



**Child Care and Development Fund (CCDF) Plan**

**for**

**State/Territory: Delaware**

**FFY 2016-2018**

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

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## Table of Contents

<b>Table of Contents .....</b>	<b>2</b>
<b>Introduction and How to Approach Plan Development .....</b>	<b>4</b>
<b>1 Define CCDF Leadership and Coordination with Relevant Systems .....</b>	<b>7</b>
1.1 CCDF Leadership .....	7
1.2 CCDF Policy Decision Authority .....	9
1.3 Consultation in the Development of the CCDF Plan.....	12
1.4 Coordination with Partners to Expand Accessibility and Continuity of Care .....	17
1.5 Optional Use of Combined Funds.....	21
1.6 Public-Private Partnerships .....	22
1.7 Coordination with Local or Regional Child Care Resource and Referral Systems .....	25
1.8 Disaster Preparedness and Response Plan.....	26
<b>2 Promote Family Engagement through Outreach and Consumer Education .....</b>	<b>27</b>
2.1 Information about Child Care Financial Assistance Program Availability and Application Process.....	29
2.2 Consumer and Provider Education Information.....	30
2.3 Website for Consumer Education.....	41
<b>3 Provide Stable Child Care Financial Assistance to Families .....</b>	<b>44</b>
3.1 Eligible Children and Families .....	44
3.2 Increasing Access for Vulnerable Children and Families .....	52
3.3 Protection for Working Parents.....	54
3.4 Family Contribution to Payment .....	58
<b>4 Ensure Equal Access to High Quality Child Care for Low-Income Children .....</b>	<b>60</b>
4.1 Parental Choice In Relation to Certificates, Grants or Contracts .....	61
4.2 Assessing Market Rates and Child Care Costs .....	64
4.3 Setting Payment Rates.....	67
4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access.....	70
4.5 Payment Practices and Timeliness of Payments .....	72
4.6 Supply Building Strategies to Meet the Needs of Certain Populations.....	74
<b>5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child     Care Settings.....</b>	<b>77</b>
5.1 Licensing Requirements and Standards.....	77
5.2 Monitoring and Enforcement Policies and Practices .....	92
5.3 Criminal Background Checks .....	99
<b>6 Recruit and Retain a Qualified and Effective Child Care Workforce .....</b>	<b>103</b>
6.1 Training and Professional Development Requirements.....	104

6.2	Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds .....	113
6.3	Early Learning and Developmental Guidelines.....	117
<b>7</b>	<b>Support Continuous Quality Improvement .....</b>	<b>120</b>
7.1	Activities to Improve the Quality of Child Care Services.....	122
7.2	Quality Rating and Improvement System.....	125
7.3	Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers .....	126
7.4	Child Care Resource & Referral .....	129
7.5	Facilitating Compliance with State Standards .....	130
7.6	Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services .....	130
7.7	Accreditation Support.....	131
7.8	Program Standards .....	132
7.9	Other Quality Improvement Activities .....	132
<b>8</b>	<b>Ensure Grantee Program Integrity and Accountability .....</b>	<b>132</b>
8.1	Program Integrity.....	133

## Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub. L. 113-186) ([https://www.acf.hhs.gov/sites/default/files/occ/child\\_care\\_and\\_development\\_block\\_grant\\_mark\\_up.pdf](https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_mark_up.pdf)). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

**CCDF Plan Overview.** The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families’ access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

**CCDBG Implementation Deadlines.** In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (**March 1, 2016**), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

- Current **overall** status for **any requirement in** this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. ~~As part of the ongoing reviews, States and Territories will be asked to complete regular updates to the implementation plan through the e-submission site.~~ Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02> and corresponding timeline of effective dates <https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014>).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <https://childcareta.acf.hhs.gov/ccdf-reauthorization> In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

**CCDF Plan Submission.** States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see

<http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

## **1 Define CCDF Leadership and Coordination with Relevant Systems**

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

### **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))

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

Identify the Lead Agency or joint inter-agency office designated by the State/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))

Name of Lead Agency: **Department of Health and Social Services/DSS**

Address of Lead Agency: **1901 N. Dupont Hwy, New Castle, DE 19720**

Name and Title of the Lead Agency Official: **Ray Fitzgerald, DSS Director**

Phone Number: **302-255-9500**

E-Mail Address: **Ray.Fitzgerald@state.de.us**

Web Address for Lead Agency (if any): **HTTP://intranet.dhss.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/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 entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: **Belvie S. Herbert**

Title of CCDF Administrator: **Social Service Senior Administrator**

Address of CCDF Administrator: **1901 Dupont Hwy, New Castle, DE 19720**

Phone Number: **302- 255-9611**

E-Mail Address: **belvie.herbert@state.de.us**

b) Contact Information for CCDF Co-Administrator (if applicable): N/A

Name of CCDF Co-Administrator \_\_\_\_\_

Title of CCDF Co-Administrator \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Description of the role of the Co-Administrator \_\_\_\_\_



c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): [302-255-9611](tel:302-255-9611)

Web Address for CCDF program (for the public) (if any): N/A

Web Address for CCDF program policy manual (if any): N/A

Web Address for CCDF program administrative rules (if any): N/A

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- Outreach and Consumer Education (section 2):
  - o Agency/Department/Entity [DSS/DHSS](#)
  - o Name of Lead Contact [Belvie S. Herbert](#)
- Subsidy/Financial Assistance (section 3 and section 4)
  - o Agency/Department/Entity [DSS/DHSS](#)
  - o Name of Lead Contact [Belvie S. Herbert](#)
- Licensing/Monitoring (section 5):
  - o Agency/Department/Entity [OCCL/DSCYF](#)
  - o Name of Lead Contact [Kelly McDowell](#)
- Child Care Workforce (section 6):
  - o Agency/Department/Entity [DOE](#)
  - o Name of Lead Contact [Carmen Gallagher](#)
- Quality Improvement (section 7):
  - o Agency/Department/Entity [DOE](#)
  - o Name of Lead Contact [Carmen Gallagher](#)
- Grantee Accountability/Program Integrity (section 8):
  - o Agency/Department/Entity [DSS/DHSS](#)
  - o Name of Lead Contact [Belvie S. Herbert](#)

**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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

- All program rules and policies are set or established at the State/Territory level.

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.

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

State/Territory

County. If checked, describe the type of eligibility policies the county can set \_\_\_\_\_

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set \_\_\_\_\_

Other. Describe \_\_\_\_\_

Sliding fee scale is set by the:

State/Territory

County. If checked, describe the type of sliding fee scale policies the county can set \_\_\_\_\_

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set \_\_\_\_\_

Other. Describe \_\_\_\_\_

Payment rates are set by the:

State/Territory

County. If checked, describe the type of payment rate policies the county can set \_\_\_\_\_

Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set \_\_\_\_\_

Other. Describe \_\_\_\_\_

Other. List and describe (e.g., quality improvement systems, payment practices) \_\_\_\_\_

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

- CCDF Lead Agency
- TANF agency. Describe. \_\_\_\_\_
- Other State/Territory agency. Describe. \_\_\_\_\_
- Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_
- Child care resource and referral agencies. Describe. \_\_\_\_\_
- Community-based organizations. Describe. \_\_\_\_\_
- Other. Describe. \_\_\_\_\_

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

- CCDF Lead Agency
- TANF agency. Describe. **Any parent who is eligible for TANF is automatically eligible for childcare and is provided with resources to locate the service.**
- Other State/Territory agency. Describe. **The lead agency contracts with CFF a private agency that provides a statewide Resource and Referral system.**
- Local government agencies such as county welfare or social services departments. Describe. **Families who express a need are given information regarding how to access childcare at the time of intake. The Office of Child Care Licensing and the Office of Early Learning are also able to assist families in locating child care.**
- Child care resource and referral agencies. Describe. **The lead agency contracts with Children and Families First a private agency that provides a statewide Resource and Referral system.**
- Community-based organizations. Describe. \_\_\_\_\_
- Other. Describe. \_\_\_\_\_

c) Who issues payments?

- CCDF Lead Agency
- TANF agency. Describe. \_\_\_\_\_
- Other State/Territory agency. Describe. \_\_\_\_\_
- Local government agencies such as county welfare or social services departments. Describe. \_\_\_\_\_
- Child care resource and referral agencies. Describe. \_\_\_\_\_
- Community-based organizations. Describe. \_\_\_\_\_

Other. Describe. \_\_\_\_\_

### 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 three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf)

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

- 1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

[REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe:

**An overview of the CCDF plan was presented at the Early Childhood Council meeting in September 2015, and to the IRMC in November 2015. The IRMC includes the secretaries of the Department of Education, Department of Services for Children, Youth and Their Families, etc. The plan was also presented at a public hearing on January 21, 2015 where the public was invited to comment.**

- [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe \_\_\_\_\_
- If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
    - Yes
    - No.
  - If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy \_\_\_\_\_

[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with \_\_\_\_\_. Check N/A if no Indian Tribes and/or Tribal organizations in the State

State/Territory agency responsible for public education. Describe:

**The lead agency has a Memorandum of Agreement with the Dept of Education to ensure coordination of activities under the Child Care and Development Fund. A part of this coordination includes the use of CCDF Discretionary dollars to fund several positions at DOE including an Education Specialist, and Administrative Assistant. The Department of Education assisted in drafting and revising the plan.**

State/Territory agency/agencies 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 Section 619 for preschool). Describe:

**The Department of Education is responsible for the evaluation, determination and recommendation of services for children with special needs. Children are also screened through their early learning programs annually as a part of the program's participation in The Delaware STARS program. The Department of Education assisted in drafting and revising the plan.**

State/Territory institutions for higher education, including community colleges. Describe:

**The lead agency contracts with University of Delaware who provides pre-service and ongoing professional development to our Relative Care Providers. The University of Delaware assisted in drafting and revising the plan.**

State/Territory agency responsible for child care licensing. Describe:

**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.**

State/Territory office/director for Head Start State collaboration. Describe:

**The Department of Education Head Start State collaboration establishes linkages among Head Start, childcare, social welfare, health and state funded pre-school programs. These programs provide high quality early childhood education, nutrition, health, mental health, disabilities and social services with a strong parental involvement. The Department of Education assisted in drafting and revising the plan.**

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe:

**The lead agency has partnered with the Early Head Start program to provide comprehensive full day full year services for children in the EHS program. These services include mental health and behavioral screenings, nutrition, parental engagement, etc. The Department of Education assisted in drafting and revising the plan.**

**X** State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

**The Department of Education is responsible for the CACFP which provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children. The Department of Education assisted in drafting and revising this plan.**

**X** State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe:

**The lead agency administers the WIC program. The primary goal of this program is to ensure that low to moderate income pregnant women, recently delivered women, breastfeeding woman, infants and children up to age 5 who may be a nutrition risk receive assistance in obtaining nutritious/healthy meals. Another goal is education regarding statistics on childhood obesity, portion sizes, importance of physical activity, and poor nutrition habits.**

- Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe \_\_\_\_\_
- State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe \_\_\_\_\_
- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe \_\_\_\_\_

**X** McKinney-Vento State coordinators for Homeless Education. Describe:

**The lead agency did consult with a local McKinney-Vento Coordinator from the The Department of Education regarding their definition of homeless, special considerations for homeless families and outreach being done to address their needs. The lead agency plans to continue outreach by attending local meetings with the Homeless Planning Council and ensuring that members are aware of any and all social services available to them including childcare.**

- State/Territory agency responsible for public health. Describe \_\_\_\_\_

**X** State/Territory agency responsible for mental health. Describe:

**The lead agency collaborates with the Department of Services for Children, Youth and Their Families. The goal of this collaboration is to ensure that comprehensive/ coordinated mental health services are accessible to early education programs**

**X** State/Territory agency responsible for child welfare. Describe:

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 fulltime positions at DSCYF. The Department of Services for Children, Youth and Their Families assisted in drafting and revising the plan.

X State/Territory liaison for military child care programs. Describe:

The lead agency partners with the military liaison to provide quality child care for military families during drill weekends. The military liaison for the state assisted in drafting and revising the plan.

X State/Territory agency responsible for employment services/workforce development. Describe:

The lead agency provides this service.

X State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe:

The lead agency provides this service.

X State/community agencies serving refugee or immigrant families. Describe:

The lead agency provides this service.

X Child care resource and referral agencies. Describe:

The lead agency contracts with Children and Families First to provide a statewide resource and referral system.

- Provider groups or associations. Describe \_\_\_\_\_
- ~~Labor~~ Worker organizations. Describe \_\_\_\_\_
- Parent groups or organizations. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date(s) of notice of public hearing December 17, 2015 **Reminder - Must be at least 20 calendar days prior to the date of the public hearing.**

- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

**The public was notified via News Journal classified advertisement, email blasts, notice on the Child Care Portal and information distributed at local state service centers.**

- c) Date(s) of public hearing(s) **January 21, 2016. Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.**

- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed :

**There will be a public hearing held on January 21, 2016 in Dover, Delaware which is a central location easily accessible for those living in any of the three counties. There were also classified advertisements of public hearings in the News Journal, announcements on the Child Care portal, and email blasts.**

- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s)

**The public was notified via News Journal classified advertisement, email blasts, notice on the Child Care Portal and information distributed at local state service centers. The plan was also made available via the lead agency's website.**

- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan?

**Public comments will be reviewed and revisions will be considered based on analysis of the information and program requirements.**

- 1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

- Working with advisory committees. Describe:

**An overview of the the plan was presented at the Delaware Early Childhood Council meeting and the Interagency Resource Management Council.**

- Working with child care resource and referral agencies. Describe \_\_\_\_\_

- Providing translation in other languages. Describe \_\_\_\_\_

- Making available on the Lead Agency website. List the website:

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

- Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe \_\_\_\_\_

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



**A public hearing is held and the public is invited to comment. The plan was also put on the agency's website and made available in paper format.**

Other. Describe \_\_\_\_\_

#### **1.4 Coordination with Partners to Expand Accessibility and Continuity of Care**

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/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.

- 1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe 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 quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

[REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe:

**The lead agency collaborates with the Department of Education with whom we have the EHS –Child Care Partnership, Children and Families First who provides our statewide resource and referral system, University of Delaware who provides our Relative Care Training, Delaware Association for the Education of Young Children who administers the T.E.A.C.H. Scholarship program, and the Office of Child Care Licensing monitors licensed facilities. The primary goals for coordinating with these agencies include: providing pre-k, Head Start and Early Head Start services, expanding accessibility and continuity of care, providing full day/full year comprehensive services, expanding the capacity of care for less served populations, and providing professional development and continuing education for those in the childcare workforce.**

[REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with \_\_\_\_\_

Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

X [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe:

**The lead agency collaborates with the Department of Education Part B/619 Preschool Coordinator, The office of Early Learning, Children and Families First, the DHSS Part C Coordinator and the Head Start Program to coordinate child care and necessary services for this population. Through these programs infants and toddlers are screened, diagnosed and referred to comprehensive services to address their needs.**

X [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe:

**The lead agency collaborates with the Department of Education. The primary goals for coordinating with these agencies include: providing pre-k, Head Start and Early Head Start services, expanding accessibility and continuity of care, providing full day/full year comprehensive services, expanding the capacity of care for this under served population.**

X [REQUIRED] Early childhood programs serving children in foster care. Describe:

**The lead agency collaborates with the Department of Education. The primary goals for coordinating with these agencies include: providing pre-k, Head Start and Early Head Start services, expanding accessibility and continuity of care, providing full day/full year comprehensive services, expanding the capacity of care for this under served population.**

X State/Territory agency responsible for child care licensing. Describe:

**The Office of Child Care Licensing was involved in drafting and revising the plan and did consult in areas of the plan that concerned licensing regulations. The goal of this collaboration is to ensure health and safety compliance.**

X State/Territory agency with Head Start State collaboration grant. Describe:

**The lead agency collaborates with the Department of Education. The primary goals for coordinating with these agencies include: providing pre-k, Head Start and Early Head Start services, expanding accessibility and continuity of care, providing full day/full year comprehensive services, expanding the capacity of care for underserved populations.**

State Advisory Council authorized by the Head Start Act. Describe:

X State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe:

**The state of Delaware is a Head Start-Child Care Partnership grantee and the lead agency has been working with the Head Start Program. The goal of this collaboration is to provide full day/full year comprehensive services to low income children and families.**

X McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe:

The lead agency did consult with a local McKinney-Vento Coordinator from the The Department of Education regarding their definition of homeless, special considerations for homeless families and outreach being done to address their needs. The lead agency plans to continue outreach by attending local meetings with the Homeless Planning Council and ensuring that members are aware of any and all social services available to them including childcare.

X Child care resource and referral agencies. Describe:

The lead agency contracts with Children and Families First to provide the state's child care resource and referral services. The goal of this collaboration is to provide information and education to parents regarding child care types, quality childcare, child development, etc.

X State/Territory agency responsible for public education. Describe:

The Department of Education was involved in the drafting and revising the plan and was consulted on sections of the plan addressing Pre-K and Kindergarten program requirements, Head Start collaboration, and the professional development curriculum for providers. The primary goals for coordinating with this agency include: ensuring compliance with pre-k and kindergarten requirements that incorporate the state's Early Learning and developmental guidelines describing what children should know and be able to do.

X 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, Delaware State University and Wilmington University who all provides training to our T.E.AC.H. Scholars. The goal of this collaboration is to improve the knowledge and skills of CCDF providers and ensure ongoing professional development to Early Childhood Professionals that includes a focus on social-emotional behavioral intervention models.

X State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe:

The lead agency collaborates with the Department of Education which is the agency responsible for administering the CACFP. The goal of this collaboration is to ensure that nutritious meals that contribute to the health, wellness and development of young children are being served in early education programs.

X State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe:

The lead agency administers the WIC program. The primary goal of this program is to ensure that low to moderate income pregnant women, recently delivered women, breastfeeding woman, infants and children up to age 5 who may be a nutrition risk receive assistance in

**obtaining nutritious/healthy meals. Another goal is education regarding statistics on childhood obesity, portion sizes, importance of physical activity, and poor nutrition habits.**

X Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe:

**The lead agency collaborates with the Department of Services for Children, Youth and Their Families and the Department of Education. The primary purpose of this collaboration is to provide mental health consultation services to providers, to train providers on screening tools so that they are able to assess children at risk, to provide appropriate services to address developmental needs.**

State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe \_\_\_\_\_

X Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe:

**The lead agency collaborates with the Department of Education to ensure that early and periodic screenings are done by providers in early education programs. The goal of this collaboration is to ensure that disabilities are identified and addressed early. The Division of Public Health also encourages pediatric medical practitioners to screen children during routine well child visits.**

X State/Territory agency responsible for public health. Describe:

**The Division of Public Health is a part of the lead agency. The primary goal of the DPH is to protect and improve the health of the people who live and work in De.**

X State/Territory agency responsible for mental health. Describe:

**The lead agency collaborates with the Department of Services for Children, Youth and Their Families. The goal of this collaboration is to ensure that comprehensive/ coordinated mental health services are accessible to early education programs.**

X State/Territory agency responsible for child welfare. Describe:

**The lead agency coordinates with the Department of Services for Children, Youth and Their Families. The primary goals of this collaboration includes ensuring that comprehensive/ coordinated mental health services are accessible to early education programs, ensuring health and safety compliance, criminal background checks, etc.**

X State/Territory liaison for military child care programs. Describe:

**The lead agency collaborates with the military child Care liaison. The goal of this collaboration is to ensure that child care needs of those who serve in the military are being addressed.**

State/Territory agency responsible for employment services/workforce development. Describe:

X State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe:

**The lead agency is responsible for TANF and does ensure that individuals are placed in employment that enables them to enter and maintain meaningful jobs. Those that qualify for TANF automatically receive child care services so that they are able to work toward self sufficiency.**

X State/Territory community agencies serving refugee or immigrant families. Describe:

**The lead agency provides this service. Refugee and immigrant families may apply for services at any of our state service centers.**

X Provider groups or associations. Describe:

**The Wilmington Early Care and Education Council is a local council by city government which addresses the improvement of the quality of child care in the city. The goal of this collaboration is to ensure that children in the city of Wilmington have access to an integrated quality early childcare system.**

- ~~Labor Worker~~ organizations. Describe \_\_\_\_\_
- Parent groups or organizations. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

## 1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs 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, homeless children, 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 in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high 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 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 or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits ([https://www.whitehouse.gov/omb/circulars/a133\\_compliance\\_supplement\\_2014](https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014)), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) 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 the CCDF is

mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes. If yes, describe at a minimum:

- How do you define “combine”:

**Funding sources other than the CCDF sources will be used along with CCDF sources to provide programming?**

Which funds will you combine:

**We will combine funds with Head Start, ECAP, Title 1 Part B, 21<sup>st</sup> Century, Community Learning Centers, Project Launch, etc?**

Goal(s) of combining funds (why?) and expected outcomes, 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:

**Funds are combined to increase the capacity of child care for vulnerable populations, support the infant/toddler infrastructure, provide comprehensive services for children with special needs, and children with mental and behavioral health concerns.**

Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?):

**CCDF funds will be distributed to contractors via a PO system. Vendors are responsible for sending monthly invoices to the lead agency for payment. Some funds are combined through CCMIS through the “needs” category.**

How are the funds tracked and method of oversight?

**The Division of Management Services 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.**

No

## 1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (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 reauthorization.

- 1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

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, integrate service delivery across agencies, enhance the state’s data collection system, establish and coordinate state-wide, cross sector early childhood professional development system, and improve the alignment and efficiency of the use of early childhood funding across agencies.

The [Delaware Early Childhood Council](#) (DECC) is the state’s interagency council created to promote the development of a comprehensive coordinated early childhood system. Seats on the council are held by various stakeholders from public and private agencies including child care providers, DHSS, DSCYF, DOE, etc. The council leverages existing service delivery systems and increases the supply and quality of child care services by strengthening governance and alignment of early of early childhood policies, programs and practices, integrate service delivery across agencies, enhance the state’s data collection system, establish and coordinate state-wide, cross sector early childhood professional development system, and improve the alignment and efficiency of the use of early childhood funding across agencies.

The [T.E.A.C.H.](#) program provides scholarships for those working in licensed early care and education or school age program. The T.E.A.C.H. program leverages existing service



delivery systems and increases 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, reducing staff turnover, providing a sequential professional development path and creating a model partnership for improving the quality of care that children receive.

The lead agency contracts with Children and Families First to administer the **CAPACITY Grant** program. The program provides quality improvement and technical assistance strategies and grant resources to the early childhood and school age community to increase the supply of child care 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.

The **Nemours Foundation** is committed to improving social-emotional and physical wellness in children recognizing that health care goes beyond the delivery of medical care to assure the health of any population. Thus, in 2004 the Foundation created Nemours Health and Prevention Services (NHPS) in order to expand the foundation's focus beyond children's medical care delivery into prevention and health promotion and to extend health care beyond the clinical setting taking it into the community where children live, learn and play. In the Child Care Sector, NHPS aided in strengthening the child care system advocating for the incorporation of healthy eating and physical activity requirements of child care regulations and they have trained thousands of child care providers to develop and implement wellness policies and practices in their centers. They adapted an existing curriculum, Early Childhood Physical Activity and Healthy Eating Curricula for Child Care Centers, and designed new developmentally appropriate teaching tools for child care providers to teach pre-school children about both physical activity and nutrition. These materials include provider/teacher manuals; activities and equipment to use with the children (lesson plans), parent information, and guidelines for implementation for child care center administrators. Curriculum adaption entailed understanding the existing materials, adapting the curriculum (e.g., Planet Health curriculum from Harvard) and creating original materials with careful attention to child development principles. This work was a collaborative among academic, medical and community partners including Children's Health Media (KidsHealth), the Sesame Workshop and local partners such as the University of Delaware, who helped to design, test and vet the new curriculum.

**Children and Families First**, a non profit social services agency provides our statewide recourse and referral system for families seeking childcare. Through this service families can find information on family child care homes, child care centers, pre-schools, and summer camps, as well as information on Delaware's child care licensing regulations, child development and information regarding care for children with special needs.



The resource and referral website also provides information on the QRIS system and lists providers by their star level.

## 1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) 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 (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work 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 and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

### 1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs.

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 child care services in local areas. In addition CFF works to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers to increase the supply and quality of child care services throughout the state.

- No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

## 1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

[dhss.delaware.gov](http://dhss.delaware.gov)

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- ~~Current Overall~~ Status – Describe the State/Territory's overall status toward complete implementation for any this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) ~~not fully to be~~ implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
    - Partners – Who is the responsible agency partnering with ~~the State/Territory lead agency~~ to complete implementation of this activity \_\_\_\_\_

## 2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy

intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to “promote involvement by parents and family members in the development of their children in child care settings.” States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children’s teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
  - a) the availability of child care assistance,
  - b) the quality of child care providers (if available),
  - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify.
  - d) Individuals with Disabilities Education Act (IDEA) programs and services,
  - e) Research and best practices in child development, and
  - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
  - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
  - b) ~~Aggregate annual information~~ Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
  - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

## 2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

**The lead agency contracts with Children and Families First to provide grants to providers who serve children and families with an emphasis on serving low-income children in high needs areas. High needs areas are identified in 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) What help with partners outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

**The lead agency contracts with Children and Families First to provide a statewide resource and referral system who provides outreach by sharing information at community events, PSAs, etc. Child care providers are often a source of information for potential ly eligible families. Many other organizations such as The Office of Early Learning and The Office of Child Care Licensing also provide outreach to potentially eligible families.**

- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?)

**The lead agency has state service centers strategically located throughout each county where the public can go to apply for assistance. The lead agency also uses Public Service Announcements on local radio stations and highway billboards to inform the public of the services available to them. Potentially eligible families can also find information on the websites of OCCL, OEL, and Delaware STARS. Literature regarding services can also be found at local state service centers, community centers, and community outreach meetings.**

2.1.2 How can parents apply for services? Check all that apply.

Electronically via online application, mobile app or email. Provide link:

[assist.dhss.delaware.gov](https://assist.dhss.delaware.gov)

In-person interview or orientation. Describe agencies where these may occur:

**Local state service centers located throughout the state.**

Phone

Mail

At the child care site

At a child care resource and referral agency

Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe:

**Division of Social Services has placed computers throughout the state in different DSS office locations to assist those families that would prefer to file their application on line.**

Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe:

**Parents applying for other benefits such as Temporary Assistance for Needy Families and Employment and Training are sometimes automatically eligible for child care and may apply for it at the intial interview.**

Other strategies. Describe \_\_\_\_\_

**2.2 Consumer and Provider Education Information**

The CCDBG Act of 2014 added a purpose of the child care program “to promote involvement by parents and family members in the development of their children in child care settings.” (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),

- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children’s Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

Yes. The State/Territory certifies **as of March 1, 2016** that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.87 below.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- ~~Current Overall~~ Status – Describe the State/Territory’s **overall** status toward complete implementation for **any this** requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)

\_\_\_\_\_

- ~~Implementation progress to date~~ **Implemented requirement(s)** – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable \_\_\_\_\_

- Unmet requirement - Identify the requirement(s) **not fully to be** implemented \_\_\_\_\_
  - Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

\_\_\_\_\_

- Projected start date for each activity \_\_\_\_\_

- Projected end date for each activity \_\_\_\_\_
- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, **including accessible to persons with disabilities.**

- a) Describe how the State/Territory makes information about the full diversity of child care services available to **1) parents of eligible children, 2) providers and 3) the general public**  
**The lead agency contracts with CFF to provide a statewide resource and referral system where the public can find information on the full diversity of child care services. The public can also get this information from any of the state service centers where they would apply for other benefits. There are several websites where this information can be found including that of the OCCL, Great Starts Delaware, and Delaware STARS.**
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)  
**The lead agency provides written materials in English and Spanish. Eligible families receive information during the initial interview. The lead agency also contracts with a translation service to assist families in their native tongue.**
- c) Describe who you partner with to make information about the full diversity of child care choices available  
**The lead agency contracts with Children and Families First to provide a statewide resource and referral system. Child care providers are often a source of information for potential eligible families. Many other organizations such as The Office of Early Learning and The Office of Child Care Licensing provide this information to families.**

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

- a) Describe how the State/Territory makes information about child care quality available to **1) parents of eligible children, 2) providers and 3) the general public**  
**The lead agency contracts with Children and Families First to provide a statewide resource and referral system where parents, providers and the general public can find information about the quality of child care services available in the state. This information can be found on the websites of Delaware STARS, the OCCL, Great Starts Delaware and CFF. This information is also made available through agency newsletter, pamphlets found at state service centers and local community agencies.**
- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)  
**The lead agency contracts with Children and Families First to provide a statewide resource and referral system which provides information by way of direct communication. The lead**



**agency provides written materials in English and Spanish. Eligible families receive information during the initial interview. The lead agency also contracts with a translation service to assist families in their native tongue.**

- c) Describe who you partner with to make information about child care quality available **The lead agency contracts with Children and Families First to provide a statewide resource and referral system. Child care providers are often a source of information for potential ly eligible families. Many other organizations such as The Office of Early Learning and The Office of Child Care Licensing provide this information to families.**

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF)

**The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, toll free number, etc. This information is provided through literature and websites of partners including CFF, OEL, and OCCL.**

- b) Head Start and Early Head Start Programs

**The Department of Education provides this information through outreach to providers, community events, etc. This information is provided through promotional materials, and websites of partners, agency newsletters, etc.**

- c) Low Income Home Energy Assistance Program (LIHEAP)

**The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, toll free number, etc. This information is also provided through literature and websites of partners including CFF, OEL, and OCCL.**

- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

**The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website and toll free number, etc. This information is provided through literature and websites of partners including CFF, OEL, and OCCL.**

- e) Women, Infants, and Children Program (WIC)

**The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website and toll free number,**

etc. This information is provided through literature, intake interview and the lead agency website. This information is also distributed through partner agencies such as DOE, CFF, etc.

- f) Child and Adult Care Food Program(CACFP)

**The Department of Education provides this service to families. Information regarding this program can be found through literature distributed by DOE and on the department's website.**

- g) Medicaid

**The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, toll free number, etc. This information is provided through literature at intake and the lead agency website.**

- h) Children's Health Insurance Program (CHIP)

**The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, toll free number, etc. This information is provided through literature, intake interviews, and lead agency website.**

- i) Individuals with Disabilities Education Act (IDEA)

**The Department of Education provides educational services for individuals with disabilities. DOE provides information via literature and the department's website.**

- j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)

**This information can be found on the Dept of Education's Office of Early Learning. This information is also made available through literature that is distributed throughout communities and at community meetings, through media including newsletters and PSAs.**

- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

**The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, pediatric medical offices, toll free number, etc. This information is provided through literature, intake interviews, and lead agency website.**

- 2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

- a) Temporary Assistance for Needy Families (TANF)

The lead agency 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 through the QRIS program and at the time of contract initiation. This information is also shared at provider meetings, through a community resource centers, community based meetings, and literature available at the DSS main campus.

b) 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 who serve children receiving assistance. This information is also shared at provider meetings, through a community resource centers, community based meetings, media such as PSAs and newsletters as well as literature available at the DSS main campus.

c) Low Income Home Energy Assistance Program (LIHEAP)

The lead agency makes this information available to providers who serve children receiving assistance at the time of contract initiation, through provider meetings, through a community resource center, community based meetings, the media including PSAs and newsletters as well as literature available at the DSS main campus.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

The lead agency makes this information available to providers who serve children receiving assistance through intake/at the time of contract initiation, through provider meetings, through a community resource center, community based meetings, the media including PSAs and newsletters as well as literature available at the DSS main campus.

e) Women, Infants, and Children Program (WIC)

The lead agency makes this information available to providers who serve children receiving assistance through intake/at the time of contract initiation, through provider meetings, through a community resource center, community based meetings, the media including PSAs and newsletters as well as literature available at the DSS main campus.

f) Child and Adult Care Food Program(CACFP)

The Department of Education shares this information with providers via outreach during site visits, literature and DOE website.

g) Medicaid

The lead agency makes this information available to providers who serve children receiving assistance through intake/at the time of contract initiation, through provider meetings, through a community resource center, community based meetings, the media including PSAs and newsletters as well as literature available at the DSS main campus.

- h) Children's Health Insurance Program (CHIP)

**The lead agency makes this information available to providers who serve children receiving assistance through intake/at the time of contract initiation, through provider meetings, through a community resource center, community based meetings, the media including PSAs and newsletters as well as literature available at the DSS main campus.**

- i) Individuals with Disabilities Education Act (IDEA)

**This information can be found on the Dept of Education website. This information is also made available through literature that is distributed throughout communities and at community meeting, and through media including newsletters and PSAs.**

- j) Other State/Federally Funded Child Care Programs (example-State Pre-K)

**This information can be found on the Dept of Education, DSS, Delaware STARS, etc websites. This information is also made available through literature that is distributed throughout communities and at community meetings, and through media including newsletters and PSAs.**

- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

**The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, pediatric medical offices, toll free number, etc. This information is provided through literature, intake interviews, and lead agency website.**

- 2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement.

(658E(c)(2)(E)(VI))

- a) Describe how the State/Territory makes information about research and best practices in child development available to **1)** parents of eligible children, **2)** providers and **3)** the general public

**The lead agency contracts with Children and Families first to provide a statewide resource and referral system where the general public can access this information. This information can also be found on the websites of many partners including the Office of Early Learning, the Office of Child Care Licensing, and Delaware STARS.**

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

**Research regarding child development and best practices can be found on the Children and Families First website, Delaware STARS website and the Department of Education**

website. Children and Families First also offers tip sheets for parents on child development, licensing regulations and quality child care. This information is made available through literature and direct communication.

- c) Describe who you partner with to make information about research and best practices in child development available  
**The lead agency partners with the Department of Education, the Office of Child Care Licensing, Children and Families First, etc to make information about research and best practice in child development available.**

2.2.7 Describe how information on the State/Territory’s policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

- a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents:

**This information is made available through direct communication through community meetings, literature such as agency newsletters, websites of DOE, OCCL, etc. Some of the services provided include mental health consultation services, screenings/assessment, referral for ongoing services, etc.**

ii. Providers

**This information is made available through direct communicationsuch as provider meetings, literature such as agency newsletters, websites of DOE, OCCL, etc. Some of the services provided include mental health consultation services, screenings/assessment, referral for ongoing services, etc.**

iii. General public

**This information is made available through direct communication through public meetings, literature such as agency newsletters, websites of OEL, OCCL, etc. Some of the services provided include mental health consultation services, screenings/assessment, referral for ongoing services, etc.**

- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available  
**The lead agency partners with the DOE, CFF, PIC, OCCL, etc. to make information regarding social-emotional / behavioral and early childhood mental health of young children available.**
- c) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?
  - Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link \_\_\_\_\_
  - No.
- School-age children from programs receiving child care assistance?
  - Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link \_\_\_\_\_
  - No.

#### 2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) 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.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory’s procedures for providing information on and referring families to existing developmental screening services.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) ~~and~~ \_\_\_\_\_ and:

- a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

**Programs involved with QRIS must use an approved child development screening tool, have a written contract with a school district and require training certificates to assure they are qualified to administer the screening. The screening must occur annually unless the child has an IFSP or IEP. Results must be shared with families, follow-up determined and appropriate referrals made.**

- b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

**All child care providers are offered Ages and Stages 3 and Ages and Stages SE training free of charge. After taking training they will receive free Ages and Stages Developmental Screening Kits along with the User Guide and the Ages and Stages Learning Activities Book. Technical Assistance is also provided.**

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- ~~Current~~Overall Status – Describe the State/Territory’s overall status toward ~~completion~~complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) ~~not fully to be~~ implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the ~~unmet~~ requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_
      - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

- a) How does the State/Territory define substantiated parental complaint:

**DE defines a substantiated complaint as a regulation violation that was proved to be violated by a preponderance of evidence.**

- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

**DE maintains a database and paper files where this information is stored indefinitely.**

- c) How does the State/Territory make substantiated parental complaints available to the public on request

**Parents may request to review a facility's licensing record by visiting the Office of Child Care Licensing. Substantiated complaints for the past three years will be uploaded from the database to the Office of Child Care Licensing's website and be available for public view by February 1, 2016.**

- d) Describe how the State/Territory defines and maintains complaints from others about providers

**DE does not distinguish complaints based on the source. All complaints are handled in the same manner.**

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance 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 \_\_\_\_\_
- None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the



State/Territory has the ability to have translation/interpretation in all primary and secondary languages

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.

**2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities**

The lead agency will utilize All World Language Consultation and Delaware Relay Service for the hearing impaired applicants. The eligibility workers are available to assist those who need help with reading and writing during the application process.

**2.3 Website for Consumer Education**

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

**2.3.1 Describe the status of State/Territory's consumer education website.**

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website <http://kids.delaware.gov/occl/occl.shtml> and describe how the consumer education website meets the requirements to:
  - a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe:

**The child care provider search function currently shows all non-compliance with regulations that was cited during monitoring visits. The website is being modified to report the last date of inspection and will be completed by February 1, 2016.**

- b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe:

**The website currently lists all the regulations for each facility type.**

- c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe :

**The website currently addresses these topics. See section 5.1.1 of the CCDF Plan for a full description of the processes for licensing. The Delaware Child Care Act is the law that supports the regulation of all child care facilities in the state. There are 5 sets of regulations that include Delaware requirements for child placing agencies, Delaware: Requirements for Residential Child Care and Day Treatment Programs, Delaware: Regulations for Early Care and Education and School-age Centers, Delaware: Rules for Family Child Care Homes, and Delaware: Rules for Large Family Homes. The state currently conducts pre-licensure visits for all facility types and one annual unannounced full compliance review of large family and family homes each year.**

**Delaware has a policy that addresses criminal convictions and disqualifying parameters.**

- d) Provide ~~annual aggregate~~ information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe:

**This information will be added to the website by January 5, 2016.**

- e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request **and to persons with disabilities through multiple formats**, differentiating between violations based on risk to children, and easy to locate and navigate. Describe:

**The website is consumer friendly because it was designed for easy navigation and uses plain language. It provides the following topics of information for providers: how to start a child care business, careers in child care, regulation and exemption information. The following information is available for parents: announcements, search for child care, make a complaints, and FAQ.**

**X** Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) **February 1, 2016**
- ~~Current~~**Overall** Status – Describe the State/Territory’s **overall** status toward complete implementation for ~~any~~**this** requirement(s) ~~not fully implemented~~ (not yet started, in progress, partially completed, substantially completed, other)

**The website is being modified to report the last date of inspection and substantiated complaints and will be completed by February 1, 2016. The number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings is being tallied and a PDF with this information will be added to the website by January 5, 2016.**

- ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable

**Adding date of inspection and substantiated complaint information to website by September 30, 2015. We will also add the total number of deaths, serious injuries and substantiated cases of abuse by December 2015.**

- Unmet Requirement(s) – Identify the requirement(s) ~~that is not fully~~ to be implemented

**The website needs to include substantiated complaints, the last date of inspection, and a tally of the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings.**

- Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**The OCCL will need to update the website**

- Projected start date for each activity: **In progress**
- Projected end date for each activity:

**Adding date of inspection and substantiated complaint information to website by February 1, 2016. We will be adding total number of deaths, serious injuries and substantiated cases of abuse by January 5, 2016.**

- Agency – Who is responsible for complete implementation of this activity: **Office of Child Care Licensing**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity: **IT Dept**

### **3 Provide Stable Child Care Financial Assistance to Families**

The expanded purposes of CCDBG highlight the opportunities States and Territories have to “deliver high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance”; and “to improve child care and development of participating children.” (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have 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 job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family’s assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children **and children in foster care if served** pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

#### **3.1 Eligible Children and Families**

At the point in time when eligibility is determined, children must (1) be under the age of 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 such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

### 3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from **birth** (weeks/months/years) to **13** years (through age 12).

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))

Yes, and the upper age is **18** (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity

**A child under the age of 19 years of age whos physical, emotional or developmental needs require special care. The need and care must be verified by a medical or other professional with the authority to do so.**

No.

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))

Yes, and the upper age is \_\_\_\_\_ (may not equal or exceed age 19)

No.

### 3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with – **Living in the home of a parent or caretaker**

b) in loco parentis – **Adult acting in place of a parent**

### 3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define “working, attending job training and education” for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- working: **Either part time or full time work for which the parent/caretaker receives wages equal to minimum wage or equivalent.**
- attending 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.**

- attending education: **This also includes participation in post secondary education as long as it leads to completion of a high school diploma or GED.**

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)?

Yes.

No. If no, describe additional requirements \_\_\_\_\_

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

Yes. If yes, how does the Lead Agency define “protective services” for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services:

**The supervision/placement of a child by the Division of Family Services for the purposes of monitoring and prevention of abuse/neglect.**

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

Yes.

No.

**Note** – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

No

#### 3.1.4 Eligibility Criteria Based on Family Income

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

- Definition of income – **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. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide,

check here . Describe how many jurisdictions set their own income eligibility limits \_\_\_\_\_. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	4169	3543				
2	5216	4434				
3	6024	5120				
4	6963	5918				
5	6957	5914				

**Reminder** - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm> .

d) SMI Source and year

<http://www.census.gov/hhes/www/income/data/statemedian/index.html>

d) These eligibility limits in column (c) became or will become effective on **N/A**

e) Provide the link to the income eligibility limits: [www.dhss.delaware.gov/dss/childcr.html](http://www.dhss.delaware.gov/dss/childcr.html)

### 3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E ©(2)(N)(iv)) **This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.**

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

Fully implemented and meeting all Federal requirements outlined above **by March 1, 2016**. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out \_\_\_\_\_

Not implemented. The State must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities,

necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**September 2016**
- ~~Current~~Overall Status – Describe the State/Territory’s overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)  
**Not yet started**
  - ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~implemented to date if applicable  
**Not yet started**
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented

**The lead agency needs to develop a graduated phase out policy.**

Tasks/Activities – What steps will you take to implement the ~~unmet~~ requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**The lead agency will develop a graduated phase out policy, and an internal administrative notice. The policy will be implemented once approved by the director.**

- Projected start date for each activity  
**1/16-develop policy, 2/16 develop admin notice, 3/16 acquire signature of director and implement policy.**
- Projected end date for each activity: **3/16**
- Agency – Who is responsible for complete implementation of this activity: **The lead agency**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity: **Training unit, Operations**

### 3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory’s (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))



Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory’s policy related to the fluctuation in earnings requirement.

**X** Fully implemented and meeting all Federal requirements outlined above **by March 1, 2016**. List the Lead Agency’s policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement :

**Policy 11003.9.5 Making Income Determinations**

**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.**

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- **Current**Overall Status – Describe the State/Territory’s **overall** status toward complete implementation for **any**this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_

- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents **and include in the description what information is required and how often**. There are no federal requirements for specific documentation or verification procedures.

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, etc.). Describe: **Birth certificate**

Work. Describe: **Pay stubs, or a statement from the 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 \_\_\_\_\_

**Reminder** – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 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

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

Per CCDF regulations, 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 under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant 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:

State/Territory TANF Agency: **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 child care 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 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 individual penalties associated with the TANF work requirements?

In writing

Verbally

Other. Describe \_\_\_\_\_

List the citation to this TANF policy \_\_\_\_\_

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

**X** Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

### 3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of “Children with special needs” - **A child under the age of 19 years of age whos physical, emotional or developmental needs require special care. The need and care must be verified by a medical or other professional with the authority to do so-** and describe how services are prioritized - **Providers who care for these children are paid at a higher rate. These providers can also apply for the Capacity Grant in order to purchase special needs materials, equipment, etc.**

b. Provide definition of “Families with very low incomes” **families whose household income is less than 200% of the Federal Poverty Level** and describe how services are prioritized **families automatically qualify for subsidy and co-pays may be waived.**

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) – **These families automatically qualify for child care and co-pays may be waived for TANF families who are below poverty level.**

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges.

Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children’s learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658EI(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658EI(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory’s procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

Fully implemented and meeting all Federal requirements outlined above **by March 1, 2016.**

Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements \_\_\_\_\_
- b. Procedures to conduct outreach to homeless families to improve access to child care services \_\_\_\_\_
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services \_\_\_\_\_

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) **September 2016**

- **CurrentOverall** Status – Describe the State/Territory’s **overall** status toward complete implementation for **any** this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) **Not yet started**
  - ~~Implementation progress to date~~ **Implemented requirement(s)** – Identify any requirement(s) ~~partially or substantially~~ **implemented to date if applicable**  
**The state currently provides a grace period to comply with immunization requirements for homeless families. In Delaware, foster children are considered homeless. DSS also 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.**
  - **Unmet requirement** - Identify the requirement(s) ~~not fully~~ **to be implemented**  
**Procedures to conduct outreach to homeless families to improve access to child care services.**

Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

**Develop partnership Delaware Homeless Council, and the local McKinney-Vento liaison, attend Continuum of Care meetings to ensure that members are aware of any and all social services available to this population including childcare. The lead agency will distribute literature regarding services and ensure also that members are knowledgeable about information on the DSS website.**

- Projected start date for each activity: **November 2015**
- Projected end date for each activity: **March 2016**
- Agency – Who is responsible for complete implementation of this activity: **The lead agency**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity- **Homeless Coordinating Council, McKinney-Vento liaison**

### **3.3 Protection for Working Parents**

#### **3.3.1 Twelve-Month Eligibility**

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory 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% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

Fully implemented and meeting all Federal requirements outlined above **by March 1, 2016**. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

**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.**

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- **CurrentOverall** Status – Describe the State/Territory's **overall** status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) ~~not fully to be~~ implemented \_\_\_\_\_

- Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

### 3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent’s non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent’s non-temporary loss of work or cessation of attendance at a job training or education program?

**X** Yes, the State/Territory terminates assistance prior to 12 months due to parent’s loss of work or cessation of attendance at a job training or education program **ONLY**. List the Lead Agency’s policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs;

#### **11004.12.1 Continuing Child Care after Loss of Need, 45 CFR 98.20**

**Under certain circumstances DSS will continue child care for up to three months after parents/caretakers lose their need for service. DSS will continue to authorize service for up to three 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 and education /training program and need to search for employment or D- experience a break in an education/training program.**

- No, the State/Territory does not allow this option.

### 3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

**X** Fully implemented and meeting all Federal requirements outlined above **by March 1, 2016**. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment:

**A six month interim report is used to re-determine eligibility. Also during the SNAP periodic report families can report changes. Delaware also uses a short form at redetermination so that families are able to submit necessary information online.**

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_

- **CurrentOverall** Status – Describe the State/Territory’s **overall** status toward complete implementation for **any**this requirement(s) ~~not fully implemented~~-(not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) ~~not fully to be~~ implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_
      - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

### 3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

- 3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here  and describe how many jurisdictions set their own sliding fee scale \_\_\_\_\_. Fill in the chart based on the most populous area of the State.

Family Size	(a) <del>Minimum</del> Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) <del>Maximum</del> Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	353.00	5.74	1%	1962.00	458.98	80%
2	478.00	5.74	1%	2655.00	458.98	80%
3	603.00	5.75	1%	3349.00	458.98	80%
4	728.00	5.74	1%	4042.00	458.98	80%
5	852.00	5.74	1%	4735.00	458.98	80%

a) What is the effective date of the sliding fee scale(s)? **October 2015**

b) Provide the link to the sliding fee scale: [DHSS/DSS/Policy/Food Supplement Program/FFY 2015 COLA Documents.](#)

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

Fee is a dollar amount and

Fee is per child with the same fee for each child

Fee is per child and discounted fee for two or more children

Fee is per child up to a maximum per family

No additional fee charged after certain number of children

Fee is per family

Fee is a percent of income and

Fee is per child with the same percentage applied for each child

Fee is per child and discounted percentage applied for two or more children

Fee is per child up to a maximum per family

No additional percentage applied charged after certain number of children

Fee is per family

Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe \_\_\_\_\_

Other. Describe \_\_\_\_\_

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

Yes, and describe those additional factors using the checkboxes below.

Number of hours the child is in care

Lower copayments for higher quality of care as defined by the State/Territory

Other. Describe other factors: **Age of child, facility type**

No.

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 (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is **\$1,675.00**

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

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

Limits the maximum co-payment per family. Describe: **The child care fee is based on household size, and household income, as a percentage of the poverty scale and the cost of care.**

Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe \_\_\_\_\_

Minimizes 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 3.1.5. Describe \_\_\_\_\_

Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe \_\_\_\_\_

Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe: **Does not allow providers to charge extra fees such as a registration fee.**

Other. Describe \_\_\_\_\_

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond)

is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

#### **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 enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

- 4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

**Parents are advised of eligible child care at intake.**

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

Certificate form provides information about the choice of providers, including high quality providers

Certificate is not linked to a specific provider so parents can choose provider of choice  
 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 application

Community outreach, workshops or other in-person activities

Other. Describe \_\_\_\_\_

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 in order to be paid in the certificate program.

Yes. If yes, **describe:**

the type(s) of child care services available through grants or contracts  
\_\_\_\_\_

the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) \_\_\_\_\_

the process for accessing grants or contracts \_\_\_\_\_

the range of providers available through grants or contracts \_\_\_\_\_

how rates for contracted slots are set through grants and contracts \_\_\_\_\_

how the State/Territory determines which entities to contract with for increasing supply and/or improving quality \_\_\_\_\_

if contracts are offered statewide and/or locally \_\_\_\_\_

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts for:

- 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 \_\_\_\_\_

- Improve the quality of child care programs with grants or contracts for:
  - Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
  - Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
  - Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
  - Programs to serve children with disabilities or special needs
  - 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 \_\_\_\_\_

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access:

**Policy 11005.1 Parent/Caretaker Rights**

**Parents/Caretakers have the right to have unlimited access to their children and the child care 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. Will the Lead Agency limit the use of in-home care in any way?

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 number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe;

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

Restricted based on provider meeting a minimum age requirement. Describe \_\_\_\_\_

Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe \_\_\_\_\_

Restricted to care by relatives. Describe \_\_\_\_\_

Restricted to care for children with special needs or medical condition. Describe \_\_\_\_\_

Restricted to in-home providers that meet some basic health and safety requirements. Describe \_\_\_\_\_

Other. Describe:

**In home care is limited to families with fewer than four children only as a matter of “last resort”.**

No

**4.2 Assessing Market Rates and Child Care Costs**

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market



rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq> ).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

MRS

Alternative Methodology. Describe \_\_\_\_\_

Both. Describe \_\_\_\_\_

Other. Describe \_\_\_\_\_

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities **which could include worker organizations** prior to developing and conducting the MRS or alternative methodology.

The 2015 Market Rate Survey was conducted by Workplace Solutions in consultation with the lead agency's Director who assistance and supported the contractor by encouraging providers to participate in the study; the lead agency's Chief Administrator who provided ongoing guidance throughout the project. Workplace Solutions also consulted with Children and Families First who assisted with the provider-sampling frame and the Delaware Institute for Excellence in Early Childhood at the University of Delaware who assisted with communication to the provider community.

- 4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, 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 models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

The goal of the 2015 Local Child Care Market Rate Study was to develop statistically credible information on the 2015 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 2015 market prices for Delaware childcare providers were estimated with a verifiable and high degree of precision. The estimates of precision presented are the 95% confidence intervals for the 75<sup>th</sup> percentile of prices. For the infant, toddler and preschool-age market segments for family child care markets, the 95% confidence interval is typically about plus or minus 5%-6% of the estimate. The range was higher for family child care for infants in Kent and Sussex counties. There simply were not very many Kent and Sussex family child care providers who had private-paying infants in their care. To increase the accuracy of infant prices for Kent and Sussex counties, the researchers combined the prices for the two counties into one K&S infant cell. These cells had also been combined in previous Delaware market rate studies. This improved the level of accuracy so that the accuracy for this market segment is now in line with the other full-time family child care market segments. To achieve a similar level of accuracy for the infant, toddler and preschool-age market segments for center child care markets, the researchers combined the prices for Kent and Sussex counties in each age group. For infant and school-age care these cells had been combined in previous Delaware child care market rate studies. Again, the estimates of precision presented are the 95% confidence intervals for the 75th percentile of prices. The intervals are typically about plus or minus 5%-7% of the estimate. For school-age care, the 95% confidence interval is typically about plus or minus 6%-10% of the estimate. This is not because the confidence intervals are wider. It occurs because the prices are lower (this is not full-time care). The sampling design attempted to equalize accuracy in absolute terms, not percentage terms across cells, so there is now a

higher uncertainty in percentage terms when the prices are lower, as they are for school-age care. For centers, the Kent and Sussex school-age cells were combined into one K&S cell. This improved the level of accuracy for the center school-age prices at the 75th percentile in both Kent and Sussex counties. For all of the market segments in the study, the level of accuracy achieved would be considered a more than acceptable high level of statistical precision. The researchers stress that it is not just a high degree of precision that was attained, but also that the study quantified how high a degree of precision was attained.

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

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

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

b) Type of provider:

**At the 75<sup>th</sup> 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:

**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, such as quality level\_\_\_\_\_

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016)

**May 2015**

b) Date report containing results was made widely available, no later than 30 days after the completion of the report :

**May 2015**

c) How the report containing results was made widely available and provide the link where the report is posted if available:

**The MRS was made available on the DSS website. [www.dhss.gov](http://www.dhss.gov)**

### 4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here . Describe how many jurisdictions set their own payment rates\_\_\_\_\_.

- a) Infant (6 months), full-time licensed center care in most populous geographic region
  - Rate **\$66.51** per **day** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile **75<sup>th</sup>**
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
  - Rate **\$42.00** per **day** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile **75<sup>th</sup>**
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
  - Rate **\$72.80** per **day** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile **75<sup>th</sup>**
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
  - Rate **\$50.00** per **day** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
  - Rate **\$72.80** per **day** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile **75<sup>th</sup>**
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
  - Rate **\$50.00** per **day** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile **75<sup>th</sup>**
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
  - Rate **\$30.40** per **day** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile **75<sup>th</sup>**
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
  - Rate **\$18.00** per **day** unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile **75<sup>th</sup>**
- i) Describe the calculation/definition of full-time care: **A full week, 30 hours or more per week and at least 6 hours per day.**
- j) Provide the effective date of the payment rates

k) Provide the link to the payment rates: [www.dhss.gov](http://www.dhss.gov)

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., 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 which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- Tiered rate/rate add-on for non-traditional hours. Describe \_\_\_\_\_
- Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe \_\_\_\_\_
- Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe \_\_\_\_\_
- Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe

**In 2011 the state of Delaware began paying STAR 3, 4, and 5 programs 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.**

- Tiered rate/rate add-on for programs serving homeless children. Describe \_\_\_\_\_
- Other tiered rate/rate add-on beyond the base rate. Describe \_\_\_\_\_
- None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology:

**The state sets payment rates at the 75<sup>th</sup> percentile and are based on the results of the MRS.**

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number

of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

**In 2011 the state of Delaware began paying STAR 3, 4, and 5 programs 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.**

#### **4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access**

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- X** Payment rates are set at the 75th percentile or higher of the most recent survey.  
Describe:

**The lead agency contracted with Workplace Solutions and planned the study from November to January. Interviews were conducted from February to April. Workplace Solutions submitted the final estimates of the 75th percentile prices to the lead agency in May 2015. The lead agency uses the information obtained from the survey to inform state decisions regarding reimbursement rates for child care services purchased by the state. Information from the study helps ensure that reimbursement rates allow subsidized low-income children equal access to early education and care.**

- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- Rates based on data on the cost to the provider of providing care meeting certain standards. Describe \_\_\_\_\_
- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe \_\_\_\_\_

- Data on the proportion of children receiving subsidy being served by high-quality providers. Describe \_\_\_\_\_
- Data on where children are being served showing access to the full range of providers. Describe \_\_\_\_\_
- Data on how rates set below the 75<sup>th</sup> percentile allow CCDF families access to the same quality of care as families not receiving CCDF. Describe \_\_\_\_\_
- Feedback from parents, including parent survey or parent complaints. Describe \_\_\_\_\_
- Other. Describe \_\_\_\_\_

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- X** Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access **by March 1, 2016**. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access:

**The lead agency contracted with Workplace Solutions and planned the Market Rate study from November to January. Interviews were conducted from February to April. Workplace Solutions submitted the final estimates of the 75th percentile prices to the lead agency in May 2015. The lead agency uses the information obtained from the survey to inform state decisions regarding reimbursement rates for child care services purchased by the state. Information from the study helps ensure that reimbursement rates allow subsidized low-income children equal access to early education and care.**

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - ~~Current~~Overall Status – Describe the State/Territory’s overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
    - ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~implemented to date if applicable \_\_\_\_\_
    - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented \_\_\_\_\_

- Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

- 
- Projected start date for each activity \_\_\_\_\_
  - Projected end date for each activity \_\_\_\_\_
  - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

#### 4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory’s payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory’s payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

- X** Fully implemented and meeting all Federal requirements outlined above **by March 1, 2016**. Describe using 4.5.2 through 4.5.3 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - **CurrentOverall** Status – Describe the State/Territory’s **overall** status toward complete implementation for **any** this requirement(s) **not fully implemented** (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
    - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) **partially or substantially** implemented **to date if applicable** \_\_\_\_\_



- Unmet requirement - Identify the requirement(s) **not fully to be** implemented \_\_\_\_\_
  - Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. **Check all that apply and describe.** The Lead Agency ...

Pays prospectively prior to the delivery of services. Describe \_\_\_\_\_

Pays within no more than 21 days of billing for services. Describe:

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

Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory’s definition of occasional absences

Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe \_\_\_\_\_

Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe:

**Providers are paid for 5 absent days.**

Pays on a full-time or part-time basis (rather than smaller increments such as hourly) **Child care fees are based on full time (5 days a week, 4 or more hours a day and part time(4 hour or less a day).**

Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.):

**Providers are required to waive registration fees.**

Provides prompt notice to providers regarding any changes to the family’s eligibility status that may impact payment:

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

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.**

Other. Describe \_\_\_\_\_

For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory:

**The lead agency’s policy dictates that providers are paid following the month of service and is based on the submission of an attendance record.**

**The lead agency’s policy dictates that fees are paid based on attendance rather than enrollment.**

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

Policy on length of time for making payments. Describe length of time:

**The lead agency policy dictates that payments are to be made within 30 days of submission of attendance record, however providers are typically paid within 10 days.**

Track and monitor the payment process:

**The payment process is tracked and monitored through an electronic system.**

Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe:

**The lead agency uses an automated billing system where providers submit attendance electronically; providers are also required to have direct deposit in order to receive payments.**

Other. Describe \_\_\_\_\_

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

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Yes. Describe data sources :

**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.**

No. If no, how does the State/Territory determine most critical supply needs? \_\_\_\_\_

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

a) Infants and toddlers (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe \_\_\_\_\_

b) Children with disabilities (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe \_\_\_\_\_

c) Children who receive care during non-traditional hours (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other. Describe \_\_\_\_\_

- d) Homeless children (check all that apply)
- Grants and contracts (as discussed in 4.1.3)
  - Family child care networks
  - Start-up funding
  - Technical assistance support
  - Recruitment of providers
  - Tiered payment rates (as discussed in 4.4.1)
  - Other. Describe \_\_\_\_\_

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe:

**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. High needs areas are identified in the following: Wilmington River Area, Center City of Wilmington, Western Wilmington, Southern Kent, Southern Dover, Georgetown area, Northern Sussex, Western Sussex, and Eastern Sussex.**

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
  - ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_

- ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable \_\_\_\_\_
- Unmet requirement - Identify the requirement(s) ~~not fully to be~~ implemented \_\_\_\_\_
  - Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

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

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

### 5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from

exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

- 5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care:

**Family Child Care Homes-** Family Child Care is a licensed child care service provided for part of a twenty-four (24) hour day, offered by a person who advertises or holds himself or herself out as conducting such a service on a regular basis, unattended by parent or guardian, and receives compensation for the service. This person has in custody or control one (1) to a maximum of six (6) children preschool-age or younger who live at and/or are present at the Family Child Care Home. In addition to the children preschool-age or younger, this person may also have custody or control of one (1) to a maximum of three (3) school-age children who do not live at the Family Child Care Home but are present only for before and after school, and/or during school holidays, and/or school vacation during the summer. All of these children are provided care, education, protection, supervision or guidance in the person's private home.

**Large Family Child Care Homes-** Large Family Child Care is a licensed child care service provided for part of a twenty-four (24) hour day, offered by any person or entity including but not limited to an owner, association, agency or organization that advertises or holds himself, herself or itself out as conducting such a service. This person or entity has in custody or control seven (7) to a maximum of twelve (12) children preschool-age or older who live at and/or are present at the Large Family Child Care Home. In addition to the children preschool-age or younger, this person or entity may also have custody or control of one (1) to a maximum of two (2) school-age children who do not live at the Large Family Child Care Home but are present only for before and after school, and/or during school holidays, and/or during the summer. All of these children are provided care, education, protection, supervision or guidance in a private home or non-residential setting.

**Early Care and Education and School-age Centers-** Early care and education and school-age centers provide care, education, protection, supervision, or guidance for 13 or more children, including children who are related to the licensee. Service is provided on a regular basis for periods of less than 24 hours per day, unattended by parent or guardian, and for compensation. This definition shall include but is not limited to full- and part-time day care, child care, early care and education, early childhood education, preschool, nursery school, extended child care, independently operated kindergartens, before-or after-school care, school-age care, school's out care, school vacation or holiday care, and summer child care.

- 5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers:

**Currently Delaware exempts summer camps and Early Education Centers. License Exempt providers who receive CCDF funds will be required to obtain a license by November 2016.**

No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above **by March 1, 2016**. Describe using 5.1.4 and 5.1.5 below.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- ~~Current~~Overall Status – Describe the State/Territory's **overall** status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) ~~not fully to be~~ implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_



- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
  - State/Territory age definition: **a child less than a year old**
  - Ratio : **1 staff to 4 infants**
  - Group size : **8**
2. Toddler
  - State/Territory age definition: **a child between the age of 12 months but less than 36 months of age.**
  - Ratio: **1 staff to 6 toddlers**
  - Group size: **12**
3. Preschool
  - State/Territory age definition: **a child three through five years of age who is not yet attending a public or private kindergarten program. If a child is older than five years of age and is not yet attending a public or private kindergarten program, that child shall be considered in the preschool-age group until attending kindergarten or first grade, whichever comes first**
  - Ratio: **1 staff to 8 toddlers**
  - Group size: **16**
4. School-Age
  - State/Territory age definition: **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 students**
  - Group size: **30**
5. If any of the responses above are different for exempt child care centers, describe
6. Describe, if applicable, ratios and group sizes for centers with mixed age groups: **The ratio used is always for the youngest child present in the room.**

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition: **a child less than a year old**
- Ratio: **1 staff to 4 infants**
- Group size: **8**

2. Toddler

- State/Territory age definition: **same as defined in 5.1.4**
- Ratio: **same as defined in 5.1.4**
- Group size: **same as defined in 5.1.4**

3. Preschool

- State/Territory age definition: **same as defined in 5.1.4**
- Ratio: **same as defined in 5.1.4**
- Group size: **same as defined in 5.1.4**

4. School-Age

- State/Territory age definition: **same as defined in 5.1.4**
- Ratio: **same as defined in 5.1.4**
- Group size: **same as defined in 5.1.4**

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

**The ratio used is always based on the age of the youngest child in the room.**

6. If any of the responses above are different for exempt group child care homes, describe

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios , group size , the threshold for when licensing is required , maximum number of children that are allowed in the home at any one time , if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size , or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

5.1.5 A Level I Family Child Care Home is licensed to provide child care as follows: A. Total of five children preschool-age or younger; and no additional school-age children that do not live in the Family Child Care Home; i. No more than two of the five children preschool-age or younger as mentioned above are under the age of 12 months; and ii. No more than three of the five children preschool-age or younger as mentioned above are under the age of 24 months; or B. Total of four children preschool-age or younger; and two additional school-age children that do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than two of the four children preschool-age or younger as mentioned above are under the age of 12 months; and ii. No more than three of the four children preschool-age or younger as mentioned above are under the age of 24 months; or C. Total of six school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger. D. Other combinations of age-groupings of children shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level Level I Family Child Care Home there are two types ratios are one provider for up to six children.

A Level II Family Child Care Home shall be licensed to provide child care as follows: A. Total of six children preschool-age or younger; and three additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than two of the six children preschool-age or younger as mentioned above are under the age of 12 months; and ii. No more than three of the six children preschool-age or younger as mentioned above are under the age of 24 months; or B. Total of six children preschool-age or younger; and two additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than two of the six children preschool-age or younger as mentioned above are under the age of 12 months; and ii. No more than four of the six children preschool-age or younger as mentioned above are under the age of 24 months; or C. Total of five children preschool-age or younger; and no additional school-age children who do not live in the Family Child Care Home; i. No more than three of the five children preschool-age or younger as mentioned above are under the age of 12 months; and ii. No more than four of the five children preschool-age or younger as mentioned above are under the age of 24 months; or D. Total of four children under the age of 24 months; and two additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than three of the four children preschool-age or younger as mentioned above are

under the age of 12 months; or E. Total of nine school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger. F. Other combinations of age-groupings of children shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this level.

2. If any of the responses above are different for exempt family child care home providers, describe [REDACTED]

d) Any other eligible CCDF provider categories:

Describe the ratios [REDACTED], group size [REDACTED], the threshold for when licensing is required [REDACTED], maximum number of children that are allowed in the home at any one time [REDACTED], if the State/Territory requires related children to be included in the child-to-provider ratio or group size [REDACTED], or the limits on infants and toddlers or additional school-age children that are allowed for part of the day [REDACTED]

5.1.6 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

Infant lead teacher: **The lead Teacher must be at least 18 years of age and Bachelor's degree or associate degree from a regionally accredited college or university and 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.** and assistant teacher qualifications: **The assistant teacher qualifications at least 18 years of age and high school diploma or equivalent recognized by Delaware Department of Education and Successful completion of at least three credits in early childhood education and three credits in child development - or - Successful completion of Training for Early Care and Education 1 or TECE 1 - or - Successful completion of a traditional high school's career pathway program in early childhood education approved by Delaware's Department of Education and six months of experience working with children birth through second grade in a group setting.**

1. Toddler lead teacher **same as above** and assistant teacher qualifications **same as above**
2. Preschool lead teacher **same as above** and assistant teacher qualifications **same as above**

3. **School-Age lead teacher** The lead teacher at least 20 years of age and 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 and assistant teacher qualifications Must be at least 18 years of age and high school diploma or equivalent recognized by Delaware Department of Education Successful completion of three credits in recreation, elementary education, school-age care, or schoolage administration - or - 45 clock hours of quality assured training related to the needs of the school-age children served or 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 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 if only having the 15 clock hours staff must have the following experience 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.
4. **Director qualifications:** The Director must be at least 21 years of age and have at least a bachelor's degree or associate degree from a regionally accredited college or university with 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 school-age elective of the learner's choice and 18 months of experience working with children kindergarten through sixth grade in a group setting.

b) Licensed Group Child Care Homes:

1. **Infant lead teacher** Must be at least 21 and have completed one of the following: Training for Early Care and Education 1 and 2; B. A Child Development Associate Credential (CDA) that is kept valid/current; C. Delaware Department of Labor's Early Childhood Apprenticeship Program; D. A high school diploma from a vocational/technical high school three (3) year program in early childhood education approved by Delaware's Department of Education; E. Nine college/university credits – three in early childhood education, three in child development, and three in positive behavior management; F. One year early childhood diploma program from a two year college; G. An Associate degree from

an accredited college or university and six college/university credits of child development or early childhood education; or H. Qualified as an at least an Early Childhood Teacher as per Delacare; Rules for Early Care and Education and School-Age Centers and assistant qualifications There are two types of assistants those with no previous experience or training and those with experience and training. To qualify as an assistant with no previous experience or training a person must be 18 and have proof of completing First Aid course and current certification in CPR within six months of the date of hire. The First Aid and CPR training shall be in accordance with the ages of the children enrolled in the Large Family Child Care Home at any given time; and B. Twelve clock hours of training within 12 months of the date of hire. This training shall be approved by the Office of Child Care Licensing specifically for qualifying for a Large Family Child Care Assistant 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; or C. Qualified as an Early Childhood Intern as per Delacare: Rules for Early Care and Education and School-Age Centers (2007) within 12 months of the date of hire. This person can never be left alone with a group of children. An assistant with training and experience may be left alone with children and must have completed one of the following in addition to having six months of experience working with children in a group setting: 60 clock hours of training with at least 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/Communities, and Professionalism; B. 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; or C. 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 lead teacher **same as above** and assistant qualifications **same as above**
  3. Preschool lead teacher **same as above** and assistant qualifications **same as above**
  4. School-Age lead teacher **same as above** and assistant qualifications **same as above**
- N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications: **Must be at least 18 and have a high school diploma.**

d) Other eligible CCDF provider qualifications  

- 5.1.7 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or

orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas **as of March 1, 2016. Provide a citation and a link if available**

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016)  
**September 2016**

- ~~Current~~**Overall** Status – Describe the State/Territory’s **overall** status toward complete implementation for ~~any~~**this** requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)
  - ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~implemented to date if applicable:
    - **Regulation changes have been partially implemented.**
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented :

**The Family and Large Family Child Care regulations need to be changed to include prevention of sudden infant death syndrome and use of safe sleeping practices, due to food and allergic reactions, building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic, prevention of shaken baby syndrome and abusive head trauma, Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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), and handling and storage of hazardous materials and the appropriate disposal of bio contaminants.**

- Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) :

**Regulation changes for Family and Large Family Child Care Homes.**

- Projected start date for each activity: **Family and Large Family revision of regulations 12/1/15, Web-based training 11/1/15**
- Projected end date for each activity: **Family and Large Family revision of regulations 5/1/16**
  - Agency – Who is responsible for complete implementation of this activity: **OCCL**



- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_
- b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above **as of March 1, 2016**. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements \_\_\_\_\_

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

**Family Child Care Home- first aid and CPR pre-service, 12 hours of annual training required, attend an orientation regarding the regulations**

**Large Family Child Care Home- CPR and First Aid, 15 hours of annual training, attend an orientation regarding the regulations**

**Center- staff must receive an orientation prior to working with children, CPR and first aid must be completed within 2 months of hire. Staff must be qualified to be left alone with children. 18 hours of annual training are required for staff working more than 25 hours a week and nine clock hours are required for those working less than 25 hours a week.**

- Overall Target Completion Date (no later than September 30, 2016):

**These training topics will be added to the Family and Large Family Child Care regulations and become a part of the licensing process by 5/16. These trainings will be available online.**

- ~~Current~~Overall Status – Describe the State/Territory's overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other): **The center regulations were changed to reflect these requirements and the trainings will be online in the Fall of 2015.**

- ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) partially or substantially implemented \_\_\_\_\_
- Unmet requirement - Identify the requirement(s) ~~not fully to be~~ implemented:

**Currently, Family and Large Family Providers do not need training in all of the above specified topics. The additional topics will be added to the regulations as well as become part of the licensing process.**

Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.):

**These training topics will be added to the Family and Large Family Child Care regulations and become a part of the licensing process by 5/16. These trainings will be available online.**

- Projected start date for each activity: **The family and large family regulations will begin to be revised in 12/1/15.**
- Projected end date for each activity: **Regulations should be completed by 5/16.**
  - Agency – Who is responsible for complete implementation of this activity: **OCCL**
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity: **IT Department**

5.1.8 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition (including age appropriate feeding). Describe: **There are numerous regulations regarding nutrition.**

Access to physical activity. Describe: **There are numerous regulations that require a certain amount of physical activity per day in addition to scheduled outdoor play each day.**

Screen time. Describe

Caring for children with special needs. Describe: **There are regulations that require non-discrimination and adaptations to be made for those with special needs.**

**Recognition and reporting of child abuse and neglect. Describe:**

Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe

5.1.9 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.

**As a condition of being a Purchase of Care provider 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. Some of the health/safety concerns reviewed by monitors include: a check of whether the trash in the home is properly contained, a check of whether there are working utilities, i.e. water, electric, phone, etc., a check for signs of mold or infestation of insects or rodents, a check of the Outdoor play area to determine if there are any hazards endangering the child such as abandoned cars, equipment, unsecured trash, etc. Also 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.**

- Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. \_\_\_\_\_
- No, relatives are not exempt from CCDF health and safety training requirements.

**5.2 Monitoring and Enforcement Policies and Practices**

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities **as of March 1, 2016**. List the policy citation

**The Delaware Child Care Act is the law that supports the regulation of all child care facilities in the state. There are 5 sets of regulations that include Delaware requirements for child placing agencies, Delaware: Requirements for Residential Child Care and Day Treatment Programs, Delaware: Regulations for Early Care and Education and School-age Centers, Delaware: Rules for Family Child Care Homes, and Delaware: Rules for Large Family Homes.**

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- ~~Current~~Overall Status – Describe the State/Territory’s overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)

- ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~implemented to date if applicable \_\_\_\_\_
- Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented \_\_\_\_\_
  - Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g.,

legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_

- Projected start date for each activity \_\_\_\_\_
- Projected end date for each activity \_\_\_\_\_
- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). **While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.**

- c) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

Yes. The State/Territory certifies that **as of March 1, 2016** it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

**OCCL requires licensing staff to have a bachelor's degree in human services or a related field. Specialists are required to receive training in the health and safety regulations for each facility type they monitor.**

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
\_\_\_\_\_
- **Current Overall Status** – Describe the State/Territory’s overall status toward complete implementation for ~~any~~ this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) ~~not fully to be~~ implemented \_\_\_\_\_
    - **Tasks/Activities** – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_
      - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

d) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Yes. The State/Territory certifies that **as of March 1, 2016** it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits \_\_\_\_\_

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here.

Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016):  
**January 1, 2016**
- ~~Current~~Overall Status – Describe the State/Territory’s **overall** status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other):

**In progress, the state currently conducts pre-licensing visits for all facility types. The state also conducts a minimum of one unannounced full compliance review of large family and family homes each year.**

- ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable:

**In progress, the state currently conducts pre-licensing visits for all facility types. The state also conducts a minimum of one unannounced full compliance review of large family and family homes each year.**

Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented:

**The state currently does not conduct unannounced inspections of child care centers.**

- Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity: **January 1, 2016**
  - Projected end date for each activity: **November 2016**
  - Agency – Who is responsible for complete implementation of this activity: **OCCL**
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity: **N/A**

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an

annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

- Yes. The State/Territory certifies that **as of March 1, 2016** it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements: \_\_\_\_\_

**X** No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
**November 1, 2016**
- ~~Current~~Overall Status – Describe the State/Territory’s **overall** status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other): **Not yet started**
  - ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable:  
**License exempt providers were informed of the new regulations in June 2015 via email and some one on one site visits. The lead agency will require License exempt providers to become licensed by November 2016. A information session and Q/A is planned for January 6, 2016. The lead agency will offer one on one TA to aid providers in the development of a plan toward licensure.**
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented:  
**License exempt providers currently are not inspected.**
  - Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity: **December 2015**
    - Projected end date for each activity: **November 2016**



- Agency – Who is responsible for complete implementation of this activity: **The lead agency**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity: **OCCL**

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes. The State/Territory certifies that **as of March 1, 2016** it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

**The caseloads set by state law are 1 specialist to 150 sites. The current ratio is 1 specialist to 85 sites. 100% of the annual unannounced visits were completed on time for the past 7 years.**

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)  
\_\_\_\_\_
- **CurrentOverall** Status – Describe the State/Territory’s **overall** status toward complete implementation for **any** this requirement(s) **not fully implemented** (not yet started, partially implemented, substantially implemented, other) \_\_\_\_\_
  - ~~Implementation progress to date~~ **Implemented requirement(s)** – Identify any requirement(s) **partially or substantially** implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) **not fully** to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule

changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_

- Projected start date for each activity \_\_\_\_\_
- Projected end date for each activity \_\_\_\_\_
- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

e) **Child Abuse and Neglect Reporting** – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

Yes. Fully implemented and meeting all Federal requirements outlined above by **March 1, 2016**. List the Lead Agency’s policy citation(s) \_\_\_\_\_

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) \_\_\_\_\_
- ~~Current~~Overall Status – Describe the State/Territory’s **overall** status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)

\_\_\_\_\_

- ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~implemented to date if applicable:  
**Partially completed- center regulations require annual training on recognizing and reporting child abuse and neglect. The family and large family regulations will be revised to reflect these changes.**

- Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented:

**Partially completed- center regulations require annual training on recognizing and reporting child abuse and neglect. The family and large family regulations will be revised to reflect these changes.**

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule

changes, modify agreements with coordinating agencies, etc.):

**The family and large family regulations will be revised to reflect the changes and to comply with the new laws.**

- Projected start date for each activity: **December 2015**
- Projected end date for each activity: **January 2016**
- Agency – Who is responsible for complete implementation of this activity: **OCCL**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity: **N/A**

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

**The lead agency contracts with the University of Delaware who provides pre-service training and on-going professional development to our relative care providers. The curriculum has been revised to include all required health and safety topics.**

Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt **from which requirements (all or some)** and include how the State/Territory ensures the health and safety of children in relative care. \_\_\_\_\_

No, relatives are not exempt from inspection requirements.

### 5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories ~~are required to~~ **must** have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care

homes, this includes the caregiver requesting a check of him/herself, as well as ~~any~~ other ~~individuals~~adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and 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 child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - 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.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- Fully implemented and meeting all Federal requirements outlined above **by March 1, 2016**. List the policy citation within the Lead Agency's rules \_\_\_\_\_ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017):  
**September 30, 2017**
- ~~Current~~Overall Status – Describe the State/Territory's **overall** status toward complete implementation for **any** this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other) :  
**Partially implemented**
  - ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable:  
**Additional staff is needed to accomplish all the additional requirements, regulation changes, modifications and enhancements to department computer system pertaining to background checks. Forms will need to be updated, and the website will need to be revised.**
  - Unmet requirement - Identify the requirement(s) ~~not fully~~ to be implemented :  
**Criminal background check for each child care staff member, including prospective child care staff members every 5 years, sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, State child abuse and neglect registry where the staff member has resided over the past 5 years, National Crime Information Center check (run by the FBI), and National Sex Offender Registry check.**
    - Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule

changes, modify agreements with coordinating agencies, etc.):

**Additional staff is needed to accomplish all the additional requirements, regulation changes, modifications and enhancements to department computer system pertaining to background checks. Forms will need to be updated, and the website will need to be revised.**

- Projected start date for each activity: **We are not sure if funding will be available to begin implementation.**
- Projected end date for each activity: **We are not sure if funding will be available to begin implementation.**
- Agency – Who is responsible for complete implementation of this activity: **The Department of Services for Children, Youth and Their Families**
- Partners – Who is the responsible agency partnering with to complete implementation of this activity: **The lead agency, IT Department**
- 

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3<sup>rd</sup> party meet the requirements, protecting the privacy of child care staff members, and ~~appealing~~**providing opportunities for applicants to appeal** the results of background checks.

**The lead agency, DHSS, defers to DSCYF to conduct the background checks. DSCYF is audited by the the State Bureau of Identification and the Federal Bureau of Investigation to ensure checks are being conducted in a manner consistent with confidentiality requirements and that appeals are provided when an adverse decision is made or when a person questions the background checks results.**

5.3.3 Describe how the State/Territory is ~~helping~~**assisting** other States process background checks, including any agencies/entities responsible for responding to requests from other states:

**DSCYF works with other states when receiving requests to conduct child abuse and neglect checks under the Adam Walsh Act. DSCYF complies with all out of state requests under this ACT and provides results in a timely manner.**

5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

X Yes. Describe: **Delaware has policy surrounding criminal convictions and disqualifying parameters.**

No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

**X** Yes. Describe: **Delaware has policy surrounding criminal convictions and disqualifying parameters.**

No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

Yes, all relatives are exempt from all background check requirements.

Yes, some relatives are exempt from the background check requirements. **Describe if the State/Territory exempts some relatives from background check requirements, describe which relatives are exempt from which requirements (some or all).** \_\_\_\_\_

**X** No, relatives are not exempt from background checks.

5.3.7 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 conducted by the State/Territory or a 3<sup>rd</sup> party vendor or contractor. Lead Agencies can report that no fees are charged if applicable. **No fees are charged**

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

**Information regarding our criminal background check policy and procedures can be found on the website of the Office of Child Care Licensing.**

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes. List types of crime included in the aggregated data \_\_\_\_\_

No

## **6 Recruit and Retain a Qualified and Effective Child Care Workforce**

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that

emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a “career ladder” that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children’s development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

### **6.1 Training and Professional Development Requirements**

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements 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 across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such



as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

- 6.1.1 Describe the status of the State/Territory’s professional development system or framework, including training and professional development requirements 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.

The Lead Agency assures that the State/Territory’s training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.
- c) Incorporate knowledge and application of the State/Territory’s early learning and developmental guidelines (where applicable), the State/Territory’s health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
- d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
- e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text

responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- ~~Current~~Overall Status – Describe the State/Territory’s overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)

- 
- ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~implemented to date if applicable \_\_\_\_\_
  - Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented \_\_\_\_\_
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
      - Projected start date for each activity \_\_\_\_\_
      - Projected end date for each activity \_\_\_\_\_
      - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

State/Territory professional standards and competencies. Describe:

The state has Early Learning Foundations (standards for children to receive opportunities to learn as a part of activities, lesson plans and curriculum) for Infants, Toddlers and Preschoolers aligned with Common Core for children from Kindergarten through high school; and competencies (Core Knowledge and Skills – what

professionals should know and be able to do) for both early childhood and school-age professionals.

X Career ladder or lattice. Describe:

The state has a Career Lattice reflecting the educational requirements an early childhood or school-age professional needs at Steps 1-10. This Career Lattice is used in the state's QRIS, Delaware Stars, as a standard and is used for the state's compensation system, CORE.

X Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe:

The state has a long-standing articulation agreement between the two and four year higher education institutions.

X Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. 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.

X Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe:

The state maintains workforce data directly and through contracts with community partners: DIEEC and the Delaware Association for the Education of Young Children, DAEYC. The state has completed three workforce studies: 2002, 2007 and 2012 through contracts with the University of Delaware. The state is in process of contracting with the University to complete a workforce study in 2016 for center-based professionals. In addition, OCCL and DDOE maintains workforce information reflecting regulatory requirements, in their databases: OCCL has a regulatory database, FACTS; DDOE has a database, DPEC (Delaware Practitioners in Early Childhood) and has access to the K-12 DEEDS database, where some professionals retain dual certification. DIEEC maintains a database for on-going, quality assured professional development (training). DAEYC maintains a database on professional through T.E.A.C.H. Early Childhood and CORE.

X Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe:

**The state has an advisory structure through the Early Childhood Council.**

X Continuing education unit trainings and credit-bearing professional development.

Describe:

**The state has continuing professional development hours through the PD system or quality assurance and the annual licensing hours as required through regulations.**

**The state acknowledges credit-bearing continuing education through regionally accredited higher education institutions and has at least one articulation agreement for Administration and Leadership, leading to nine college credits.**

X State-approved trainings. Describe:

**See above. The state has a training approval system.**

X Inclusion in state and/or regional workforce and economic development plans.

Describe:

**The state has a cross sector professional development system, working with Part C Early Intervention, Part B Section 619, home visiting, head start and child care.**

X Other. Describe:

**The state has an active scholarship program for those pursuing CDA, State Credentials (credit-bearing), Associate and Bachelor Degrees, through T.E.A.C.H. Early Childhood.**

- 6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

**The state developed Delaware First in 1991. As the state's strategic plan (Early Success) began in the early 2000's, the Delaware Early Childhood Council (DECC) had a Professional Development Advisory Committee that reported to DECC. The most recent strategic plan revision, the workforce issues (education, professional development, recruitment, retention and compensation) became part of a larger Quality Programs and Professional Goal 2 Committee.**

- 6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional

development requirements (see Information Memorandum on Children’s Social Emotional and Behavioral Health <http://www.acf.hhs.gov/programs/occ/resource/im-2015-01> ):

**The state contracts with DIEEC to coordinate on-going training, including the topics of early learning foundations, health and safety and social emotional development/behavioral supports. These trainings include community-based face-to-face and online through a state developed website: [www.depdnow.com](http://www.depdnow.com)**

- 6.1.5** Describe how the State’s training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

**N/A**

- 6.1.6** Describe how the State/Territory’s training and professional development requirements are appropriate, to the extent practicable, for child care providers caring 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 disabilities, and Native Americans, including Indians and Native Hawaiians.

**Early childhood professionals are not required to complete specific training topics, but are able to complete courses on a wide variety of topics, including infants, toddlers, preschoolers and school-age; inclusion, and diversity. DIEEC coordinates and advertises topics approved through the quality assurance process through an on-line calendar. The training/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.**

- 6.1.7** Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

**X** Financial assistance for attaining credentials and post-secondary degrees. Describe:

**Through T.E.A.C.H. Early Childhood, early childhood professionals are able to obtain scholarships for state credentials, CDA, Associate and Bachelor degrees. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.**

**X** Financial incentives linked to education attainment and retention. Describe:

**The state created a compensation program in 2013, through the Early Learning Challenge Grant. The comensation program, CORE, provides Awards to qualified professionals working in programs participating in Delaware Stars, the state’s QRIS. Qualified professionals receive CORE Awards as they move up the Career Lattice and/or for retaining their employment in their early childhood programs year to year. Qualificaion include working a minimum of 30 hours per week with children Birth through five years and meeting salary maximums. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.\_**

X Registered apprenticeship programs. Describe:

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.

X Outreach to high school (including career and technical) students. Describe:

The state has eleven comprehensive and three VoTech high schools that offer an early childhood career path. Three of these high schools have piloted a dual enrollment with higher education institutions through the Early Learning Challenge Grant. The high school curriculum is aligned with the early childhood system: Early Learning Foundations, Competencies, Delaware Stars and Regulations.

X Policies for paid sick leave. Describe:

The state encourages this through the QRIS, Delaware Stars standards. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.

X Policies for paid annual leave. Describe:

The state encourages this through the QRIS, Delaware Stars standards. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.

X Policies for health care benefits. Describe:

The state encourages this through the QRIS, Delaware Stars standards. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.

X Policies for retirement benefits. Describe:

The state encourages this through the QRIS, Delaware Stars standards. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.

Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe \_\_\_\_\_

X Other. Describe:

The state provides free leadership professional development through the Early Learning Challenge Grant: Early Learning Leadership Initiative is a partnership with the McCormick Early Childhood Leadership Center at National Louis University, makes the Aim4Excellence

curriculum available to Administrators and other leaders employed by programs participating in Delaware Stars. This series of nine modules is an online self-paced series with intensive homework and tests that participants complete over a nine month period of time. Each month, participants meet in a community of practice with their peers. This series is available to articulate into nine college credits with support from T.E.A.C.H. Early Childhood.

- 6.1.8 Describe how the State/Territory will 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.

**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.**

- 6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- Other \_\_\_\_\_
- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary :

**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.

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory’s training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Yes. The State certifies that no later than **March 1**, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers:

**DIEEC is in the process of developing training on serving children homeless children and families. The training will have two parts, one for all teachers and educators and one for administrators. The early head start child care partners are working on meeting that head start standard.**

No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- ~~Current~~Overall Status – Describe the State/Territory’s overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)

\_\_\_\_\_

- ~~Implementation progress to date~~ Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~ implemented to date if applicable \_\_\_\_\_

- Unmet requirement - Identify the requirement(s) ~~not fully~~to be implemented \_\_\_\_\_

- Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_

- Projected start date for each activity \_\_\_\_\_



- Projected end date for each activity \_\_\_\_\_
- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
- Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

**6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds**

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

Yes. If yes,

- a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory’s progress in improving the quality of child care programs and services in the State/Territory.

**CCDF funds are used for the professional development system’s coordination, development and delivery through a contract with DIEEC. CCDF funds are also used for training for Relative Caregivers, exempt from Child Care Licening through a contract with DIEEC. CCDF funds are used for T.E.A.C.H. Early Childhood. CCDF funds are used for technical assistance and resources in the City of Wilmington for the Teacher’s Resource Center. CCDF funds are used for Capacity Building through a contract with Children and Families First, in which programs can request funds for professional development.**

- b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe: **Funds to DIEEC, see above details.**

Other funds. Describe: **State General Funds are also used for professional development, Early Childhood Apprenticeship, T.E.A.C.H. Early Childhood and career development. Early Learning Challeng Grant funds are used for TEACH Early Childhood, Aim4Excellence, targeted professional development related to Stars standards and CORE Awards.**

- c) Check which content is included in training and professional development activities. Check all that apply.

**X** Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe:

**Numerous trainings are offered in this domain through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, as face-to-face trainings in the community. Other offerings in this domain are free and available through [www.depdnow.com](http://www.depdnow.com).**

**X** Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social - emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe:

**See above**

**X** 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:

**See above**

**X** Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe:

**Numerous trainings are offered inn this domain through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, as face-to-face trainings in the community. Other offerings in this domain are free and available through [www.depdnow.com](http://www.depdnow.com).**

**X** On-site or accessible comprehensive services for children and community partnerships that promote families’ access to services that support their children’s learning and development. Describe: **see above**

**X** Using data to guide program evaluation to ensure continuous improvement. Describe: **see above**

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe \_\_\_\_\_

**X** Caring for and supporting the development of children with disabilities and developmental delays. Describe: **see above**

**X** Supporting positive development of school-age children. Describe: **see above**

Other. Describe:

**Other topics include those in support of the state Credentials: Administration, Curriculum & Assessment, Infant/Toddler, Preschool, School-Age and Inclusion.**

- d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary 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 postsecondary training including financial aid and academic counseling

State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

Other. Describe:

**Resources for providers are available through the City of Wilmington's Professional Development Center.**

No

- 6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

- 1) Number of pre-service or orientation hours and any required areas/content  
**Full time center staff is required to attend 18 hours annually; part time center staff is required to attend 9 hours annually. Attendance at a Licensing Orientation is required if not completed previously.**
- 2) Number of on-going hours and any required areas/content:  
**A minimum of three content domains is required**

b) Licensed Group Child Care Homes

- 1) Number of pre-service or orientation hours and any required areas/content:

**Large Family Child Care Providers are required to attend 15 hours annually. Attendance at a Licensing Orientation is required if not completed previously.**

- 2) Number of on-going hours and any required areas/content:  
**A minimum of three content domains is required**

c) Licensed Family Child Care Provider

- 1) Number of pre-service or orientation hours and any required areas/content:  
**Family Child Care Providers are required to attend 12 hour annually. Attendance at a Licensing Orientation is required if not completed previously.**
- 2) Number of on-going hours and any required areas/content:  
**A minimum of three content domains are required**

d) Any other eligible CCDF provider

- 1) Number of pre-service or orientation hours and any required areas/content:  
**Relative Caregivers, who are license exempt and contract with the Division of Social Services for child care subsidy, are required to complete 9 hours of pre-service training and 21 hours of subsequent trainings in different content areas within 12 months.**
- 2) Number of on-going hours and any required areas/content:  
**They are also now required to take 3 hours of training annually.**

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

**X** Fully implemented **as of March 1, 2016**. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance:

**A series of business practice trainings are available for Family Child Care as a part of the Family Child Care Credential. Aim4Excellence delves into these topics as a part of the Administration Credential for center-based leaders. Both center and family child care providers receive technical assistance in these areas through Delaware Stars and/or through the Capacity Building Grant. In addition, Delaware Stars has identified Family Child Care Ambassadors who provide support to their peers.**

- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- ~~Current~~Overall Status – Describe the State/Territory’s overall status toward complete implementation for ~~any~~this requirement(s) ~~not fully implemented~~ (not yet started, partially implemented, substantially implemented, other)

\_\_\_\_\_

- ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) ~~partially or substantially~~implemented to date if applicable \_\_\_\_\_
- Unmet requirement - Identify the requirement(s) ~~not fully to be~~ implemented \_\_\_\_\_
  - Tasks/Activities – What specific steps will you take to implement the ~~unmet~~ requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
    - Projected start date for each activity \_\_\_\_\_
    - Projected end date for each activity \_\_\_\_\_
    - Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity \_\_\_\_\_

\_\_\_\_\_

### 6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will 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, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory’s early learning and development guidelines appropriate for children from birth to kindergarten entry.

The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency:

**Early Learning and Development Guidelines are updated approximately every five years. The Foundations are in process of revision in 2015-2016.**

Fully implemented and meeting all Federal requirements outlined above **as of March 1, 2016**. List the Lead Agency’s policy citation(s) and describe using 6.3.2 through 6.3.4 below

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) \_\_\_\_\_
- ~~Current~~Overall Status – Describe the State/Territory’s **overall** status toward complete implementation for **any** requirement(s) **not fully implemented** (not yet started, partially implemented, substantially implemented, other)

\_\_\_\_\_

- ~~Implementation progress to date~~Implemented requirement(s) – Identify any requirement(s) **partially or substantially** implemented to date if applicable \_\_\_\_\_

- Unmet requirement - Identify the requirement(s) **not fully to be** implemented \_\_\_\_\_

- Tasks/Activities – What specific steps will you take to implement the **unmet** requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) \_\_\_\_\_
  - Projected start date for each activity \_\_\_\_\_

- Projected end date for each activity \_\_\_\_\_
- Agency – Who is responsible for complete implementation of this activity \_\_\_\_\_
- Partners – Who is the responsible agency partnering with to complete implement this activity \_\_\_\_\_

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

Birth-to-three. Provide a link:

[Infant/Toddler Early Learning Foundations \(PDF 707K\) \(updated 9/10\)](#)

Three-to-Five. Provide a link:

[Preschool Early Learning Foundations \(PDF 672K\) \(updated 9/10\)](#)

Birth-to-Five. Provide a link \_\_\_\_\_

Five and older (check if State/Territory has standards for five and older that complement **academic** but cover child development areas not covered by k-12 academic standards). Describe and provide a link \_\_\_\_\_

Other. Describe \_\_\_\_\_

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children’s cognitive, physical, social and emotional development and support children’s overall well-being?

Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

Child care providers are supported in developing and implementing curriculum/learning activities based on the State’s/Territory’s early learning and development guidelines. Describe \_\_\_\_\_

**X** The technical assistance is linked to the State’s/Territory’s quality rating and improvement system. Describe:

**Stars establishes quality standards for programs, provides technical assistance and limited financial support to enrolled programs as they engage in quality improvement efforts. Providers who enter the QRIS program are provided with ongoing technical assistance in their endeavor to move up in STARS and maintain their STAR levels.**

- X** Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe:

**Providers working with infants and toddlers receive TA and financial incentives through the STARS program.**

- Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe \_\_\_\_\_
- Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe \_\_\_\_\_

b) Indicate which funds are used for this activity (check all that apply)

- CCDF funds. ~~Describe~~ Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) \_\_\_\_\_
- X** Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

**Race to the Top Early Learning Challenge funds and state funds.**

6.3.4 Check here  to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- 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 effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

## **7 Support Continuous Quality Improvement**

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous



quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) 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, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

## 7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services:

**The overarching goal is to ensure all children will have access to high-quality early childhood programs and professionals; and to invest in participating programs to increase access to high quality care for all of Delaware's children, especially those from low-income families. Delaware Stars for Early Success is a Quality Rating and Improvement System for early care and education programs, used to assess, improve and communicate the level of quality. Stars establishes quality standards for programs, provides technical assistance and limited financial support to enrolled programs as they engage in quality improvement efforts.**

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) \_\_\_\_\_

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.):

**State General Funds and Early learning Challenge funds are used for Tiered reimbursement Bonuses.**

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

Indicate which funds will be used for this activity (check all that apply)

CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.)funds are being used along with other CCDF funds

**Quality set-aside funds are used through the CAPACITY BUILDING grant.**

**X** Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.):

**Early Learning Challenge and State General Funds**

**X** Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

Indicate which funds will be used for this activity (check all that apply)

**X** CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.):

**Quality set aside funds are currently being used to fund a statewide Resource and Referral system. Delaware will use this funding source to expand this system in the near future.**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

**X** Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

Indicate which funds will be used for this activity (check all that apply)

**X** CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.):

**CCDF Quality Funds**

**X** Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.):

**State General Funds**

**X** Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

Indicate which funds will be used for this activity (check all that apply)

**X** CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

**CCDF Quality Funds**

Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.):

### State General Funds

- Supporting accreditation. If checked, respond to 7.7.
  - Indicate which funds will be used for this activity (check all that apply)
    - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) \_\_\_\_\_
    - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) \_\_\_\_\_

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 7.8.

- Indicate which funds will be used for this activity (check all that apply)
  - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.):
  - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.):
- Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.
  - Indicate which funds will be used for this activity (check all that apply)
    - CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
    - Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.):

## 7.2 Quality Rating and Improvement System

### 7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available:

**The QRIS, Delaware Stars, is a voluntary system managed by the Department of Education, implemented under contract by the University of Delaware, Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC sub-contracts with Children & Families First. [www.delawarestars@udel.edu](http://www.delawarestars@udel.edu)**

- Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available \_\_\_\_\_
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

Participation is voluntary

Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) \_\_\_\_\_

Participation is required for all providers

Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels

Supports and assesses the quality of child care providers in the State/Territory

Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers

Embeds licensing into the QRIS. Describe:

**Programs in good standing with the Office of Child Care Licensing and not on an Enforcement Action are able to participate in Delaware Stars at a Star 1. Licensing is the Baseline.**

Designed to improve the quality of different types of child care providers and services

Describes the safety of child care facilities

Addresses the business practices of programs

Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled

Provides, to the maximum extent practicable, 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. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality:

**Tiered reimbursement Bonuses available to Stars 3, 4 & 5 programs; Quality Improvement Grants are available to Stars 2-4 programs; Infant Incentives are available to Stars 4 & 5 programs, in addition to T.E.A.C.H. and CORE Awards.**

Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/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 pre-kindergarten or preschool program

Local district supported pre-kindergarten programs

Programs serving infants and toddlers

Programs serving school-age children

Faith-based settings

Other. Describe. \_\_\_\_\_

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. \_\_\_\_\_

### 7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and 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.

7.3.1 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, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe:

**Through the Capacity Building program existing child care programs serving infants and toddlers are able to receive financial incentives and technical assistance to enhance/expand their programs.**

Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe \_\_\_\_\_

Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe:

**This is done through the professional development system, state credentials for Infant/Toddler Professionals and through the technical assistance in Delaware Stars and Capacity Building Programs.**

Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe:

**Financial incentives are provided through the Delaware Stars and Capacity Building programs.**

Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe:

**Coaching and counseling is also provided through the Delaware Stars and Capacity Building programs.**

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:

**Due to the cross sector nature of both Delaware Stars and the professional development system, coordination has been smooth. In addition, many school districts provide Itinerant Care for children with IFSP's and therefore supports in the natural environment, often a community child care program. On a state level, both Part C and Part B staff participate in the Stars Management Committee and the Goal 2 committee.**

X Developing infant and toddler components within the State's/Territory's QRIS. Describe:

**Stars has standards related to best practices for Infants and Toddlers including continuity of care, inclusion, low staff child ratios, credentials and family engagement.**

X 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.**

X Developing infant and toddler components within the early learning and development guidelines. Describe:

**Delaware's Early Learning Foundations were revised in 2010 to align with the birth through five continuum. The Foundations will be revised 2015-2016 and continue through Age 8.**

X Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe:

**Families are able to access quality 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 and Stars ratings; and the Office of Early Learning through the Early Learning Challenge Grant has a website and consumer education [www.greatstartsdelaware.com](http://www.greatstartsdelaware.com) and provides outreach through community events, with written materials in English and Spanish.**

X Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe:

**Through both Delaware Stars and the Child Care Capacity Building Programs, early childhood programs participate in program assessment using either the Infant Toddler Environment Rating Scale-Revised (ITERS-R) or Family Child Care Environment Rating Scale-Revised (FCCERS-R) to improve the quality in programs serving Infants and Toddlers. These improvements are supported with onsite technical assistance. In addition, Delaware is a grantee for the Early Head Start-Child Care Partnership Grant and thus improving access to**



quality professional development for teachers/educators and administrators for those serving infants and toddlers.

Other. Describe \_\_\_\_\_

- 7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory:

As part of the Early Learning Challenge, Delaware Stars is being evaluated, through a validation study. This study will be available early in 2016, noting the differences in the Star levels related to child outcomes and system design.

#### 7.4 Child Care Resource & Referral

- 7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7)

State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary:

The lead agency currently contracts with Children and Families First to operate a statewide resource and referral system for the general public, clients involved with the lead agency as well as those with difficult to place children including infant/toddlers, children who need care during non-traditional hours, children with disabilities and children in remote locations. Children and Families First is charged with maintaining an up to date data base of providers, which they update monthly, providing toll free 24 hour telephone access to parents requesting information about available child care; distributing educational materials on quality child care, child development, children's behavior, etc. CFF maintains a web enabled online search engine that enables staff to perform a live search for appropriate child care for clients by zip code. CFF assists clients by determining child care needs, assisting in their search for appropriate providers, verifying database information to determine possible openings, providing referrals, making follow-up calls to ensure child care is found and following up with a consumer satisfaction survey. CFF advertises the resource and referral services on their website, through public service announcements, literature in English and Spanish and participation in community events. Delaware does intend to redesign its Resource and Referral system in the future.

State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe \_\_\_\_\_

State/Territory is in the development phase

- 7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory:

**Children and Families First will submit monthly reports detailing the number of provider updates, the number of TA calls, number of referral packet requests, number of packets sent out, number of special needs child care requests, number of client self searches and the number of staff online searches. This information will inform us whether or not families are utilizing the information as intended in their search for quality child care, whether families with special child needs are being served, etc.**

## **7.5 Facilitating Compliance with State Standards**

- 7.5.1 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 and one Social Service Administrator position within the Office of Child Care Licensing. The Office of Child Care Licensing performs regular monitoring visits of all licensed child care providers in order to confirm 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.**

- 7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory:

**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-compliances are cited and a correction action plan developed with dates by which the non-compliances must be corrected. Complaint investigations or regular monitoring visits that reveal significant or repeated non-compliances 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.**

## **7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services**

- 7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children:

**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.**

- 7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory:

**Through the Early Learning Challenge Grant, the RAND Corporation will be conducting a validation study of the QRIS, making recommendations for system improvement using child outcome and system's data.**

## **7.7 Accreditation Support**

- 7.7.1 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 State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation:

**Through the QRIS the state supports accreditation as an alternative pathway.**

- Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe \_\_\_\_\_
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

- 7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory:

A crosswalk of both the QRIS, Delaware Stars, with NAEYC standards and Head Start Standards was completed and revisited with QRIS changes. Accredited programs are included in the RAND study.

## 7.8 Program Standards

- 7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe : **N/A**
- 7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory: **N/A**

## 7.9 Other Quality Improvement Activities

- 7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. **N/A**

## 8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

## 8.1 Program Integrity

- 8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements.

The lead agency participated in the state Self Assessment Meeting with federal partners on November 18 and 19<sup>th</sup>. Through this meeting we discovered that we will need to modify our definition as we did not as a practice distinguish between improper payment errors and administrative errors. This concern was addressed by defining the two violations. We will also continue quarterly error reduction meetings to address patterns of error found by Quality Control. Quality Control will continue to do reviews in non-reporting years to identify and address problem areas ahead of reporting years. There is also a Strategic Work Group that meets monthly to address concerns identified during the review cycle. The group which consists of Policy staff, Field staff, Professional Development staff, and Quality Control is charged with developing procedures to monitor the accuracy of child care case processing by March 31, 2016.

- 8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

Issue policy change notices

Issue new policy manual

Staff training

Orientations

Onsite training

Online training

Regular check-ins to monitor implementation of the new policies. Describe \_\_\_\_\_

Other. Describe \_\_\_\_\_

- 8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

DHSS contracts with several non-government entities including Children and Families First (CCF), The University of Delaware, and The Delaware Association for the Education of Young Children. CCF is our statewide Child Care Resource and Referral Agency and is charged with facilitating access to quality, affordable child care services by providing information and referral services to our families. The Delaware Association for the Education of Young Children manages a scholarship program for Early Childhood Educators. Through these scholarships those in the field can earn an Associate degree, a Bachelors degree or their CDA. The University of Delaware provides pre-service and ongoing professional development to our relative care providers. DHSS is responsible for the overall management and fiscal control of these contracts. DHSS ensures the state and department procurement policies and procedures are adhered to and set performance standards. The contracts are awarded on a continuing yearly basis for five years. DHSS also has a Memorandum of Understanding (MOU) with two non-TANF state agencies to provide services and activities under the grant. An MOU exists with the Department of Services for Children, Youth and Their Families (DSCYF) and the Department of Education (DOE) to improve the quality of child care. DSCYF is charged with establishing and enforcing the requirements and baseline standards for licensed child care providers in the state. In addition, DSCYF conducts criminal history records (federal and state) and child protection registry checks for licensed and licensed exempt providers for the protection of children. Additionally, DOE is responsible for updating and maintaining Delaware's agenda for improvement of early care and education and providing information to private sector entities. The MOU's between DHSS, DSCYF and DOE outline each Department's separate and joint responsibilities. The topics covered include program planning, financial procedures, training, licensing, and the investigations of complaints about child care providers. Contracts are monitored through monthly reports requiring statistics, data, etc and monthly meetings with vendors.

**Definition:** “Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as “vendors”). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified.”

- 8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program

violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))

Run system reports that flag errors (include types). Describe:

**Lead agency staff uses the share/match system database to run system reports for Quality Control case reviews which are done in reporting and non-reporting years to flag errors.**

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other. Describe \_\_\_\_\_

None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines \_\_\_\_\_

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), 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))

Run system reports that flag errors (include types). Describe:

**Lead agency staff uses the share/match system database to run system reports for Quality Control case reviews which are done in reporting and non-reporting years to flag errors.**

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other. Describe \_\_\_\_\_

None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines \_\_\_\_\_

8.1.5 Which activities (or describe under “Other”) the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under “Other”) the Lead Agency will use for unintentional program violations?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: **\$1.00**

Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe:

**Audit Recovery Management Services (ARMS) was the unit established to collect improper payments.**

Other. Describe \_\_\_\_\_

None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines \_\_\_\_\_

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: **\$1.00**

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

Recover through repayment plans

Reduce payments in subsequent months

Recover through State/Territory tax intercepts

Recover through other means

Establish a unit to investigate and collect improper payments. Describe composition of unit below:



**Audit Recovery Management Services (ARMS) was the unit established to collect improper payments from clients. The lead agency will collect improper payments from providers if they are a viable business. If they are a closed business recovery is turned over to ARMS.**

- Other. Describe \_\_\_\_\_
- None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines \_\_\_\_\_

c) Check which activities the Lead Agency will use for administrative error?

Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: **\$1.00**

Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)

- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means

Establish a unit to investigate and collect improper payments. Describe composition of unit below:

**Audit Recovery Management Services (ARMS) was the unit established to collect improper payments from clients and the lead agency will collect improper payments from providers if they are a viable entity. If they are a closed business recovery of funds is turned over to ARMS.**

- Other. Describe \_\_\_\_\_
- None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines \_\_\_\_\_

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? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified.

**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 provider. If checked, please describe, including a description of the appeal process for providers who are disqualified.

**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

Other. Describe \_\_\_\_\_