

Child Care and Development Fund (CCDF) Plan For Delaware FFY 2019-2021

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Delaware Health and Social Services

Street Address: 1901 N. Dupont Highway

City: New Castle

State: DE

ZIP Code: 19720

Web Address for Lead Agency: <http://dhss.delaware.gov/dhss/>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Ray

Lead Agency Official Last Name: Fitzgerald

Title: Director

Phone Number: 302-255-9645

Email Address: ray.fitzgerald@state.de.us

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Belvie

CCDF Administrator Last Name: Herbert

Title of the CCDF Administrator: Social Service Senior Administrator

Phone Number: 302-255-9611

Email Address: Belvie.Herbert@state.de.us

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address:

City:

State:

ZIP Code:

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: Kecia

CCDF Co-Administrator Last Name: Blackson

Title of the CCDF Co-Administrator: Management Analyst III

Description of the role of the Co-Administrator: The CCDF Co-Administrator will manage the quality aspects of CCDF Administration.

Phone Number: 302-255-9858

Email Address: Kecia.Blackson@state.de.us

Address for the CCDF Co-Administrator (if different from the Lead Agency):

Street Address:

City:

State:

ZIP Code:

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

- All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

1. Eligibility rules and policies (e.g., income limits) are set by the:

- State or territory
- Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

N/A

Other.

Describe:

N/A

2. Sliding-fee scale is set by the:

State or territory

Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

N/A

Other.

Describe:

N/A

3. Payment rates are set by the:

State or territory

Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.

N/A

Other.

Describe:

N/A

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

N/A

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply

a) Who conducts eligibility determinations?

- CCDF Lead Agency
- Temporary Assistance for Needy Families (TANF) agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

b) Who assists parents in locating child care (consumer education)?

- CCDF Lead Agency
- TANF agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

c) Who issues payments?

- CCDF Lead Agency
- TANF agency
- Other state or territory agency
- Local government agencies, such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). Note : The contents of the written agreement may vary based on the role the agency is asked to assume or type of project, but must include at a minimum, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

The lead agency contracts with Children and Families First, a private agency, to manage the state's resource and referral system. This agency also administers the Capacity Building grant which provides scholarships and technical assistance to providers who provide care to underserved populations such as infants and toddlers, children with special needs, children who are English language learners and children who need care during non-traditional hours. The Department of Services for Children, Youth and Their Families is the agency responsible for licensing and monitoring child care providers.

The Department of Education , Office of Early Learning is responsible for professional development of early education professionals, early learning foundations, early head start programming, etc.

The lead agency contracts with other outside vendors to perform the market rate study, to facilitate health and safety training, and to staff a professional development resource center. The lead agency uses written agreements such as Memorandums of Understanding, and contracts to monitor CCDF administration and implementation responsibilities performed by other agencies. These agencies are also required to submit monthly reports along with invoices detailing the CCDF work being implemented and any expenditures associated with the work. The lead agency audits all contracts on an annual basis. The lead agency is represented on agency advisory boards and actively participates by voting and/or providing feedback on matters related to CCDF implementation. The lead agency meets at least monthly with agencies responsible for implementing CCDF responsibilities. Additionally the lead agency also requires these agencies to submit Time and Effort reports detailing CCDF expenditures on man-hours.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

The lead agency's POC and PSS systems are written using .Net C# and ASP.Net code. That code is stored in what is called a solution file. We can extract the entire solution file and put it on a CD, or we can transfer via the internet using a secure protocol. If there is a need for any MAU/MOU or any other agreements between the system owners and the agency with which the code needs to be shared, those agreements would need to be developed and signed by the sharing agencies.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

The lead agency has in effect policies that govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and childcare providers receiving CCDF funds. The policy is as follows: 1003 Keeping Client Information Confidential-7 CFR 272.1(c); 45 CFR 205.50, 31 Del Code §1101 this policy applies to all DSS and DMMA staff who have access to public assistance information and records. 1. Staff Safeguards Public Assistance Information Public assistance information and

records may be used only for purposes directly connected with the administration of public assistance programs. All information gathered about individuals or families for public assistance purposes is considered confidential and will be safeguarded by DSS and DMMA. The Divisions will not release any information regarding an individual without the individual's written consent. Exceptions: 1. DSS may give the address of a cash assistance recipient to a law enforcement agency in certain situations. See DSSM 1003.2. 2. DSS may give information about food benefit applicants and recipients to a law enforcement agency in certain situations. See DSSM 1003.2.1. 3. General information about expenditures, numbers of clients served, and other statistical information is a matter of public record and is available to any interested party.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the

development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation in the development of the CCDF plan.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

The lead agency ensures collaboration by providing an overview of the CCDF Plan to the Delaware Early Childhood Council, the Interagency Resource Management Council, the Wilmington Early Care and Education Council. The lead agency encourages written feedback from these entities and at the lead agency's discretion revises the plan accordingly.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

An overview of the CCDF State Plan is provided for the Delaware Early Childhood Council and members are given the opportunity to provide feedback prior to final plan submission.

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for States to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many States and Tribes have consultation policies and procedures in place.

N/A

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

The lead agency consults with the state's afterschool network, Part B and Part C coordinators, Delaware Stars, University of Delaware, the Department of Services for Children, Youth and Their Families, etc to develop the CCDF Plan.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 05/17/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in (a)).
04/27/2018

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

Notice of the public hearing was published in a classified advertisement in the Delaware News Journal, the daily newspaper for the state, a notice was placed on the Provider Self Service portal which is the portal that all CCDF providers use to enter attendance, an email blast was sent to all licensed child care providers via the Office of Child Care Licensing. The information was placed on the Department's website.

[HTTP://intranet.dhss.state.de.us](http://intranet.dhss.state.de.us)

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The public hearing was held in Dover, DE, which is centrally located and

easily accessible to those coming from Sussex or New Castle County.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)

The Plan was made public on the DHSS Website in advance of the public hearing. Anyone who wished to have a hard copy was sent a hard copy via email.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? The public is given the opportunity to comment on the state plan at the public hearing but had 30 days after the public hearing to submit comments. The comments will be reviewed and, at the lead agency's discretion, the plan will be revised accordingly.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

[HTTP://intranet.dhss.state.de.us](http://intranet.dhss.state.de.us)

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

An overview of the CCDF State Plan was provided for the Delaware Early Childhood Council on March 3, 2018 and the Interagency Resource Management Council on April 12, 2018, and the Wilmington Early Care and Education Council. Council members were made aware of the timeline including when the plan would be made public, the date of the public hearing and due date for public comments.

Working with child care resource and referral agencies.

Describe:

Members of the resource and referral agency are also members of the state advisory council.

Providing translation in other languages.

Describe:

N/A

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

N/A

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

Stakeholders are notified via the state's early childhood advisory council, via the Delaware News Journal and the Provider Self Service Portal which is the site where providers enter their attendance for reimbursement. Information regarding the CCDF Plan is also shared with our QRIS team, the Office of Early Learning, the Office of Child Care Licensing and vendors who contract with the lead agency

Other.

Describe:

N/A

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

extending the day or year of services for families;smoothing transitions for children between programs or as they age into school;enhancing and aligning the quality of services for infants and toddlers through school-age children;linking comprehensive services to children in child care or school age settings; ordeveloping the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settingsCheck the agencies or programs the Lead Agency will coordinate with and describe all that apply.

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;
- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

- (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

The lead agency coordinates with the State Advisory Council and the Interagency Resource Management Council. An overview of the CCDF Plan and key legislative changes to the CCDF program were presented to the Interagency Resource Management Council (IRMC) and the Delaware Early Childhood Council. The IRMC is comprised of the secretaries of all state agencies involved in child welfare including The Department of Education and The Department of Services for Children, Youth and Their Families, the Director of the Office of Management and Budget, the Controller General and the Chair of the Early Childhood Council. The committee promotes interagency collaboration in the delivery of early childhood services to young children and their families. The goal of this coordination is to ensure that Delaware provides extended day or year of services for families; smooths transitions for children between programs or as they age into school; enhances and aligns the quality of services for infants and toddlers through school-age children; and links comprehensive services to children in child care or school-age settings; and develops the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.

- (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

The lead agency coordinates with the State Advisory Council and the Interagency Resource Management Council. An overview of the CCDF Plan and key legislative changes to the CCDF program were presented to the Interagency Resource Management Council (IRMC) and the Delaware Early Childhood Council. The IRMC is comprised of the secretaries of all state agencies involved in child welfare including The Department of Education and The Department of Services for Children, Youth and Their Families, the Director of the Office of Management and Budget, the

Controller General and the Chair of the Early Childhood Council. The committee promotes interagency collaboration in the delivery of early childhood services to young children and their families. The goal of this coordination is to ensure that Delaware provides extended day or year of services for families; smooths transitions for children between programs or as they age into school; enhances and aligns the quality of services for infants and toddlers through school-age children; and links comprehensive services to children in child care or school-age settings; and develops the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.

Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

(REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

N/A

N/A-There are no Indian tribes and/or tribal organizations in the State.

(REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and and Part B, Section 619 for preschool).

Describe the coordination goals and process:

The lead agency, Department of Health and Social Services is responsible for programming for children with special needs from birth to three (Part C). The Department of Education is responsible for programming for children with special needs for ages three and up (Part B). The Department of Education assisted in drafting and revising the plan. The goal of coordination is to ensure that the state appropriately addresses the special needs population and that all children who require services receive them in an appropriate and timely manner.

(REQUIRED) State/territory office/director for Head Start state collaboration.

Describe the coordination goals and process:

The lead agency has a Memorandum of Agreement with the Dept of Education, Office

of Early Learning to ensure coordination of activities under the Child Care and Development Fund. The Department of Education, Office of Early Learning houses the Head Start Collaboration Officer. The goal of collaboration is to establish linkages among Head Start, childcare, social welfare, health and state funded pre-school programs in an effort to ensure smooth transitions between programs. Delaware Head Start programs provide high quality early childhood education, nutrition, health, mental health, disabilities and social services with a strong parental involvement, acting as a model to Delaware's state-funded preschool, the Early Childhood Assistance Program (ECAP).

- (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

The Lead agency is responsible for public health. The Division of Public Health includes a wide range of programs and services all aimed toward protecting and improving the health of the citizens of the state. Some of these services include health and wellness, emergency preparedness, screening and testing, etc. The goal of the division's immunization program is to prevent vaccine-preventable diseases by making sure children and adults receive the vaccines they need. The program assures: All citizens of Delaware have access to vaccines; healthcare providers are aware of immunization standards of practice; the latest recommendations on vaccines are available to providers; and providers and the public have access to up-to-date answers to vaccine questions.

- (REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

The lead agency is responsible for employment services/workforce development. The lead agency collaborates with the Delaware Workforce Development Board, which ensures the citizens of Delaware are provided with occupational training and employment service opportunities to help them achieve employment sustaining them and their families. The board also collaborates with the business industry to provide them with qualified workers to meet their employment needs. The goal of this collaboration is to ensure the enhancement and alignment of quality services and to ensure accessibility of services to low income families. The lead agency now has a

newly developed Community Partners Support Unit that is instrumental in engaging the community on many levels including the development of employment opportunities for low-income individuals.

(REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

The lead agency has a Memorandum of Agreement with the Dept of Education, Office of Early Learning to ensure coordination of activities under the Child Care and Development Fund. A part of this coordination includes meeting the requirements to share information or services for CCDF subsidy families, the use of CCDF Discretionary dollars to fund several positions at DOE including an Education Specialist, and Administrative Assistant. The Department of Education/Office of Early learning assisted in drafting and revising the plan. The goals of this coordination are as follows: to ensure extended day or year of services for families; to ensure smooth transitions for children between programs or as they age into school; to enhance and align the quality of services for infants and toddlers through school-age children; to ensure linkage of comprehensive services to children in child care or school-age settings; and to collaborate in developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.

(REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

The lead agency has a Memorandum of Agreement with the The Department of Services for Children, Youth and Their Families, which is the agency responsible for child care licensing. The agreement ensures the coordination of activities under the Child Care and Development Fund. A part of that coordination includes the use of CCDF dollars to fund two full time positions at DSCYF. These positions include one Licensing Inspector and one Social Service Administrator. The office of Child Care Licensing assisted in drafting and revising the plan. The goal of this coordination is to ensure the overall coordination and implementation of quality childcare services to children, providers and families by developing comprehensive health and safety standards and ensuring compliance with these standards.

- (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

The Department of Education is responsible for the CACFP, and assists with the development and revision of the CCDF state plan. The CACFP provides aid to child and adult care institutions and family or group day care homes. The goal of this collaboration is to ensure the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children.

- (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons.

Describe the coordination goals and process:

The lead agency has a Memorandum of Agreement with the Department of Education, which coordinates activities implemented through CCDF. DOE is the agency that houses the McKinney-Vento coordinator. Through the University of Delaware, Institute for Excellence in Early Childhood Education the state has the State developed "Supporting Children When They Are Homeless," a free three-hour training offered online through www.depdnow.com. This course provides staff with an understanding of homelessness as defined by the McKinney-Vento act, an opportunity to be reflective about the impact on children and families, as well as gives them strategies and resources to assist families. The Department of Education also offers an online training for "Homeless Liaisons" in each local education agency to prepare them to train their school staff on identifying and serving homeless children and their families. The goal of this collaboration is to ensure alignment of quality services for children who are considered part of a vulnerable population.

- (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

The lead agency administers the TANF program and does ensure that individuals are placed in employment that enables them to enter the workforce and maintain meaningful jobs with livable wages. Those that qualify for TANF automatically receive childcare services so that they are able to work toward self-sufficiency.

- (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

The lead agency administers the Medicaid and Children's Health Insurance Program. Medicaid provides medical assistance to eligible families whose income is insufficient to meet the cost of necessary medical services. The Delaware Healthy Children Program is a low cost health insurance program for Delaware's uninsured children. Children may qualify if they are uninsured, under the age of 19, meet income eligibility requirements, etc.

- (REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

The lead agency has an MOU with the Department of Services for Children, Youth and Their families (DSCYF) to ensure coordination of activities under the Child Care and Development Fund. The Department of Services for Children, Youth and Their Families, is the agency responsible for ensuring comprehensive and coordinated mental health services, are accessible to early education programs. The goal of this collaboration is ensure enhancement and alignment of quality services and linkages to comprehensive services to children in early education settings

- (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination goals and process:

The lead agency contracts with Children and Families First to provide the state's childcare resource and referral services. The goal of this collaboration is to provide information and education to parents regarding childcare types, quality childcare, child development, etc. Parents can also access a 24-hour automated phone system and case management services for assistance in securing childcare for children with special needs.

The lead agency also contracts with the University of Delaware to provide 28 hours of training to the state's relative care providers. The University provides the required 3 hours of annual health and safety training as well. The goal of this collaboration is to enhance and align the quality of services for infants and toddlers through school-age

children.

- (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

The Delaware Afterschool Network (DEAN) serves to enhance out-of-school time opportunities for children and youth, particularly disadvantage youth. The goal is to ensure youth have access to high quality learning experiences before and after the school day. The lead agency contracts with many of the providers who serve children before and after school. The lead agency consulted with DEAN in the development of the CCDF State Plan and continues collaborating to ensure support of high quality afterschool programs.

- (REQUIRED) Agency responsible for emergency management and response.

Describe the coordination goals and process:

The lead agency is responsible for public health emergency management and response. The Office of Preparedness takes the lead and collaborates with partners and the community to develop, implement, and maintain a comprehensive program to prepare for, mitigate, respond to, and recover from public health threats and emergencies.

The Delaware Emergency Management Agency (DEMA) is the state agency responsible for coordination of comprehensive emergency preparedness, training, response, recovery and mitigation services in order to save lives protect Delaware's economic base and reduce the impact of emergencies.

The lead agency has a designated liaison who coordinates with DEMA, the Department of Services for Children, Youth and Their Families and other agencies to develop the state childcare disaster plan.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

- State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

The lead agency collaborates with the Department of Education who is a grantee of

Early Head Start-Child Care Partnerships (EHS-CCP). The purpose of this collaboration is to ensure the provision of full day/full year services for families; smooth transitions for children between programs or if they age into school at three, enhancement and alignment of quality services for infants and toddlers through the state, and linkage of comprehensive services to children in child care settings.

[State/territory institutions for higher education, including community colleges](#)

[Describe](#)

The lead agency collaborates with institutions of higher education including the University of Delaware who provides our Relative Care Training, Delaware Technical and Community College, Springfield College, and Wilmington University who all provide training to our T.E.A.C.H. scholars. The goal of this collaboration is to ensure the improvement of the knowledge and skills of the early education workforce and in turn increase the quality of care for children.

[Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.](#)

[Describe](#)

The lead agency provides developmental screenings and referral services for children age's birth to three. The lead agency also collaborates with the Department of Services for Children, Youth and Their Families and the Department of Education in the state's endeavor to address early childhood and school age developmental services. DSCYF provides mental health consultation services to providers, and mental health services to school age youth. The Department of Education provides developmental services for children age 3 and older to ensure that they are screened when necessary and have access to appropriate follow-up services to address developmental needs.

[State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.](#)

[Describe](#)

The lead agency is responsible for the Maternal and Child Home Visitation program. Through this program expecting and new mothers are visited by nurse or parent support specialist to provide tips on care, breast-feeding, child growth and development, etc. Mothers will also be connected to community resources and

services. The visits continue as the child grows to mitigate the challenges of parent and to help mothers learn to help their children learn, grow and thrive.

[Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.](#)

[Describe](#)

The lead agency is responsible for this service. Medicaid provides medical assistance to eligible families whose income is insufficient to meet the cost of necessary medical services. The lead agency offers screening and testing for HIV, newborns, tuberculosis, etc. as well as treatment. The lead agency provides developmental screenings and referral services for children ages birth to three while the Department of Education provides developmental screenings for school age children. Through these screenings, children are diagnosed and receive necessary follow-up. The goal of this collaboration is ensure enhancement and alignment of quality services and linkages to comprehensive services to children in early education settings.

[State/territory agency responsible for child welfare.](#)

[Describe](#)

The lead agency collaborates with the Department of Services for Children, Youth and Their Families, which is the agency that provides and manages a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse. The goal of this collaboration is to ensure that comprehensive/ coordinated services such as mental health consultation are accessible to early education programs.

[State/territory liaison for military child care programs.](#)

[Describe](#)

N/A

[Provider groups or associations.](#)

[Describe](#)

N/A

Parent groups or organizations.

Describe

N/A

Other.

Describe

N/A

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start ' Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

The use of two or more funding sources to accomplish a shared goal.

b) Which funds you will combine

State general funds, the Department of Education's Early Childhood Assistance Program (ECAP), Title 1 federal funds, federal IDEA funds(Part B), federal 21st Century, Department of Services for Children, Youth and Their Families, state allocation and Early Headstart-Child Care Partnership funds as allowable.

c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

The goal of combining funds is to provide full-day, full-year programming for working families, smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, and developing the supply of child care for vulnerable populations.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

At the state level, the lead agency will be combining funds by layering funds. For example, in partnership with the Office of Early Learning, the lead agency will subsidize a portion of the day for EHS-CCP children in licensed centers and/or family child care to ensure full day/ full year comprehensive services. Also tiered

reimbursement payments are layered on to purchase of care payments for those providers participating in the state's Quality Rating and Improvement program. Providers must have reached a star level three to receive the tiered reimbursement payments.

e) How are the funds tracked and method of oversight

The lead agency conducts random moment sampling to determine how much funding needs to be allocated to respective programs. They also conduct what is called a "TrueUp" to track what the projected allocation was and how much was actually spent. Funds are also tracked through federal reporting.

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:

The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

N/A - The territory is not required to meet CCDF matching and MOE requirements

Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

-- If checked, identify the source of funds:

State General Funds

-- If known, identify the estimated amount of public funds that the Lead Agency will receive: \$

Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

-- If checked, are those funds:

donated directly to the State?

donated to a separate entity(ies) designated to receive private donated funds?

-- If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

N/A

-- If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$

State expenditures for preK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent):

-- If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

N/A

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

N/A

State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

No

Yes

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

N/A

-- Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent):

-- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:

N/A

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13,

for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

The Wilmington Early Care and Education Council (WECEC) is a local council by the city government whose mission is to ensure that all Wilmington children have access to an integrated early childhood system, which fosters collaboration among existing programs, and identifies gaps in current delivery systems for children birth through 8 years old. The program leverages existing service delivery systems and increases the supply and quality of child care services through the following: provides a professional development center for parents and providers, provides career consultation, mentoring, technical assistance, scholarships, etc. Some of the goals of this partnership include strengthening governance and alignment of early childhood policies, programs and practices, integrating service delivery across agencies, enhancing the state's data collection system, establishing and coordinating a state-wide, cross sector early childhood professional development system, and improving the alignment and efficiency of the use of early childhood funding across agencies.

The Delaware Association for the Education of Young Children (DeAEYC) is a private agency that the lead agency contracts with to administer the T.E.A.C.H. Program. The T.E.A.C.H. program provides scholarships for those working in licensed early care and education or school age program. The nationally established T.E.A.C.H. program leverages existing service delivery systems to increase the supply and quality of child care services by: providing scholarship opportunities to early childhood educators, encouraging child care programs to support continuing education staff, providing increased compensation for staff who obtain higher education credentials, reducing staff turnover, providing a sequential higher education path and creating a model partnership for improving the quality of care that children receive.

Children and Families First (CFF) is a private agency that the lead agency contracts with to administer the CAPACITY Grant program. The program provides quality improvement and technical assistance strategies as well as financial resources to the early childhood and school age community to increase the supply of childcare in areas where it is limited including care for English language learners, children with special needs, infants and

toddlers and children needing care during non-traditional hours. The project expands, enhances and creates new care that is safe, healthy and appropriate by providing grants for professional development, educational materials, staff training, etc. It also includes technical assistance in the form of start-up and operational assistance, class management, business management, etc.

1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care

services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

Yes. The state/territory funds a CCR&R system. If yes, describe the following:

a) What services are provided through the CCR&R organization?

The lead agency contracts with Children and Families First, a private agency, to provide a statewide resource and referral system. CFF specifically provide families with information on a full range of child care options and works directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs. CFF is also charged with increasing the capacity of providers who serve children with special needs, children who are English language learners, children who need care during non-traditional hours, and children in the infant/toddler population. CFF collects data and provides information on the supply of and demand for childcare services in local areas. In addition, CFF works to establish partnerships with public agencies and private entities, including faith-based and community-based childcare centers and family childcare home providers to increase the supply and quality of childcare services throughout the state.

b) How are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated?

Children and Families First is a private agency that the lead agency contracts with to provide comprehensive resource and referral services to low income families. Families searching for childcare will receive assistance free of charge through AccessCare. AccessCare is a free childcare referral service and will match a parent's needs with the appropriate provider. AccessCare can help to find care in centers, family homes, preschools, school age programs and summer camps. Parents may go online and do an independent real time search of the database or they may call to receive a list of legally operating providers in Delaware.

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children'including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)'through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

The Statewide Child Care Disaster Plan was developed in collaboration with the lead agency's Disaster Coordinator who coordinates statewide disaster preparedness procedures with Delaware Emergency Management Agency (DEMA), Department of Safety and Homeland Security, State Police, National Guard, each county's management agency. The lead agency collaborated with Division of Family Services (DFS)/Office of Child Care Licensing to develop the state's childcare disaster plan.

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

The plan includes procedures for continuation of services for families. The lead agency will have application sites in place throughout the state for families to apply, renew their childcare, report changes, or change their provider. Families may also have the ability to complete the same actions on Delaware's on line website: ASSIST. In the event of an emergency or disaster, families will be able to apply, renew or report any changes on self-declaration and will have the opportunity to provide required verifications within 60 days. All income reported will only include regular wages received prior to the emergency and parent co-payments waived. Licensed providers are required to advise the Division of Family Services, prior to an emergency, of at least three locations in which they may seek refuge. Providers are to remain in contact with DFS reporting the children's information and children released to the family/guardian.

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

The lead agency's State Disaster Coordinator facilitates the agency's response in emergency occurrences. The coordinator is the liaison between the counties, the state and the private non-profit organizations and will assist individuals and families before, during and after an emergency. The agency has established the following groups and units to conduct post disaster recovery assessments: Shelter Operations Group (SOG), Damage Assessment Group, Documentation Unit, Resource Tracking Unit, Demobilization Unit, Technical Assistance Unit and a Data and Telecommunication System Unit. The state's agency coordinator remains in contact with The Delaware Emergency Management Agency (DEMA) and notified from DEMA of the local day care establishments affected by the emergency. The

agency's coordinator will contact the CCDF Administrator to review the assessments completed by the groups and units and provide the list of childcare establishments affected by the emergency.

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

All licensed providers are required to practice monthly drills and have an emergency and shelter-in-place plan. The plans must address natural and man-made disasters, procedures and training of staff must be addressed in the areas of: disaster preparedness, staff's specific responsibilities during a disaster, accounting of children and staff, relocation process, communication and reunification with families, accommodations of infants, toddlers and children with disabilities or chronic medical conditions, continuation of child care services after the emergency, contacting appropriate emergency response agencies as well as parents/guardians and lock down procedures. The Division of Family Services monitors compliance of this requirement.

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

All licensed providers must present to the monitoring agency, Division of Family Services (DFS)/Office of Child Care Licensing, their emergency plans. The plans should contain the following information: training of staff in areas of disaster preparedness, the staff's specific responsibilities during a disaster, how to account for children and staff, their site's relocation process, communication and reunification of children with their families, accommodations of infants, toddlers and children with disabilities or chronic medical conditions, the continuation of child care services after the emergency, making contact with the appropriate emergency

response agencies as well as parents/guardians of the children and the site's lock down procedures. Providers must complete monthly practice drills. DFS requires licensed providers to document training of staff, practice of emergency drills and testing of their equipment.

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

<http://www.dhss.delaware.gov/dhss/dss/pubs.html>

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to 'promote involvement by parents and family members in the development of their children in child care settings' (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other.

Describe:

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- Caseworkers with specialized training/experience in working with individuals with disabilities
- Ensuring accessibility of environments and activities for all children
- Partnerships with state and local programs and associations focused on disability-related topics and issues
- Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- Other.

Describe:

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16; 98.32).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Parents who have a complaint about a childcare provider may call the Office of Child Care Licensing to voice their concerns. Parents are also able to call the lead agency's Purchase of Care call center or the department's customer relations office to voice concerns.

2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

All licensed providers are monitored annually by the Office of Child Care Licensing. The OCCL responds to all complaints against any licensed provider. This includes an investigation, substantiation, corrective action and monitoring. All CCDF providers in the state are required to be licensed.

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

Non-CCDF providers are monitored annually by the Office of Child Care Licensing. The OCCL responds to all complaints against any licensed provider. This includes an investigation, substantiation, corrective action and monitoring.

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

The Department of Services for Children, Youth and Their Families(DSCYF) maintains

records of substantiated parental complaints through an electronic database. The database was created in 1994. The lead agency has a Memorandum of Understanding with DSCYF regarding each agency's roles and responsibilities in administering the CCDF program.

2.2.5 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

DE posts a summary of all the substantiated complaints for each Family Child Care Home, Large Family Child Care Home, and Child Care Center on the Office of Childcare Licensing's website. Using this link <https://kids.delaware.gov/occl/parents.shtml> , a person must select the provider they would like to see information on. Complaint information is posted for the last 5 years. This information will also be included on the state's consumer education website.

2.2.6 Provide the citation to the Lead Agency's policy and process related to parental complaints:

<https://kids.delaware.gov/occl/parents.shtml>,

2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider),

and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

The consumer education website is currently being developed. The state intends to ensure that the website is consumer friendly by using the best navigation practices such as “previous” “next” and “home” buttons as well as other tools such as indicators of where the user is now and where the user has been within the site. The visually impaired will be able to switch text size and have the information read to them. Those whospeak languages other than English will be able to translate the text into their native tongue. The developer will also consider readability in terms of the grade level of the target audience as well as ensure compliance with federal laws regarding access to consumers.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

The website will include a translator that will ensure access to information in languages other than English.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

The consumer education website will be developed to provide comparable access to data and information technology for people with disabilities to those without them. The visually impaired will be able to switch text size and have the information read to them. Therefore, the website will conform to the Section 508 standard.

2.3.4 Lead Agency processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

<http://kids.delaware.gov/occl/parents.shtml>

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

<https://kids.delaware.gov/occl/parents.shtml>

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

<https://kids.delaware.gov/occl/parents.shtml>

2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a) Provide the website link to the searchable list of child care providers:

<http://www.cffde.org/accesscare>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- License-exempt center-based CCDF providers
- License-exempt family child care (FCC) CCDF providers
- License-exempt non-CCDF providers
- Relative CCDF child care providers
- Other.

Describe

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

Licensed Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information

Monitoring Reports

Other.

Describe:

License-Exempt, non-CCDF Providers

Contact Information

Enrollment Capacity

Years in Operation

Provider Education and Training

Languages Spoken

Quality Information

Monitoring Reports

Other.

Describe:

License-Exempt CCDF Center Based Providers

Contact Information

Enrollment Capacity

Years in Operation

Provider Education and Training

Languages Spoken

Quality Information

Monitoring Reports

Other.

Describe:

License-Exempt CCDF Family Child Care

Contact Information

Enrollment Capacity

Years in Operation

Provider Education and Training

- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

Relative CCDF Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

Other.

Describe:

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- Quality rating and improvement system
- National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start requirements
- Meeting prekindergarten quality requirements
- School-age standards, where applicable
- Other.

Describe

b) For what types of providers are quality ratings or other indicators of quality available?

- Licensed CCDF providers.

Describe the quality information:

The Delaware Stars program is the state's Quality Rating and Improvement System. Programs are rated from star level one through star level 5 based on the level of quality achieved with star level 5 being the highest quality level. Programs who are nationally accredited or who meet the HS/EHS Program Performance Standards are permitted to enter the Delaware Stars program at either a star level 4 or 5. Programs participating in the Delaware Stars program will have their star rating displayed on the AccessCare childcare search site.

Licensed non-CCDF providers.

Describe the quality information:

N/A

License-exempt center-based CCDF providers.

Describe the quality information:

N/A

License-exempt FCC CCDF providers.

Describe the quality information:

N/A

License-exempt non-CCDF providers.

Describe the quality information:

N/A

Relative child care providers.

Describe the quality information:

N/A

Other.

Describe

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning

October 1, 2018.

Certify by responding to the questions below:

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

While the lead agency has no formal definition of plain language, the lead agency strives to ensure that any and all written communication is such that it is understood by the reader as quickly, easily, and completely as possible. The general agency rule is that written communication should not exceed the reading comprehension level of the 6th grade. Parents and the public can provide feedback via a child care resource mailbox, a child care call center, and a division customer relations unit which handles complaints and/concerns regarding the agency.

b) Are monitoring and inspection reports in plain language?

If yes,

include a website link to a sample monitoring report.

<https://kids.delaware.gov/occl/parents.shtml>

If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

Date of inspection

Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

The Office of Child Care Licensing prominently displays monitoring reports including any health and safety violations as well as each facility's number of fatalities and serious injuries annually on the agency's website.

[Corrective action plans taken by the State and/or child care provider.](#)

[Describe](#)

Corrective action plans (CAP) are posted on the Office of Child Care Licensing's website. The CAP details what the provider must do to become compliant, the compliance date and the dates when the corrections were completed.

[d\) The process for correcting inaccuracies in reports.](#)

Information posted on the website in error is removed from the site within 24 hours of detection.

[e\) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.](#)

Within five days, a provider may dispute non-compliance with regulations cited by a licensing specialist during a compliance review, complaint, or other visit by calling the Office of Child Care Licensing (OCCL) or participating in a conference. At the conclusion of the call or conference based on the information provided, OCCL will determine whether to strike the citation, revise the citation, or keep the citation.

[f\) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of 'timely' and describe how it ensures that reports are posted within its timeframe. Note: While Lead Agencies define 'timely,' we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken](#)

Licensing specialists are required to enter monitoring results in the database within five days of their site visit. The information is uploaded to the website within 24 hours of it being entered.

[g\) Describe the process for maintaining monitoring reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports \(98.33\(a\)\(4\)\(iv\)\).](#)

Reports are posted for the last 5 years, and removed after such time.

[h\) Any additional providers on which the Lead Agency chooses to include reports. Note -](#)

Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

- License-exempt non-CCDF providers
- Relative child care providers
- Other.

Describe

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

The Department of Services for Children, Youth and Their Families is the designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care. Data from the designated entity is obtained by the lead agency through an electronic file exchange.

b) The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

A person is found to have caused or inflicted sexual abuse on a child; or a person that has care, custody, or control of a child is found to have caused or inflicted physical injury through unjustified force, emotional abuse, torture, exploitation, maltreatment, or mistreatment as defined in 10 **Delaware Code**, Section 901

c) The definition of "serious injury" used by the Lead Agency for this requirement.

Any impact or injury to a child's head or any physical injury which creates a substantial risk of death, or which causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of a body part.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

<https://kids.delaware.gov/occl/parents.shtml>

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

The lead agency contracts with Children and Families First (CFF) a private agency to manage the state's resource and referral system. CFF is also the agency responsible for developing the state's consumer education website. CFF will continue to ensure that parents receive information on available child care through the consumer education website.

2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information:

The consumer education website will include information regarding how parents can contact the Lead Agency, or its designee, to help the parent understand information included on the website.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

The website is currently being developed but will be fully functional by September 30, 2018.

2.3.12 Other. Identify and describe the components that are still pending per the instructions on CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

The lead agency has contracted with Children and Families First (CFF), a private agency, to develop the state's consumer education website. Although the website is currently being developed it will not be fully functional at the time of plan submission. The lead agency does certify, however, that the site will be live by September 30, 2018.

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state preK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The lead agency makes this information available to providers, the general public and parents through the agency website, at intake, at the time of contract initiation, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the lead agencies main campus. This information is also made available through other community partners such as the Department of Education, the statewide resource and referral agency, and the University of Delaware's, Delaware Institute for Excellence in Early Childhood who also makes this information available to providers via their website, media campaigns and written literature.

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

The lead agency partners with the Department of Education, the Department of Services for Children, Youth and Their Families, the statewide Resource and Referral agency, the local libraries, local businesses, etc to make information about the availability of child care services available to families.

2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a

variety of audiences and include any partners who assist in providing this information.

Temporary Assistance for Needy Families program:

The lead agency administers the TANF program and makes this information available at intake, through our Community Partners Services Unit, through PSA's, through distribution of literature. The lead agency recently partnered with local libraries and now have social workers located in the libraries to assist library patrons who come in daily with assistance applying for social services. The lead agency also contracts with Children and Families First to provide a statewide resource and referral system which is available to providers as well as parents. Through the resource and referral agency providers can learn about other social service programs such as TANF. The lead agency makes this information available to providers who serve children receiving assistance and at the time of contract initiation. This information is also shared at provider meetings, through community resource centers, community meetings, and literature available at local social service centers and the lead agency's main campus. Other partners who provide this information include the Department of Education. The lead agency makes this information available to a variety of audiences by ensuring translation services through a contracted vendor.

Head Start and Early Head Start programs:

The lead agency as well as the Office of Early Learning through the Department of Education makes this information available to providers, the general public and parents through the agency websites. This information is also shared at provider meetings, through community resource centers, community based meetings, the media such as PSAs and newsletters as well as literature available at the lead agency's main campus. The lead agency makes this information available to a variety of audiences by ensuring translation services through a contracted vendor.

Low Income Home Energy Assistance Program (LIHEAP):

The lead agency administers this program and makes this information available to providers, the general public and parents through the agency website, at the time of intake and contract initiation, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the the lead agency's main campus . The lead agency makes this information available to a variety of

audiences by ensuring translation services through a contracted vendor.

Supplemental Nutrition Assistance Programs (SNAP) Program:

The lead agency administers this program and makes this information available at intake, on the agency's website as well as on the websites of partner agencies such as DOE, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the the lead agency's main campus. The lead agency makes this information available to a variety of audiences by ensuring translation services through a contracted vendor.

Women, Infants, and Children Program (WIC) program:

The lead agency administers this program and makes this information available to providers, the general public and parents through the agency website, at the time of contract initiation, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the the lead agency's main campus. The lead agency makes this information available to a variety of audiences by ensuring translation services through a contracted vendor.

Child and Adult Care Food Program (CACFP):

The Department of Education (DOE) administers the CAFPP and shares this information with providers via outreach during site visits, literature and the DOE website. The lead agency makes this information available to providers who serve children receiving assistance at the time of contract initiation, through provider meetings, through community resource centers, community based meetings, etc. The lead agency makes this information available to a variety of audiences by ensuring translation services through a contracted vendor.

Medicaid and Children's Health Insurance Program (CHIP):

The lead agency administers this program and makes this information available to providers, the general public and parents through the agency website, at intake/at the time of contract initiation, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the the lead agency's main campus. The lead agency makes this information available to a variety of audiences by ensuring translation services through a contracted vendor.

Programs carried out under IDEA Part B, Section 619 and Part C:

The lead agency administers the PartC program and the Department of Education administers the Part B program. Both agencies makes this information available via their respective, as well as each other's, websites, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the lead agency's main campus. The lead agency makes this information available to a variety of audiences by ensuring translation services through a contracted vendor.

2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

This information is made available through CCDF implementing agencies including the Department of Education and the Department of Services for Children, Youth and Their Families. This information can also be found on the websites of Delaware Stars, Delaware 211, and Delaware Thrives. On these sites parents, providers and the general public can find information regarding successful parent engagement, best practices and research concerning child development, etc. This information is also provided through community resource

centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers, pediatric doctor's offices and the lead agency's main campus. The lead agency as well as its partners uses translation services in an effort to ensure that the information is tailored to a variety of audiences.

2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

The lead agency has a statewide coordinated interagency 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 these young children. Information regarding social-emotional /behavioral and early childhood mental health of young children is shared with parents through many agencies including the Division of Prevention and Behavioral Health Services which provides prevention services, early intervention services and public behavioral healthcare to children and families statewide, The Department of Education, Children and Families First, the Parent Information Center, University of Delaware's Delaware Institute for Excellence in Early Childhood, Delaware Thrives, Delaware 211, etc. Some of the information shared includes stages of child development, kindergarten readiness, behavior and discipline, special education laws, etc. The state provides information via direct communication, one on one consultation, literature which can be found in local social service agencies, community centers, doctor's offices, newsletters, and websites of many agencies including the Department of Education, Children and Families First, the Parent Information Center, University of Delaware, Delaware Institute for Excellence in Early Childhood, Great Starts Delaware, the Delaware Early Childhood Council. Some of the services offered include audiology, family training and counseling, occupational therapy, screenings/ assessments, referral for services, Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, and Early Childhood Mental Health Consultation, workshops at local schools and

community centers, online resource centers, webinars, etc. The lead agency as well as its partners uses translation services in an effort to ensure that the information is tailored to a variety of audiences.

2.4.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

The lead agency in collaboration with the early learning community including the Office of Child Care Licensing, the Office of Early Learning, the Delaware Stars program, the state's Part C and Part B Coordinators, etc. developed the state's best practice statement regarding suspension and expulsion of children from early learning programs. The statement requires all programs receiving CCDF funds to develop and implement an expulsion policy and provides guidance regarding the components of a comprehensive policy. The Office of Child Care Licensing has revised its regulations to include this initiative in the state's licensing regulations in an effort to heighten awareness and ensure compliance. Once approved the best practice statement will be shared with parents, providers and the public via an awareness campaign, literature, as well as the websites of the lead agency and collaborating partners.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental

screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.5.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

The lead agency provides statewide, coordinated, interagency early intervention services through Child Development Watch, 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 these young children. Services are designed to meet both the developmental needs of the child and the needs of the family. Some of the services available include visual services, audiology, speech-language therapy, psychological services, assistive technology, etc. The Department of Education provides these services for school age children. This information is made available at local offices statewide where services are provided, local libraries where social workers are present to assist parents, pediatric offices, the Parent Information Center, local social services offices, the websites of a variety of agencies including the Department of Education, and other websites including Delaware Thrives and Delaware 211.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a part of the Medicaid program. Once a child is eligible for Medicaid, their developmental screening with their primary care physician would be part of EPSDT. All of the ways we are

assuring that physicians conduct developmental screening are integrated with EPSDT and the Medicaid program

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

The lead agency administers the childcare subsidy program and informs parents of a variety of resources and services at intake. The intake process is an integral part of the the larger promotion of early childhood resources including information on developmental screenings. Outreach also occurs within physicians offices, at early childhood conferences targeted to child care such as the "Making a Difference" early childhood professional's conference, Head Start conferences, through the efforts of community wide readiness teams, and Delaware Stars technical assistants, and through such websites as Help Me Grow, Delaware Thrives, the Office of Early Learning, the Office of Child Care Licensing, among other ways that reach families who receive child care subsidies. Through the work of the Early Childhood Comprehensive Systems Impact grant, place based community teams attend outreach events to share promotional materials on screenings and developmental milestone with attendees. Additionally, the teams partner with child care providers to ensure families receive information on developmental screenings.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Developmental screenings occur at most physicians offices and through child care providers who participate in the Delaware Stars program, as well as through Parents As Teachers, Help Me Grow, Head Start, and the Division of Family Services. There is a comprehensive referral network for children birth to three who are at risk for cognitive and other developmental delays to be referred to Child Development Watch, and for children age 3 to 5 to be referred to their local school districts preschool programs for children with disabilities. Help Me Grow is also assisting with referrals and follow-up. Child Development Watch early intervention programs utilize a common referral form for ease of referral and receive electronic referrals with parent consent from all the Nemours physician satellite offices. There is a new effort in Delaware to promote awareness of Adverse Childhood Experiences and to connect staff and parents to available resources.

Through the Early Childhood Comprehensive Systems (ECCS) Impact grant online Ages and Stages Questionnaires(ASQ) are provided to families. Additionally ASQ kits were purchased and made available to providers participating in the Delaware Stars program. These programs can borrow the kits from a local resource center. Kits were also purchased for providers who are not participating in the Delaware Stars program.

e) How child care providers receive this information through training and professional development.

Child Care providers can receive training on the Ages and Stages Questionnaire that is quality assured through the University of Delaware's Institute for Excellence in Early Childhood. Facilitators provide two 3-hour trainings. The first gives providers a foundational understanding of the ASQ Developmental Screening Tool and how to use the tool in their programs. The second demonstrates how to record results in the online portal or the ASQ and how reports can be used to converse with families.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

The state law on developmental screening CHAPTER 207. There are also requirements in IDEA Part C and CAPTA for early identification of infants and toddlers who are high risk.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling

in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

Parents receiving CCDF funds will be provided access to the consumer statement electronically through a referral to the consumer education website.

b) What is included in the statement, including when the consumer statement is provided to families.

The consumer statement will include the following information: information about the child care provider selected by the parent including health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. The state will describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact the statewide resource and referral agency or other community-based supports that assist parents in finding and enrolling in quality child care. The consumer statement will be made available on the state's consumer education website and will be provided to families at intake.

c) Provide a link to a sample consumer statement or a description if a link is not available.

The consumer statement is not yet developed.

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

3.1.1 Eligibility criteria based on a child's age

a) The CCDF program serves children

from birth

(weeks/months/years)

through 12

years (under age 13). . Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: A child under the age of 19 who has physical, emotional and/or developmental needs require special needs. A medical or other professional with the authority to do so must verify the need.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

"residing with":

Living in the home with a parent, guardian or caretaker.

"in loco parentis":

An adult who provides an appropriate supportive living arrangement for the child(ren) in his/her care, and who has taken over the duties of a parent who is responsible for day to day care.

3.1.2 Eligibility criteria based on reason for care

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working":

Part-time or full-time work, which the person receives wages equal to minimum wage.

"Job training":

Employment and training where there is a reasonable expectation that the training course will lead to a job within a foreseeable timeframe such as on the job training, an apprenticeship or vocational skills program.

"Education":

This includes participation in post secondary education as long as it leads to degree or certification/licensure and be participating in a SNAP Employment and Training Program or TANF Employment and Training Program.

"Attending job training or education" (e.g. number of hours, travel time):

Employment and training where there is a reasonable expectation that the training course will lead to a job within a foreseeable timeframe such as on the job training and apprenticeship or vocational skills program.

3.1.2 Eligibility criteria based on reason for care

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

No.

If no, describe the additional work requirements:

Yes.

If yes, describe the policy or procedure:

Parent/caretakers are eligible to receive child care when participating with TANF and SNAP Employment and Training vendors without employment hours.

3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)

No.

Yes.

If yes, describe the policy or procedure. (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

Parent/caretakers may be eligible upon application for job search as long as they are participating with the TANF and SNAP Employment and Training Program. As a recipient of the program, 3 months of child care will be authorized when loss of employment occurs.

3.1.2 Eligibility criteria based on reason for care

d) Does the Lead Agency provide child care to children in protective services?

No.

Yes. If yes:

i. Please provide the Lead Agency's definition of "protective services":

Protective Services refers to those children referred by the Department of Services for Children, Youth and Their Families because of risk of abuse or neglect.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?

No

Yes

iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

No

Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

Any type of monetary payment that is of gain or benefit to a family. Some examples include wages, social security pension, child support, public assistance, etc.

b) Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of

the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	3908	3322		
2	5111	4344		
3	6314	5366		
4	7516	6389		
5	8719	7411		

c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

Income eligibility limits are statewide.

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

d) SMI source and year. October 2017

e) Identify the most populous area of the State used to complete the chart above.

New Castle County

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 10/01/2017

g) Provide the citation or link, if available, for the income eligibility limits.

www.dhss.delaware.gov/dss/childcr.html

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

Checkoff on child care application.

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

Families in need of protective services are not required to prove income eligibility, policy 11003.9.2.

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

Currently there are no additional eligibility conditions or priority rules.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules

- Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- Establishing minimum eligibility periods greater than 12 months
- Using cross-enrollment or referrals to other public benefits
- Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- Providing more intensive case management for families with children with multiple risk factors;
- Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- Other.

Describe:

3.1.7 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- i. 85 percent of SMI for a family of the same size
- ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a low-income family
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

a) Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

- N/A - The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- The Lead Agency sets the second tier of eligibility at 85 percent of SMI.
Describe the policies and procedures.

Provide the citation for this policy or procedure.

- The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

Provide the second tier of eligibility for a family of three.

200% of the FPL

Describe how the second eligibility threshold:

i. Takes into account the typical household budget of a low-income family:

The graduated phase out of assistance will allow low-income families to experience moderate increases in income without disrupting their child care

services by authorizing an additional 12 months of child care to enable the family to learn to budget accordingly taking into account the additional expense of child care.

ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

The graduated phase out of assistance will allow low-income families to experience moderate increases in income without disrupting their child care services by authorizing an additional 12 months of child care to enable the family to learn to budget accordingly, taking into account the additional expense of child care.

iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

The graduated phase out of assistance will allow low-income families to experience moderate increases in income without disrupting their child care services by authorizing an additional 12 months of child care to enable the family to learn to budget accordingly, taking into account the additional expense of child care.

iv. Provide the citation for this policy or procedure:

11004.13 Determining Graduated Phase-out for Child Care

Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

Although the policy has been developed the lead agency is currently working on system enhancements necessary to automate the process and support the policy. At the time of this writing testing of this system enhancement is taking place and is expected to be fully functioning by September 30, 2018.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually

adjust copays for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.

Families will be required to report any additional increases in salary or decreases so that co-pays are adjusted accordingly.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)*

No.

Yes.

Describe:

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

Average the family's earnings over a period of time (i.e. 12 months).

Describe:

Staff will use the gross monthly income in all cases except self employment income. If the income is different from pay to pay use the income from the previous month or the average of the last three months income, whichever is less.

Request earning statements that are most representative of the family's monthly income.

Describe:

- Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

- Other.

Describe:

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

- Applicant identity.

Describe:

Driver's License

- Applicant's relationship to the child.

Describe:

Birth Certificate

- Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Describe:

Birth Certificate

- Work.

Describe:

Pay stubs, or a statement from employer with work days, hours and wages.

Job training or educational program.

Describe:

A statement from the school/training program with starting and completion dates, days and hours required to attend or a copy of registration form and class schedule.

Family income.

Describe:

Pay Stubs

Household composition.

Describe:

Self Attestation

Applicant residence.

Describe:

Current bill

Other.

Describe:

3.1.10 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

Time limit for making eligibility determinations

Describe length of time:

Track and monitor the eligibility determination process

Other.

Describe:

None

3.1.11 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions: The TANF agency and the lead agency are one in the same.

b) Provide the following definitions established by the TANF agency:

"Appropriate child care":

Care that meets the health and safety standards as defined by State licensing guidelines, and that meets the age-appropriate needs of the child and the childcare needs of the parents.

"Reasonable distance":

Care that is located in proximity to either a parent's place of employment or near the parent's home (generally, care that is within one hour's drive).

"Unsuitability of informal child care":

Informal care that would not meet the physical or psychological needs of the child.

"Affordable child care arrangements":

Care that would provide access to a full range of child care categories and the types of providers and that would meet the need of most children and their parents.

c) How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

In writing

Verbally

Other.

Describe:

d) Provide the citation for the TANF policy or procedure:

11003.2 Parent/Caretaker in TANF DSS guarantees child care for a dependent child, or a child who would be dependent except for the receipt of benefits under SSI, when the parent/caretaker receives TANF benefits and it is necessary for the parent/caretaker to: A. accept employment or remain employed (Category 12), B. participate in TANF (Category 11), or Child care is available to a caretaker in the above instance only if the caretaker is part of the TANF assistance unit. The child also needs to be a dependent child.

3.2 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.2.1 Describe how the Lead Agency defines:

a) "Children with special needs":

A child under the age of 19 years of age who's physical, emotional or developmental needs require special care. A medical or other professional with the authority to do so must verify the need and care. Providers who care for these children are paid at a higher rate. The providers can also apply for the Capacity Grant in order to purchase special needs materials, equipment, etc.

b) "Families with very low incomes":

Families whose household income is less than 185% of the Federal Poverty Level

3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

a) Identify how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists

- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

3.2.3 List and define any other priority groups established by the Lead Agency.

At this time, no other groups are prioritized.

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

Not applicable

3.2.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

The state currently provides a grace period to comply with immunization requirements for homeless families. In Delaware, foster children are considered homeless. DSS provides child care for up to 3 months or until the family is able to obtain suitable living arrangements. Once they have suitable living arrangements, services can be provided based on some other need such as employment.

b) Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- Lead Agency accepts applications at local community-based locations
- Partnerships with community-based organizations
- Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- Other

Note: The Lead Agency shall pay any amount owed to a child care provider for services

provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.2.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

Children experiencing homelessness (as defined by Lead Agency's CCDF)

The lead agency currently has a grace period that allows homeless children to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements.

Provide the citation for this policy and procedure.

11003.7.2 Income Eligible/Homeless Parent/caretakers who are homeless and whose incomes are at or below 200 percent of the federal poverty level can receive income eligible services exclusive of meeting any other need requirement.

Children who are in foster care.

Delaware considers children in Foster Care to be homeless.

Provide the citation for this policy and procedure.

11003.7.2 Income Eligible/Homeless Parent/caretakers who are homeless and whose incomes are at or below 200 percent of the federal poverty level can receive income eligible services exclusive of meeting any other need requirement.

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

The lead agency ensures that all involved parties are aware of the grace period allowed for homeless families. Providers, licensing, etc are made aware of the policies through the Department's Child Care Monitors, through the DHSS electronic policy manual, administrative notices and monthly Early Childhood Council updates. At intake families are given information regarding other services available to them. Families who are authorized as well as the provider receive written notices of the authorization. This written notice ensures that providers will be reimbursed for services rendered during the grace period.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary

change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

Policy # 11004.12.1 Continuing Child Care After Loss of Need Under certain circumstances the lead agency will continue child care for up to 3 months after a parent/caretaker's loss of need due to loss of employment, and the need to search for employment, interruption/ break in job training or school schedule, end of education/job training and the need to search for employment. Temporary changes include a break due to seasonal work, medical leave; break in educational program due to end of a semester.

b) How does the Lead Agency define "temporary change?"

A temporary change shall mean any break due to seasonal employment, medical leave, break in educational program due to end of a semester.

c) Provide the citation for this policy and/or procedure.

Policy # 11004.12.1 Continuing Child Care after Loss of Need

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

Under certain circumstances DSS will continue childcare for up to 3 months after parents/caretakers lose their need for services. DSS will continue to authorize services for up to 3 months for parents/caretakers who: A. Lose employment and who need to search for new employment. B. experience a gap in employment because of transition between jobs. C. end an education/training program and need to search for employment or D. experience a break in education/training program.

ii. Describe what specific actions/changes trigger the job-search period.

DSS will continue to authorize services for up to 3 months for parents/caretakers who: Lose employment and who need to search for new employment or experience a gap in employment because of transition between jobs.

iii. How long is the job-search period (must be at least 3 months)?

3 months

iv. Provide the citation for this policy or procedure.

11004.12.1 Continuing Child Care after Loss of Need

b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

Not applicable.

Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

i. Define the number of unexplained absences identified as excessive:

10per month

ii. Provide the citation for this policy or procedure:

The lead agency will terminate a family for excessive unexplained absences despite multiple attempts to contact the family and provider. The lead agency does extend notification of a possible discontinuation of assistance. The lead agency will need to revise current policy to include this notification.

A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

The lead agency will terminate childcare once it is determined that the family has permanently moved out of the state. The policy regarding reasons to terminate need to be revised to include this reason.

Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

The lead agency will terminate a family for substantiated fraud or intentional program violation, however policy regarding reasons to terminate need to be revised to include this reason.

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No

Yes

b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

Families must report non temporary changes that may impact their eligibility. These changes may include the death of a child or case head, a move out of state, etc.

Changes that impact the Lead Agency's ability to contact the family.

Describe:

Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

Phone

Email

Online forms

Extended submission hours

Postal Mail

FAX

In-person submission

Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Changes in need for childcare

ii. Provide the citation for this policy or procedure.

11003.10 Changes In Need Or Income Parents/caretakers are required to report changes that affect either their need for child care or their income. Parents/caretakers are to report these changes to their Case Manager within 10 days.

3.3.4 Prevent the disruption of employment, education, or job training activities

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g. use of languages other than English, access to transportation, accommodation of parents working non-traditional hours, etc.).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility.

- Advance notice to parents of pending redetermination
- Advance notice to providers of pending redetermination
- Pre-populated subsidy renewal form
- Online documentation submission
- Cross-program redeterminations
- Extended office hours (evenings and/or weekends)
- Other.

Describe:

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- Postal Mail
- Email
- Online forms
- FAX
- In-person submission
- Extended submission hours
- Other.

Describe:

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

3.4.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	749.00	7.26	1%	1872.00	575.08	80%
2	1015.00	10.12	1%	2538.00	1150.16	80%
3	1282.00	12.76	1%	3204.00	1725.24	80%
4	1548.00	15.40	1%	3870.00	2300.32	80%
5	1814.00	18.04	1%	4536.00	2875.40	80%

b) What is the effective date of the sliding-fee scale(s)? October 1, 2017

c) Identify the most populous area of the state used to complete the chart above.

New Castle County

d) Provide the link to the sliding-fee scale:

<http://www.dhss.delaware.gov/dhss/dss/fpl.html>

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

Sliding fee scale is statewide

3.4.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply.

- The fee is a dollar amount and:
 - The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.

- The fee is per child up to a maximum per family.
- No additional fee is charged after certain number of children.
- The fee is per family.
- The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- Other.

Describe:

- The fee is a percent of income and:
 - The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional percentage is charged after certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- Other.

Describe:

3.4.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

- No.
- Yes, check and describe those additional factors below.

Number of hours the child is in care.

Describe:

Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

Other.

Describe:

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

No, the Lead Agency does not waive family contributions/co-payments.

Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.

Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

11003.7.7 Income Waiver DSS will waive the 185 percent income eligibility limitation for families when the child is receiving or needs to receive protective services. The need for care in this instance is coordinated with the Division of Family Services and is part of a range of services being provided to and/or required of the parent to help ensure the protection of the child.

Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

11004.7 Determination of the Child Care Parent Fee and Fee Waiving Situations

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

The child care certificate is issued to a parent before the parent has selected a provider. Information on the certificate includes: Name of the provider, site ID#, number of hours, parent fees, etc.

4.1.2 Describe how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- Certificate that provides information about the choice of providers
- Certificate that provides information about the quality of providers
- Certificate not linked to a specific provider, so parents can choose any provider
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of the application
- Community outreach, workshops, or other in-person activities
- Other.

Describe:

N/A

4.1.3 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if

every provider is simply required to sign an agreement to be paid in the certificate program.

No. If no, skip to 4.1.4.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

N/A

Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

N/A

ii. The type(s) of child care services available through grants or contracts:

N/A

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

N/A

iv. The process for accessing grants or contracts:

N/A

v. How rates for contracted slots are set through grants and contracts:

N/A

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

vii. If contracts are offered statewide and/or locally:

N/A

4.1.3 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve children experiencing homelessness
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
- Other
 - Describe
 - N/A

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the quality of specific types of care? Check all that apply.

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
- Other
 - Describe
 - N/A

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

The lead agency has the following policy in place: Policy 11005.1 Parent/Caretaker Rights
Parents/Caretakers have the right to have unlimited access to their children and the childcare provider during normal working hours and whenever the children are in the provider's care.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

No.

Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

In home care is limited to families in which four or more children require care.

Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

In Delaware, relatives must be 21 years of age to provide care.

Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

N/A

Restricted to care by relatives.

Describe:

Relatives must provide proof of relationship such as a birth certificate or a court decree.

Restricted to care for children with special needs or a medical condition.

Describe:

N/A

Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

N/A

Other.

Describe:

N/A

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if

the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up to date data.
- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.

- MRS
- Alternative methodology.

Describe:

N/A

Both.

Describe:

N/A

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

The lead agency met several times with Delaware stakeholders while considering the use of an alternative methodology. The lead agency opted against the alternative methodology and will rely only on a Market Rate Study to determine reimbursement rates. The lead agency consulted with the Delaware Early Childhood Council regarding a strategic communication plan to Delaware stakeholders prior to making the MRS public. The lead agency shared the process for the development of the MRS with the DECC on March 20, 2018.

b) Local child care program administrators:

The lead agency met several times with Delaware stakeholders while considering the use of an alternative methodology. The lead agency opted against the alternative methodology and conducted only on a Market Rate Study to determine reimbursement rates. Child Care Administrators were among the stakeholders involved.

c) Local child care resource and referral agencies:

The local resource and referral agency is also a part of the Delaware Early Childhood

Council but is also instrumental in facilitating the study as it provides information regarding all licensed and unlicensed providers in the state for the researchers conducting the study.

d) Organizations representing caregivers, teachers, and directors:

These organizations are also a part of the Delaware Early Childhood Council. However the lead agency attended local organizational meetings to share all CCDF initiatives. Some of the organizations include the Interagency Coordinating Council, the Interagency Resource Management Council, the Wilmington Care and Early Education Council, The Sussex County Early Childhood Council, etc. Each of these entities represents caregivers, teachers and directors.

e) Other. Describe:

N/A

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.

The goal of the 2018 Local Child Care Market Rate Study was to develop statistically credible information on the 2018 market prices charged by child care providers in the state. The Rate Study met this goal since the researchers used a statistically valid methodology and the 2018 market prices for Delaware childcare providers were estimated with a verifiable and high degree of precision.

The consultants implemented a survey to obtain prices for private-paying children in care at the time of the study. The researchers selected a representative sample of providers throughout Delaware. The sampling frame for the family child-care market consisted of Delaware's Office of Child Care Licensing's data of licensed family child care and large family child care

providers as of January 2018, merged with Children and Families First's data for licensed family child care and large family child care providers. The sampling frame for the center and school-age market consisted of Delaware's Office of Child Care Licensing's data for licensed center and licensed school-age providers as of January 2018 and the Departments' list of license-exempt providers, merged with Children and Families First's data of licensed and exempt center and school-age providers. This comprehensive sampling frame allowed all listed providers in the state the opportunity to be selected for the rate study interview and greatly reduced the likelihood that any publicly available provider would be excluded from the study.

As part of the development of the sampling frame, consultants and Children and Families First reviewed the center and school-age providers to delete providers that were outside the scope of the study. The sampling frame included 314 licensed and license-exempt center and school-age providers and 697 licensed family child-care and large family child-care providers. The researchers developed a Sampling Plan in order to collect child-care prices for various market segments in Delaware. The researchers planned the sample to equalize the accuracy with which the market percentiles were estimated for the center and for the family child care market segments.

The 2018 sampling plan targeted all providers in the state that qualified for the study, and called for sampling 50% of these providers. The consultants designed the sample for full-time care for centers and family child-care providers and for part-day care for school-age providers. The sample was segmented by:

- geographical regions (3)
- types of care (2)
- age categories (4)

Regions were the three counties in the state: Kent County, Sussex County, and New Castle County. The types of care were (1) center and school-age care and (2) family child care and large family child care. The age-groupings were infant, toddler, preschool age and school age. Thus, based on three regions, two types of care and four age categories, there would be 24 market segments reported in the final analysis.

A professional interview group, Research America, was selected to conduct interviews. The 2018 Delaware Local Child Care Market Rate Study results include: 424 providers reporting 1,478 prices for private-paying children in their care; and a high level of accuracy in the estimation of the 75th percentile prices.

The researchers converted prices obtained in the interviews into daily rates and then

estimated the 75th percentiles of the distribution of daily prices for each market segment.

4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

a) Geographic area (e.g., statewide or local markets). Describe:

Prices varied by geographic area with prices in Kent and Sussex County being lower than prices in New Castle County.

b) Type of provider. Describe:

At the 75th percentiles, the price of care is lower for family child care than for center care for all age categories for each county.

c) Age of child. Describe:

The 75th percentile of daily market prices of full-time care in centers decreases as the age of the child increases.

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

N/A

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other

quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). by responding to the questions below.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 05/01/2018

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 05/22/2018

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The MRS was made available on the Division of Social Service website on May 22, 2018.

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The MRS results were included in the 2019-2021 CCDF State Plan, which was also posted on the DHSS website for public comment. A public hearing was held on May 17, 2018 where Delaware stakeholders were able to publicly comment on all contents of the plan. Those not in attendance were given 30 days to send comments via email to the CCDF Administrator.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

a) Infant (6 months), full-time licensed center care in the most populous geographic region

Rate \$ 32.68 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 50th

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region

Rate \$ 23.00 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 50th

c) Toddler (18 months), full-time licensed center care in the most populous geographic region

Rate \$ 28.71 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 50th

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region

Rate \$ 22.00 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 50th

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$ 26.50 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 50th

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 20.69 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 50th

g) School-age child (6 years), full-time licensed center care in most populous geographic region

Rate \$ 25.40 per day unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 50th

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 20.00 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 50th

i) Describe how part-time and full-time care were defined and calculated.

A full week, 30 hours or more per week and at least 6 hours per day.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). May 1, 2018

k) Identify the most populous area of the state used to complete the responses above.

New Castle County

l) Provide the citation or link, if available, to the payment rates. www.dhss.gov

m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

Differential rate for *non-traditional hours*.

Describe:

N/A

Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

Providers who care for children with special needs are reimbursed at a higher rate. The lead agency also contracts with Children and Families First, a private agency, to administer the Capacity Grant. Programs who serve children with special needs, children who need care during non-traditional hours, children who are English language learners and children who are infant/toddler age can apply for this grant opportunity. Through this grant, providers are able to expand and/or enhance services with financial incentives and technical support.

Differential rate for *infants and toddlers*. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

Providers who care for infants and toddlers are reimbursed at a higher rate. The lead agency also contracts with Children and Families First, a private agency, to administer the Capacity Grant. This grant is awarded to providers who serve children with special

needs, children who need care during non-traditional hours, children who are English language learners and children who are infant/toddler age. Through this grant, providers are able to expand and/or enhance services with financial incentives and technical support.

Differential rate for *school-age programs*. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

N/A

Differential rate for higher quality, as defined by the state/territory.

Describe:

In 2007 Delaware piloted its Quality Rating and Improvement program known as Delaware Stars. The program seeks to enhance the quality of care provided by early learning centers and assigns a 1 to 5 star rating based on the level of quality achieved, with star level 5 being the highest quality level. In 2011 Delaware began paying tiered reimbursement bonus payments to Star 3, 4, and 5 programs. The Tiered Reimbursement bonus payments are based on the number of days of attendance per child eligible for the state's child care subsidy program. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month.

Other differential rates or tiered rates.

Describe:

The lead agency allows providers who qualify to become POC Plus providers. These providers are able to charge parents, who choose this type of slot, the difference between the state reimbursement rate and the providers' private rate.

Tiered or differential rates are not implemented.

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

The lead agency contracts with Children and Families First, a private agency who provides statewide resource and referral services to families who are searching for childcare. Families who are eligible for subsidized childcare are given a list of child care options at intake. Families may also conduct independent searches for childcare on the website of the resource and referral agency. Child care providers are incentivized to participate in the CCDF system by allowing the use of the POC Plus option, allowing participation in Delaware Stars and providing grants such as the Capacity grant to providers who provide care to specific populations of children. There are no barriers to participation.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The lead agency conducted a MRS in 2018 and has established current reimbursement rates based on this study. Payment rates are based on information on current payment practices of Delaware's child care providers.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

Payment rates are based on information from providers regarding current payment practices.

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).

In 2007 the state of Delaware implemented a Quality Rating and Improvement System based on star levels from 1 to 5, with 5 being the highest quality level. Programs at a star level 3, 4, and 5 receive Tiered Reimbursement Bonus payments based on the number of days of attendance per child eligible for the state's child care subsidy program and the rates set by the lead agency. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month. The state is also an EHS-CCP state and now has 144 EHS-CCP slots.

e) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

Limit the maximum co-payment per family.

Describe: .

n/a

Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

The co-pay percentage per family will be set at 7%.

Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.1.7.

All eligible families are authorized for 12 months of uninterrupted child care. At redetermination, a family who has reached the income eligibility limit but remains below the SMI shall receive 12 additional months of care to assist them in gradually budgeting for the additional expense of child care.

Other.

Describe:

n/a

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

In Delaware providers are able to become a POC Plus provider. This option was made available to providers to incentivize them to become child care subsidy providers. This in turn provided low income families equal access to higher quality child care programs.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

Currently the agency does not have such data, however the agency has revised the POC Plus policy and has begun to track all new providers who opt to become POC Plus to ensure that they maintain equal shares of POC Plus and traditional slots.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

The agency has seen an upswing in new providers opted to become POC Plus providers. As a result the lead agency has revised the POC Plus policy. Currently new providers must be in good standing regarding the subsidy contract requirements for at least 6 months and must maintain equal shares of POC Plus and traditional slots. This will ensure that there are traditional slots available to families without a co-pay.

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

The lead agency's payment practices support equal access in the following ways: ensuring the timeliness of payments by paying within 21 calendar days of the services, delinking provider payments from a child's occasional absences as providers are permitted to bill for 5 absent days per month, allowing providers to participate in the POC Plus program, and allowing providers to participate in the Delaware Stars program. Additionally the lead agency uses Market Rate Studies to determine the cost of child care and pays providers based on this research. Each of these practices incentivizes providers to participate in the child care subsidy program and in term provides more access to quality child care programs for low income families.

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

Geographic area.

Describe:

The lower counties of the state have a lower reimbursement rate than New Castle County.

Type of provider.

Describe:

Relative Care providers, Family Child Care and Centers are all reimbursed at different rates.

Age of child.

Describe:

Providers are reimbursed based on the age of the child. The younger the child the higher the reimbursement.

Quality level.

Describe:

In 2007 the state of Delaware implemented a Quality Rating and Improvement System based on star levels from 1 to 5. Programs at a star level 3, 4, and 5

receive Tiered Reimbursement Bonus payments based on the number of days of attendance per child eligible for the Purchase of Care Program and the rates set by the lead agency. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month.

Other.

Describe:

Providers who care for children with a diagnosed special need such as a medical condition are reimbursed at a higher rate.

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

Feedback from parents, including parent surveys or parental complaints.

Describe:

N/A

Other.

Describe:

N/A

4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

- a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

N/A

Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Providers are generally paid within 10 days of billing or submission of attendance.

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

N/A

Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

Providers are reimbursed per child as long as the child attends during the month.

Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

Providers are paid for 5 absent days.

Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

N/A

c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These

payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Child care fees are based on full time = 5 days a week for 4 or more hours a day. Part time=4 hours or less a day.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

Providers are required to waive registration fees.

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

Providers who participate in the child care subsidy program must attend an orientation where they are apprised of the program rules and regulations. Providers also sign a contract agreeing to these rules and regulations. Providers are reimbursed following the month of service and payment is based on the submission of an attendance record. Fees are paid based on attendance rather than enrollment. All fees are recorded by the provider on a program overview and reviewed by a Child Care Monitor.

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

Providers have 24 hour access to that information on the Provider Self Service Portal.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

All inaccuracies and disputes are given priority and resolved in a timely manner by the Purchase of Care team.

g) Other. Describe:

N/A

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

N/A

4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

In licensed family child care.

The lead agency recently received Technical Assistance from an I/T specialist out of the State Capacity Center to identify shortages in the supply of high quality I/Tslots in the state. A cross sector group of early care and education professionals led by the TA completed the I/T scan tool. Delaware was provided with results and recommendations to address the concerns. One concern revealed was the need for specialized I/T

professional development. The next step will be to meet to discuss implementation of the recommendations and a tracking process to support equal access and parental choice. Also the state resource and referral agency in collaboration with Child Care Aware conducted a child care dessert "mapping" of the state to determine where the child care desserts are. The results of this project are being analyzed.

In licensed child care centers.

The lead agency recently received Technical Assistance from an I/T specialist to identify shortages in the supply of high quality I/Tslots in the state. A cross sector group of early care and education professionals led by a TA completed the I/T scan tool. Delaware was provided with results and recommendations to address the concerns. One concern revealed was the need for specialized I/T professional development. The next step will be to meet to discuss implementation of the recommendations and a tracking process to support equal access and parental choice. The state resource and referral agency in collaboration with Child Care Aware conducted a child care dessert "mapping" of the state to determine where the child care desserts are. The results of this project are still being analyzed.

Other.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

a) Children in underserved areas. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

The The lead agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during non traditional hours and children with special needs.

The state is also a Early Head Start/Child Care Partnership grantee and currently has 144 slots available to families in targeted high needs/underserved areas

throughout the state.

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

The lead agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during non traditional hours and children with special needs.

Recruitment of providers.

Describe:

The The lead agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during non traditional hours and children with special needs. Per the contract an essential deliverable is outreach. The agency conducts extensive outreach to recruit providers who specifically provide care to these underserved populations.

Tiered payment rates (as discussed in 4.3.2).

Describe:

In 2007 Delaware piloted its Quality Rating and Improvement program known as Delaware Stars. The program seeks to enhance the quality of care provided by early learning centers and assigns a 1 to 5 star rating based on the level of quality achieved. In 2011 Delaware began paying tiered reimbursement to STAR 3, 4, and 5 programs. The Tiered Reimbursement Bonus payments are based on the number of days of attendance per child eligible for the state's child care subsidy program. Tiered Reimbursement payments reflect the level of quality achieved or sustained

by a program during the attendance month.

- Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- Accreditation supports.

Describe:

- Child Care Health Consultation.

Describe:

- Mental Health Consultation.

Describe:

The lead agency collaborates with the Department of Services for Children, Youth and Their Families, the agency responsible for serving children experiencing abuse, mental health and/or juvenile justice concerns. In 2005 the agency implemented the Early Childhood Mental Health Consultation program which is a free service that addresses social and emotional concerns of children in early education settings. Currently the state has 14 behavioral health consultants statewide. The lead agency provides the funding for 7.5 Behavioral Health Consultants.

- Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

b) Infants and toddlers. Check and describe all that apply.

- Grants and contracts (as discussed in 4.1.3).

Describe:

The The lead agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children who

are infants/toddlers. The lead agency recently received Technical Assistance from a State Capacity Center I/T specialist to identify shortages in the supply of high quality I/T slots in the state. A cross sector group of early care and education professionals led by a TA completed the I/T scan tool. Delaware was provided with results and recommendations to address the concerns. The next step will be to meet to discuss implementation of the recommendations. The state's resource and referral agency recently partnered with Child Care Aware to conduct a child care dessert study of the state. Those results are now now available as well. The state is also an Early Headstart / Child Care Partnership grantee and currently has 144 slots available for this population.

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

The The lead agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children are infants/toddlers. The lead agency recently received Technical Assistance from a State Capacity Center I/T specialist to identify shortages in the supply of high quality I/T slots in the state. A cross sector group of early care and education professionals led by a TA completed the I/T scan tool. Delaware was provided with results and recommendations to address the concerns. The next step will be to meet to discuss implementation of the recommendations.

Recruitment of providers.

Describe:

Per the contract with Children and Families First, an essential deliverable is outreach. The agency conducts extensive outreach to recruit providers whospecifically provide care to these underserved populations.

- Tiered payment rates (as discussed in 4.3.2) .

Describe:

In 2007 Delaware piloted its Quality Rating and Improvement program known as Delaware Stars. The program seeks to enhance the quality of care provided by early learning centers and assigns a 1 to 5 star rating based on the level of quality achieved. In 2011 Delaware began paying tiered reimbursement to STAR 3, 4, and 5 programs. The Tiered Reimbursement Bonus payments are based on the number of days of attendance per child eligible for the state's child care subsidy program. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month.

- Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- Accreditation supports.

Describe:

- Child Care Health Consultation.

Describe:

- Mental Health Consultation.

Describe:

The lead agency collaborates with the Department of Services for Children, Youth and Their Families, the agency responsible for serving children experiencing abuse, mental health and/or juvenile justice concerns. In 2005 the agency implemented the Early Childhood Mental Health Consultation program which is a free service that addresses social and emotional concerns of children in early education settings. Currently the state has 14 behavioral health consultants statewide. The lead agency provides the funding for 7.5 Behavioral Health Consultants.

- Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

c) Children with disabilities. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

The The lead agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during non traditional hours and children with special needs. The state is also an Early Head Start / Child Care Partnership grantee.

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

The lead agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during non traditional hours and children with special needs.

Recruitment of providers.

Describe:

Per the Capacity contract with Children and Families First, an essential deliverable is outreach. The agency conducts extensive outreach to recruit providers who specifically provide care to these underserved populations.

- Tiered payment rates (as discussed in 4.3.2).

Describe:

In 2007 Delaware piloted its Quality Rating and Improvement program known as Delaware Stars. The program seeks to enhance the quality of care provided by early learning centers and assigns a 1 to 5 star rating based on the level of quality achieved. In 2011 Delaware began paying tiered reimbursement to STAR 3, 4, and 5 programs. The Tiered Reimbursement Bonus payments are based on the number of days of attendance per child eligible for the state's child care subsidy program. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month.

- Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- Accreditation supports.

Describe:

- Child Care Health Consultation.

Describe:

- Mental Health Consultation.

Describe:

The lead agency collaborates with the Department of Services for Children, Youth and Their Families, the agency responsible for serving children experiencing abuse, mental health and/or juvenile justice concerns. In 2005 the agency implemented the Early Childhood Mental Health Consultation program which is a free service that addresses social and emotional concerns of children in early education settings. Currently the state has 14 behavioral health consultants statewide. The lead agency provides the funding for 7.5 Behavioral Health Consultants.

- Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

d) Children who receive care during non-traditional hours. Check and describe all that apply

Grants and contracts (as discussed in 4.1.3).

Describe:

The lead agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during non traditional hours and children with special needs.

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

The lead agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during non traditional hours and children with special needs.

Recruitment of providers.

Describe:

Per the Capacity contract with Children and Families First, an essential deliverable is outreach. The agency conducts extensive outreach to recruit providers who specifically provide care to these underserved populations.

- Tiered payment rates (as discussed in 4.3.2) .

Describe:

In 2007 Delaware piloted its Quality Rating and Improvement program known as Delaware Stars. The program seeks to enhance the quality of care provided by early learning centers and assigns a 1 to 5 star rating based on the level of quality achieved. In 2011 Delaware began paying tiered reimbursement to STAR 3, 4, and 5 programs. The Tiered Reimbursement Bonus payments are based on the number of days of attendance per child eligible for the state's child care subsidy program. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month.

- Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- Accreditation supports.

Describe:

- Child Care Health Consultation.

Describe:

- Mental Health Consultation.

Describe:

The lead agency collaborates with the Department of Services for Children, Youth and Their Families, the agency responsible for serving children experiencing abuse, mental health and/or juvenile justice concerns. In 2005 the agency implemented the Early Childhood Mental Health Consultation program which is a free service that addresses social and emotional concerns of children in early education settings. Currently the state has 14 behavioral health consultants statewide. The lead agency provides the funding for 7.5 Behavioral Health Consultants.

- Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

Grants and contracts (as discussed in 4.1.3).

Describe:

N/A

Family child care networks.

Describe:

N/A

Start-up funding.

Describe:

N/A

Technical assistance support.

Describe:

N/A

Recruitment of providers.

Describe:

N/A

Tiered payment rates (as discussed in 4.3.2).

Describe:

N/A

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

N/A

Accreditation supports.

Describe:

N/A

Child Care Health Consultation.

Describe:

N/A

Mental Health Consultation.

Describe:

N/A

Other.

Describe:

N/a

4.6.3 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

High needs areas are those that maintain a high concentration of low income families and are identified by zip codes. High needs areas in Delaware include the following: Wilmington River Area, Center City of Wilmington, Western Wilmington, Southern Kent, Southern Dover, Georgetown area, Northern Sussex, Western Sussex, and Eastern Sussex.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant

concentrations of poverty and unemployment and that do not have high-quality programs

The The lead agency contracts with Children and Families First to provide grants and technical assistance to providers who serve children and families with an emphasis on serving low-income children in high needs areas, infants/toddlers, English Language Learners, children who need care during non traditional hours and children with special needs. These areas were also targeted for our Early Headstart/Child Care Partnership program. To date Delaware has 144 such slots available for families in these targeted areas throughout the state.

5 Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children, whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

Note: When responding to questions in this section, the OCC recognizes that each

State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.

Center-based child care.

Describe and Provide the citation:

DELACARE: Regulations for Early Care and Education and School-Age Centers

Family child care.

Describe and Provide the citation:

DELACARE: Regulations for Family and Large Family Child Care Homes

In-home care (care in the child's own home).

Describe and provide the citation (if applicable):

N/A

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.

Relative caregivers are required to take 28 hours of pre-service and on-going professional development on health and safety topics that include nutrition, child development, first aid/CPR, prevention/response to emergencies due to food and allergic reactions, etc. Providers have 12 months to complete the training and are required to take 3 hours of professional development annually. The lead agency contracts with the University of Delaware to provide this service as well as track provider participation. Additionally, relative caregivers receive health and safety reviews, at least annually, by the Division of Social Services Child Care monitors who use a checklist when conducting site visits to ensure compliance with health and safety concerns DE has three licensed facility types. Family Child Care Homes- child care in a private home for one to six children preschool-age or younger and one to three school-age children. Large Family Child Care Homes - child care in a private home or commercial (non-residential) setting for seven to twelve children preschool-age or younger. Early Care and Education and School-Age Centers - (includes childcare centers, nursery schools, preschools, and before/after school care) childcare in a commercial (non-residential) setting for thirteen or more children.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

Center-based child care.

If checked, describe the exemptions.

Currently Delaware exempts summer camps, extended day and full day programs run by public and private schools (that offer instruction through grade 6), care provided in a child's own home, and care set up in connection with a religious institution, business, etc. provided for brief periods while the parents are on the premises .

Family child care.

If checked, describe the exemptions.

N/A

In-home care.

If checked, describe the exemptions.

Relative care providers are exempt. As a condition of being a subsidy provider, relatives caregivers receive annual health and safety reviews by the lead agency's Child Care Monitors. Child Care Monitors use a checklist when conducting site visits to ensure compliance with health and safety regulations which include a check of whether trash is properly contained, a check of working utilities, a check for signs of rodents, a check of the outdoor play areas to assess safety or any hazards that may endanger children. Additionally, relative caregivers are required to take 28 hours of health and safety training. Providers have 12 months to complete the training and must take 3 hours of training annually in a health and safety topic.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead

Agency categories of care to the CCDF categories.

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

"Infant" means a child who is less than one year old.

-- Ratio:

1 staff to 4 infants .

-- Group size:

The maximum group size is 8.

-- Teacher/caregiver qualifications:

- Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a group setting.
- Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
- High school diploma or equivalent recognized by Delaware Department of Education in any area of study; and with at least 12 months of experience working with children birth through second grade in a group setting and successful completion of one of the following:
 - Nine credits of which three credits must be in early childhood education, child development, and positive behavior management;
 - Valid Child Development Associate Credential, CDA;
 - Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2);
 - Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program;
 - successful completion of the Delaware Department of Labor's Early Childhood Apprenticeship Program;
 - A vocational or technical high school's three year program in early childhood

- education approved by Delaware's Department of Education; or
- Before 2007 of a one year early childhood diploma program from a two year college and,

An assistant teacher must be at least 18 years of age and have a high school diploma or equivalent recognized by Delaware Department of Education, six months of experience working with children birth through second grade in a group setting, and successful completion of one of the following: at least three credits in early childhood education and three credits in child development; Training for Early Care and Education 1 (TECE 1); or a traditional high school's career pathway program in early childhood education approved by Delaware's Department of Education.

2. Toddler

-- How does the State/territory define toddler (age range):

Toddler means a child who is between the age of 12 months and less than 36 months of age.

-- Ratio:

1 staff to 6 toddlers for one-year-old children and 1 staff to 8 toddlers for two year old children.

-- Group size:

The maximum group size is 12 for one-year-old children and 16 for two-year-old children.

-- Teacher/caregiver qualifications:

An early childhood teacher must be at least 18 years of age and meet one of the following education and experience qualifications:

- Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a group setting.

- Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
- High school diploma or equivalent recognized by Delaware Department of Education in any area of study; and with at least 12 months of experience working with children birth through second grade in a group setting and successful completion of one of the following:
 - Nine credits of which three credits must be in early childhood education, child development, and positive behavior management;
 - Valid Child Development Associate Credential, CDA;
 - Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2);
 - Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program;
 - successful completion of the Delaware Department of Labor's Early Childhood Apprenticeship Program;
 - A vocational or technical high school's three year program in early childhood education approved by Delaware's Department of Education; or
 - Before 2007 of a one year early childhood diploma program from a two year college.

An assistant teacher must be at least 18 years of age and have a high school diploma or equivalent recognized by Delaware Department of Education, six months of experience working with children birth through second grade in a group setting, and successful completion of one of the following: at least three credits in early childhood education and three credits in child development; Training for Early Care and Education 1 (TECE 1); or a traditional high school's career pathway program in early childhood education approved by Delaware's Department of Education.

3. Preschool

-- How does the State/territory define preschool (age range):

Preschool-age child means a child three through five years of age who is not yet attending a kindergarten program. If a child is older than five years of age and is not yet attending a kindergarten program, that child shall be considered in the preschool-age group.

-- Ratio:

1 staff to 10 three year old children and 1 staff to 12 four year old and five year old children who have not yet started kindergarten.

-- Group size:

The maximum group size for three-year-old children is 20 and 24 for children ages four and five.

-- Teacher/caregiver qualifications:

An early childhood teacher must be at least 18 years of age and meet one of the following education and experience qualifications:

- Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a group setting.
- Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
- High school diploma or equivalent recognized by Delaware Department of Education in any area of study; and with at least 12 months of experience working with children birth through second grade in a group setting and successful completion of one of the following:
 - Nine credits of which three credits must be in early childhood education, child development, and positive behavior management;
 - Valid Child Development Associate Credential, CDA;
 - Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2);
 - Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program;
 - successful completion of the Delaware Department of Labor's Early Childhood Apprenticeship Program;
 - A vocational or technical high school's three year program in early childhood education approved by Delaware's Department of Education; or
 - Before 2007 of a one year early childhood diploma program from a two year college.

An assistant teacher must be at least 18 years of age and have a high school

diploma or equivalent recognized by Delaware Department of Education, six months of experience working with children birth through second grade in a group setting, and successful completion of one of the following: at least three credits in early childhood education and three credits in child development; Training for Early Care and Education 1 (TECE 1); or a traditional high school's career pathway program in early childhood education approved by Delaware's Department of Education.

4. School-age

-- How does the State/territory define school-age (age range):

"School-age child" means a child who is attending kindergarten or a higher grade. A child shall be considered school age for staff/child ratio purposes beginning the first day of attending kindergarten or first grade, whichever comes first.

-- Ratio:

1 staff to 15 school-age children

-- Group size:

The maximum group size is 30

-- Teacher/caregiver qualifications:

Teacher/caregiver qualifications: A School-Age Site Coordinator must be at least 20 years of age and meets the following education and experience qualifications:

- At least a high school diploma or equivalent recognized by the Delaware Department of Education,
- Successful completion of at least 12 college or university credits in recreation, elementary education, school-age care, or school-age administration, and
- 12 months of experience working with children kindergarten through sixth grade in a group setting.

A School-Age Site Assistant must be at least 18 years of age and meets one of the following education and experience qualifications:

- High school diploma or equivalent recognized by Delaware Department of Education,
- Successful completion of three credits in recreation, elementary education, school-age care, or school-age administration

- or -
45 clock hours of quality-assured training related to the needs of the school-age children served; and
- Part-time employment for one school year from September to June providing education/care to children kindergarten through sixth grade in a group setting
- or -
Full-time employment during the majority of one summer season (June through August) providing education/care to children kindergarten through sixth grade in a group setting. Or
- High school diploma or equivalent recognized by Delaware Department of Education;
- Successful completion of at least 15-clock-hours of quality-assured training in school-age care within 12 months of employment;, and
- Part-time employment from September to June for two school years or full-time employment for one school year providing education/care to children kindergarten through sixth grade in a group setting - or -Full-time employment during the majority of two summer seasons (June through August) providing education/care to children kindergarten through sixth grade in a group setting.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

Exempt childcare centers must abide by a series of health and safety regulations such as food preparation, fire safety, etc. There are currently no regulations regarding ratios of provider to child or maximum group size. Exempt providers who serve children receiving CCDF assistance will be required to obtain a license by July 31, 2018.

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

The ratios and group sizes are followed for the youngest child present in the group.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

At least a bachelor's degree or associate degree from a regionally accredited college or university; Successful completion of at least 15 credit hours from a regionally accredited college or university with at least three credit hours in each of the following areas: child development/learning, environment/curriculum, social-emotional development, observation/assessment; and one three hour early childhood elective of

the learner's choice; and 18 months of experience working with children ages birth through second grade in a group setting.

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

A child who is less than one year old.

-- Ratio:

1 staff to 4 infants .

-- Group size:

The maximum group size is 8.

-- Teacher/caregiver qualifications:

- There are two types of Family Child Care providers Level I and Level II. A Level I provider must be at least eighteen years of age and have at least a high school diploma or its equivalent. The Licensee shall successfully complete twelve clock hours of training within the first year of licensure. This training shall be approved by the Office of Child Care Licensing specifically for qualifying for a Level I Family Child Care Home and include at least three clock hours in each of the following topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, and Families/Communities. A Level II provider must have the following experience to qualify as a Level II Family Child Care Home: 24 months of experience working with children in a group setting; three months of supervised student teaching with children in a group setting; or 24 months providing child care as a licensed substantiated complaints, or substantial noncompliance. The Level II provider must also be at least 18 years of age and have at least a high school diploma or its equivalent, and successfully complete of one the following: 60 clock hours of training with a minimum of three clock hours in each of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition , Families, and Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility; or three college/university credits in courses related to any of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and

Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility; or qualified as at least an Early Childhood Assistant Teacher as per Delacare:Rules for Early Care and Education and School-Age Centers (2007).

2. Toddler

-- How does the State/territory define toddler (age range):

Toddler means a child who is between the age of 12 months and less than 36 months of age.

-- Ratio:

1 staff to 6 toddlers for one-year-old children and 1 staff to 8 toddlers for two-year-old children.

-- Group size:

The maximum group size is 12 for one-year-old children and 16 for two-year-old children.

-- Teacher/caregiver qualifications:

An early childhood teacher must be at least 18 years of age and meet one of the following education and experience qualifications:

- Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a group setting.
- Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
- High school diploma or equivalent recognized by Delaware Department of Education in any area of study; and with at least 12 months of experience working with children birth through second grade in a group setting and successful completion of one of the following:
 - Nine credits of which three credits must be in early childhood education, child

- development, and positive behavior management;
- Valid Child Development Associate Credential, CDA;
- Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2);
- Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program;
- successful completion of the Delaware Department of Labor's Early Childhood Apprenticeship Program;
- A vocational or technical high school's three year program in early childhood education approved by Delaware's Department of Education; or
- Before 2007 of a one year early childhood diploma program from a two year college.

An assistant teacher must be at least 18 years of age and have a high school diploma or equivalent recognized by Delaware Department of Education, six months of experience working with children birth through second grade in a group setting, and successful completion of one of the following: at least three credits in early childhood education and three credits in child development; Training for Early Care and Education 1 (TECE 1); or a traditional high school's career pathway program in early childhood education approved by Delaware's Department of Education.

3. Preschool

-- How does the State/territory define preschool (age range):

Preschool-age child means a child three through five years of age who is not yet attending a kindergarten program. If a child is older than five years of age and is not yet attending a kindergarten program, that child shall be considered in the preschool-age group.

-- Ratio:

1 staff to 10 three year old children and 1 staff to 12 four year old and five year old children who have not yet started kindergarten.

-- Group size:

The maximum group size for three-year-old children is 20 and 24 for children ages

four and five.

-- **Teacher/caregiver qualifications:**

An early childhood teacher must be at least 18 years of age and meet one of the following education and experience qualifications:

- Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a group setting.
- Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
- High school diploma or equivalent recognized by Delaware Department of Education in any area of study; and with at least 12 months of experience working with children birth through second grade in a group setting and successful completion of one of the following:
 - Nine credits of which three credits must be in early childhood education, child development, and positive behavior management;
 - Valid Child Development Associate Credential, CDA;
 - Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2);
 - Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program;
 - successful completion of the Delaware Department of Labor's Early Childhood Apprenticeship Program;
 - A vocational or technical high school's three year program in early childhood education approved by Delaware's Department of Education; or
 - Before 2007 of a one year early childhood diploma program from a two year college.

An assistant teacher must be at least 18 years of age and have a high school diploma or equivalent recognized by Delaware Department of Education, six months of experience working with children birth through second grade in a group setting, and successful completion of one of the following: at least three credits in early childhood education and three credits in child development; Training for Early Care and Education 1 (TECE 1); or a traditional high school's career pathway program in early childhood education approved by Delaware's Department of

Education.

4. School-age

-- How does the State/territory define school-age (age range):

"School-age child" means a child who is attending kindergarten or a higher grade. A child shall be considered school age for staff/child ratio purposes beginning the first day of attending kindergarten or first grade, whichever comes first.

-- Ratio:

1 staff to 15 school-age children

-- Group size:

The maximum group size is 30

-- Teacher/caregiver qualifications:

Teacher/caregiver qualifications: A School-Age Site Coordinator must be at least 20 years of age and meets the following education and experience qualifications:

- At least a high school diploma or equivalent recognized by the Delaware Department of Education,
- Successful completion of at least 12 college or university credits in recreation, elementary education, school-age care, or school-age administration, and
- 12 months of experience working with children kindergarten through sixth grade in a group setting.

A School-Age Site Assistant must be at least 18 years of age and meets one of the following education and experience qualifications:

- High school diploma or equivalent recognized by Delaware Department of Education,
- Successful completion of three credits in recreation, elementary education, school-age care, or school-age administration
- or -
45 clock hours of quality-assured training related to the needs of the school-age children served; and
- Part-time employment for one school year from September to June providing education/care to children kindergarten through sixth grade in a group setting
- or -
Full-time employment during the majority of one summer season (June through August) providing education/care to children kindergarten through sixth grade

in a group setting. Or

- High school diploma or equivalent recognized by Delaware Department of Education;
- Successful completion of at least 15-clock-hours of quality-assured training in school-age care within 12 months of employment;, and
- Part-time employment from September to June for two school years or full-time employment for one school year providing education/care to children kindergarten through sixth grade in a group setting - or -Full-time employment during the majority of two summer seasons (June through August) providing education/care to children kindergarten through sixth grade in a group setting.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

Exempt childcare centers must abide by a series of health and safety regulations such as food preparation, fire safety, etc. There are currently no regulations regarding ratios of provider to child or maximum group size. Exempt providers who serve children receiving CCDF assistance will be required to obtain a license by July 31, 2018.

c) In-home CCDF providers:

1. Describe the ratios

A. A Level I family home shall be licensed to provide child care for up to four children preschool-age or younger and for up to two additional school-age children that do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

1. No more than two of the six children may be under the age of 12 months; and
2. No more than six children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

B. Another option for a Level I family home is to provide child care for up to five children preschool-age and younger and no additional school-age children that do not live in the family home;

1. No more than two of the five children may be under the age of 12 months; and
2. No more than three of the five children may be under the age of 24 months.

C. A Level II family home shall be licensed to provide child care for up to six children preschool-age or younger and for up to three additional school-age children who do

not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

1. No more than two of the nine children may be under the age of 12 months; and
2. No more than four of the nine children may be under the age of 24 months; and
3. No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

2. Describe the group size

A Level I provider may have a maximum of 6 children and a level two may have a maximum of 9 children depending on the children's ages as described in 5.2.1 C 1.

3. Describe the maximum number of children that are allowed in the home at any one time.

A Level I provider may have a maximum of 6 children and a level two may have a maximum of 9 children depending on their ages as described in 5.2.1 C 1. The provider's own school-age children do not count in the maximum number.

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

The provider's own household members who are preschool-age and younger count in the ratio.

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

No more than two infants are allowed. Depending on the provider's Level, either two or three school-age children are permitted.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served

(98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

1. Prevention and control of infectious diseases (including immunization)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to prevent and control infectious diseases including immunization. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.

-- List all citations for these requirements, including those for licensed and license-exempt programs

Regulations for Early Care, Education Regulation 25, Delacare Regulations for Family, and Large Family Homes Regulations 6, 14, and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

License exempt providers who serve CCDF recipients are now required to be licensed.

-- Describe any variations based on the age of the children in care

License exempt providers who serve CCDF recipients are now required to be licensed.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement and receive 28 hours of training, which they must complete within a year. They are also required to receive three hours of health and safety training annually.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the childcare provider (center, large family, and family) knowing the steps necessary to prevent sudden infant death syndrome and to use safe sleep practices. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Regulations for Early Care, Education Regulation 25, Delacare Regulations for Family, and Large Family Homes Regulations 6, 14, and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

All licensed providers are required to complete this training unless care is provided only for school age children.

-- Describe any variations based on the age of the children in care

School age child care providers are exempt from this requirement.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

3. Administration of medication, consistent with standards for parental consent

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the childcare provider (center, large family, and family) knowing the steps to properly administer medication. This includes the provider/child care staff studying from a self-guide and passing a test on the content. Currently, being certified to administer medication is optional; however, the Office of Child Care Licensing is in the process of revising regulations to ensure that in all types of care at least one person is certified to administer medication. This regulation should be final in January 2019.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Regulations for Early Care, Education Regulation 25, Delacare Regulations for Family, and Large Family Homes Regulations 6, 14, and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care

There are no variations

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

4. Prevention of and response to emergencies due to food and allergic reactions

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to prevent and respond to emergencies due to food and allergic reactions. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Regulations for Early Care, Education Regulation 25, Delacare Regulations for Family, and Large Family Homes Regulations 6, 14, and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care

There are no variations

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the childcare provider (center, large family, and family) knowing the steps necessary to maintain a safe building/home area for children. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6,14 and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care

There are no variations

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the childcare provider (center, large family, and family) knowing the steps necessary to prevent shaken baby syndrome, abusive head trauma, and child maltreatment. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care

There are no variations

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within

the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to respond to natural and manmade disasters. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations.

-- Describe any variations based on the age of the children in care

There are no variations.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the child care provider (center, large family, and family)

knowing the steps necessary to handle and store hazardous materials and dispose of biocontaminants. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care

There are no variations

-- Describe if relatives are exempt from this requirement

Relatives are not exempt

9. Precautions in transporting children (if applicable)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to properly transport children. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care

The types of child restraints required in vehicles varies based on the ages of the children in care.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The Office of Child Care Licensing accepts the American Red Cross, Heart saver and numerous other trainings to meet the requirements. CPR training must include "hands on" skills demonstration to be accepted.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Licensed family and large family providers must be certified in CPR and First Aid. All staff who work alone with children in centers must be certified in First Aid and CPR.

-- Describe any variations based on the age of the children in care

Providers who care for infants must have infant CPR in addition to just pediatric CPR.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt.

11. Recognition and reporting of child abuse and neglect

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The Office of Child Care Licensing accepts the Department's Mandatory Child Abuse and Neglect training as well as DE PD Now's online training. The Office of Child Care Licensing hosts trainings on this topic throughout the year.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care

There are no variations

-- Describe if relatives are exempt from this requirement

Relatives are not exempt

b) Does the Lead Agency include any of the following optional standards?

No, if no, skip to 5.2.3.

Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The Office of Child Care Licensing requires that meals and snacks contain specific meal components.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 63 and 64 Delacare Regulations for Family and Large Family Homes Regulations 37 and 38.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care.

There are no variations

--Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement and receive 28 hours of training, which they must complete within a year. They are also required to receive three hours of health and safety training annually.

2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The standard is that weather permitting; children go outside each day to play. The regulations require that for every three hours of care 20 minutes of moderate to vigorous activity is provided.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 63 and 64 Delacare Regulations for Family and Large Family Homes Regulations 24 and 39.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care.

There are no variations

--Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement and receive 28 hours of training, which they must complete within a year. They are also required to receive three hours of health and safety training annually.

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The regulations require that care be provided for all children including those with special needs.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 63 and 64 Delacare Regulations for Family and Large Family Homes Regulations 39 and 40.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care.

There are no variations

--Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement and receive 28 hours of training, which they must complete within a year. They are also required to receive three hours of health and safety training annually.

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

N/A

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The Office of Child Care Licensing has many requirements for the physical indoor and outdoor environments of child care facilities that promote the health and safety of children

-- List all citations for these requirements, including those for licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 63 and 64 Delacare Regulations for Family and Large Family Homes Regulations 21-36.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations

-- Describe any variations based on the age of the children in care.

There are no variations

--Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement and receive 28 hours of training, which they must complete within a year. They are also required to receive three hours of health and safety training annually.

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation

training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

15

2. Licensed FCC homes:

15

3. In-home care:

This category would include relative providers only. These providers receive pre-service training.

4. Variations for exempt provider settings:

Relative providers are exempt but also receive pre-service training.

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

Providers must take pre-service training prior to working with children.

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

n/a

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

n/a

e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14 and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and 60 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14 and 58

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

In centers, typically a few people who are medication certified are assigned to administer medication. Currently, centers, family and large family providers may opt out of providing medication. However, the Office of Child Care Licensing is currently revising the regulations to require someone to be onsite to administer medication when a child in care may need medication. This person must be

certified to administer medication.

Relatives are not exempt from this requirement.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care

for children unsupervised?

- Yes
- No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- Yes
- No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- Yes
- No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- Yes
- No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

This content can be found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC. All child care regulations include requirements for proper nutrition including serving sizes based on the child's age, requirements for daily physical activity and a requirement for accommodations for children with special needs.

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 63 and 64
Delacare Regulations for Family and Large Family Homes Regulations 37, 38 and 40.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

a) Licensed child care centers:

Full-time child care staff are required to complete 18 hours of training annually. Part-time employees are required to complete 9 hours. The staff may choose health and safety as a topic area. The Office of Child Care Licensing is currently revising the regulations to include two hours of training in health and safety for full-time staff and one hour of health and safety training for part time staff.

b) Licensed FCC homes:

Family child care home providers are required to complete 12 hours of training annually. Large Family child care home providers are required to complete 15 hours of training annually. The Office of Child Care Licensing is currently revising the regulations to include two hours of training in health and safety.

c) In-home care:

This category would include relatives who are required to have 3 hours of training in health and safety annually

d) Variations for exempt provider settings:

Relatives are exempt providers. If they serve CCDF recipients they are now required to be licensed.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

All licensed child providers and center staff are required to take this training before working with children. They may choose to complete it as part of their annual training

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to take this training before working with children.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to take this training before working with children.

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and 60 and

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

The Office of Child Care Licensing is in the process of revising regulations which will require providers to renew their administration of medication certification every five years. Currently these certifications do not expire.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

The Office of Child Care Licensing is in the process of revising regulations which will require providers to renew their administration of medication certification every five years. Currently these certifications do not expire.

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to take this training

before working with children. They may choose to complete it as a part of their annual required training.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

N/A

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to develop a plan and train staff as well as substitutes on this plan. This must be done each time the plan is updated. They may choose to complete it as a part of their annual required training

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

N/A

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to develop a plan and train staff as well as substitutes on this plan. This must be done each time the plan is updated. They may choose to complete it as a part of their annual required training

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

N/A

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

N/A

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 34 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

This Training is valid for two years depending on the instructor.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

N/A

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 34 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

-- How often does the state/territory require that this training topic be completed by

caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Center staff are required to complete this training annually. Family and Large Family child care providers are required to complete this training before becoming licensed. They may choose to complete it as a part of their annual training.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

N/A

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 27 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 59

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Child care providers and center staff are required to complete this training before working alone with children. They may choose to complete training in this topic area to meet their annual training requirement.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

N/A

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

Delacare: Regulations for Early Care and Education Regulations 27 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 59

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Child care providers and center staff are required to complete this training before working alone with children. They may choose to complete training in this topic area to meet their annual training requirement.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

The Delaware Child Care Act is the law that supports the regulations of all child care facilities in the state. There are two sets of regulations that the Office of Child Care Licensing uses to monitor CCDF providers. They are Delacare: Regulations for Early Care and Education and School-age Centers and Delacare: Regulations for Family and Large Family Child Care Homes.

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections-with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards-of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)). Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire

standards.

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards

All licensed facilities are required to have a pre-licensing visit to determine compliance with the regulations before a license is issued

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

An unannounced full compliance review is conducted annually and an unannounced monitoring visit is conducted when a complaint is lodged against the center.

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

N/A

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

Licensed centers receive a full compliance review annually

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Delacare: Regulations for Early Care and Education and School-Age Centers

1. Describe your state/territory's requirements for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards

All licensed facilities are required to have a pre-licensing visit to determine compliance with the regulations before a license is issued.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

An unannounced full compliance review is conducted annually and an unannounced monitoring visit is conducted when a complaint is lodged against the home

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

N/A

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

Licensed family homes receive a full compliance review annually.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

N/A

N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards

N/A

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

N/A

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

N/A

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

N/A

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

All providers serving CCDF recipients are now required to be licensed.

Provide the citation(s) for this policy or procedure

Delacare: Regulations for Early Care and Education Regulations 34 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if

differential monitoring is used

N/A

Provide the citation(s) for this policy or procedure

N/A

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

N/A

Provide the citation(s) for this policy or procedure

N/A

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

No

Yes. If yes,

describe:

N/A

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

N/A

5.3.4 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's

licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

All of the Office of Child Care Licensing's licensing specialists and supervisors completed health and safety training in each of the required topics.

b) Provide the citation(s) for this policy or procedure

Newly hired staff are required to complete these trainings as a part of their orientation within three months of hire.

5.3.5 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

The current inspector to provider ration is 1 to 80

b) Provide the policy citation and state/territory ratio of licensing inspectors

Per Delaware Code the ration allowed is 1 inspector to 150 facilities

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This

exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

N/A

Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

Relatives are exempt from the state's licensing regulations, however they are monitored by the lead agency's Child Care Monitors and are required to take 28 hours of training which includes CPR/First Aid. They are also required to have 3 hours of training in a health and safety topic of their choice annually.

No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current

residency		(existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

All current and prospective child care persons must be fingerprinted in Delaware by the State Bureau of Identification. Child care persons who currently reside outside of Delaware must contact their state of residence and request a fingerprinted state criminal history search. After the out of state search is completed, the facility/home must submit the results immediately to the Office of Child Care Licensing, Criminal History Unit to review and make an eligibility determination. Delaware Code Title 31, Section 309 and Delaware Regulations for Early Care and Education and School-Age Centers Regulation 22 and Delaware Regulations for Family and Large Family Child Care Homes Regulation 12

This is regulated by the Office of Child Care Licensing and applies to all facilities and homes.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Exempt providers serving CCDF recipients follow the same background check process as licensed providers. They are required to abide by all criminal background check

requirements as outlined by the Department of Health and Social Services

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

It has been implemented, but current staff are still being fingerprinted and there are significant delays in receiving results from other states. Delaware SBI is offering additional hours and days for fingerprinting.

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii)).

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

For Delaware residents, the Delaware SBI conducts this check at the time fingerprint results are processed. For out-of-state residents, the OCCL Criminal History Unit conducts the check.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Exempt providers serving CCDF recipients are required to abide by all criminal background check requirements as outlined by the Office of Child Care Licensing. For Delaware residents, the Delaware SBI conducts this check at the time fingerprint results are processed. For out-of-state residents, the OCCL Criminal History Unit conducts the check.

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

It has been implemented, but current staff are still being fingerprinted. For Delaware residents, the Delaware SBI conducts this check at the time fingerprint results are processed. For out-of-state residents, the OCCL Criminal History Unit conducts the check.

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

This is regulated by the Office of Child Care Licensing and applies to all licensed facilities and homes. The Office of Child Care Licensing, Criminal History Unit conducts the Delaware child abuse and neglect checks as part of the background check process. If a new staff member resides out of state, he/she is responsible for requesting the check and the results are forwarded by the facility/home to the Criminal History Unit.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The Office of Child Care Licensing, Criminal History Unit conducts the Delaware child abuse and neglect checks as part of the background check process. If a new staff member resides out of state, he/she is responsible for requesting the check(s). The results are forwarded by the provider to the Criminal History Unit. Exempt providers serving CCDF recipients are required to abide by all criminal background check requirements as outlined by the Department of Health and Social Services.

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

It has been implemented, but current staff are still being re-fingerprinted for Delaware.

We are pending those results to conduct the Delaware child abuse and neglect checks.

For out-of-state checks, there are significant delays in receiving results.

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

This is regulated by the Office of Child Care Licensing and applies to all licensed facilities and homes. New/prospective staff must schedule an appointment for fingerprinting before starting employment. They are not permitted unsupervised access to children until the Office of Child Care Licensing, Criminal History Unit., has made an eligibility determination.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Exempt providers serving CCDF recipients are required to abide by all criminal background check requirements as outlined by the Office of Child Care Licensing. The Office of Child Care Licensing, Criminal History Unit issues eligibility determinations to the providers. Exempt providers serving CCDF recipients are required to abide by all criminal background check requirements as outlined by the Department of Health and Social Services

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:
-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
-- Efforts to date to complete the requirement for all existing child care staff in other

programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

It has been fully implemented, but current staff are still being re-fingerprinted for the FBI check.

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

When Delaware SBI processes the new (prospective) staff person's fingerprints, SBI conducts the NCIC, NSOR check.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

When Delaware SBI processes the new (prospective) staff person's fingerprints, SBI

conducts the NCIC NSOR check.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

It has been implemented, but current staff are still being re-fingerprinted, which triggers the NCIC, NSOR check.

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

N/A

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

It has been implemented, but there is a backlog in pending out of state results. There have been ongoing issues with child care persons not being able to get information from various states and additional delays with states not providing results. We are working with providers to obtain the out-of-state results.

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

We attempted to fully implement, but the volume of fingerprint results coming in and the backlog of pending out of state results became unmanageable. There have been

ongoing issues with child care persons not being able to get information from various states and additional delays with states not providing results. We are working with providers to obtain the out-of-state results.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

This has been implemented. These searches occur after the fingerprint results are received by the Office of Child Care Licensing, Criminal History Unit.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

This has been implemented. These searches occur after the fingerprint results are received by the Office of Child Care Licensing, Criminal History Unit.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other

programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

This has been implemented, but current child care persons are still being re-fingerprinted. These searches occur after the fingerprint results are received by the Office of Child Care Licensing, Criminal History Unit.

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

N/A

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

This has been implemented, but there is a backlog in pending out of state results. There have been ongoing issues with child care persons not being able to get information from various states and additional delays with states not providing results. We are working with providers to obtain the out-of-state results.

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

We attempted to fully implement, but the volume of fingerprint results coming in and the backlog of pending out of state results became unmanageable. There have been ongoing issues with child care persons not being able to get information from various states and additional delays with states not providing results. We are working with providers to obtain the out-of-state results.

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2)). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff

person begins working; and

2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.

Describe and include a citation:

N/A

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

The Office of Child Care Licensing regulations stipulate that a person is not to be left unsupervised until the background check results are received and the person is determined eligible

- Other.

Describe:

Effective January 1, 2019, Delaware child care regulations will require prospective child care staff to be fingerprinted prior to employment; and pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

As stipulated on Delaware's consent form, requests are processed within 15 working days.

5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option)- a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

Describe other disqualifying crimes and provide citation:

Delaware has state law (Title 31, Section 309) and policy pertaining to child care persons, which contain other "prohibited" and "ineligible" convictions/child protection registry substantiations

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

We ensure privacy by only sending the background check results to the employee/prospective employee. All child care persons that are determined prohibited or ineligible are given an opportunity to challenge the accuracy or completeness of the background check report at the time the determination is made. The appeal opportunity is provided in the written results of the background check, which are sent to the child care person.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor.

Lead Agencies can report that no fees are charged if applicable (98.43(f)).

No fees are charged.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from all background check requirements.
- Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.
The 5 year out of state residency criminal checks and out of state child abuse and neglect checks.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the

engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

-- State/territory professional standards and competencies. Describe:

Currently, Professional Delaware Competencies for Early Childhood Professionals and for School-Age Professionals are written as core knowledge and skills of what professionals should know and be able to do for both early childhood and school-age professionals, respectively. Delaware's Professional Standards are being revised as part of the statewide "Early Learning Workforce Professional Development Plan." To assist them in meeting these competencies, professionals follow the Delaware Early Learning Foundations as standards for learning opportunities through activities, lesson plans and curriculum for Infants, Toddlers and Preschoolers. These standards are aligned with Common Core State Standards for children from Kindergarten through high school.

-- Career pathways. Describe:

Delaware's Career Lattice reflects the educational requirements for all levels of early

childhood professionals in the state. As a result, the lattice delineates multiple pathways for entry into the profession as well as the steps to a higher certification. The State currently has career pathways starting in the vocational and comprehensive high schools. These pathways have recently been re-designed to align with the PK-12 Teacher Academy in the state. The students completing the career pathway in high school will be entering with college credits that lead to an associate degree. The Department of Education's Office of Early Learning (DOE OEL) will be reviewing the Career Lattice and outlining career pathways as part of the statewide "Early Learning Workforce Professional Development Plan.

-- [Advisory structure. Describe:](#)

Delaware Early Childhood Council serves as the advisory structure for the state. Delaware Early Childhood Council represents numerous early childhood and community agencies throughout the state, as per Delaware's legislative code. The Council meets every other month and is supported by DDOE OEL.

-- [Articulation. Describe:](#)

Delaware has a long-standing articulation agreement between the two and four year higher education institutions. Delaware's community and technical college has articulation agreements with the state's four year institutions.

-- [Workforce information. Describe:](#)

Delaware Institute for Excellence in Early Childhood (DIEEC) is the state's professional development entity that provides training and resources to early childhood professionals. Early childhood professionals are required to register with DIEEC in order to participate in their courses. Registry and training evaluation information is analyzed by DDOE OEL to determine the professional development statewide needs for educators and administrators. Delaware Association for the Education of Young Children (deaeyc) is another community partner that collects data from the workforce through T.E.A.C.H Early Childhood® Delaware and Child Care WAGE\$® Delaware. The State's early childhood qualification system, Delaware Practitioners in Early Childhood (DPEC), captures data on the entire workforce through the qualification licensure process, and DDOE OEL has access to the PK-12 DEEDS database, where some professionals retain dual certification. The Office of Child Care Licensing tracks regulatory workforce requirements using the FOCUS (For Our Children's Ultimate Success) database. Delaware Stars, the

State QRIS system, uses a database to record additional information on the workforce that is required as part of higher Stars standards

-- Financing. Describe:

DIEEC's public trainings are offered for a nominal entry fee per person based on the length of the session. Onsite trainings follow a cost structure not per person, but based on the number hours and days of the training series. Many DIEEC trainings, both public and onsite, are state-sponsored or sponsored by an outside organization and are therefore at no cost to professionals. Outside organizations that are approved to offer quality assured training determine their own cost structure. Professional development offered online through the state developed website <http://www.depdnow.com/> is free.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

The state has quality assured continuing professional development hours that can serve as annual licensing hours as required through regulations. The State acknowledges credit-bearing continuing education through regionally accredited higher education institutions and encourages enrollment in credit bearing college courses through the State's Early Childhood Credential system. DIEEC has recently shifted the Credential requirements away from allowing community-based training hours with portfolio completion; coursework for college credit is the only route for professionals to receive a credential.

- Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

The State supports community-based training through a contract between the Delaware Department of Education and the University of Delaware, the Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates the training, maintains a web-based list of offerings and a registry with transcripts for those who successfully complete these trainings. In addition, the Office of Child Care Licensing maintains

successful completion of trainings not approved by DIEEC as a part of their regulatory process for required annual hours.

Other

Describe:

DOE OEL and DIEEC will develop coaching models to enhance their training options offered through the Institute in FY19-FY21. Through hybrid coaching, outside organization and online training content will be reinforced in the classroom. In partnership with ECAP and Early Head Start-Child Care Partnerships, practice based coaching is being implemented to support early childhood professionals' use of effective practices that will lead to positive outcomes for children and families

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Delaware Early Childhood Council (DECC) will be revising its strategic plan for calendar year 2019. The current strategic plan highlights workforce issues such as education, professional development, recruitment, retention, and compensation of the early childhood workforce. A subcommittee of the Council, the Professional Committee, strategizes around these particular goals outlined in the DECC strategic plan. These members were a part of the Early Learning Workforce Professional Development Committee that drafted recommendations for Delaware's workforce. This work will drive overarching strategic goals for the way the state re-conceptualizes professional development, training, and education of child care providers and staff during FY19-FY21. Within the existing professional development system, DECC members work with state partners who identify training from a variety of sources. The early childhood professional development topic requirements from the Office of Child Care Licensing are developed by DIEEC and outside organizations

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Through T.E.A.C.H. Early Childhood® Delaware, early childhood professionals are able to obtain scholarships for state credentials, CDA, Associate and Bachelor degrees. The State has re-designed the previous compensation award that the Office of Early Learning created through the Early Learning Challenge Grant. Delaware has adopted a national-based model called WAGE\$. Child Care WAGE\$® Delaware is an education based salary supplement for professionals making less than \$17.00 per hour in a Delaware Stars level 2 or above program. It is designed to increase workforce retention, education and compensation. In addition, some Delaware Stars early childhood programs that receive a tiered reimbursement financial incentive at a Star 3, 4, or 5 level use this to retain their staff by paying higher wages. Child Care WAGE\$® Delaware recently went through a re-structure, increasing the salary cap to \$17.00 per hour from \$15.00 and opening eligibility to professionals in Star level 2 programs. The state has had an Early Childhood Apprenticeship program for over 13 years, managed through the Delaware Department of Labor. The first year, apprentices successfully complete the 120 hour state developed training, Training for Early Care and Education (TECE) 1 & 2. The second year apprentices successfully complete three 3-credit college courses. During the two year commitment, apprentices receive on-the-job training and then become a Journey person upon completion. The state has thirteen comprehensive and four VoTech high schools that offer an early childhood career pathway. The VoTech high schools have continued with a dual enrollment agreement that was initiated through the Early Learning Challenge Grant, allowing students to graduate with three to six credits at graduation. The Career and Technical Education (CTE) Early Childhood Education high school curriculum has gone through a re-structure to align with the structure of the CTE K-12 high school curriculum. The new curriculum continues to align with the Early Learning Foundations, Competencies for Early Childhood Professionals, Delaware Stars Standards and Office of Child Care Licensing Regulations. The State encourages local, program-designed policies through the Delaware Stars standards. Some individual early childhood programs have chosen to use their tiered reimbursement financial incentive for this purpose. DOE OEL and DIEEC analyze professional development.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (98.44(b)).

The State contracts with DIEEC to develop linguistically and culturally responsive training based on child developmental domains (such as cognitive, social, emotional, physical and approaches to learning), as articulated in the State's early learning and developmental guidelines for children birth to kindergarten, the Early Learning Foundations. DIEEC coordinates the statewide registry and this ongoing training; specific topics include training directly on early learning foundations, health and safety requirements as outlined by the Office of Child Care Licensing, and social emotional development/behavioral support models such as positive behavior support. These trainings include community-based in-person training both publicly and onsite, as well as online through a state developed website: <http://www.depdnow.com/>

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Not applicable.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

a) with limited English proficiency

The state will need to develop strategies to recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language. DIEEC has contracted with Spanish-speaking facilitators to offer trainings statewide. The lead agency contracts with several translation services and is able to assist clients whose primary languages are Spanish, Creole, Korean, etc. The services include Alina's Consulting and Environmental Services (this service is provided via phone), Para Plus Translation Services (in office), All World Language Consultation (provide sign language), Delaware Relay Service (for hearing impaired), and HP Enterprise Services (Spanish only-in office and over the phone). We are able to provide application interviews, employment and training interviews, child care eligibility interviews, fair hearings and written translation services.

b) who have disabilities

The State will continue to develop strategies to recruit professionals with disabilities and for whom English is not their first language, or who will serve and be available for families for whom English is not their first language. DOE OEL is partnering with ECAP, Early Head Start-Child Care Partnership and Head Start Programs to better understand the barriers to access for professionals with limited English proficiency and professionals with disabilities. Learning about these experiences will inform the QRIS revision process; specifically, DIEEC will be redesigning how it structures professional learning experiences to better serve all

professionals

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii--iv)).

Early childhood professionals in licensed programs must have a professional development plan in their personnel file that is updated annually. The plan must include professional development goals for the upcoming year; these goals include the required training specified by licensing regulations. Professionals must have training in at least three core areas specified by Office of Child Care Licensing Delaware Regulations in: child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; and management and administration. The State contracts with DIEEC to provide trainings in these topics to professionals serving all ages in family child care or center settings. DIEEC coordinates and advertises topics, such as inclusion and dual language learning approaches, approved through the quality assurance process through an online course catalog. The training and professional development is offered by DIEEC and other partners such as Cooperative Extension, Nemours, Prevent Child Abuse Delaware, Children's Beach House and Prevention & Behavioral Health

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

Through DIEEC, the State developed "Supporting Children When They Are Homeless," a free three-hour training offered online through <http://www.depdnow.com/>. This course provides staff with an understanding of homelessness as defined by the McKinney-Vento act, an opportunity to be reflective about the impact on children and families, as well as give them strategies and resources to assist families. The Department of Education also offers an online training for Homeless Liaisons in each local education agency to prepare them to train their staff on identifying and serving homeless children and their families.

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2).

Through DIEEC, the State developed "Supporting Children When They Are Homeless," a free three-hour training offered online through <http://www.depdnow.com/>. All Lead Agency staff are able to access this training.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

- Issue policy change notices
- Issue new policy manual
- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

Licensing specialists in the Office of Child Care Licensing monitors programs at least once per year. OCCL also tracks compliance with CCDBG increased training requirements for providers. Child Care Monitors within the lead agency ensures

compliance of all exempt providers who serve CCDF recipients

Other

Describe:

N/A

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

A series of business practice trainings are currently available through DIEEC's course catalog. Additionally, DOE OEL has contracted with DIEEC to develop more business-focused training options for administrators, which would also include a technical assistance and/or coaching component to the model. Both center and family child care providers at all levels in Delaware Stars receive technical assistance in this area. Furthermore, the State accepts credit-bearing business coursework through regionally accredited higher education institution for the state's Administrator Early Childhood Credential. Partners across state agencies are participating in a federal technical assistance opportunity to further develop the State's plan for administrator's education requirements, training, and technical in FY19

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships

- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other

Describe:

N/A

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

The Early Learning Foundations is a document intended to be a curriculum framework that provides an outline of the types of developmentally appropriate learning opportunities children need before they come to kindergarten. The Foundations for preschool-aged children are linked to the skill expectations children need as they enter kindergarten, and make explicit that every child is unique and is accepted for his/her differences in development, culture, home environment, and learning style. The Foundations document is organized into eight domains: Social and Emotional; Approaches to Learning; Language and Literacy; Mathematics; Science; My Family, My

Community, My World; Creative Expression; Physical Development; and Health. Each domain begins with a brief summary of the key messages about development for that topic area followed by a chart containing the subdomains, learning opportunities, listing of actions children might do, and a listing of supportive practices. Delaware also supports Teaching Strategies *GOLD*® Objectives for Learning and Development through the sponsorship of online portfolios. Teaching Strategies *GOLD*® is a comprehensive assessment tool through a third party company based on the latest developmental research, and it has been proven valid and reliable. *GOLD*® Objectives for Learning and Development's domains, objectives, and indicators that list widely held expectations for children from birth through age five are fully aligned with the Common Core State Standards, Delaware's Early Learning Foundations, and The Head Start Child Development and Early Learning Framework.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

Delaware has crosswalks between the Early Learning Foundations, Common Core State Standards for K-12, Teaching Strategies *GOLD*® indicators, and The Head Start Child Development and Early Learning Framework to demonstrate alignment between the birth through five and K-12 guidelines. Professionals using Early Learning Foundations and Teaching Strategies *GOLD*® indicators of widely held expectations show the continuum of knowledge, skills, and behaviors that children from birth through age five are expected to develop.

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- Cognition, including language arts and mathematics
- Social development
- Emotional development
- Physical development
- Approaches toward learning
- Other

Describe:

For Infants and Toddlers: Cognition and approaches to learning are under the heading of "Discoveries." For Preschoolers: Additional domains include Science; Social

Studies ("My Family, My Community, My World"); Arts ("Creative Expression").

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The Early Learning Foundations were developed by a cross-agency Advisory Revision Work Group. The Department of Education, Department of Health and Social Services, and the Department of Children, Youth, and their Families participated in researching and revising the Foundations, led by an expert facilitator. Future revisions to the Foundations will also be led by a cross-agency Work Group. The Department of Education Office of Early Learning is specifically responsible for implementation by distributing hard copies of the document and posting it online; additionally, DOE OEL has created training on using the Early Learning Foundations and *GOLD*® Objectives for Learning and Development in the classroom.

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

The Early Learning Foundations were first created in 2003 and then revised in 2010. The Department of Education Office of Early Learning plans to revise the Early Learning Foundations and subsequently all alignments between Common Core State Standards for K-12, Teaching Strategies *GOLD*® Objectives for Learning and Development, and The Head Start Child Development and Early Learning Framework for publication by FY20.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

N/A

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

<https://dieecpd.org/early-learning-foundations>

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Early Learning Foundations provide a curricular guide for early childhood professionals. Suggested learning opportunities are intended to be sets of broad-based activities through which children are exposed to new learning concepts, thus having the opportunity to acquire new skills, practice those skills. As development progresses, children build upon earlier skills and develop more complex skill sets. The continuum of widely held expectations articulated through the domains, objectives, indicators, and examples of Teaching Strategies *GOLD*® Objectives for Learning and Development illustrate scaffolded knowledge, skills, and behavior appropriate to each year of age between birth and five. The Early Learning Foundations and Teaching Strategies *GOLD*® indicators provide a solid basis upon which professionals can plan their daily, weekly, monthly, and annual instructional activities. Training on the Early Learning Foundations and *GOLD*® Objectives for Learning and Development teaches: how to read and use each document, how to observe and assess children in these domains, and how this data can assist teachers in writing individualized lesson plans.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)) These activities can benefit infants and toddlers through school age populations.

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Through technical assistance received from the State Capacity Building Center Infant/Toddler Specialist Network, the state conducted a “scan” of the I/T infrastructure to determine how our state is working to strengthen the quality and supply of child care services and programs for infants toddlers and their families. The statewide resource and referral agency through Child Care Aware also conducted a “mapping” of the child care deserts in the state to determine where our child care gaps are.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

The scan of our I/T infrastructure revealed that one overarching goal was the need for specialized I/T professional development. The results of the child care desert mapping initiative are currently being compiled.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

Supporting the training and professional development of the child care workforce. If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

This content is the foundation of all trainings contracted through DIEEC. Thus, numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through <http://www.depdnow.com/>. Examples of available trainings on this topic: "Child Development;" "Birth to Five: An Introduction to Motor Development;" "Talking Toddlers: Language Development & Strategies."

- Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.)

Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through <http://www.depdnow.com/>. Examples of available trainings on this topic: "Facing the Challenge: Understanding and Addressing Challenging Behavior in Children;" "Helping Children Develop Social Skills;" "Social and Emotional Development: Creating a Positive Classroom Environment."

- Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development

Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through

<http://www.depdnow.com/>. Examples of available trainings on this topic: "Supportive Responses to Troubled Parent-Child Interactions;" "Building Positive Parent-Teacher Relationships;" "Building Protective Factors in Families."

- Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards.

Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through <http://www.depdnow.com/>. Examples of available trainings on this topic: "Supporting Children Learning English as a Second Language;" "Supporting Sensory Learning: Infant Toddler & Beyond;" "Literacy Environments in Family Child Care Settings."

- Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development

Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through <http://www.depdnow.com/>. Examples of available trainings on this topic: "Family and Community Partnerships;" "Making Connections and Building Relationships."

- Using data to guide program evaluation to ensure continuous improvement

Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through <http://www.depdnow.com/>. Examples of available trainings on this topic:

"Implementing Teaching Strategies *GOLD*® Child Assessment for Teachers: The Power of Practice;" "Advanced Assessment for Administrators: Data Driven Decision Making;" "Advanced "Assessment for Teachers: Purposeful Planning."

[Caring for children of families in geographic areas with significant concentrations of poverty and unemployment](#)

Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. A partnership with Children & Families First provides training on trauma-informed care to the early childhood workforce. Other offerings in this topic are free online, available through <http://www.depdnow.com/>. Examples of available trainings on this topic: "Culturally Responsive Practices in Early Childhood Education;" "The Impact of Trauma on the Developing Child."

[Caring for and supporting the development of children with disabilities and developmental delays](#)

Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. DOE OEL also creates trainings specifically for LEA coordinators of Section 619 Part B early learning programs. Examples of available trainings on this topic: "Rock Solid Foundations: Responsive Environments;" "ADHD: Positive Strategies to Re-charge the Classroom;" "Aspergers, Autism: Positive Strategies to Re-Charge the Classroom."

[Supporting the positive development of school-age children](#)

Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through www.depdnow.com. Examples of available trainings on this topic: "Advocating for Play

in Early Childhood Education;" "Moving Youth Ahead: Introduction to School-Age Care."

Other

Describe:

The State recognizes credit-bearing continuing education through the State's Early Childhood Credential system. This encourages enrollment in credit-bearing college courses for the following specialty areas: Administrator, Curriculum & Assessment, Inclusion, Family Child Care, Infant & Toddler, Preschool, and School Age.

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply

Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling

Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities

Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

Other

Describe:

Resources for providers are also available through the City of Wilmington's Professional Development Center.

7.3.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Currently, self-reported evaluations are used to determine the satisfaction with and efficacy of professional development for Delaware's early childhood workforce. Delaware Stars assessors use the Environment Rating Scales (ERS) to conduct observations of the learning environment as part of the assessment process to a higher Star level. The ERS

observational tool assesses the quality of early care and education programs including those that serve infants, toddlers, preschoolers, and/or school age children. QRIS revision efforts between FY19 – FY21 will reconsider requirements for professional preparation and professional learning opportunities as well as whether the ERS assessment tool is the most appropriate evaluation measure of professional-level progress in the classroom. The Early Learning Professional Development Plan includes understanding the financial requirements of this two-fold professional development strategy: for professional preparation, the costs of supporting increased qualification requirements with a corresponding compensation structure; for continuous quality improvement, the costs of meeting the needs of the workforce through in-person and online training coupled with cohort support, coaching, and mentoring in the classroom. Part of this financial planning is to develop a sustainable evaluation system for measuring teacher-child interactions in the classroom; this evaluation system will be used to better inform the State’s professional development offerings in the future.

7.4 Quality Rating and Improvement System (QRIS)

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.

No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.

Yes, the state/territory has a QRIS operating statewide or territory-wide

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

The State's QRIS, Delaware Stars, is a voluntary system managed by the Department of Education's Office of Early Learning, implemented under contract by the University of Delaware, Delaware Institute for Excellence in Early Childhood (DIEEC). The QRIS is implemented statewide to all three counties. DIEEC sub-contracts with Children & Families First, the statewide CCR&R entity, to assist in technical assistance to programs in Stars. Website Link to Delaware Stars: www.delawarestars@udel.edu

Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

7.4.2 QRIS participation

a) Are providers required to participate in the QRIS?

Participation is voluntary

Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State prekindergarten or preschool programs
- Local district-supported prekindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Tribally operated programs
- Other

Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

- Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system) .
- Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
- Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- Programs that meet all or part of state/territory school-age quality standards.
- Other.

Describe:

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - Embeds licensing into the QRIS
 - State/territory license is a "rated" license
 - Other.

Describe:

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS

- No
- Yes. If yes, check all that apply
 - One time grants, awards, or bonuses.
 - Ongoing or periodic quality stipends
 - Higher subsidy payments
 - Training or technical assistance related to QRIS.
 - Coaching/mentoring.
 - Scholarships, bonuses, or increased compensation for degrees/certificates
 - Materials and supplies
 - Priority access for other grants or programs
 - Tax credits (providers or parents)
 - Payment of fees (e.g., licensing, accreditation)
 - Other

Describe:

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Delaware Stars is a five star rating scale. When programs reach Star Level 2, they can work toward higher standards in four areas to reach the next star level: Learning Environment and Curriculum, Family and Community Partnerships, Management and Administration, and Professional Development and Qualifications. These standards, organized by program type, go above Office of Child Care Licensing (OCCL) requirements. The design of Delaware Stars is flexible so that it meets the needs of each individual program while guiding development in each of the four areas; only certain standards are considered “essential” required standards while all other standards are given a point value. Meeting standards is verified by thorough document review and points are accumulated to designate Star Levels 3-5. Under the section of the standards for Learning Environment and Curriculum, Delaware Stars uses the Environment Rating Scales (ERS) to conduct observations of the learning environment. Programs must complete the ERS assessments of their program and meet the minimum ERS scores for each designated Star Level. After 10 years of implementation of

Delaware Stars, 70% of center-based child care and 29% of family child care programs in the state participate. 65% of all Stars programs are at Star Level 4 or 5. Through QRIS revision efforts between FY19 – FY21, the State will further evaluate standards that progress quality and determine the most effective assessment tool at the program-level and at the professional-level. Program standard and assessment revisions will be aimed at incentivizing all of Delaware’s child care programs to improve quality through Delaware Stars’ technical assistance and assessment process

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe

- Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families

Describe:

Through the Capacity grant Early Education programs serving infants and toddlers are able to receive financial incentives and technical assistance to enhance or expand their programs. Grant awards will include, but are not limited to: purchasing educational

materials, professional development/staff training, classroom furnishings, or services that will improve efficiency in operations. Funding is not intended to be used to pay for construction or renovations. Technical assistance may be provided upon request to programs once a week for up to three months. The length of each visit and the number of visits will vary based on the need(s) being addressed. Technical assistance may be offered in such areas as: Start-up and operating; fee schedules and cash management; staffing, personnel policies, staff evaluations, etc.; business and classroom management.

- Establishing or expanding the operation of community- or neighborhood-based family child care networks.

Describe:

- Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

DIEEC offers infant and toddler specific training through in-person and online professional development. The state-sponsored Early Childhood Credentials for infant and toddler professionals identify infant and toddler-focused higher education coursework offered through Delaware's institutes of higher education.

- Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists

Describe:

Delaware Stars programs can request the services of the Infant and Toddler (I&T) Specialty Technical Assistant through their assigned contact at Delaware Stars. The I&T Technical Assistants can provide on-site support on caring for and educating infants and toddlers through modeling, coaching, mentoring, and resource sharing with observation and feedback. Throughout FY19, DIEEC will build the registry infrastructure to support coaching and mentoring for quality assured clock hours.

- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

Per the state of Delaware Special Education Regulations (Title 14 Delaware Administrative Code, sections 922- 929) several categories of disabilities entitle children ages birth to three to a free and appropriate public education (birth mandate). These categories of eligibility are: Autism, Hearing Impairment, Visual Impairment including Blindness and Deaf-Blind. Local school districts are legally responsible to evaluate and determine eligibility for these specific categories only for the birth to three population. This entails close collaboration with Part C (DHSS) to ensure families are kept at the center of this process. Once eligibility is determined, families have an option to continue with the Part C Early Intervention system or to engage with the Early Childhood Special Education program at the school district (Part B) for supports and services which may be through an itinerant service delivery model in a community program, such as child care, at home or the child may attend a center based program at the school district. Department of Education (DOE) and Department of Health and Social Services (DHSS) staff meet regularly to coordinate statewide efforts to improve services to children birth to three. Both Part C (DHSS) and Part B (DOE) state staff participate on the Delaware Stars QRIS Revision team due to the cross-sector nature of Delaware Stars and the professional development system housed with DIEEC. Early Intervention Specialists can participate in all DIEEC training offerings

Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

Licensing Regulations have separate sections for programs serving infants and toddlers related to areas such as feeding, diapering, health and safety. Classroom ratios for infants and toddlers are lower than preschool and school-age ratios. Administrators of centers serving infants or toddlers must successfully complete clock hours of approved training in infant and toddler development and curriculum, and infant and toddler-specific Early Learning Foundations must be used to develop lesson plans.

Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

Licensing Regulations have separate sections for programs serving infants and toddlers related to areas such as feeding, diapering, health and safety. Classroom ratios for

infants and toddlers are lower than preschool and school-age ratios. Administrators of centers serving infants or toddlers must successfully complete clock hours of approved training in infant and toddler development and curriculum, and infant and toddler-specific Early Learning Foundations must be used to develop lesson plans.

[Developing infant and toddler components within the early learning and developmental guidelines](#)

[Describe:](#)

The Early Learning Foundations differentiate between infants and toddlers and preschoolers to outline developmentally appropriate learning opportunities based on age. For infants and toddler guidelines, children's skills have been divided into the domains of Social Emotional, Language and Literacy, Discoveries, and Physical Development and Health. The domains have been divided into four different growth periods: Young Infant (0-6 months), Older Infant (6-12 months), Young Toddler (12-24 months) and Older Toddler (24-36 months). This was done to illustrate the sequence of individual skills as children develop. Each domain begins with a brief summary of the key messages about development for that topic area followed by a chart containing the subdomains, learning opportunities, list of actions children might do, and a list of supportive practices.

[Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development](#)

[Describe:](#)

Families are able to access quality child care indicators on a variety of websites and through outreach activities. The Office of Child Care Licensing has information on all licensed programs; the Division of Social Services contracts with Children & Families First to conduct resource and referral activities for families, including consumer education. Children & Families First manages AccessCare, a free online referral program, and has a phone line to discuss care options with a child care specialist. The State partners with volunteer-based community teams, Delaware Readiness Teams, who organize family engagement activities and outreach; for example, teams host family activity nights with early learning programs and school districts, providing family resources such as QT30 activity booklets. Families will soon be able to access transparent and easy to understand information on the state's consumer education

website once developed.

- Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

Families are able to access quality child care indicators on a variety of websites and through outreach activities. The Office of Child Care Licensing has information on all licensed programs; the Division of Social Services contracts with Children & Families First to conduct resource and referral activities for families, including consumer education. Children & Families First manages AccessCare, a free online referral program, and has a phone line to discuss care options with a child care specialist. The State partners with volunteer-based community teams, Delaware Readiness Teams, who organize family engagement activities and outreach; for example, teams host family activity nights with early learning programs and school districts, providing family resources such as QT30 activity booklets. Families will soon be able to access transparent and easy to understand information on the state's consumer education website once developed.

- Coordinating with child care health consultants.

Describe:

- Coordinating with mental health consultants.

Describe:

- Other

Describe:

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures

Through QRIS revision efforts between FY19 – FY21, the State will further evaluate standards that progress quality and determine the most effective assessment tools for the program-level and for the professional-level. Program standard and assessment revisions will continue to differentiate for programs serving infants and toddlers.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Measures used are related to the QRIS: standards achieved across the four domains: Family & Community Partnerships; Qualifications and Professional Development; Management & Administration; and Learning Environment & Curriculum. In addition, each program participating in Delaware Stars must go through an outside evaluation using the Environment Rating Scale tools as they move from Stars 3 through 5. These scales include: ITERS-R, ECERS-R, FCCERS-R and SACERS, each developed and implemented based on the age group or type of care and education provided. The 2016 the Delaware Stars program was evaluated by the RAND Corporation which based its evaluation on the following research was conducted in four thematic areas: rating and program quality, system and program quality improvement, ratings and child development outcomes and system performance. Based on these findings recommendations were made and the state is currently revising its Quality Rating and Improvement System.

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards?

Describe:

Through a Memorandum of Agreement with the Department of Services for Children, Youth and Their Families the lead agency uses CCDF quality funds to subsidize one full time Licensing Specialist position, one full-time Social Service Administrator position within the Office of Child Care Licensing and one full-time contractor position in OCCL's Criminal History Unit. The Office of Child Care Licensing performs regular monitoring visits of all licensed child care providers in order to ensure compliance with child care regulations, provides technical assistance to providers, investigates complaints of alleged non-compliance with regulations and allegations of unlicensed care, and conducts frequent monitoring visits of programs on an enforcement action. Providers who have a history of repeated non-compliance or with serious non-compliances which place children at risk, may be placed on the enforcement action of warning of probation or probation or have their license revoked, suspended, or denied.

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers

Other

Describe:

7.7.3 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

All licensed child care facilities receive at least one monitoring visit per year to observe the facility's operation and confirm compliance with regulations. Non-compliance is cited and a corrective action plan is developed with dates by which the non-compliance must be corrected. Complaint investigations or regular monitoring visits that reveal significant or repeated non-compliance may result in the enforcement action of warning of probation, probation, license suspension, or license revocation. Increased monitoring visits and additional technical assistance will occur during the enforcement action period.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

As described in previous sections, program evaluation measures are used through the quality rating and improvement system, Delaware Stars. Programs must achieve standards across four domains: Family & Community Partnerships; Qualifications and Professional Development; Management & Administration; and Learning Environment & Curriculum. In addition, each program participating in Delaware Stars must go through an onsite evaluation of classroom environment, which includes teacher-child interactions, using the Environment

Rating Scale tools as they move from Stars 3 through 5. These scales include: ITERS-R, ECERS-R, FCCERS-R and SACERS; the appropriate tool is chosen based on the age group or type of care and education provided.

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures

The RAND Corporation conducted a validation study of the QRIS through 2016 that made recommendations for QRIS improvement based on child outcome and systems data. This validation study coupled with other states' validation studies will inform the State's QRIS revision process between FY19-FY21. Findings that the State will consider include: positive yet small effects in executive functioning skills for children in Star Level 5 programs, particularly center-based programs that met essential Stars' essential standards; moderate positive relationships between Management and Administration and Qualifications and Professional Development domains and children's cognitive skills. Part of the QRIS revision process will be identifying a third party evaluator to assess the effects of any changes to the program standards, monitoring and assessment process, support for professionals, financial incentives, and consumer education that Delaware chooses to undertake.

7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

Delaware Stars has an accreditation alternative pathway option for verification for a Star level 4 or 5. As a result, Delaware incentives accreditation through its QRIS financial incentive, tiered reimbursement, if the programs chooses this pathway option to obtain a Star level 4 or 5

- Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- Focused on child care centers

Describe:

- Focused on family child care homes

Describe:

- No, but the state/territory is in the accreditation development phase

- Focused on child care centers

Describe:

- Focused on family child care homes

Describe:

No, the state/territory has no plans for accreditation development

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

A crosswalk of Delaware Stars standards, NAEYC Early Childhood Program Standards and Head Start Program Performance Standards was completed when Delaware Stars underwent its latest revision in 2014. This standards crosswalk was updated in 2017 to reflect the revisions to the 2016 Head Start Program Performance Standards. Accredited programs were included in the RAND study published in 2016.

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

Licensing regulations and Delaware Stars standards structure minimum requirements and program-level improvements for high-quality practices across all of children’s’ developmental domains. Regulations and Stars standards are organized by age and setting to guide best practice decisions for infants, toddlers, preschoolers, and school-aged children. DIEEC offers in-person and online training to support professionals’ learning on a variety of topics, as described in previous sections. State-created crosswalks are available to assist teachers in using the Early Learning Foundations and alternative pathway guidelines such as the Head Start Early Learning Outcomes Framework with GOLD® Objectives for Learning and Development.

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Program-level improvements are guided by Delaware Stars standards and alternative pathway standards such as NAEYC Early Childhood Program Standards and Head Start Program Performance Standards. These program standards are designed to frame teacher practice, and thus result in stronger positive child-level outcomes. The State tracks child-level outcome data for all Star 4 and 5 programs through the use of Teaching Strategies *GOLD*® portfolios. Through QRIS revision efforts between FY19 – FY21, the State will determine the viability and sustainability of an assessment tool to evaluate the impact of revised QRIS program standards on child outcomes.

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

DOE OEL plans to develop and implement a revision to the Early Learning Foundations in the FY19-FY21 plan cycle. This revision is a part of a review of the statewide quality rating and improvement system, Delaware Stars, which will also take place between FY19-FY21. QRIS revision efforts will include an evaluation of any newly designed program standards, monitoring and technical assistance procedures. The choice of assessment and/or verification tools to determine how new Early Learning Foundations impact the quality of child care programs will be based on research of evidence-based tools. Indicators tied to teacher interactions must be observed in the classroom, which will be a significant

infrastructure change considered within larger systems changes. Potentially, classroom observations can provide evidence of instructional practices from curricular materials aligned to revised Early Learning Foundations and staff interview questions can address use of the curriculum within the program's philosophy

7.11.2 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, and also describe the measureable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. Describe:

In FY19, the State is focusing on transition coordination, in particular between 3-5 services and at the start of kindergarten. DOE OEL will partner multiple agencies and organizations to develop more professional learning opportunities to support common expectations for child development across early learning programs and local education agencies. These activities will support the Department of Education's efforts to implement strategies outlined in their Every Student Succeeds Act final plan.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls,

program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:

Train on policy manual

Describe:

New staff and experienced staff participate in the lead agency's training academy. Staff participate in training on how to review the policy manual, ensure eligibility determination is based on current policy and report to the Helpdesk if the system is not determining eligibility correctly. Staff submit all policy questions to the policy resource mailbox using a template that indicates the policy section reviewed and supervisor consulted prior to submitting the question.

Train on policy change notices

Describe:

The lead agency currently conducts "Roadshows" at each eligibility site to review subsidy policy and address questions and concerns of eligibility staff. Staff are also able to log on to an online training data to complete trainings at their leisure.

Ongoing monitoring and assessment of policy implementation

Describe:

The lead agency conducts weekly calls with various department staff. These calls include eligibility staff, supervisors, policy staff and systems staff. On these calls, system enhancements are prioritized based on policies that need to be implemented. The lead agency also has weekly policy meetings where new policies are reviewed prior to sending out to a reading group for additional review. This process is used to get feedback from the group regarding implementation.

Other

Describe:

N/A

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

Verifying and processing billing records to ensure timely payments to providers

Describe:

Providers enter attendance through an automated system. Payments are directly deposited into their private accounts within 10 business days.

Fiscal oversight of grants and contracts

Describe:

The lead agency ensures the state and department procurement policies and procedures are adhered to and sets performance standards. Contracts are monitored through monthly reports requiring statistics, data, etc and monthly meetings with vendors. The lead agency also has quarterly meetings with fiscal staff to ensure that all staff involved in monitoring/administering grants and contracts are following procurement protocol. We also discuss any concerns that we may have regarding grants and contracts. Contracts are now audited by the lead agency annually.

Tracking systems to ensure reasonable and allowable costs

Describe:

N/A

Other

Describe:

N/A

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Conduct a risk assessment of policies and procedures

Describe:

N/A

Establish checks and balances to ensure program integrity

Describe:

N/A

Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Supervisors regularly conduct case reviews to ensure accuracy of eligibility determinations.

Other

Describe:

N/A

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

- Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe

The lead agency uses several different data match programs. The lead agency matches with Social Security to verify citizenship and identity as well as income received through SSA. The federal hub verification was built into the eligibility system to verify citizenship and identity. The lead agency's audit and recovery management team uses several different data match programs to determine if fraud has been committed by comparing what the customer has reported to lead agency.

- Run system reports that flag errors (include types).

Describe:

The lead agency uses the share/match system database to run system reports for Quality Control case reviews that are done in reporting and non-reporting years to flag errors.

- Review enrollment documents and attendance or billing records

Describe:

Child care monitors conduct on site visits to review attendance and billing that has been submitted by comparing attendance records during the visit. If a discrepancy is discovered, the provider must resubmit attendance at which time a system recoupment is generated.

Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Supervisors of eligibility staff are required to perform Supervisor Reviews on their staff. The lead agency also has a Quality Control team that will review childcare cases and meets with administrator monthly to review errors and/or findings.

Audit provider records.

Describe:

Childcare monitors will perform announced and unannounced visits to subsidy providers. During the review, the monitors will compare the provider's attendance sign in sheet; review the coding of the children enrolled and compare the summary to the system generated payment verification. The provider will resubmit attendance if a discrepancy is discovered during the site visit and a system generated recoupment will occur.

Train staff on policy and/or audits.

Describe:

New staff and experienced staff participate in the lead agency's training academy. During the training, staff will review the policy manual. Staff are trained to review the eligibility budget prior to confirming the benefits to ensure the correct benefits are issued.

Other

Describe:

N/A

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the

identification and prevention of unintentional program violations. Include a description of the results of such activity.

- Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

Lead agency uses several different data match programs. Lead agency matches with Social Security to verify citizenship and identity as well as income received through SSA. The federal hub verification was built into the eligibility system to verify citizenship and identity. The lead agency's audit and recovery management team uses several different data match programs to determine if fraud has been committed by comparing what the customer has reported to lead agency. Data exchanges alert eligibility workers when new income is being received through SSA and New Hire Match.

- Run system reports that flag errors (include types).

Describe:

The lead agency uses the share/match system database to run system reports for Quality Control case reviews that are done in reporting and non-reporting years to flag errors.

- Review enrollment documents and attendance or billing records

Describe:

Child care monitors conduct on site visits to review attendance and billing that has been submitted by comparing attendance records during the visit. If a discrepancy is discovered, the provider must resubmit attendance at which time a system recoupment is generated.

- Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Supervisors of eligibility staff are required to perform Supervisor Reviews on their staff. Lead agency also has a Quality Control team that will review childcare cases and meets with administrator monthly to review errors and/or findings.

Audit provider records.

Describe:

Childcare monitors will perform announced and unannounced visits to subsidy providers. During the review, the monitors will compare the provider's attendance sign in sheet; review the coding of the children enrolled and compare the summary to the system generated payment verification. The provider will resubmit attendance if a discrepancy is discovered during the site visit and a system generated recoupment will occur.

Train staff on policy and/or audits.

Describe:

New staff and experienced staff participate in the lead agency's training academy. During the training, staff will review the policy manual. Staff are trained to review the eligibility budget prior to confirming the benefits to ensure the correct benefits are issued.

Other

Describe:

N/A

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

Lead agency uses several different data match programs. Lead agency matches with Social Security to verify citizenship and identity as well as income received through SSA. The federal hub verification was built into the eligibility system to verify citizenship and identity. The lead agency's audit and recovery management team uses several different data match programs to determine if fraud has been committed by comparing what the customer has reported to lead agency. Data exchanges alert eligibility workers when new income is being received through SSA and New Hire

Match.

[Run system reports that flag errors \(include types\).](#)

Describe:

The lead agency uses the share/match system database to run system reports for Quality Control case reviews that are done in reporting and non-reporting years to flag errors.

[Review enrollment documents and attendance or billing records](#)

Describe:

Child care monitors conduct on site visits to review attendance and billing that has been submitted by comparing attendance records during the visit. If a discrepancy is discovered, the provider must resubmit attendance at which time a system recoupment is generated. Child care monitors conduct on site visits to review attendance and billing that has been submitted by comparing attendance records during the visit. If a discrepancy is discovered, the provider must resubmit attendance at which time a system recoupment is generated. Provider records are compared to system generated billing statements.

[Conduct supervisory staff reviews or quality assurance reviews.](#)

Describe:

Supervisors of eligibility staff are required to perform Supervisor Reviews on their staff. Lead agency also has a Quality Control team that will review childcare cases and meets with administrator monthly to review errors and/or findings. Lead agency's Quality Control (QC) unit reviews childcare cases to determine if eligibility and payment is accurate and without error. A monthly meeting with POC Administrator, QC supervisor, QC reviewer, Chief of Operations and an eligibility supervisor is conducted to review all findings and errors.

[Audit provider records.](#)

Describe:

Childcare monitors will perform announced and unannounced visits to subsidy providers. During the review, the monitors will compare the provider's attendance sign in sheet; review the coding of the children enrolled and compare the summary to the

system generated payment verification. The provider will resubmit attendance if a discrepancy is discovered during the site visit and a system generated recoupment will occur.

Train staff on policy and/or audits.

Describe:

New staff and experienced staff participate in the lead agency's training academy. During the training, staff will review the policy manual. Staff are trained to review the eligibility budget prior to confirming the benefits to ensure the correct benefits are issued.

Other

Describe:

N/A

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

\$1.00

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

The lead agency coordinates with the Audit and Recovery Management Services (ARMS) and Department of Justice should fraud lead to a felony prosecution.

Recover through repayment plans.

Describe:

A recoupment process is built into the lead agency's billing system. When a provider adjusts attendance records based on a monitor's finding, the system will automatically establish a recoupment amount.

Reduce payments in subsequent months.

Describe:

The recoupment amount that is established by system will deduct a percentage from recurring payments each month until recoupment is paid in full.

Recover through state/territory tax intercepts.

Describe:

N/A

Recover through other means.

Describe:

N/A

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Audit and Recovery Management Services (ARMS) identifies, investigates and refers for criminal prosecution or civil litigation acts of fraud or error that caused an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

Other

Describe:

N/A

b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

\$1.00

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

Lead agency coordinates with the Audit and Recovery Management Services (ARMS) and Department of Justice should fraud lead to a felony prosecution.

- Recover through repayment plans.

Describe:

A recoupment process is built in lead agency's billing system. When a provider adjust attendance records based on a monitor's finding, the system will automatically establish a recoupment amount.

- Reduce payments in subsequent months.

Describe:

The recoupment amount that is established by system will deduct a percentage from recurring payments each month until recoupment is paid in full.

- Recover through state/territory tax intercepts.

Describe:

N/A

- Recover through other means.

Describe:

N/A

- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Audit and Recovery Management Services (ARMS) identifies, investigates and refers for criminal prosecution or civil litigation acts of fraud or error that caused an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

- Other

Describe:

N/A

c) Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

\$1.00

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

Lead agency coordinates with the Audit and Recovery Management Services (ARMS) and Department of Justice should fraud lead to a felony prosecution.

- Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

N/A

Reduce payments in subsequent months.

Describe:

N/A

Recover through state/territory tax intercepts.

Describe:

N/A

Recover through other means.

Describe:

N/A

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Audit and Recovery Management Services (ARMS) identifies, investigates and refers for criminal prosecution or civil litigation acts of fraud or error that caused an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

Other

Describe:

N/A

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

Clients who are found to have committed an intentional program violation or fraud are disqualified. The recoupment process is conducted through ARMS. The lead agency provides an opportunity for a fair hearing to any individual who is dissatisfied with a decision of the lead agency (i.e., to deny, suspend, delay, reduce, terminate, or sanction a Division-issued benefit, etc.). The purpose of a fair hearing is to give all applicants and recipients an opportunity for an impartial, objective review of actions taken in programs administered by the Division. Every person is informed in writing at the time of application and at the time of any action affecting their benefits of their right to a fair hearing and the method by which they may request a hearing. They may appear for the hearing by themselves or may be represented by counsel or by another person at the hearing.

- Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.**

Describe:

Providers who are found to have committed an intentional program violation or fraud will be notified of the discovery. The provider's license will be terminated and all misspent funds will be recouped by the lead agency. Providers who are disqualified may request an Administrative Review with the Senior Administrator. If the provider's license is terminated the provider may request a Hearing, which is conducted by a Hearing Officer with the Office of Child Care Licensing.

- Prosecute criminally.**

Describe:

ARMS does prosecute childcare providers that commit fraud against DHSS. In order to qualify for a felony prosecution the theft must be at least \$1500 (rules of Delaware Code) and the burden of proof must meet the level accepted by the Department of Justice (beyond a reasonable doubt).

- Other.**

Describe:

N/A

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting

a time-limited waiver extension.

Appendix A.1: In-state criminal registry or repository checks with fingerprints requirements for existing staff. (See related question at 5.4.1 (b))

Describe the provision from which the state/territory seeks relief.

Although the state has begun implementation of this requirement, to date not all staff have been re-fingerprinted. The state is seeking relief from the compliance date of this requirement.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of this provision will, by itself, improve the delivery of child care services to children by ensuring adequate staff to child ratios and continuity of child care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The state fully understands that instituting health, safety, licensing, training and oversight standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. All existing staff were previously fingerprinted for FBI and SBI checks and cleared to work in child care, as required by Delaware's background check law - Delaware Code Title 31, Section 309. Additionally a waiver of this provision will ensure adequate staff to child ratios are maintained.

Appendix A.2: In-state sex offender registry requirements for existing staff. (See related question at 5.4.2 (b))

Describe the provision from which the state/territory seeks relief.

Although the state has begun implementation of this requirement, to date not all staff have been re-fingerprinted. The state seeks relief from the compliance date of this requirement.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of this provision will, by itself, improve the delivery of child care services by ensuring adequate staff to child ratios and continuity of child care.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

The state fully understands that instituting health, safety, licensing, training and oversight standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. All existing staff were previously fingerprinted for FBI and SBI checks and cleared to work in childcare. This is required under Delaware's background check law - Delaware Code Title 31, Section 309.

Appendix A.3: In-state child abuse and neglect registry requirements for existing staff. (See related question at 5.4.3 (b))

[Describe the provision from which the state/territory seeks relief.](#)

Although the state has begun implementation of this requirement, to date not all staff have been re-fingerprinted. The state seeks relief from the compliance date of this requirement.

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

A waiver of this provision will, by itself, improve the delivery of child care services by ensuring adequate staff to child ratios and continuity of child care.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

The state fully understands that instituting health, safety, licensing, training and oversight standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. All existing staff were previously fingerprinted for FBI and SBI checks and cleared to work in childcare. This is required under Delaware's background check law - Delaware Code Title 31, Section 309.

Appendix A.4: National FBI fingerprint search requirements for existing staff. (See related question at 5.4.4 (b))

Describe the provision from which the state/territory seeks relief.

Although the state has begun implementation of this requirement, to date not all staff have been re-fingerprinted. The state seeks relief from the compliance date of this requirement.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of this provision will, by itself, improve the delivery of child care services by ensuring adequate staff to child ratios and continuity of child care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The state fully understands that instituting health, safety, licensing, training and oversight standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. All existing staff were previously fingerprinted for FBI and SBI checks and cleared to work in childcare. This is required under Delaware's background check law - Delaware Code Title 31, Section 309.

Appendix A.6: National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related question at 5.4.5 (b))

Describe the provision from which the state/territory seeks relief.

This requirement has been implemented but checks are pending. The state seeks relief from the compliance date of this requirement.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of this provision will, by itself, improve the delivery of child care services by allowing staff to begin services while supervised and thereby ensure adequate staff to child ratios.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The state fully understands that instituting health, safety, licensing, training and oversight

standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. The fingerprinting process triggers Delaware SBI to conduct this check and all existing staff were previously fingerprinted for FBI and SBI checks and cleared to work in childcare. This is required under Delaware's background check law - Delaware Code Title 31, Section 309.

Appendix A.7: Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a))

Describe the provision from which the state/territory seeks relief.

This requirement has been implemented but results are currently pending. The state seeks relief from the compliance date of this requirement.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of this provision will, by itself, improve the delivery of child care services by allowing staff to work under supervision until results are received by the employer, thereby ensuring adequate staff to child ratios.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The state fully understands that instituting health, safety, licensing, training and oversight standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. Any staff person whose results have not been received by the employer will work under supervision of a cleared staff until such time that he/she is cleared.

Appendix A.8: Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b))

Describe the provision from which the state/territory seeks relief.

This requirement is being implemented but there is a substantial backlog. The state is requesting relief from the compliance date regarding this requirement.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of this provision will, by itself, improve the delivery of child care services by allowing staff to work under supervision until results are received by the employer, thereby ensuring adequate staff to child ratios and continuity of care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The state fully understands that instituting health, safety, licensing, training and oversight standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. Any staff person awaiting results of pending checks will be required to work under the supervision of a cleared staff person until such time that staff person is fully cleared.

Appendix A.10: Interstate sex offender registry or repository check for existing staff. (See related question at 5.4.7 (b))

Describe the provision from which the state/territory seeks relief.

This requirement has been implemented but results are currently pending. The state seeks relief from the compliance date of this requirement.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of this provision will, by itself, improve the delivery of child care services by allowing staff to work under supervision until results are received by the employer, thereby ensuring adequate staff to child ratios.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The state fully understands that instituting health, safety, licensing, training and oversight standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. All staff persons awaiting results will be required to work under the supervision of a cleared staff person until such time that the staff person awaiting results is cleared.

Appendix A.11: Interstate child abuse and neglect registry check for new or prospective staff. (See related question at 5.4.8 (a))

Describe the provision from which the state/territory seeks relief.

This requirement has been implemented but results are currently pending. The state is seeking relief from the compliance date of this requirement.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of this provision will, by itself, improve the delivery of child care services by allowing staff to work under supervision until results are received by the employer, thereby ensuring adequate staff to child ratios and continuity of child care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The state fully understands that instituting health, safety, licensing, training and oversight standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. Any staff person awaiting results will be required to work under the supervision of a cleared staff until such time thathe/she is fully cleared.

Appendix A.12: Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))

Describe the provision from which the state/territory seeks relief.

This requirement has been implemented but results are currently pending.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of this provision will, by itself, improve the delivery of child care services by allowing staff to work under supervision until results are received by the employer, thereby ensuring adequate staff to child ratios and continuity of child care.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The state fully understands that instituting health, safety, licensing, training and oversight standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. Any staff person awaiting results will be required to work under the supervision of a cleared staff person until such time that person is fully cleared.

Appendix A. 13: New staff hired to work provisionally until background checks are completed. (See related question at 5.4.9)

Describe the provision from which the state/territory seeks relief.

The state seeks relief from the prohibition of provisional employment.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

A waiver of this provision will, by itself, improve the delivery of child care services by allowing staff to work under supervision until results are received by the employer, thereby ensuring adequate staff to child ratios.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The state fully understands that instituting health, safety, licensing, training and oversight standards is paramount in improving the overall quality of child care services and does certify that the health, safety and well-being of the children being served through CCDF will not be compromised as a result of the waiver. Any staff person awaiting results will be required to work under the supervision of a cleared staff person until such time that she/he is fully cleared.