars = \$9,150,104.00 \$608,462.10 or 30% of grant funds are to be used for Children w/Special Health Needs, 30% for Direct Health Care to Women, 30%	Maternal and Child Health Block Grant funds are used to sustain community-based systems of health and related services for children and for all women of reproductive age. Within this population, a special focus is maintained on children with or at risk of chronic, physical, developmental, or psychological problems. Funds are also used to work in close partnership with communities to ensure the development of systems of care that are family-centered, culturally competent, coordinated and comprehensive.

APPENDIX B – Division of Public Health Service Matrix

		for Preventive & Primary Care for Children and \$202,820.70 or 10% for Administrative costs. MCH grant funds four positions for Child Development Watch totaling \$221,492.53.	
Early Childhood Comprehensive System Program (ECCS)	Community & Family Health	Federal-\$100,000	The goal of the ECCS program is to create a collaborative, coordinated, and integrated system of care that enables all children from birth through age five to arrive healthy and ready to learn.
Child Development Watch	Community & Family Health	MCH grant funds four positions for Child Development Watch totaling \$221,492.53. (see budget information under Birth to Three)	Child Development Watch is the statewide early intervention program for children ages birth to 3. The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of their young children.
Kids Kare	Community & Family Health	Federal (MCHB), State (including Medicaid)	Comprehensive program that is focused on addressing the needs of infants and children with social, medical or nutritional risks.
Clinic Services	Community & Family Health	State and Federal	The Division of Public Health offers, on a limited basis, well visits for children who do not have health insurance. Assistance is provided to help patients find a primary care doctor. Visits are fee for service, collected on a sliding fee scale
Birth to Three	Division of Management Services/Division of Public Health	Federal - \$2,194,000.00 State - \$2,168,800.00	Oversees Interagency Coordinating Council. Produces and distributes resource materials. Provides funding and administrative support to Child Development Watch who ensures multidisciplinary assessments, service coordination, plan development, and service provision to infants and toddlers with disabilities or developmental delays.
Smart Start	Community & Family Health	Federal (MCHB), State (including Medicaid)	Comprehensive prenatal program with the goal to provide nursing, nutrition, and social work services to high-risk adolescents and women to help them achieve a positive pregnancy outcome.

Appendix C

Delaware Early Care and Education Council

Report to the Interagency Resource Management Committee



2004
ANNUAL
REPORT



Dear Friends of Delaware's Children:

The Delaware Early Care and Education Council is pleased to present its 2004 report to the Inter Agency Resource Management Committee and to all who are concerned about the state's youngest citizens. Over the past year the Council has continued its work to realize the goals set out in *Early Success: Creating a Quality Early Care and Education System for Delaware's Children*. *Early Success* gives a valuable and essential outline of the broad areas that impact early care and education beginning at birth. The Council's challenge is to find programs and best practices to implement *Early Success's* important goals.

As you will see in the report, two new programs, T.E.A.C.H. and a Tiered Rating System, have been designed and launched this year. Both programs address 2002 and 2003 Council recommendations as well as important issues raised in the Early Care and Education Quality Study. Neither program would have come to fruition without the wonderful committees under Evelyn Keating's leadership that worked for months on developing Delaware specific models for these programs.

I am also extremely grateful for the collegiality of the many Department employees who have assisted the Council. In particular, I want to mention Elaine Archelangelo and Norvella Brown of the Department of Health and Social Services. They have guided the Council's task force reviewing child care subsidy policies and practices. Council members Dayna Moore, who chairs the committee and Linda Walls, also deserve our thanks for giving their time to this and other sub-committees.

This year the Council has asked a number of ex-officio members and advisors to join our meetings. Their participation as representatives of the public and private sectors has been invaluable.

And finally I want to acknowledge the contribution of the Early Care and Education Office. Peg Bradley, who until March 2004 staffed the Council, was invaluable during our first two years. Rhonda Tsoi-A-Fatt and Abby Betts continued to act as support in months after Peg left. We are fortunate that in September someone with Janet Carter's experience and dedication to Delaware's children joined the Office of Early Care and Education with the specific responsibility for the Council.

My sincere thanks to the exceptional people who serve with me on the Council. Each of you brings an important perspective to our deliberations. I look forward to working with you in the year ahead.

Sincerely,



Ann D. Wick

Table of Contents

Executive Summary. 4

2004 Accomplishments 5

Council’s Observations and Recommendations 6

Appendix A: Delaware’s tiered rating system 15

Appendix B: T.E.A.C.H. 17

Appendix C: Council Membership 18

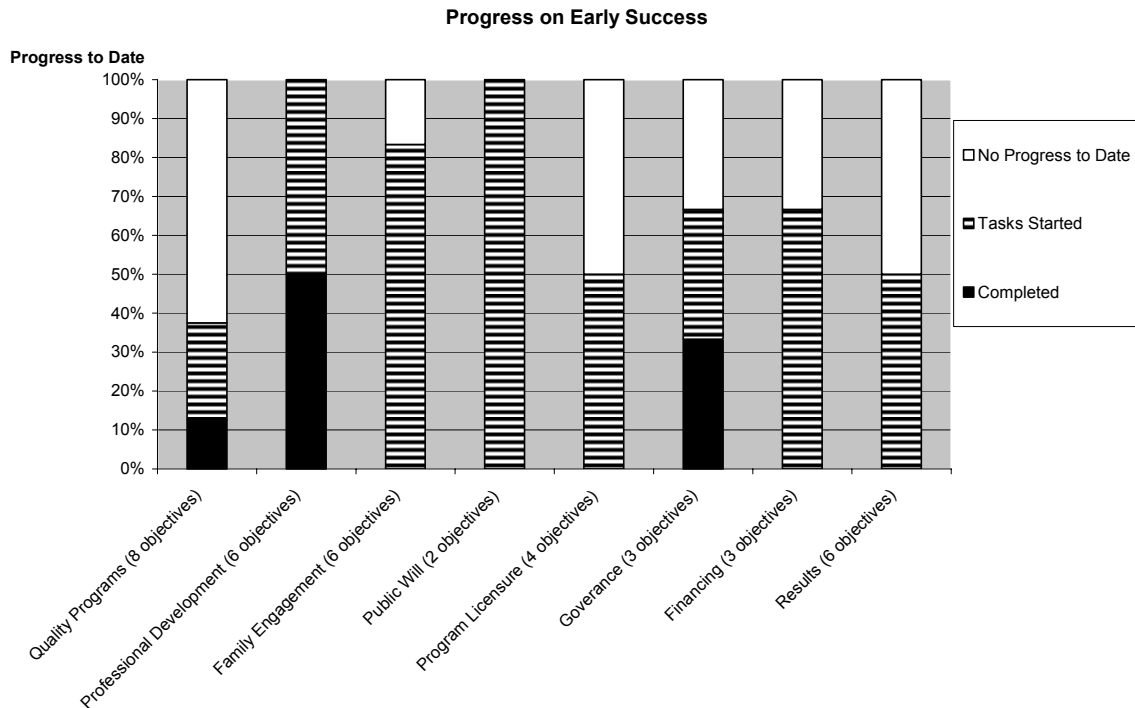
Appendix D: Early Success Goals and Objectives 19

EXECUTIVE SUMMARY
Delaware Early Care and Education Council's for 2005 Recommendations

The Council presents the following recommendations that will be the focus of its work in 2005.

1. A comprehensive, sustainable public will campaign be designed under the guidance of the Council.
2. The Council will be legislatively mandated to provide guidance to the state agencies regarding the implementation of *Early Success*. Local early care and education committees will be established in New Castle, Kent, and Sussex Counties to provide information and insight to the State Council.
3. A cost/benefits analysis of Delaware's early care and education system be completed. The study will provide a clear understanding of the costs and benefits of a quality early care and education system.
4. A conference with the authors of *Early Success* and others state stakeholders be held. Progress will be evaluated, model programs from other states explored, and *Early Success* objectives realigned to reflect current research and thinking.
5. The Teacher Education and Compensation Helps (T.E.A.C.H.) scholarship program will be funded by private and public sources. A sustainable funding stream will be established.
6. The Delaware's tiered rating system of program quality be implemented and overseen by a non-government entity. Funding to support the implementation of this system will be identified.
7. The Department of Labor will be consulted on the creation of an early care and education professional development board.
8. The Delaware's tiered rating system of program quality will track methods of effective family engagement so that the data can be used to encourage enhanced family engagement in other early care and education programs.
9. Revised child care center rules will be adopted by the Office of Child Care Licensing. The fiscal impact study related to the revision of the rules must include an evaluation of the impact of lower licensing standards on the growth and development of children.
10. The efforts to improve personal care and hygiene in early care and education programs will be continued and expanded to New Castle and Sussex counties.
11. The Council and the Interagency Resource Management Committee designees will explore the creating a permanent, comprehensive, coordinated government entity to include all state services related to early care and education.

Progress Toward Implementing Early Success: Creating a Quality Early Care and Education System for Delaware's Children



2004 EARLY CARE AND EDUCATION ACCOMPLISHMENTS

DECEC Recommendations:

- Development of Delaware's tiered rating system Tiered Rating System
- Licensure and Implementation of T.E.A.C.H. in Delaware
- Hand washing campaign for children in child care centers
- Creation of the Child Care Subsidy Rule Revision Task Force
- Infant and toddler Purchase of Care rate increase

Other Initiatives Related to Early Success Goals:

- Implementation of a full-day kindergarten pilot
- Implementation of the Purchase of Care provider portal
- Development of a child care director's certification program at Delaware Technical and Community College
- Development of Child Care Center Practitioners Competencies
- Completion of the Partners In Excellence professional development for trainers and technical assistance providers; implementation sites selected
- Implementation of the Care To Read Early Literacy Training
- Implementation of the Parents As Teachers Supporting Caregivers Curriculum
- Implementation of the Early Steps To Literacy Training Program
- Implementation of PNC Bank's Grow Up Great program to support school readiness
- Implementation of Project INSITE, an improvement program for infant & toddler practitioners
- New Scripts, parents of children with disabilities co-teaching for practitioners

2004 Accomplishments, Observations and Recommendations

The quality of early care and education programs has significant implications for children, their families, Delaware schools, and society as a whole. Children in high quality child care programs score significantly better on language, early literacy and math skills – abilities deemed necessary for success in school – than do children from low quality programs.

A recent analysis of the quality of early care and education in Delaware has poignantly demonstrated that the quality of services provided to our youngest children is often poor to mediocre in areas that count the most (Gamel-McCormick, Buell, Amsden & Fahey, 2003). In many early care and education programs, key supports such as learning activities, planned curriculums, furnishings and materials, and basic health and safety practices, which are essential to support learning, are often not evident or are severely lacking in appropriateness. The result is that children who received services in these poor and mediocre programs often enter school lacking the skills they need to be successful while schools are challenged to close the achievement gap. (HJR 9 Task Force Report)

In 2003, the Delaware Early Care & Education Council (DECEC) made several recommendations to the IRMC. These recommendations included the following domains of Early Success: Quality Programs, Professional Development, Family Engagement, Public Will Program Licensure, Governance, Financing and Results.

PUBLIC WILL

“By the year 2005, Delaware’s citizenry will understand the importance of the early years and family engagement in children’s early development, to the point that investments in early care and education services will be a durable, normalized component of the state budget, corporate investments, and community commitments.” Early Success, 1998

Observation and Accomplishments:

The Council understands that in order to achieve quality we need to engage the general public in the issue of early care and education. The Council is pleased that progress continues to be made in developing public will. Examples include:

- Creation of the House Joint Resolution 9 Task Force,
- Commitment of the State School Superintendents and Delaware Association of School Administrators to early childhood education as a component of school success,
- Authorization for funding of a full day kindergarten pilot by the Governor and Legislature,
- House Education Committee’s expressed support of full day kindergarten,
- PNC Banks’ *Grow Up Great* campaign and commitment to school readiness,
- Wilmington Early Care and Education Council’s *‘Little Kids, Big Plans’* campaign,
- *Children’s Summit* in September 2004 sponsored by Stand For Children and the Christ Church Outreach Committee,

- Child care providers coordinated advocacy at the Legislature to increase Purchase of Care payments, and
- *Step Up To Early Childhood* advocacy day at Legislative Hall.

While all of these initiatives are evidence of increased recognition of the importance of the early years in the future success of children, substantial challenges still exist. It is evident that a vast majority of the public does not understand the benefit of high quality preschool experiences have on a child's future educational success. There is a perception that child care and education are separate functions. In reality, the care and education of young children occurs simultaneously through developmentally appropriate activities. Children learn through play and interaction with their parents and caregivers as well as with other children.

As stated in the Council's 2003 Situational Analysis, "There is a belief in some quarters that the recent K-12 education reforms in the state are sufficient to ensure improved academic success for all children. This fails to recognize the profound impact of early care and education on the learning potential of the large number of children from birth to age five. Quality early care and education programs are a critical first step in closing the achievement gap and improving children's opportunities for educational success."

2004 Recommendation:

The Council's primary priority in 2005 will be to coordinate a comprehensive, sustainable early care and education public will campaign for Delaware. The Council recommends that:

- The existing public will sub-committee be expanded. The sub-committee will study other state's public will campaigns as models that Delaware could build upon;
- A clear, consistent and compelling message be established and used by all early care and education organizations and entities throughout the state;
- A public will campaign be designed to target specific groups, including K-12 schools, legislators, the corporate and business community, and the parent consumers of early care and education services;
- Delaware's tiered rating system of program quality will be a key component of the campaign;
- The cost/benefit analysis noted in the *Financing* section of this report will be completed;
- The IRMC take a leadership role in providing funding for a comprehensive public will campaign.

QUALITY

"By the year 2008, all of Delaware's early care and education programs will employ a wide range of proven approaches for achieving quality – approaches that allow staff flexibility in using resources creatively and cost-effectively." Early Success, 1998

Program Standards

Accomplishments:

As stated in the Council's 2002 and 2003 reports to the IRMC, Delaware has not had approved state standards for measuring the quality of child care centers and family child care providers. Based on a 2003 recommendation of the Council, a work group spent eighteen months researching and designing a program to evaluate and rank early care and education programs. This voluntary rating system will aid programs in self-evaluation and will create a framework for a system of tiered reimbursement as a way to enhance the quality of subsidized programs. It will provide an incentive for early care and education providers to improve the quality of their programs. Currently there are few mechanisms to assist families in selecting early childhood programs. Delaware's tiered rating system will help families with young children in identifying quality programs.

Quality elements evaluated in each tier include: qualifications of teachers, curriculum, business practices, and partnering with parents and families (see Appendix A). The minimum quality ranking is aligned with state licensing standards. Each subsequent level builds upon previous levels culminating with a level consistent with national accreditation. Focus groups are now being conducted to gain input from child care providers on the program. The Council wishes to thank the work group for their considerable effort in designing Delaware's tiered rating system.

2004 Recommendation:

The Council recommends that by July, 2005, a governing board from the private sector be appointed by the IRMC and the Delaware Early Care and Education Council to oversee the implementation of Delaware's tiered rating system. This Board will be charged with developing strategies to support the implementation of a tiered system that will assist providers in moving from one level to the next and will reward programs as they achieve higher quality.

Monitoring

Observation and Accomplishment:

In its 2002 and 2003 reports, the Council supported the Office of Child Care Licensing's proposed child care center rule revisions. As evidenced by the results of the 2003 Baseline Quality Study, current child care center regulations do not adequately protect children from poor quality child care. The Council supports the Governor's request that a study be done to evaluate the fiscal impact of the rule revisions will have on child care centers as a way to assess the full cost of bringing programs up to the new standards. The results of this study must also take into account the impact poor quality has on children's growth, development and school readiness.

2004 Recommendation:

The Council requests periodic briefings from the Office of Child Care Licensing of the status of the proposed rules and the fiscal impact study and recommends that the revised child care center rules will be adopted by the Office of Child Care Licensing as soon as possible and no later than July 2005.

Health Initiatives

Accomplishments:

The Delaware's Baseline Quality Study found that the quality of personal care and hygiene, particularly hand washing by children and staff and the sanitation of surfaces, was low – with the majority of settings being ranked mediocre or poor. Therefore, in 2003 the Council recommended that the Office of Child Care Licensing identify and implement a campaign to increase the use of good hygiene practices by providers, children, and parents.

Acting on the Council's recommendation, the Office of Child Care Licensing partnered with the Family and Workplace Connection, the Delaware Nurses Association, Wesley College and the Healthy Child Care America project at the Division of Public Health to create and implement a hand washing campaign. Curriculum for children was developed. It included sharing information with the parents and activities for their teachers to use in the classroom. The nursing students at Wesley College conducted the training sessions at all interested centers in Kent County. Each classroom received hand washing posters and Wash Your Hands storybooks supplied by the Healthy Child Care America project. A hand washing training component was added to each two hour Health Issues training session. Family and Workplace Connection is supporting the use of the Health Issues modules by the Child Care Health Consultants. The funding for Healthy Child Care America will end on January 31, 2005. We are hopeful that the Division of Public Health will continue its support beyond the grant funding.

2004 Recommendation:

The Council recommends that the Office of Child Care Licensing continue this program and that efforts be made to expand the partnerships to include schools of nursing in New Castle and Sussex counties as a way to expand the program in these counties.

FINANCING

“By the year 2008, early care and education programs in Delaware will be fully funded so that all families desiring early childhood services will have access to them at a rate commensurate with their ability to pay. In addition, at least 10% of all new public early care and education funds will be directly invested into the infrastructure.” Early Success, 1998

Funding a Quality Early Care and Education System

Observation:

One of the challenges facing the Council is to quantify the financial impact of quality early care and education in Delaware. While the early care and education system is financed by multiple funding streams, it is important to remember that parents contribute the most to the system through their tuition payments. Early care and education services for identified populations, such as children at risk, children with disabilities and children living in poverty are supported through varying federal and state funds. These programs are administered and monitored by different state and federal agencies and Departments. Some businesses underwrite on-site child care facilities for their employees. Some corporations, businesses, foundations and individuals also contribute

to non-profit child care providers. Lastly, but most importantly, the early care and education workforce underwrites the system by accepting low wages and most often working without benefits.

2004 Recommendation:

The Council recommends that by December, 2005, a cost/benefit analysis of Delaware's early care and education system will be conducted. The study should provide a clear understanding of how child care contributes to Delaware's local and state-side economies, its significance to the state's current and future work force, and the impact of child care on economic development. If funding for such a study can be found, the Council will explore what other states such as Florida, New York and Minnesota have done and select a model that best suits Delaware's needs. The Office of Early Care and Education will be responsible for management of the study.

Purchase of Care

Accomplishment:

The Council thanks the Secretary of Health and Social Services for acting on its 2003 recommendation that a Child Care Subsidy Rule Revision Task Force be appointed. The task force has been evaluating current practices and exploring innovative ways to improve subsidized care and has created sub-committees to further explore the specific issues of policies, rates and communication. The task force is chaired by Dayna Moore, a member of the Council, and along with the Council chair includes representatives from the provider community as well as both the non-profit and government sector. The Council wants to specifically acknowledge the contributions of Division of Social Services staff that have supported the task force's work. A final report is expected in the first quarter of 2005.

In addition to the task force, several other significant initiatives are occurring in the subsidized care program. For example:

- Attendance Reporting - Delaware Child Care Information Portal, a web portal has been created and implemented for child care providers to report their monthly attendance.
- Purchase of Care Plus – a program that allows providers to charge parents a portion of the short-fall between fees and the state's subsidy, has been successfully piloted in five programs. Interested providers are now being trained on how to incorporate Purchase of Care Plus into their programs. The programs will be launched state-wide in early 2005.
- Funding - This year the Division of Social Services was successful with a budget initiative that added \$1.1 million, in state funds, to the Purchase of Care program to increase rates paid for infant and toddler care.

2004 Recommendation:

The Council commends the Division of Social Services for advancing another budget initiative of \$800,000.00 to increase rates for preschool age children in fiscal year 2006. The Council supports this initiative and will advocate for it as the initiative moves through the budget process.

Facility Improvements

Observation:

The Council has expressed concern about the adequacy of existing child care facilities. Many child care facilities lack the resources to make improvement to their physical plant and equipment due to the economic constraints of low profit margins or deficit budgets. This is especially challenging for facilities that depend heavily on the state's subsidized child care payments.

2004 Recommendation:

In the year ahead, the Council will explore the existing housing and community reinvestment programs to see if there are existing resources available for the child care community. The Council will then determine if a specialized fund, similar to those in other states such as Pennsylvania and North Carolina, is needed to support child care facility capital improvements.

GOVERNANCE

“By the end of the year 2000, Delaware will have a permanent, legislatively-mandated, state level council devoted to early care and education. The council will be responsible for the governance of early child care education programs and infrastructure within the state. An Office of Early Care and Education will be established to support the council and ongoing interagency early childhood work.” Early Success, 1998

Observation:

At the beginning of her first term, Governor Ruth Ann Minner endorsed *Early Success* early in her administration and, by Executive Order, created the Delaware Early Care and Education Council in 2001. The Governor established the Council as a state-wide advisory organization for early care and education. The Council was charged with “advising the Interagency Resource Management Committee annually concerning early care and education services in Delaware based on the recommendations of the *Early Success* report” and with making recommendations to aid the development of a quality early care and education system for all Delaware children. To achieve the goals set out in *Early Success*, the Council is working to bring best practices to Delaware and to create funding streams for innovative programs. A more permanent status is essential to ensure continuity of the Council's work.

2004 Recommendation:

The Council requests that it be legislatively mandated by June 30, 2005 to provide on-going guidance to the state agencies regarding the implementation of *Early Success*.

In order to provide information and insights into specific regional issues, the Council recommends that local early care and education committees be established in New Castle, Kent, and Sussex counties. The Council encourages the inclusion of public school administrators, family child care providers, centers directors, and parents in the local committees. A Wilmington Early Care and Education Council already exists. The Council would like to establish a mechanism for all of the committees and councils to work together to ensure that their efforts are coordinated.

Department of Early Care and Education

Observation:

The Council recommended in 2003 that Delaware become a national model by creating a Department of Early Care and Education consolidating the currently fragmented services to children from birth to age five and their families. The Council continues to support the concept of a unified agency at the state level. Unifying the functions would support a consistent perspective and mission to achieve quality within and across programs. Other states have taken a similar action. Their experiences can be used to inform the actions in Delaware.

2004 Recommendation:

The Council recommends that by 2006 a sub-committee be formed to explore other states' initiatives to create a single agency responsible for all early care and education programs. This sub-committee should consist of members of the Council and the designees of the Interagency Resource Management Committee. It should consider the advantages and challenges to creating such an agency in Delaware and make recommendations on the advisability of creating a permanent, comprehensive, coordinated government entity including all state services related to early care and education.

PROFESSIONAL DEVELOPMENT

“By the year 2008, Delaware will have established a system of professional development that: 1. has explicit criteria for all adults working with young children; 2. requires all adults to hold licenses; 3. provides ongoing, cumulative, and credit-bearing in-services opportunities; and 4. ensures that the content of all training and preparation efforts is designed to meet the needs of diverse children and families, as well as those of the members of this growing field.” Early Success, 1998

Accomplishments:

In 2003, the Council recommended that a public private partnership be formed to support a scholarship program for those working in early care and education in Delaware. The Council is pleased to report that this recommendation has been realized with the selection of the scholarship program T.E.A.C.H. Early Childhood® (see Appendix B). T.E.A.C.H. stands for Teacher Education and Compensation Helps. Delaware became the twenty-third state to be licensed for T.E.A.C.H. The Family and Workplace Connection is managing the program, which enrolled the first group of twenty-eight scholarship recipients in September 2004.

The Council wishes to thank the Departments of Education, Health and Social Services and Services for Children, Youth and Their Families, which have committed funding for T.E.A.C.H. Private funding has also been provided by PNC Bank and Social Venture Partners Delaware. Wilmington Early Care and Education Council, through its Early Learning Opportunities Act grant is also funding T.E.A.C.H. scholarships specifically for providers living or working in the City of Wilmington. The initial response to T.E.A.C.H. has been extremely favorable.

2004 Recommendation:

For 2005, the Council recommends that the Departments of Education, Health and Social Services and Services for Children, Youth and Their Families continue to support T.E.A.C.H. The Council will continue to seek additional funding from the legislature and private sector to ensure the long term viability of T.E.A.C.H.

Professional Development Oversight Board**Observation:**

Currently a number of groups advise professional development of the early care and education field. For example, there are advisory boards to:

- Delaware First Career Development System,
- the Department of Labor's Apprenticeship Project,
- T.E.A.C.H.,
- and numerous vocational school and associate degree programs.

These groups often have overlapping missions and memberships.

2004 Recommendation:

By July 2005, the Council recommends that an Early Care and Education Professional Development Board be created. The purpose of the Board will be to work with existing programs to create of a seamless system to advance careers in this field. The Council further suggests that the Department of Labor be consulted on the formation of such a board because of its experience with professional boards.

FAMILY ENGAGEMENT

"By the year 2008, all early care and education programs will address the needs of children, parents and families; and they will engage parents and families as partners in their children's programs. Families will have family support services and the user-friendly information they need to be effective consumers. More work places will be family-friendly." Early Success, 1998

Observation and Accomplishment:

Effective quality early care and education programs engage families, empower parents and increase children's positive outcomes through partnerships. In 2003 the Council recommended that Head Start/ECAP performance standards be used as a model for effective family engagement and be incorporated into the Office of Child Care Licensing's center regulation revisions as well as the state program standards that are being developed.

Further review of this recommendation by the Council suggests modification. The Head Start and ECAP performance standards for effective family engagement are laudable, but may not be an appropriate model for the broader early care and education community. Many child care facilities are private, for-profit entities. Imposing federal standards on them via licensing rules would be burdensome. Family engagement may take different forms in different early care and education settings.

The Council commends the tiered rating system work group for including levels of family engagement in its design for a tiered rating system. The Council also applauds the *New Scripts* project as a successful initiative in Delaware. *New Scripts* encourages and supports parents of children with disabilities co-teaching courses for early intervention professionals. It is anticipated that the *New Scripts* parents will become involved in teaching portions of the Training of Early Care and Education (TECE) I and II curriculum. The Council will explore this project to fully understand its components and its broader application.

The Early Childhood Comprehensive Systems (ECCS) project managed by the Division of Public Health has the opportunity to plan for more effective linkages for families and early care and education programs. ECCS has had parental involvement and has completed parent focus groups. The Council looks forward to learning about the results of the parent focus groups and finding opportunities to partner with the CCS work group.

2004 Recommendation:

The Council recommends that Delaware's tiered rating system oversight committee track the various methods of family engagement employed by participating early care and education providers. This information will be used to give other providers technical assistance in achieving increased family engagement.

RESULTS

“By the year 2008, young children in Delaware’s early care and education programs will be assessed using developmentally appropriate standards and processes. The results from the data will be used to guide planning, pedagogy, monitoring, accountability of quality early care and education programs, and to determine the effectiveness of the early care and education system. The evaluation will focus on agreed-upon “strengths-based” results that will demonstrate children’s competencies in social, emotional, physical, cognitive, and language domains.” Early Success, 1998

Observations and Accomplishment:

The Council has observed the importance of Delaware specific data on the early care and education system. For example, data from the 2003 Delaware Early Care and Education Baseline Quality Study and the Delaware Early Childhood Longitudinal Study have significantly impacted the work of the Council in prioritizing what needs to be accomplished to implement Early Success. Another example is the 2004 Head Start/Early Childhood Assistance Program (ECAP) Outcomes Study that informs the broader early care and education community about a process for evaluating child and family outcomes. This study evaluates the impact of Head Start and ECAP programs on children's growth and development as well as their families.

The Council supports all efforts to continue and expand the gathering of data. In particular, we support the legislatively mandated capacity study for full day kindergarten and universal pre-kindergarten services and request that the Council be briefed on the study's findings. The Council also looks forward the initiation of the second cohort of children in the Delaware Early Childhood Longitudinal Study.

A QUALITY TIERED RATING SYSTEM FOR EARLY CARE & EDUCATION

History and Purpose:

In order to define “Quality,” one of the eight domains of *Early Success*, the Delaware Early Care and Education Council approached The Family & Workplace Connection to convene a group of early care and education professionals. The working committee was composed of child care center directors and representatives from the Office of Child Care Licensing, Division of Social Services, Department of Education, the Delaware Early Care and Education Office, and The Family & Workplace Connection. With assistance from Barbara Tayman, specialist from the National Child Care Information Center, the committee met for 18 months to develop a system of tiered quality for child care centers. After presenting a draft of the proposed system to the Council, five focus groups were convened, including one in each county and the City of Wilmington. The committee will reconvene and revise the model incorporating comments from the focus groups.

System Model:

The committee reviewed models from 16 states and used components common to most. The following system was developed for child care centers and will expand to family child care in 2005:

- The system is comprised of five levels, each building upon the one before:
 - Level 1 reflects current Delaware licensing regulations, adopted by the Office of Child Care Licensing in 1988.
 - Level 2 represents the Delaware regulations for child care centers that were proposed in January 2004.
 - Levels 3, 4 & 5 increase their requirements.
 - Level 5 can also be achieved via national accreditation, through the National Association for the Education of Young Children (NAEYC), the American Montessori Society (AMS), or the National School-Age Care Alliance (NSACA). The committee will investigate other accreditation systems such as the National Child Care Association (NCCA) and Middle States Association of Colleges and Schools.
 - Many states have chosen to limit the achievement of Level 5 at national accreditation only. The committee wanted an alternative to accreditation due to the cost and challenges experienced through NAEYC.
- Components/criteria include:
 1. Staff Qualifications: pre-service requirements for direct care staff, leading to an associate’s degree at the Lead Teacher level, and provides for entry level positions.
 2. Director’s Qualifications: pre-service requirements for an administrator, leading to a bachelor’s degree or a Director’s Credential with specific

training in human resources, fiscal and operational management and program evaluation.

3. Curriculum Coordinator Qualifications: pre-service requirements, leading to a bachelor's degree in early care and education, with specific education and training in curriculum development and child assessment. This staff may be the same as the director, especially in small centers.
4. Staff Compensation: documentation of salary and benefits, leave policies and health insurance.
5. Curriculum: use of the *Early Learning Foundations* and implementation of approved curriculum and child assessment.
6. Family and Community Partnerships: family and staff surveys, program involvement, family support, and school linkages.
7. Business Practices: budgets, reconciliation, and financial policy.
8. Evaluation: program assessment using the Environmental Rating Scales (ERS), using an internal and external evaluator; family and staff survey; and the creation of an improvement and professional development plan according to the ERS results.

It is the hope of the committee that funding would be available to pilot the model and assess its implementation. Most states have linked funding to the tiered rating system. This funding varies from program supports to achieve subsequent levels to linking the levels to subsidized care rates as an incentive.

Appendix B
T.E.A.C.H. Early Childhood®

Teacher Education and Compensation Helps (T.E.A.C.H. Early Childhood®) was created in North Carolina in 1990 as a result of three workforce issues: low education, low compensation, and high turnover rates. T.E.A.C.H. has been replicated in 23 states as a workforce support. It provides increased formal education at a higher education institution; supports to succeed at the college level such as a transportation stipend and teacher release time; increased compensation; and a commitment by the employers to support their employees and by the scholarship recipients to remain in the field as a result of their increased education.

The Family & Workplace Connection (FWC) applied to administer T.E.A.C.H. through the licensing procedure required by Child Care Services Association (CCSA) of North Carolina. FWC staff has received training for the administration of T.E.A.C.H. and will participate in the state and national evaluation. With initial support from the Department of Education, Division of Social Services, Office of Child Care Licensing, PNC Bank, Social Venture Partners Delaware, and the City of Wilmington (Early Learning Opportunities Act Grant), FWC is committed to raising funds to support T.E.A.C.H. from a private-public partnership.

An advisory committee was established and has met over the last year to develop models for the program. The committee is comprised of child care center directors, family child care providers, and representatives from the Department of Education, Division of Social Services, Office of Child Care Licensing, Office of Early Care and Education, Wilmington College, Delaware State University, University of Delaware, and each of the three Delaware Technical & Community College campuses.

In July 2004, FWC began marketing T.E.A.C.H. to family child care providers, child care center directors and teachers. Participants can receive a scholarship for CDA certification through the Council for Professional Recognition and for coursework leading to an associate's degree in Early Childhood Education at Delaware Technical & Community College. Seven models have been developed for each job with compensation in the form of a raise or bonus. Child care center directors are given compensation choices according to their employer or Board of Directors, teachers are given raises or bonuses based upon their employer's choice, and family child care providers receive a bonus. Teachers and family child care providers are able to use three hours per week for release time while they attend school. Release time can be used to study, do homework, or take care of personal business and has proven to become an important support for participants. Travel stipends are dispensed for each semester a participant is enrolled in college.

Commitment from both the participants and their employers is paramount to the program's success. Each employer agrees to support their participant by providing release time and increased compensation. For each year a participant receives scholarship and support, equal time (year) is given back to service in the family child care, center or field. As a result of the employer and employee commitment, retention remains unique to T.E.A.C.H., in comparison to other scholarship programs. Participants are required to complete 9-18 college credits within a 12- month period. There are currently 28 T.E.A.C.H. participants enrolled at DTCC, with a waiting list of 50 for the January semester.

Appendix C
**Delaware Early Care and Education Council
2004**

Members

Ann Wick, Chair
Community Representative

Sandra Cohee
Appoquinimick Early Childhood Center, Principal

Dayna Moore
Lessons Learned Child Care, Owner

Eileen Steele
Bank One, Vice President of Community
Relations

Barbara Sheppard-Taylor
Delaware Technical & Community College, Chair
of Early Childhood, Wilmington Campus

David Arthurs
Parent & Community Representative

Linda Walls
Little Angels Child Care Center, Owner

Donna Savini
Family Child Care Provider

Andrea Moselle
Astra Zeneca, Senior Manager for Work Life

Beth Inter
Wilmington Head Start

Ex-Officio Members

Evelyn Keating
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Paul Harrell
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United Way of Delaware

Ginny Marino
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Kathy Wilson
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Department of Health and Social Services

Michael Gamel-McCormick
Center for Disabilities Studies

Staff Support

Janet Carter, Rhonda Tsoi-A-Fatt and Abby Betts
Office of Early Care and Education
Department of Education

Appendix D
**EARLY SUCCESS:
Goals and Objectives**

I. Quality Programs

By the year 2008, all of Delaware's early care and education programs will employ a wide range of proven approaches for achieving quality – approaches that allow staff flexibility in using resources creatively and cost-effectively.

- Expand the number of accredited programs
- Increase compensation of all early care and education providers
- Increase the use of flexible grouping and mixed-age groups
- Ensure use of technology is appropriate to program needs and children's developmental level
- Improve organizational climates of programs to be supportive of staff and parents
- Help staff and programs achieve higher levels of cultural sensitivity
- Promote family support, health and nutrition services
- Facilitate children's transitions to other program and school settings

II. Professional Development

By the year 2008, Delaware will have established a system of professional development that: 1. has explicit criteria for all adults working with young children; 2. requires all adults to hold licenses; 3. provides ongoing, cumulative, and credit-bearing in-services opportunities; and 4. ensures that the content of all training and preparation efforts is designed to meet the needs of diverse children and families, as well as those of the members of this growing field.

- Determine appropriate amount of education for different roles in the field
- Ensure that the content of training meets the needs of diverse children, families, and field
- Create an individual licensure approach
- Fund review and revision of training curriculum
- Link all training to academic credit
- Increase financial assistance for professional development

III. Family Engagement

By the year 2008, all early care and education programs will address the needs of children, parents and families; and they will engage parents and families as partners in their children's programs. Families will have family support services and the user-friendly information they need to be effective consumers. More work places will be family-friendly.

- Create multiple activities to include families in all programs
- Engage families as advisors in the governance of all programs
- Develop regular communication among providers and families
- Include families' perspectives when developing quality standards
- Assist families in making informed choices about early care and education services
- Campaign to increase the family friendliness of workplaces

IV. Public Will

By the year 2005, Delaware's citizenry will understand the importance of the early years and family engagement in children's early development, to the point that investments in early care and education services will be a durable, normalized component of the state budget, corporate investments, and community commitments.

- Develop and fund a long-term public will campaign
- Assess the impact of the public will campaign

V. Program Licensure

By the year 2008, all early care and education programs offering services to the public will be required to be licensed, and program licensing will continue to be streamlined and enforced.

- License all early care and education except kith and kin
- Streamline and coordinate facility licensing
- Commission a review of state-of-the-art monitoring and enforcement approaches
- Develop the capacity of licensing staff and ensure adequate resources; support development of certification of licensing staff

VI. Governance

By the end of the year 2000, Delaware will have a permanent, legislatively-mandated, state level council devoted to early care and education. The council will be responsible for the governance of early child care education programs and infrastructure within the state. An Office of Early Care and Education will be established to support the council and ongoing interagency early childhood work.

- Public and private entities will commit staff and resources to a state council working group
- The Interagency Resource Management Committee will transition to an early care and education council
- An Office of Early Care and Education will be created

VII. Financing

By the year 2008, early care and education programs in Delaware will be fully funded so that all families desiring early childhood services will have access to them at a rate commensurate with their ability to pay. In addition, at least 10% of all new public early care and education funds will be directly invested into the infrastructure.

- Determine the actual cost of a quality early care and education system
- Determine current early care and education expenditures
- Secure funding mechanisms for revenue generation

VIII. Results

By the year 2008, young children in Delaware's early care and education programs will be assessed using developmentally appropriate standards and processes. The results from the data will be used to guide planning, pedagogy, monitoring, accountability of quality early care and education programs, and to determine the effectiveness of the early care and education system. The evaluation will focus on agreed-upon "strengths-based" results that will demonstrate children's competencies in social, emotional, physical, cognitive, and language domains.

- Identify the results to be achieved by an early care and education system
- Specify strength-based indicators for state and local results
- Measure the result indicators
- Pilot promising approaches for obtaining data on results indicators
- Report data as a means to increase public understanding
- Develop mechanisms to use results to identify program strengths and weaknesses

For information about the Interagency Resource Management Committee or the Delaware Early Care and Education Council please contact:

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