

**Race to the Top - Early Learning Challenge
Application for Initial Funding**

CFDA Number: 84.412

Narrative

The State of Delaware

October 19th, 2011

V. ELIGIBILITY REQUIREMENTS

The State must meet the following requirements to be eligible to compete for funding under this program:

(a) The Lead Agency must have executed with each Participating State Agency a Memorandum of Understanding (MOU) or other binding agreement that the State must attach to its application, describing the Participating State Agency’s level of participation in the grant. (See section XIII.) At a minimum, the MOU or other binding agreement must include an assurance that the Participating State Agency agrees to use, to the extent applicable--

- (1) A set of statewide Early Learning and Development Standards;
- (2) A set of statewide Program Standards;
- (3) A statewide Tiered Quality Rating and Improvement System; and
- (4) A statewide Workforce Knowledge and Competency Framework and progression of credentials.

List of Participating State Agencies:

The applicant should list below all Participating State Agencies that administer public funds related to early learning and development, including at a minimum: the agencies that administer or supervise the administration of CCDF, the section 619 of part B of IDEA and part C of IDEA programs, State-funded preschool, home visiting, Title I of ESEA, the Head Start State Collaboration Grant, and the Title V Maternal and Child Care Block Grant, as well as the State Advisory Council on Early Childhood Education and Care, the State’s Child Care Licensing Agency, and the State Education Agency.

For each Participating State Agency, the applicant should provide a cross-reference to the place within the application where the MOU or other binding agreement can be found. Insert additional rows if necessary. The Departments will determine eligibility.

Participating State Agency Name (* for Lead Agency)	MOU Location in Application	Funds/Program(s) administered by the Participating State Agency
* Delaware Department of Education	Appendix (A)(3)-1	<ul style="list-style-type: none"> • Oversee QRIS projects • Responsible for Workforce Development and Kindergarten Entry Assessment
Delaware Department of Services to Children, Youth and Their Families	Appendix (A)(3)-1	<ul style="list-style-type: none"> • Responsible for budgetary components of the QRIS tiered reimbursement, the Capital Expenditures Fund, and the POC Systems • Responsible for portions of the Health / Behavioral / Developmental Needs project
Department of Health and	Appendix	<ul style="list-style-type: none"> • Responsible for management and fiscal

Social Services	(A)(3)-1	oversight of most of the Health / Behavioral / Developmental Needs project
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(b) The State must have an operational State Advisory Council on Early Care and Education that meets the requirements described in section 642B(b) of the Head Start Act (42 U.S.C. 9837b).

The State certifies that it has an operational State Advisory Council that meets the above requirement. The Departments will determine eligibility.

Yes

No

(c) The State must have submitted in FY 2010 an updated MIECHV State plan and FY 2011 Application for formula funding under the Maternal, Infant, and Early Childhood Home Visiting program (see section 511 of Title V of the Social Security Act, as added by section 2951 of the Affordable Care Act of 2010 (P.L. 111-148)).

The State certifies that it submitted in FY 2010 an updated MIECHV State plan and FY 2011 Application for formula funding, consistent with the above requirement. The Departments will determine eligibility.

Yes

No

VI. SELECTION CRITERIA

Selection criteria are the focal point of the application and peer review. A panel of peer reviewers will evaluate the applications based on the extent to which the selection criteria are addressed.

Core Areas -- Sections (A) and (B)

States must address in their application all of the selection criteria in the Core Areas.

A. Successful State Systems

(A)(1) Demonstrating past commitment to early learning and development. (20 points)

The extent to which the State has demonstrated past commitment to and investment in high-quality, accessible Early Learning and Development Programs and services for Children with High Needs, as evidenced by the State's—

- (a) Financial investment, from January 2007 to the present, in Early Learning and Development Programs, including the amount of these investments in relation to the size of the State's population of Children with High Needs during this time period;
- (b) Increasing, from January 2007 to the present, the number of Children with High Needs participating in Early Learning and Development Programs;
- (c) Existing early learning and development legislation, policies, or practices; and
- (d) Current status in key areas that form the building blocks for a high quality early learning and development system, including Early Learning and Development Standards, Comprehensive Assessment Systems, health promotion practices, family engagement strategies, the development of Early Childhood Educators, Kindergarten Entry Assessments, and effective data practices.

In the text box below, the State shall write its full response to this selection criterion. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

Evidence for (A)(1):

- The completed background data tables providing the State's baseline data for--
 - The number and percentage of children from Low-Income families in the State, by age (see Table (A)(1)-1);
 - The number and percentage of Children with High Needs from special populations in the State (see Table (A)(1)-2); and
 - The number of Children with High Needs in the State who are enrolled in Early Learning and Development Programs, by age (see Table (A)(1)-3).

- Data currently available, if any, on the status of children at kindergarten entry (across Essential Domains of School Readiness, if available), including data on the readiness gap between Children with High Needs and their peers.
- Data currently available, if any, on program quality across different types of Early Learning and Development Programs.
- The completed table that shows the number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years (2007-2011) (see Table (A)(1)-4).
- The completed table that shows the number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years (2007-2011) (see Table (A)(1)-5).
- The completed table that describes the current status of the State’s Early Learning and Development Standards for each of the Essential Domains of School Readiness, by age group of infants, toddlers, and preschoolers (see Table (A)(1)-6).
- The completed table that describes the elements of a Comprehensive Assessment System currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-7).
- The completed table that describes the elements of high-quality health promotion practices currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-8).
- The completed table that describes the elements of a high-quality family engagement strategy currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-9).
- The completed table that describes all early learning and development workforce credentials currently available in the State, including whether credentials are aligned with a State Workforce Knowledge and Competency Framework and the number and percentage of Early Childhood Educators who have each type of credential (see Table (A)(1)-10).
- The completed table that describes the current status of postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators (see Table (A)(1)-11).
- The completed table that describes the current status of the State’s Kindergarten Entry Assessment (see Table (A)(1)-12).
- The completed table that describes all early learning and development data systems currently used in the State (see Table (A)(1)-13).

Introduction

For the state of Delaware, the Race to the Top – Early Learning Challenge competition could not have come at a better moment in terms of the momentum, organization, capacity and focus that our state can demonstrate in its early childhood system. With this grant funding, the federal Departments of Education and Health and Human Services have presented an unprecedented opportunity for states to take a leap forward in the outcomes they are able to achieve on behalf of young children. At a time of diffuse focus and fiscal crisis in many other states, and while facing its own significant fiscal challenges, Delaware has instead redoubled its commitment to a unified, effective statewide system for early care and education in recent years. Our state stands poised to do great things.

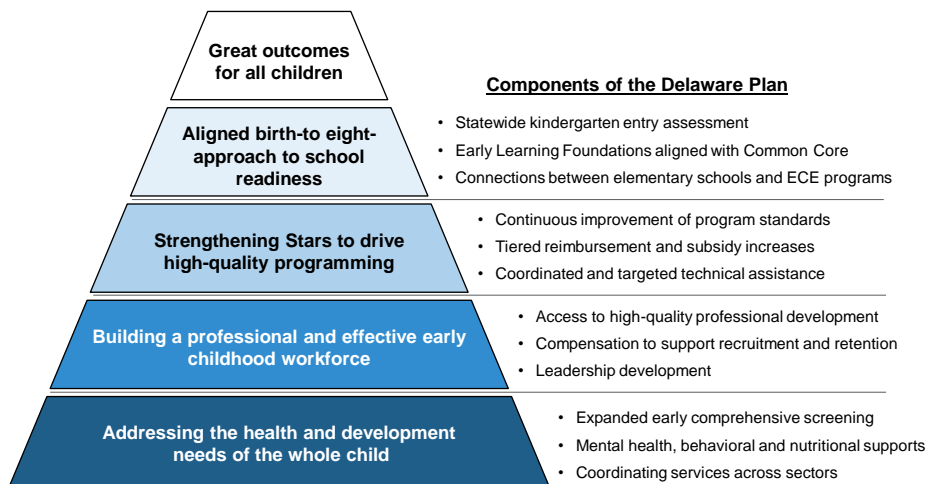
The case for Delaware is based on the foundations we have in place, the momentum we have built, the ambitiousness of our plans, and our proven ability to execute –

- Over the last 10 years, Delaware has built the foundations, infrastructure, and systems required for a unified statewide approach to quality early childhood programming: Beginning in 2001, Delaware released its first statewide plan for its early childhood strategy, launching an era of greater focus, coordination, and reform. Early Learning Standards have been developed and refined. A statewide tiered Quality Rating and Improvement System was adopted. Legislation brought greater collaboration and alignment to our governance structure. The progress has been dramatic and the foundations for greater gains are in place.
- Last year’s unprecedented investment in early childhood education allowed Delaware to move from building a solid foundation to implementing a quality focused system of care: Our plan reflects the leadership of our Governor, who has placed early childhood at the top of the state’s set of priorities. At a time when education budgets are under pressure in so many states – with Delaware being no exception – Governor Markell used the 2010-11 legislative session to move aggressively in the opposite direction: by winning approval for a \$22M annual investment in high-quality programming for high-needs children (an amount equivalent to *a 35% increase in state spending on early childhood*), the Governor established early care and education as the single largest new ongoing spending priority

in the state. The Governor has pushed his administration and all stakeholders to seize the moment presented by this grant, and is committed to sustaining these reforms after the grant period has ended.

- Delaware is putting forward a comprehensive strategy that uses grant funding in combination with other investments to place a clear focus on children with high needs: Yet this strategy – the framework of which appears below, and which is elaborated in Section (A)(2) – is not a departure for the state, but rather a logical continuation of the ambitious path established by the evolution of our statewide strategy over the past decade. As a result, Delaware has received eager and unanimous support for its plan from all stakeholders – including early childhood providers, K-12 districts and teachers, community partners, higher education institutions, elected officials, and others.

Delaware Strategy for Success in Early Learning and Development



- Delaware has a demonstrated ability to execute that makes its plans not only ambitious but also achievable: As a small state, Delaware has a greater ability to achieve focus and coherence in implementation, and to rally stakeholders together behind its goals. Yet Delaware has also demonstrated a unique ability – for a state of any size – to mobilize new capacity in support of innovation and new initiatives. This capacity, based on the strength of our public-private partnerships, sets Delaware apart from its peers. Having won the first Race to the Top grant focused predominantly on the K-12 sector, Delaware now has even more energy, capacity, and momentum to support the implementation of

ambitious goals, and even higher potential to increase ultimate outcomes for children, as gains in early childhood are amplified by improvements in K-12.

The sections that follow provide detail and evidence for these four points, and others, that encapsulate Delaware's readiness to take on the Early Learning Challenge.

(A)(1)(a)

Delaware's record of financial investment in its early childhood system demonstrates four overarching trends:

1. Despite challenging fiscal times and a budget deficit that has been as high as \$800M in recent years, Delaware has maintained its level of investment in statewide early care and education.
2. Presented with a window of opportunity in the most recent legislative cycle – a time period that preceded the release of this grant application – the Governor invested, with unanimous support from the Delaware legislature, an additional \$22M into the early childhood system, a 35% increase in state funding.
3. Delaware has recently received a range of additional federal grant funding that will contribute meaningfully to some of the key activities in our state plan, providing additional leverage to funding available through this grant.
4. Partnerships between the public sector and private sector have been vital both for tapping into additional resources, and – most importantly – mobilizing new capacity to support innovative initiatives.

Five-year trend in overall state investment (References Table A(1)-4)

From 2007 to 2011, Delaware's contribution to the early childhood system remained basically consistent, from \$61.1M in 2007 to \$61.0M in 2011. Although funding levels slipped temporarily at the depth of the recession in 2009, Delaware has increased investment by \$6M over the last two years (mainly through a reallocation of TANF spending) in order to maintain historical levels.

This commitment to upholding early childhood funding has come during a time period when Delaware, like many states, has confronted challenging fiscal times, and has had to manage – on an annual basis – to close budget deficits as large as \$800M. This context helps to reinforce the absolute priority that Delaware, and the current administration in particular, attaches to a high-quality early childhood system.

The \$22M statewide investment

As described above, in March 2011 the Governor achieved passage of \$22M in ongoing, annual spending related to early childhood – equivalent to a 35% increase in state funding vs. the \$61M total listed in Table (A)(1)-4. Although this effort preceded the release of any guidelines surrounding this grant competition, the investment itself is targeted directly at purposes consistent with the objectives of this application, namely ensuring access to high-quality programming for children with high needs:

- \$12M for an across-the-board increase in subsidy (purchase of care) reimbursement rates for programs serving low-income families
- \$7M for the launch of a tiered reimbursement policy, providing programs reaching the top tiers of the QRIS with the ability to be reimbursed at up to 100% of market rate
- \$2.5M to provide additional capacity for rating, technical assistance, and grants and awards for the tiered QRIS, in an effort to aggressively increase participation across types of early learning and development programs
- \$0.5M to offer additional scholarship opportunities for early childhood educators to attain a degree

The details of this investment, the new policies underlying it, and its effect on the state's goals are outlined in greater detail throughout Section (B). Overall, it is clear that this investment by the Governor is a dramatic statement of his commitment to early childhood, and will greatly accelerate Delaware's progress in providing high-quality programming to children with high needs.

Access to other grant resources

Delaware has a strong history of seeking and being awarded Federal grant funding to support planning and initiatives in the early childhood system and the provision of quality, evidence-

based services to children and families with high needs. The state has been awarded the following Federal grants which will contribute to the proposal put forth in this application and provide greater leverage for additional funding:

- State Advisory Council on Early Care and Education - \$664K
 - Funding to help transform and enhance Delaware’s current early childhood advisory council through projects that will build upon the foundations in place to advance the development and implementation of a comprehensive early childhood system.
 - Maternal, Infant and Early Childhood Home Visiting - \$5.8M
 - Funding to support the growth of evidence-based home visiting services and the development of a unified framework for coordinating screening, referral, and follow-up services (Help Me Grow).
 - Substance Abuse and Mental Health Services Administration B.E.S.T. Grant - \$4.5M
 - Funding (alongside Child Care Development Fund dollars) to support Delaware’s Early Childhood Mental Health Consultation Program.

Public Sector-Private Sector partnerships

Complimenting the public resources supporting Delaware’s early childhood system is a history of exceptional public-private partnerships that both push the ambition of the state’s goals and support the implementation of its most ambitious projects. In recent years, many such partnerships have their roots in Vision 2015, an initiative begun by a coalition of education, government, business and civic leaders in 2006, who worked to develop a bold and nationally-acclaimed reform plan designed to raise education outcomes in Delaware to among the best in the world. One of the primary recommendations in the Vision 2015 report was to invest in early childhood education. Since the release of the report, key public-private partnerships – linking state agencies with organizations such as the Delaware Business Roundtable, Nemours Health and Prevention Services, Rodel Foundation of Delaware and United Way of Delaware – have contributed significant momentum to strengthening the foundations of Delaware’s strategy while also bolstering our momentum towards operating as a quality-focused statewide system. Perhaps the most notable recent example of public-private partnerships is the launch of Delaware Stars for Early Success, the state’s tiered QRIS. Begun in 2007 with a mix of 60% private

funding (through United Way of Delaware) and 40% public funding (through quality set-asides in CCDF), Delaware Stars has become an integral part of the state's strategy, benefitted from a steep increase in funding levels, and has had its role formalized in Delaware State Code. The Delaware Institute for Excellence in Early Childhood, selected as the administrator of the Stars program, has contributed critical new capacity to the state system and served as a valuable partner to state agencies. And with the \$22M investment described above, the transition to public funding of the initiative is now complete. In sum, this partnership carries three signature hallmarks of Delaware's approach that will carry into the next stage of our reforms: accessing resources to support the state's most ambitious plan, mobilizing new sources of capacity to help the state execute, and supporting a transition to sustainable public funding.

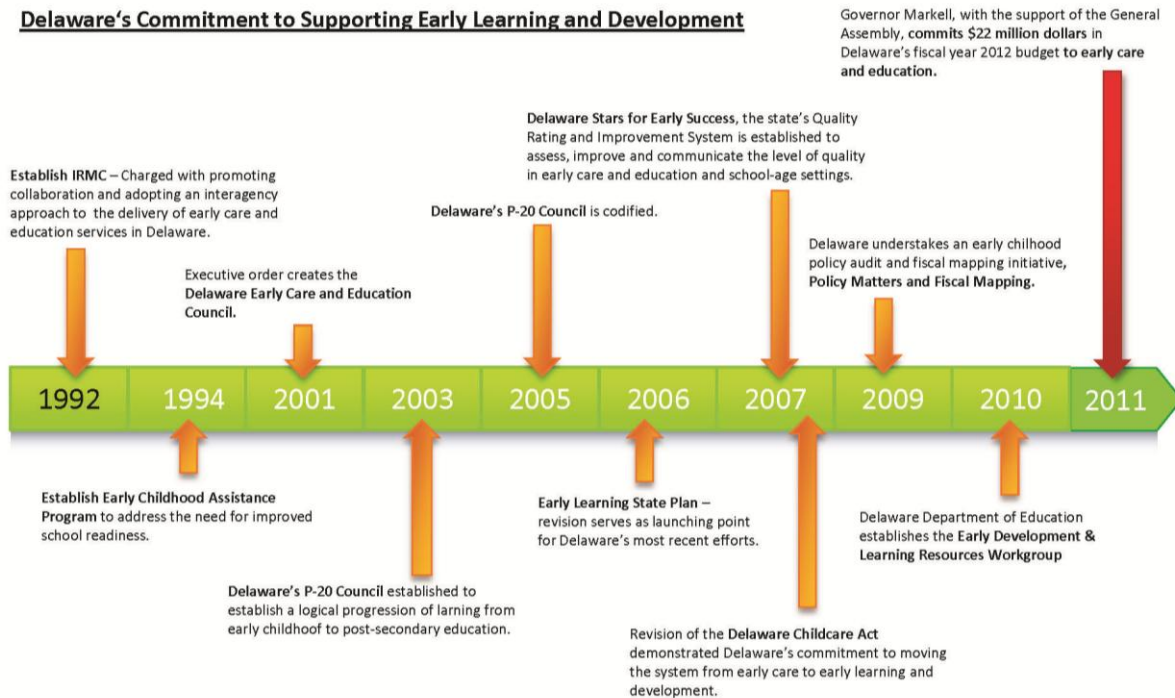
(A)(1)(b)

Delaware's strategy is designed to direct the greatest resources, focus, and attention to children with high needs. In Section (A)(2) (and then in greater detail throughout the plan), we outline the specific steps we have taken in each component of our strategy to put the interests of these children at the forefront of our planning.

Historical trends – as captured in Table (A)(1)-5 – also reflect this prioritization. This table shows that, across every type of early learning and development program in the state, the number of children with high needs being served either stayed flat or increased over the last five years. At a more detailed level, the trends within types of programs reinforce Delaware's focus on reaching the hardest-to-engage families and children through evidence-based strategies, with the largest gains coming in home visiting programs that have proven successful at building deep engagement with families directly from birth. Given Delaware's strategic objective to develop an aligned birth-to-eight approach to school readiness, these relationships are an integral part of our integrated strategy to meet the needs of these children and families.

(A)(1)(c)

The graphic below presents a timeline showing some of the highest-impact early learning and development legislation, policies, and practices over the past 10-20 years:



Of particular importance in this timeline are the efforts to strengthen the effectiveness of the state's governance structure for early childhood. Numerous steps have been taken in recent years to improve coordination and clarify decision-making structures, enabling Delaware to operate as a unified early childhood system – while still benefitting from the diverse areas of expertise that characterize the three Participating State Agencies.

Key milestones in these recent efforts include:

- *Reinvigoration of the IRMC¹*: A key challenge identified in the 2009 Policy Matters audit of state systems was the need for better coordination among early childhood agencies and programs. Participants in the Policy Matters process felt strongly that the IRMC, both in process and in its make-up, remained a critical foundation for Delaware's success in pursuing a coordinated early childhood agenda among state agencies and

¹ The IRMC (Interagency Resource Management Committee) is comprised of leaders from the three state agencies serving young children in Delaware: the Department of Education, the Department of Health and Social Services, and the Department of Services for Children, Youth and Their Families, as well as the Director of the Office of Management and Budget and the Controller General

stakeholders. As such, the IRMC was refocused in 2010, through changes to Delaware Code, on a modified mission focused on the oversight and coordination of the state's early childhood activities, and the ratification of key policy decisions.

- *Early Childhood Council revamp and establishment as State Advisory Council:* Simultaneously, DOE's Early Learning and Development Resources workgroup successfully pursued legislation to reconstitute the state's Early Childhood Council (ECC), which was originally established in 2001. The reconstitution marks the ECC's evolution since its inception from a council focused on early care and education (the provision of child care services to young children) to one inclusive of the broader early childhood system that encompasses care, education, health and human services and family support. Membership of the Early Childhood Council has been updated to reflect this change in stakeholder investment to include a broad range of stakeholders, including providers, as identified in Appendix (A)(1)-1, adding great value to this group that weaves together Delaware's agencies serving children.

Under oversight by the IRMC and ECC, state agencies come to the table often and effectively communicate about and execute policies that provide seamless services to children and families. The ECC was also designated to serve as Delaware's State Advisory Council on Early Childhood Education and Care for children birth to 8 years of age, as mandated in the Federal Improving Head Start for School Readiness Act of 2007.

The renewed focus on effective inter-agency coordination and engagement of a broad range of stakeholders from across the early childhood system was manifest in the process to prepare this State Plan. Under the authority of the IRMC, the state assembled a Strategy Planning Committee, chaired by Secretary Vivian Rapposelli of DSCYF, that reflected the cross-agency, public-private sector partnership working model in Delaware, with representatives from all three Participating State Agencies, the Governor's Office, OMB, as well as higher education institutions and philanthropic partners. This Committee convened seven action teams with broad cross-sector representation to assess Delaware's strengths, weaknesses, and opportunities across

policy areas, and held five statewide town hall meetings to gather input on the emerging strategy from the field.

As a result, Delaware’s strategy is one that reflects both the depth of expertise that exists across agencies within different areas of the early childhood system, and the breadth of input and perspectives that exists across the early childhood community in the state.

(A)(1)(d)

As described in greater detail in Section (A)(2) below, Delaware is focused on how to use grant resources in the way that will achieve the greatest impact, with the highest probability of successful implementation. The strategy we have crafted is fundamentally one that is rooted in an assessment of our strengths and assets as a system, and that builds on those areas to accelerate progress toward our goals.

Tables (A)(1)-6 to (A)(1)-13, in providing a simplified view of our efforts to-date across segments of the early childhood system, offer one viewpoint into the progress we have made. As a part of the planning process, we have examined this data as part of a broader evaluation of the building blocks of our system – with the goal to identify the strengths and opportunities off of which we can most effectively build a strategy for future impact.

The result is the overview below, which includes three general categories:

1. Core strengths that will form the foundation of our strategic efforts;
2. Critical needs that, despite our progress, demand more urgent work if we are to meet our vision of a unified, high-quality early childhood system;
3. Emerging practices that, with targeted investments across our strategic efforts, can develop even further over the grant period

Core strengths

- *Early Learning and Development Standards, Delaware’s version of which is the Early Learning Foundations* – As indicated in Table (A)(1)-6, the Early Learning Foundations address nearly all Essential Domains of School Readiness across the age groups they

address. Moreover, the Early Learning Foundations provide a basis for increasing strategic coherence throughout the birth-to-eight system: they are integrated with licensing standards, workforce competencies, and program standards at the early childhood level; and they are aligned with Common Core standards and other core content grade level expectations in the early grades. Please see Section (C)(1) for additional detail

- *Tiered QRIS, Delaware's version of this is Stars for Early Success* – The adoption of a statewide tiered QRIS provides Delaware with a singular asset for driving increased quality throughout the system, and the state is currently working on a redesign effort to improve even further on the underlying Program Standards and rating methodology. The \$22M investment from the Governor greatly enhances the potential of Stars by providing both resources for expanded capacity and incentives (via tiered reimbursement) for programs to participate and improve. Please see Section (B) for additional detail
- *Systems and frameworks to support workforce development* – Delaware has already developed much of the key infrastructure from which to build a coherent, effective strategy for workforce development. These include a statewide Workforce Knowledge and Competency Framework that is differentiated for certain key job functions, a series of credentials for educators that align with training requirements and job titles, and a professional development system that includes a relatively high level of alignment with those frameworks. There are a lot of important pieces off of which to build a more strongly integrated system that drives continuous improvement among educators. Please see Table (A)(1)-10-11 and Section (D)(1) for additional detail.
- *Health promotion practices*: This is an area of significant activity and immediate momentum for Delaware, which benefits from very strong private partnerships in this area (e.g., Nemours Health and Prevention Services), as well as from recent grants that will enable the state to build out promising practices (e.g., home visiting) and important concepts (e.g., Help Me Grow). Although there are some gaps in the current system (e.g., health literacy, as shown in Table (A)(1)-8), no other area allows Delaware to so richly exploit the diversity of agencies and partners within the state, now that these groups are increasingly coordinated within an integrated, systematic approach to the needs of the whole child. See Section (C)(3) for additional detail

Critical needs

- *Kindergarten entry assessment:* Through years of research, stakeholder engagement, and initial pilots, Delaware has begun to implement a model for kindergarten entry assessment. Yet as we thought about the building blocks for our strategy, we recognized that accelerating our progress toward the objective of statewide implementation would be one of the most powerful steps we could take to increase the coherence and quality-orientation of our state system. With an assessment in place, goals could be tied more readily to child outcomes, and tracked at an aggregate level; and we would have a more aligned platform off of which to deepen coordination from birth-to-eight around the meaning of child readiness, and what supports are most effective in reaching that standard.

Emerging Practices

- *Comprehensive Assessment Systems:* As indicated by Table (A)(1)-7, the application of Comprehensive Assessment Systems, while improving, lacks consistency across elements of assessment and different types of early learning and development programs. Feedback from early childhood providers and community partners is that the key need is for capacity-building among educators to understand developmentally appropriate assessment and to integrate a range of appropriate instruments into their practice – a need that Delaware targets repeatedly throughout different sections of the application. At the same time, such capacity-building efforts are best accomplished in an environment of aligned expectations for child readiness that extend up through the early grades, which contributed to Delaware’s decision to promote Kindergarten entry assessments as a strategic next step.
- *Effective data practices:* While Delaware today collects most critical data elements in a systematic fashion, and includes the Essential Data Elements across its various systems, a key step will be integrating these sources into a single view (a picture reinforced by the data available in Table (A)(1)-13. However (as described in Section (A)(2)), resources have already been set aside through the State Advisory Council funds and through the first Race to the Top that will serve to connect the elements of early childhood data into an

integrated “cube” that cuts across agencies, and then translate this data into the broader longitudinal data system being built with funds from RTTT Round One.

- *Family engagement strategies:* Each type of early learning and development program today has a clear set of strategies to support family engagement, as described in Table (A)(1)-9 – and these individual strategies are reinforced by the cross-sector standards applied through licensing and Delaware Stars. Developing a consistent message that can be carried to families across all types of early learning and development programs, and used to engage parents in our strategic objective to drive improvements in program quality, is a key next step. Developing a communications campaign and an ongoing engagement strategy to address this need is the main thrust of Delaware’s investment through this grant.

This review of our capabilities and strengths across areas of the early childhood system became a critical building block for designing and prioritizing within the strategy we describe further in Section (A)(2). These strengths and needs – when coupled with the underlying conditions of financial support, reform momentum, and increasing organizational cohesion – make for a compelling platform for achieving future gains.

Table (A)(1)-1: Children from Low-Income² families, by age		
	Number of children from Low-Income families in the State	Children from Low-Income families as a percentage of all children in the State
Infants under age 1	5,058	42%
Toddlers ages 1 through 2	9,970	42%
Preschoolers ages 3 to kindergarten entry	12,994	37%
Total number of children, birth to kindergarten entry, from low-income families	28,022	40%
<p><i>Notes: NCCP reports the percent of children under age 3 and ages 3-5 in low income families; NCCP percentages applied to 2011 Delaware population figures to estimate low-income children by the specified age brackets</i></p> <p><i>Source: National Center for Children in Poverty, Columbia University, Mailman School of Public Health, Delaware Population Consortium</i></p>		

Table (A)(1)-2: Special populations of Children with High Needs		
<p><i>The State should use these data to guide its thinking about where specific activities may be required to address special populations' unique needs. The State will describe such activities throughout its application.</i></p>		
Special populations: Children who . . .	Number of children (from birth to kindergarten entry) in the State who...	Percentage of children (from birth to kindergarten entry) in the State who...
Have disabilities or developmental delays³	4,917	7%
Are English learners⁴	7,090	10%
Reside on "Indian Lands"	No "Indian Lands" in DE	N/A

² Low-Income is defined as having an income of up to 200% of the Federal poverty rate.

³ For purposes of this application, children with disabilities or developmental delays are defined as children birth through kindergarten entry that have an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP).

⁴ For purposes of this application, children who are English learners are children birth through kindergarten entry who have home languages other than English.

Table (A)(1)-2: Special populations of Children with High Needs

The State should use these data to guide its thinking about where specific activities may be required to address special populations' unique needs. The State will describe such activities throughout its application.

Special populations: Children who . . .	Number of children (from birth to kindergarten entry) in the State who...	Percentage of children (from birth to kindergarten entry) in the State who...
Are migrant⁵	117	0.2%
Are homeless⁶	1,085	2%
Are in foster care	495	1%

*Notes: Estimated English learners by applying Kids Count 2010 reported "percentage of children ages 5-17 that speak a language other than English at home" to Delaware birth to Kindergarten population; Estimated the migrant and homeless population by applying Delaware DOE K-12 percentages for migrant students and homeless students to Delaware birth to kindergarten population
Source: Delaware Department of Education, Kids Count Data Center, Delaware Department of Health and Social Services, Delaware Population Consortium*

Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age

Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.

Type of Early Learning and Development Program	Number of Children with High Needs participating in each type of Early Learning and Development Program, by age			
	Infants under age 1	Toddlers ages 1 through 2	Preschoolers ages 3 until kindergarten entry	Total
State-funded preschool <i>Specify: ECAP Programs</i> <i>Data Source and Year: Delaware Department of Education, 2011</i>			843	843

⁵ For purposes of this application, children who are migrant are children birth through kindergarten entry who meet the definition of "migratory child" in ESEA section 1309(2).

⁶ The term "homeless children" has the meaning given the term "homeless children and youths" in section 725(2) of the McKinney-Vento Homeless Assistance Act (425 U.S.C. 11434a(2)).

Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age

Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.

Type of Early Learning and Development Program	Number of Children with High Needs participating in each type of Early Learning and Development Program, by age			
	Infants under age 1	Toddlers ages 1 through 2	Preschoolers ages 3 until kindergarten entry	Total
Early Head Start and Head Start⁷ <i>Data Source and Year: Delaware Head Start Collaboration Office, Telemon Head Start Program and the New Beginnings Early Head Start Program, 2011</i>	81	182	1,946	2,209
Programs and services funded by IDEA Part C and Part B, section 619 <i>Data Source and Year: Delaware Department of Health and Social Services, Delaware Department of Education, 2011</i>	85	788	1,553	2,429
Programs funded under Title I of ESEA <i>Data Source and Year: Delaware Department of Education, 2011</i>			835	835
Programs receiving funds from the State's CCDF program <i>Data Source and Year: Delaware Department of Health and Social Services, 2011 (Monthly Average)</i>	855	3,568	5,383	9,806
Other <i>Specify: Parents As Teachers</i> <i>Data Source and Year: Delaware Department of Health and Social Services, 2010-11 Affiliate Performance Reports</i>	343	994	553	1,890

⁷ Including children participating in Migrant Head Start Programs and Tribal Head Start Programs.

Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age

Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.

Type of Early Learning and Development Program	Number of Children with High Needs participating in each type of Early Learning and Development Program, by age			
	Infants under age 1	Toddlers ages 1 through 2	Preschoolers ages 3 until kindergarten entry	Total
Other <i>Specify: Nurse-Family Partnership</i> <i>Data Source and Year: Children & Families First, 2011</i>	62	9		71
<i>Notes: State-funded preschools are defined as those programs receiving ECAP funding; programs receiving CCDF funding are defined as those receiving funding through the purchase of care program; High Needs children served by Childcare Centers and Family Childcare Providers estimated based on the number of children receiving purchase of care; additional un-subsidized low income children may be served in childcare facilities, but data systems do not currently capture this information</i>				

Table (A)(1)-4: Historical data on funding for Early Learning and Development

Type of investment	Funding for each of the Past 5 Fiscal Years				
	2007	2008	2009	2010	2011
Supplemental State spending on Early Head Start and Head Start ⁸	0	0	0	0	0
State-funded preschool <i>Specify: ECAP Programs</i>	\$5,685,800	\$5,727,800	\$5,727,800	\$5,727,800	\$5,727,800
State contributions to IDEA Part C	\$2,720,000	\$2,720,000	\$2,878,900	\$2,858,900	\$2,858,900

⁸ Including children participating in Migrant Head Start Programs and Tribal Head Start Programs.

Table (A)(1)-4: Historical data on funding for Early Learning and Development					
Type of investment	Funding for each of the Past 5 Fiscal Years				
	2007	2008	2009	2010	2011
State contributions for special education and related services for children with disabilities, ages 3 through kindergarten entry	\$10,317,108	\$10,682,322	\$10,599,872	\$11,279,949	\$11,300,000*
Total State contributions to CCDF⁹	\$37,4405,378	\$25,521,118	\$11,336,791	\$10,947,816	\$10,900,543
State match to CCDF <i>Met</i>	\$9,644,633	\$9,795,498	\$9,855,939	\$9,947,882	\$9,901,773
TANF spending on Early Learning and Development Programs¹⁰	\$3,725,389	\$11,377,639	\$23,057,497	\$26,363,058	\$29,014,592
Other State contributions <i>Specify: Parents As Teachers</i>	\$1,291,000	\$1,317,000	\$1,327,000	\$1,121,600	\$1,121,600
Other State contributions <i>Specify: Nurse-Family Partnership</i>				\$48,039	\$48,039
Other Private contributions <i>Specify: Nurse-Family Partnership</i>			\$135,930	\$346,770	\$404,041
Total State contributions:	\$61,144,675	\$57,345,879	\$54,927,860	\$58,347,162	\$60,971,474
<i>Notes: Delaware state fiscal year begins July 1st and ends June 30th of the following year; *2011 State contributions for special education estimated based on 2010 expenditures Source: Delaware DOE, DHSS, State of Delaware Final Budget Bills</i>					

⁹ Total State contributions to CCDF must include Maintenance of Effort (MOE), State Match, and any State contributions exceeding State MOE or Match.

¹⁰ Include TANF transfers to CCDF as well as direct TANF spending on Early Learning and Development Programs.

Table (A)(1)-5: Historical data on the participation of Children with High Needs in Early Learning and Development Programs in the State

Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.

Type of Early Learning and Development Program	Total number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years ¹¹				
	2007	2008	2009 ¹²	2010 ¹⁷	2011 ¹⁷
State-funded preschool <i>(annual census count)</i> <i>Specify: ECAP Programs</i>	843	843	843	843	843
Early Head Start and Head Start¹³ <i>(funded enrollment)</i>	1,944	2,448	2,525	2,632	2,209
Programs and services funded by IDEA Part C and Part B, section 619 <i>(annual December 1 count)</i>	2,371	2,421	2,367	2,474	2,429
Programs funded under Title I of ESEA <i>(total number of children who receive Title I services annually, as reported in the Consolidated State Performance Report)</i>	265	6,384	410	266	835
Programs receiving CCDF funds <i>(average monthly served)</i>	9,789	9,235	9,304	9,907	9,806
Other <i>Describe: Parents as Teachers</i>	1,321	1,732	1,915	2,731	1,746
Other <i>Describe: Nurse-Family Partnership</i>					71
<p><i>Notes: State-funded preschools are defined as those programs receiving ECAP funding; programs receiving CCDF funding are defined as those receiving funding through the purchase of care program; High Needs children served by Childcare Centers and Family Childcare Providers estimated based on the number of children receiving purchase of care; additional un-subsidized low income children may be served in childcare facilities, but data systems do not currently capture this information; we suspect the 2008 Consolidated State Performance report overstated Title I participation do to unknown methodological changes; 2011 IDEA December 1st count estimated off of October 2011 count</i></p> <p><i>Source: Delaware Department of Education, Delaware Head Start Collaboration Office, Telemon Head Start Program and the New Beginnings Head Start Program, Delaware Department of Health and Social Services, Consolidated State Performance Report</i></p>					

¹¹ Include all Children with High Needs served with both Federal dollars and State supplemental dollars.

¹² Note to Reviewers: The number of children served reflects a mix of Federal, State, and local spending. Head Start, IDEA, and CCDF all received additional Federal funding under the 2009 American Recovery and Reinvestment Act, which may be reflected in increased numbers of children served in 2009-2011.

¹³ Including children participating in Migrant Head Start Programs and Tribal Head Start Programs.

Table (A)(1)-6 : Current status of the State’s Early Learning and Development Standards

Please place an “X” in the boxes to indicate where the State’s Early Learning and Development Standards address the different age groups by Essential Domain of School Readiness

Essential Domains of School Readiness	Age Groups		
	Infants	Toddlers	Preschoolers
Language and literacy development	X	X	X
Cognition and general knowledge (including early math and early scientific development)	X	X	X
Approaches toward learning			X
Physical well-being and motor development	X	X	X
Social and emotional development	X	X	X

Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State

Please place an “X” in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.

Types of programs or systems	Elements of a Comprehensive Assessment System				
	Screening Measures	Formative Assessments	Measures of Environmental Quality	Measures of the Quality of Adult-Child Interactions	Other
State-funded preschool <i>Specify: ECAP Programs</i>	X	X			
Early Head Start and Head Start ¹⁴	X	X		X	
Programs funded under IDEA Part C	X	X			
Programs funded under IDEA Part B, section 619	X	X			
Programs funded under Title I of ESEA					
Programs receiving CCDF funds					

¹⁴ Including Migrant and Tribal Head Start located in the State.

Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State

Please place an "X" in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.

Types of programs or systems	Elements of a Comprehensive Assessment System				
	Screening Measures	Formative Assessments	Measures of Environmental Quality	Measures of the Quality of Adult-Child Interactions	Other
Current Quality Rating and Improvement System requirements	X*	X	X		
State licensing requirements	X		X		
Other <i>Describe: Parents as Teachers</i>	X	X		X	
Other <i>Describe: Nurse-Family Partnership</i>	X	X		X	

Notes: The Environmental Rating Scale is required in all tiers of Stars (the current QRIS); State licensing utilizes environmental quality requirements based on Caring for Our Children; Stars point system prevents step relationship between individual Star components and tiers; *Will be covered under redesigned program standards scheduled to launch January 2012 currently (See Section B1 for further details)

Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State

Please place an "X" in the boxes to indicate where the elements of high-quality health promotion practices are currently required.

Types of Programs or Systems	Elements of high-quality health promotion practices				
	Health and safety requirements	Developmental, behavioral, and sensory screening, referral, and follow-up	Health promotion, including physical activity and healthy eating habits	Health literacy	Other
State-funded preschool <i>Specify: ECAP</i>	X	X	X	X	

Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State

Please place an "X" in the boxes to indicate where the elements of high-quality health promotion practices are currently required.

Types of Programs or Systems	Elements of high-quality health promotion practices				
	Health and safety requirements	Developmental, behavioral, and sensory screening, referral, and follow-up	Health promotion, including physical activity and healthy eating habits	Health literacy	Other
<i>Programs</i>					
Early Head Start and Head Start	X	X	X	X	
Programs funded under IDEA Part C		X			
Programs funded under IDEA Part B, section 619		X			
Programs funded under Title I of ESEA		X			
Programs receiving CCDF funds	X				
Current Quality Rating and Improvement System requirements	X	X	X	X	
State licensing requirements	X	X	X	X	
Other <i>Describe: Parents as Teachers</i>	X	X	X	X	
Other <i>Describe: Nurse-Family Partnership</i>	X	X	X	X	

Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State					
<i>Please place an "X" in the boxes to indicate where the elements of high-quality health promotion practices are currently required.</i>					
Types of Programs or Systems	Elements of high-quality health promotion practices				
	Health and safety requirements	Developmental, behavioral, and sensory screening, referral, and follow-up	Health promotion, including physical activity and healthy eating habits	Health literacy	Other
<i>Notes: Stars point system prevents step relationship between individual Star components and tiers</i>					

Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State	
<i>Please describe the types of high-quality family engagement strategies required in the State. Types of strategies may, for example, include parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and family literacy programs, parent involvement in decision making, and parent leadership development.</i>	
Types of Programs or Systems	Describe Family Engagement Strategies Required Today
State-funded preschool <i>Specify: ECAP Programs</i>	Delaware applies Head Start Performance Standards for family engagement; See below.
Early Head Start and Head Start	Head Start and Early Head Start (HS/EHS) Programs in Delaware use a systematic and integrated approach to parent and family engagement. Parent and family engagement activities are grounded in positive, ongoing relationships with families. Each family involved in HS/EHS has the opportunity to develop a family partnership agreement which outlines the relationship between the family and the HS/EHS program, expectations and responsibilities and supports families in setting family goals. Depending on the program and program option, these goals are revisited weekly, monthly, quarterly or twice a year. Parents are then linked to community resources to support them in obtaining the goals they set by themselves such as getting a GED, improving their housing, or getting a drivers license. Parents are encouraged and supported in being actively involved in all aspects of the program. All programs have an open door policy, a process for two-way communication with parents and a process in which parents are encouraged to volunteer in the classroom or other aspects of the program. The two way communication can take the form of daily or weekly communication logs, phone calls, emails, newsletters and face to face interaction. Each year there are at least two parent teacher conferences and an

Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State

Please describe the types of high-quality family engagement strategies required in the State. Types of strategies may, for example, include parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and family literacy programs, parent involvement in decision making, and parent leadership development.

Types of Programs or Systems	Describe Family Engagement Strategies Required Today
	<p>initial home visit in which parents and teachers share information about the child and his/her progress and develop ongoing relationships.</p> <p>Each program has a Policy Council which gives parents a voice and decision making authority in the design, implementation and goals of the program. At each program site there is a parent committee which helps plan and implement parent engagements activities, parent workshops and ensures the program is meeting children and family’s needs. The type of workshops varies from program to program depending on parent’s interests and needs. There is often a focus on literacy, understanding child development, and transition out of EHS into preschool or HS and transition to kindergarten. In addition, each program has developed a systematic approach to father engagement. This takes many diverse forms in Delaware programs from special events for father and child, support groups for fathers, making sure all events are father friendly, to making sure fathers are included in parent teacher conference. These are just some of the many ways Head Start and Early Head Start programs in Delaware implement high quality family engagement strategies.</p>
Programs funded under IDEA Part C	<p>The Part C procedural safeguards described in IDEA protect the rights of children and families and assure their role as fully informed members of the early intervention or special education team. Should disagreements between family members and service providers arise, multiple methods of problem-solving and dispute resolution, including mediation should be available. As described in the regulations of Part C of IDEA, parents of infants, aged birth through 2, should be key decision-makers and members of a multidisciplinary team process that develops and implements an Individualized Family Service Plan (IFSP). To optimize an infant or toddler's learning and development and assure the family's capacity to support their child's development, services are to be provided in natural environments. Families are also key stakeholders and actively participate on the Interagency Coordinating Council.</p>
Programs funded under IDEA Part B, section 619	<p>The Part B procedural safeguards described in IDEA protect the rights of children and families and assure their role as fully informed members of the early intervention or special education team. Should disagreements between family members and service providers arise, multiple methods of problem-solving and dispute resolution, including mediation should be available. As described in the regulations of Part B of IDEA, parents of preschoolers, should be key decision-makers and members of a multidisciplinary team process that develops and implements an Individualized Education Plan (IEP)</p>

Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State

Please describe the types of high-quality family engagement strategies required in the State. Types of strategies may, for example, include parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and family literacy programs, parent involvement in decision making, and parent leadership development.

Types of Programs or Systems	Describe Family Engagement Strategies Required Today
Programs funded under Title I of ESEA	School districts are required to work with parents in planning and implementing effective parental involvement activities to improve student academic achievement and school performance. LEAs must build the schools’ and parents’ capacity for strong parental involvement through the effective coordination and integration of parental involvement strategies including working with community partners such as Head Start, Reading First, Even Start, Parents as Teachers, Home Visiting Programs, State-run preschool programs, and Title III language instructional programs
Programs receiving CCDF funds	Licensing requirements apply to most programs (see below); other providers do not have family engagement requirements.
Current Quality Rating and Improvement System requirements	Delaware Stars requires programs to address quality in the domain of Family and Community Partnerships as a fundamental component of high quality early care and education services. Indicators are selected to improve the ongoing, bi-directional communication between programs and families and to provide meaningful family engagement sensitive to the needs of all families. FC1 Program welcomes all children and their families with procedures that embrace inclusion. FC2 Program communicates with families regarding strengths and needs for families of children: with identified disabilities; who are dual language learners. FC3 Program has each classroom provide regular written correspondence with families; individualized and daily for children under 36 months, group weekly correspondence for children 37 months and older. FC4 Program conducts conferences with families at least twice annually as a part of program practice. FS1Program systematically gathers information from families and uses data to inform program planning annually. FS2 Program implements a variety of family-centered events annually. FS3 Program supports transitions for families: into the program, within the program, out of the program.
State licensing requirements	Require that policies be in place to provide families “multiple opportunities for involvement” and “specific strategies to encourage the involvement of parents/guardians” [Rule #370]. And require that the “licensee shall ensure that parents/guardian have access to the Center to observe their children at any time without prior approval of the Center.” [#372] There is also a requirement that information about “children’s accomplishments and needs and when there are concerns, to refer parents/ guardians for additional help in

Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State

Please describe the types of high-quality family engagement strategies required in the State. Types of strategies may, for example, include parent access to the program, ongoing two-way communication with families, parent education in child development, outreach to fathers and other family members, training and support for families as children move to preschool and kindergarten, social networks of support, intergenerational activities, linkages with community supports and family literacy programs, parent involvement in decision making, and parent leadership development.

Types of Programs or Systems	Describe Family Engagement Strategies Required Today
	the community” [#370]. The Family and Large Family requirements are similar.
Other <i>Describe: Parents as Teachers</i>	As a home visiting program, family engagement is essential to the success of the intervention. PAT offers visits in evenings and on weekends to encourage greater participation. Stay and Play parent groups encourage parent-to-parent support.
Other <i>Describe: Nurse-Family Partnership</i>	Family engagement is a requirement of NFP. Families must commit to weekly home visits by the NFP nurses. Visits are designed for parent commitment and success.
<i>Notes: Stars point system prevents step relationship between individual Star components and tiers</i>	

Table (A)(1)-10: Status of all early learning and development workforce credentials¹⁵ currently available in the State

List the early learning and development workforce credentials in the State	If State has a workforce knowledge and competency framework, is the credential aligned to it? <i>(Yes/No/Not Available)</i>	Number and percentage of Early Childhood Educators who have the credential		Notes (if needed)
		#	%	
Early Childhood Administrator	Yes	1,062	13%	
Early Childhood Curriculum Coordinator	Yes	334	4%	

¹⁵ Includes both credentials awarded and degrees attained.

Table (A)(1)-10: Status of all early learning and development workforce credentials¹⁵ currently available in the State

List the early learning and development workforce credentials in the State	If State has a workforce knowledge and competency framework, is the credential aligned to it? (Yes/No/Not Available)	Number and percentage of Early Childhood Educators who have the credential		Notes (if needed)
		#	%	
Early Childhood Teacher	Yes	2,292	29%	
Early Childhood Assistant Teacher	Yes	1,672	21%	
Early Childhood Intern	Yes	1,023	13%	
School Age Administrator	Yes	351	4%	
School Age Site Coordinator	Yes	205	3%	
School Age Site Assistant	Yes	679	8%	
School Age Intern	Yes	180	2%	
<p><i>Notes: an individual may hold more than one credential; there are 7,980 Early Childhood Educators not all of whom have achieved a credential; all credentials are issued by the Delaware Department of Education</i></p> <p><i>Source: Delaware Department of Education</i></p>				

Table (A)(1)-11: Summary of current postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators

List postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators	Number of Early Childhood Educators that received an early learning credential or degree from this entity in the previous year	Does the entity align its programs with the State’s current Workforce Knowledge and Competency Framework and progression of credentials? (Yes/No/ Not Available)
Vocational High School Early Childhood Programs – 4 vocational high schools	72	Yes
Vocational High School Adult Education Programs – 4 vocational high schools	193	Yes
Comprehensive High School Early Childhood Career Tracks – 14 comprehensive high schools	120	Yes
Delaware Technical and Community College Corporate and Community Programs – 3 Campuses	300	Yes
Delaware Institute for Excellence in Early Childhood – Statewide program	0	Yes
University of Delaware – BA, MA, PhD	23	No
Delaware State University – BA	6	No
Wilmington University –BA	18	No
Delaware Technical and Community College – AA	61	No
<i>Notes: an individual may hold more than one credential; there are 7,980 Early Childhood Educators not all of whom have achieved a credential; all credentials are issued by the Delaware Department of Education</i>		

Table (A)(1)-12: Current status of the State’s Kindergarten Entry Assessment					
State’s Kindergarten Entry Assessment	Essential Domains of School Readiness				
	Language and literacy	Cognition and general knowledge (including early mathematics and early scientific development)	Approaches toward learning	Physical well-being and motor development	Social and emotional development
Domain covered? (Y/N)	Y	Y	Y	Y	Y
Domain aligned to Early Learning and Development Standards? (Y/N)	Y	Y	Y	Y	Y
Instrument(s) used? (Specify)	Teaching Strategies GOLD	Teaching Strategies GOLD	Teaching Strategies GOLD	Teaching Strategies GOLD	Teaching Strategies GOLD
Evidence of validity and reliability? (Y/N)	Y	Y	Y	Y	Y
Evidence of validity for English learners? (Y/N)	Y	Y	Y	Y	Y
Evidence of validity for children with disabilities? (Y/N)	Y	Y	Y	Y	Y
How broadly administered? (If not administered statewide, include date for reaching statewide administration)	Currently in Pilot Project. Statewide implementation by Fall 2013	Currently in Pilot Project. Statewide implementation by Fall 2013	Currently in Pilot Project. Statewide implementation by Fall 2013	Currently in Pilot Project. Statewide implementation by Fall 2013	Currently in Pilot Project. Statewide implementation by Fall 2013
Results included in Statewide Longitudinal Data System? (Y/N)	Not in Pilot Phase (will be in future efforts)	Not in Pilot Phase (will be in future efforts)	Not in Pilot Phase (will be in future efforts)	Not in Pilot Phase (will be in future efforts)	Not in Pilot Phase (will be in future efforts)

Table (A)(1)-13: Profile of all early learning and development data systems currently used in the State							
List each data system currently in use in the State that includes early learning and development data	Essential Data Elements						
	<i>Place an "X" for each Essential Data Element (refer to the definition) included in each of the State's data systems</i>						
	Unique child identifier	Unique Early Childhood Educator identifier	Unique program site identifier	Child and family demographic information	Early Childhood Educator demographic information	Data on program structure and quality	Child-level program participation and attendance
DELSIS	X						
eSchoolPlus	X		X	X			X
DPEC		X			X		
DEEDS		X			X		
OCCL			X				
VisitTrack				X			X
ChildPlus				X			X
COPA							X
Stars						X	

Evidence for (A)(1):

- The completed background data tables providing the State’s baseline data for--
 - The number and percentage of children from Low-Income families in the State, by age (see Table (A)(1)-1) – **see Narrative (A)(1) and Table (A)(1)-1**
 - The number and percentage of Children with High Needs from special populations in the State (see Table (A)(1)-2); and – **see Narrative (A)(1) and Table (A)(1)-2**
 - The number of Children with High Needs in the State who are enrolled in Early Learning and Development Programs, by age (see Table (A)(1)-3) – **See Narrative (A)(1) and Table (A)(1)-3**
- Data currently available, if any, on the status of children at kindergarten entry (across Essential Domains of School Readiness, if available), including data on the readiness gap between Children with High Needs and their peers – **See Appendix (B)(5)-1 and Narrative (A)(1)**
- Data currently available, if any, on program quality across different types of Early Learning and Development Programs – **See Narrative (A)(1)**
- The completed table that shows the number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years (2007-2011) (see Table (A)(1)-4) – **see Table (A)(1)-4**
- The completed table that shows the number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years (2007-2011) (see Table (A)(1)-5) – **see Table (A)(1)-5**
- The completed table that describes the current status of the State’s Early Learning and Development Standards for each of the Essential Domains of School Readiness, by age group of infants, toddlers, and preschoolers (see Table (A)(1)-6) – **see Table (A)(1)-6**
- The completed table that describes the elements of a Comprehensive Assessment System currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-7) – **see Table (A)(1)-7**
- The completed table that describes the elements of high-quality health promotion practices currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-8) – **see Table (A)(1)-8**
- The completed table that describes the elements of a high-quality family engagement strategy currently required within the State by different types of Early Learning and Development Programs or systems (see Table (A)(1)-9) – **see Table (A)(1)-9**
- The completed table that describes all early learning and development workforce credentials currently available in the State, including whether credentials are aligned with a State Workforce Knowledge and Competency Framework and the number and percentage of Early Childhood Educators who have each type of credential (see Table (A)(1)-10) – **see Table (A)(1)-10**
- The completed table that describes the current status of postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators (see Table (A)(1)-11) – **see Table (A)(1)-11**
- The completed table that describes the current status of the State’s Kindergarten Entry Assessment (see Table (A)(1)-12) – **see Table (A)(1)-12**
- The completed table that describes all early learning and development data systems currently used in the State (see Table (A)(1)-13) – **see Table (A)(1)-13**

(A)(2) Articulating the State’s rationale for its early learning and development reform agenda and goals. (20 points)

The extent to which the State clearly articulates a comprehensive early learning and development reform agenda that is ambitious yet achievable, builds on the State’s progress to date (as demonstrated in selection criterion (A)(1)), is most likely to result in improved school readiness for Children with High Needs, and includes--

(a) Ambitious yet achievable goals for improving program quality, improving outcomes for Children with High Needs statewide, and closing the readiness gap between Children with High Needs and their peers;

(b) An overall summary of the State Plan that clearly articulates how the High-Quality Plans proposed under each selection criterion, when taken together, constitute an effective reform agenda that establishes a clear and credible path toward achieving these goals; and

(c) A specific rationale that justifies the State’s choice to address the selected criteria in each Focused Investment Area (C), (D), and (E), including why these selected criteria will best achieve these goals.

In the text box below, the State shall write its full response to this selection criterion. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State’s success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

Evidence for (A)(2)

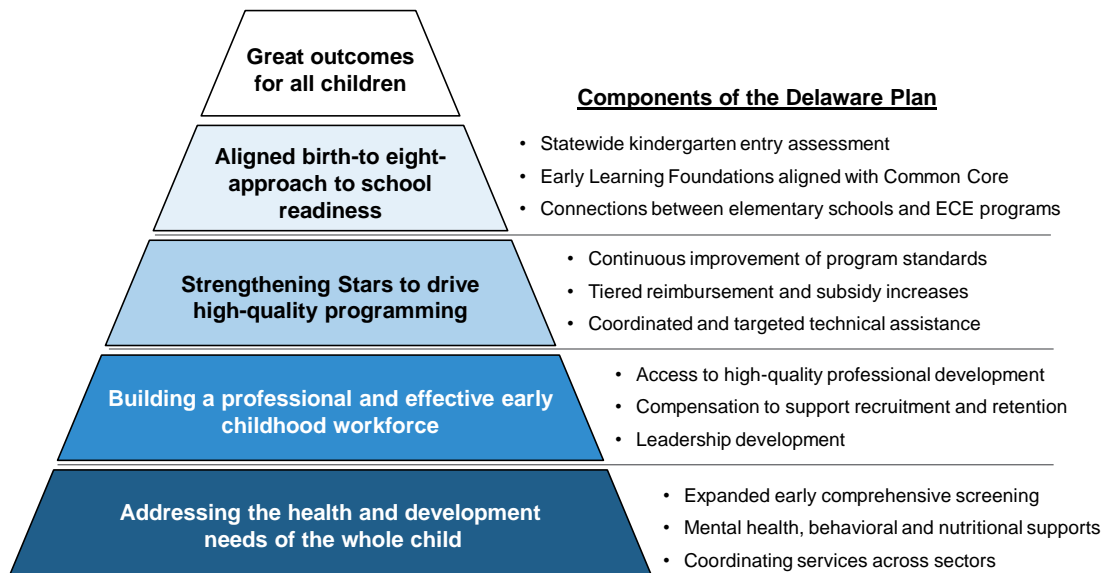
- The State’s goals for improving program quality statewide over the period of this grant.
 - The State’s goals for improving child outcomes statewide over the period of this grant.
 - The State’s goals for closing the readiness gap between Children with High Needs and their peers at kindergarten entry.
 - Identification of the two or more selection criteria that the State has chosen to address in Focused Investment Area (C).
 - Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (D).
 - Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (E).
 - For each Focused Investment Area (C), (D), and (E), a description of the State’s rationale for choosing to address the selected criteria in that Focused Investment Area, including how the State’s choices build on its progress to date in each Focused Investment Area (as outlined in Tables (A)(1)6-13 and in the narrative under (A)(1)) and why these selected criteria will best achieve the State’s ambitious yet achievable goals for improving program quality, improving outcomes for Children with High Needs statewide, and closing the readiness gap between Children with High Needs and their peers.

(A)(2) Introduction

Building on the history of increasing investment and integration described above in Section (A)(1), the plan Delaware outlines in this application is not just an approach to allocating resources for this grant competition. Rather, it is a strategy for organizing all of our early care and education efforts statewide, building up to the goal of great outcomes for all children.

The framework for this strategy is represented in the graphic below:

Delaware Strategy for Success in Early Learning and Development



Over the course of this plan, we will demonstrate that this strategy is one that:

- Places the interests of children with high needs at the forefront
- Extends to all programs and sectors of early childhood to ensure a systemic approach to serving all children
- Has the explicit support of key stakeholders in the early childhood system
- Is rooted in Delaware's strengths and established capacities
- Builds on those strengths to develop areas of exemplary practice that stand out in the national landscape

The priorities in our strategy represent the logical extension of the historical efforts in our state, and they will be the priorities that drive our work whether or not Delaware is fortunate enough to receive funding through this grant. Our excitement to participate in the Race to the Top–Early Learning Challenge is driven by two unique opportunities:

1. *To accelerate the pace of progress toward our objectives and goals* – These funds will be a catalyst for faster progress in Delaware, not a cause to start from scratch
2. *To take areas of good work within our state and make them great* – The opportunity exists in Delaware to develop a true national model for early learning and development

The sections that follow provide more detail on our goals and our plans, and describe how we have chosen to focus the use of resources available in this grant toward the areas that we believe will have the greatest impact in the next four years and beyond.

(A)(2)(a)

Implicit in the organization of our strategy is a belief that – provided adequate supports for whole child needs and for workforce development – high-quality programming is the most powerful lever for improving child outcomes. Our vision for the future is of a unified early childhood system in which high quality is the norm. Yet today, two basic challenges are limiting our progress in making that vision a reality for all children:

1. Participation in the tiered QRIS (known as Delaware Stars) is inconsistent across different types of early learning and development programs
2. Even among Stars participants, children with high needs are less likely to be enrolled in high-quality Stars-rated programs than their peers

The consequence of these two challenges is that only 5% of high-needs children in Delaware are enrolled in a high-quality program (as defined by the top three tiers of Stars). Underlying our entire plan is the urgency we feel to increase this number as rapidly as possible; believing that

over time such increases will translate to significant gains in child outcomes, in early learning programs and beyond.

Therefore, our plan calls for an ambitious and rapid buildup of both participation and quality in Delaware Stars (the state's tiered QRIS):¹⁶

- Percentage of high-needs children participating in a Stars-rated program:
 - *From 20% today to 78% by the end of the grant period*
- Percentage of Stars-rated programs that reach the top tiers of quality (Star level 3-5):
 - *From 27% today to 62% by the end of the grant period*
- Percentage of high-needs children enrolled in a top-tier program (Star level 3-5):
 - *From 5% today to 58% by the end of the grant period*

If we are successful in implementing our plan and achieving these targets, not only will we have increased the number of high-needs children in high-quality programs *by nearly 12 times*, but we will have established momentum and a platform for further gains toward the aspirational goal that all children – and especially those with high needs – should have access to high-quality programming. As ambitious as these targets are for the grant period, we are confident that they can be achieved given the investments in place and the additional activities outlined in this plan.

We know from years of experience in the field that inequities in program quality are leading to gaps in child outcomes – both overall and especially between children with high needs and their peers. Yet Delaware has not had the instruments in place to quantify these outcomes, set goals for improvement, and monitor our progress toward those targets. With the implementation of this plan, and its inclusion of a statewide kindergarten entry assessment, we will be in a position to understand in a more quantifiable way the gaps that we have to help our children to close.

¹⁶To set Stars targets, we define the addressable universe of High Needs children in child care as those Children with High Needs participating in location-based programs including: licensed day care centers, licensed family child care providers, Head Start & Early Head Start programs, ECAP programs, Title 1 Programs, and IDEA Part B Programs

Therefore, although it is difficult to set benchmarks for progress in child outcomes today, we make the following commitments about moving toward those targets in the future:

- Expanded pilots of kindergarten entry assessment, against a representative sample of children statewide, will be used to establish baseline levels for child outcomes and the readiness gap beginning in 2012-13
- Once baseline figures have been established, we will set targets for annual improvement that are based on meeting or exceeding the best practices that exist nationally

By the end of the grant period, we will have attained a unified system of early childhood services, moving toward ambitious long-term goals for child outcomes, that is characterized by both the dual themes of coordination across early learning and development programs and clear priority of resources toward children, families, and programs with high needs. These two themes cut across all aspects of our strategy, as detailed in the next section.

(A)(2)(b)



Delaware’s strategy is based on four key areas of activity, each of which builds on the area below it in leading up to great outcomes for all children:

1. At the foundation of our strategy is Addressing the health and development needs of the whole child. Our ultimate goal will be measured by readiness for kindergarten, but preparing children for success in school starts at birth, and has to prioritize physical, social, and emotional development as a foundation for later academic skills.
2. The next step in our strategy is Building a professional and effective early childhood workforce. Children benefit from adult relationships that provide enriching, responsive

learning experiences in safe and developmentally appropriate conditions. The quality of early childhood programming is ultimately determined by the quality of our workforce.

3. Having a professional and effective workforce will enable the next step of *Strengthening Stars to drive high-quality programming*. Delaware Stars is the statewide tiered QRIS, which will be aggressively promoted as a unified framework for quality and vehicle for improvement, to be adopted and understood by programs, educators, and families.
4. High-quality programming is our strongest lever to achieve the desired outcomes of an *Aligned birth-to-eight approach to school readiness*. Delaware will use a statewide kindergarten entry assessment to baseline and track progress in child preparedness across the Essential Domains of School Readiness, and will put structures in place to bolster alignment between early care and education and the early elementary grades.

Each of the four critical areas in Delaware’s strategy have been developed with two overarching imperatives: first, to direct the greatest focus and resources toward the children, families, and programs with the greatest need; and second, to address the needs of the different types of early learning and development programs in the state. The connection of these two themes to each of the four strategic areas is outlined below.

Addressing the health and development needs of the whole child

Described in detail in Section (C)(3)



How does this piece of the strategy prioritize children, families, and programs with high needs?

- Through the construction of Help Me Grow, Delaware’s statewide framework for organizing and coordinating health and development supports. Help Me Grow has been designed with an emphasis on helping families navigate the different agencies and partners in the sector, and coordinating systems for referral and follow-up to ensure complete coverage
- Through the growth of evidence-based home visiting, which is targeted at the state’s highest-need neighborhoods

- Through expansion of capacity in several critical service areas, including early comprehensive screening, mental health consultation, and nutritional supports. This capacity will ensure that all children with high needs are identified early, that preventive supports are in place where possible, and that children receive the services they require

How does this piece of the strategy address the needs of different types of early learning and development programs?

- To-date, tools and supports for early comprehensive screening, mental health consultation, and nutritional supports have not had sufficient capacity to meet the full statewide need. By investing in these service areas, we will ensure that all types of early learning and development programs can benefit from these services
- Help Me Grow serves as an umbrella for coordinating early childhood health, social, and educational services, ensuring that all programs are benefiting from an integrated approach to meeting children’s needs

Building a professional and effective workforce

Described in detail in Section (D)(1) and (D)(2)



How does this piece of the strategy prioritize children, families, and programs with high needs?

- Delaware’s strategy for educator compensation focuses directly on programs that are serving high concentrations of children with high needs, and includes both (a) recruitment bonuses to help attract qualified educators; and (b) ongoing wage enhancements that provide incentives for improvement and retention along the state’s career lattice
- This same set of high-needs programs will benefit from a more intense level of on-site leadership coaching, as well resources for program directors to fund release time that enables professional development work with educators outside of classroom hours

How does this piece of the strategy address the needs of different types of early learning and development programs?

- Delaware is broadening the set of credentials that are available to early childhood educators to include diverse opportunities for more specialized expertise. Workforce members across all types of programs will be able to benefit from the new credential opportunities
- Plans to increase access to high-quality professional development and leadership coaching will apply to all educators across all programs. Delaware intends to foster more cross-sector collaboration and development opportunities, while also finding areas where stronger communities of practice within program types would be effective (e.g., for family child care providers)

Strengthening Stars to drive high-quality programming

Described in detail in Section (B)(1) through (B)(5)



How does this piece of the strategy prioritize children, families, and programs with high needs?

- To support the ambitious yet achievable targets for increasing participation in Stars, Delaware is increasing reimbursement rates across-the-board, and launching a tiered reimbursement policy that allows for high-quality programs to access up to 100% of market rate for purchase of care children
- To focus improvement efforts at the highest-need programs, Delaware is expanding an intensified technical assistance model that works closely with cohorts of programs located in high-poverty neighborhoods
- To assist families in making decisions about early childhood programming for their children, Delaware will provide information about program quality through both a comprehensive communications campaign and ongoing agency-driven touchpoints

How does this piece of the strategy address the needs of different types of early learning and development programs?

- To strengthen Stars as a systemic framework for quality, Delaware is adopting a series of new policy and programmatic decisions to ensure that Stars is adopted by all types of early learning and development programs. These include: mandating Stars participation for state-funded Pre-K (ECAP) programs; reaching universal participation of Head Start / Early Head Start programs; and developing a new pathway for Stars participation among school-based license-exempt programs that are monitored by the DOE
- To aid programs in improving along the tiered QRIS, Delaware is integrating technical assistance resources across available funding streams to ensure that all programs receive consistent messages and support about areas to focus for improvement
- To allow for different programs to focus on the improvements necessary for their own type of organization to deliver high quality early child learning and development, Delaware has created different standards for different types of programs

Aligned birth-to-eight approach to school readiness

Described in detail in Section (C)(1) and (E)(1)



How does this piece of the strategy prioritize children, families, and programs with high needs?

- As Delaware prepares to implement a statewide kindergarten entry assessment, the process of piloting and evaluation will include engagement of stakeholders and experts regarding developmental, linguistic, and cultural appropriateness
- To improve coordination of early learning and development programs with elementary schools, Delaware will sponsor the creation of “readiness teams” that include stakeholders from both systems, in the elementary school communities of greatest need
- To ensure that learning standards account for children with high needs, the development process, guiding principles, and final Early Learning Foundations incorporated the needs of children with disabilities, dual language learners, and other special populations

How does this piece of the strategy address the needs of different types of early learning and development programs?

- All early learning and development programs utilize the Early Learning Foundations as the universal statewide definition of learning standards
- As Delaware selects and begins to implement a statewide kindergarten entry assessment, the state will also provide training to all early childhood educators across program types to build a unified, aligned view of developmentally appropriate assessment
- All early learning and development programs in the target geographic areas will be invited / represented in the readiness teams, ensuring that all voices are heard and helping to foster a common strategy for improving school readiness

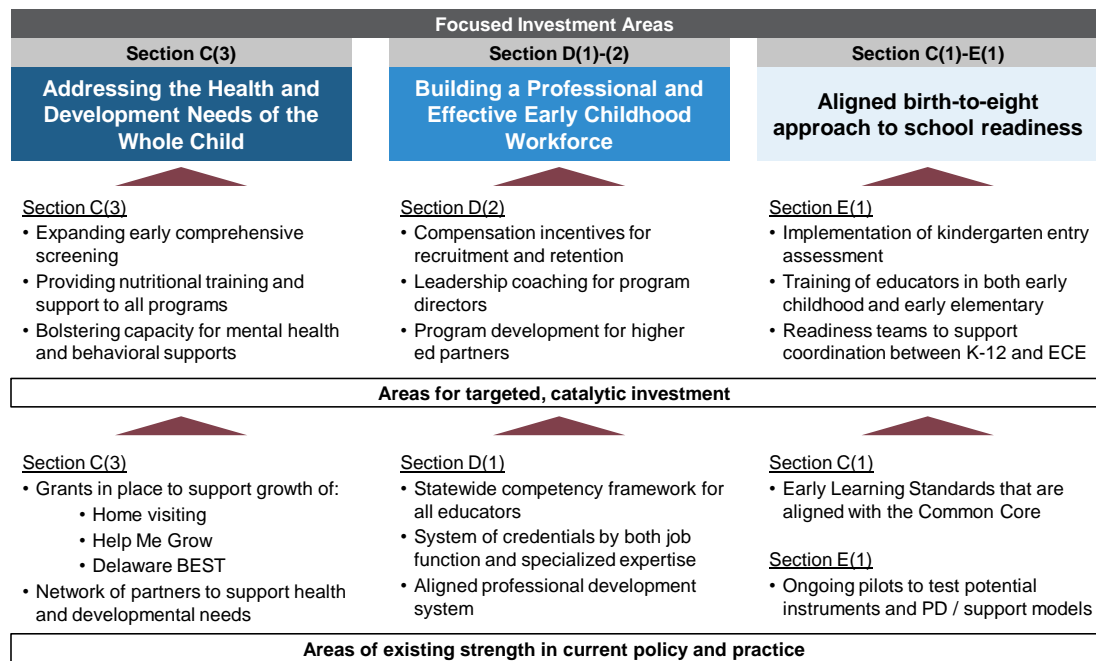
(A)(2)(c)

Delaware’s strategy for success in early learning and development is one that builds from existing strengths, partnerships, and capacity, and we believe that the most effective and efficient use of grant funds will come from identifying areas of strong practice within the current system that – with grant resources providing a catalyst – would become national models for creating strong outcomes for children.

Therefore, the process of prioritizing opportunities for investment within the Focused Investment Areas (Sections C, D, and E) was driven by the vision of using grant funds to stimulate the development of exemplary practices – going “from good to great.” These choices align with three of the four strategic objectives described in Part (b) above. For each strategic objective, we selected the application areas that allowed us to capture – in aggregate – both the current strengths and the opportunities for targeted investment that would enable us to meet the objectives.

These linkages, and the selected sections they represent, are depicted below:

**Prioritizing within Focused Investment Areas:
Linking Existing Strengths to Targeted Improvement Opportunities**



Given these linkages, Delaware’s plan highlights the following investment areas in Sections C, D, and E:

- Section (C)(1): Developing and using statewide, high-quality Early Learning and Development Standards
- Section (C)(3): Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness
- Section (D)(1): Developing a Workforce Knowledge and Competency Framework and a progression of credentials
- Section (D)(2): Supporting Early Childhood Educators in improving their knowledge, skills, and abilities
- Section (E)(1): Understanding the status of children’s learning and development at kindergarten entry

These prioritization decisions reflect Delaware’s view of how to use grant resources most effectively and efficiently. Yet we also recognize that all of the selection criteria – including those not written about directly – are essential components of an early care and education system

that can reach our ambitious goals. None of these criteria are excluded from our strategy; rather, they are critical aspects of the plans outlined in other sections, and are thus woven throughout the strategy as underlying themes.

The specific points of integration in these other focused investment areas are as follows:

Supporting effective uses of Comprehensive Assessment Systems (Section (C)(2)):

- Section (B)(1): Revised Stars program standards clearly describe effective and developmentally appropriate uses of assessment
- Section (B)(4): Stars Plus technical assistance model will provide support to leaders and individual educators around the use of assessment
- Section (D)(2): On-site leadership coaching will build capacity of program leaders to support educators in the use of Comprehensive Assessment Systems
- Section (E)(1): As an instrument is selected and being implemented for statewide kindergarten entry assessment, all early childhood educators will be trained on how to incorporate aligned assessment instruments into their own practice

Engaging and Supporting Families (Section (C)(4)):

- Section (B)(3): Plan calls for broad statewide communications plan to educate parents about Stars and high-quality programming, followed by cross-agency initiatives to provide program-specific quality information that empowers parents to make better decisions about program selection
- Section (C)(3): Growth of evidence-based home visiting programs provides an intensive level of engagement and support to families in Delaware’s highest-need communities
- Section (E)(1): Parents will be engaged as members of the advisory committee to help design the assessment program, and parental input may be collected as an input to formative assessment. In addition, families and communities will be engaged on “readiness teams” which bring together stakeholders to build common goals, understanding, and focused efforts to support children’s readiness for Kindergarten.

Building or enhancing an early learning data system to improve instruction, practices, services, and policies (Section (E)(2)):

One reason for not building data system investments into the Race to the Top–Early Learning Challenge is that Delaware has other funds identified which are earmarked to support the enhancement of the early learning data system. First, the Delaware is using funds from the State

Advisory Council grant to build a “data cube” that will house all data on early childhood students, linking and tracking data that is currently stored across agencies. Second, using funds won in the first round of Race to the Top, Delaware will link the early childhood data cube into the larger P-20 longitudinal data system (as part of the broader \$6M P-20 effort, the integration of early childhood data is scheduled for 2013).

Enhancements to data systems capacity are also built into the application in several areas:

- Section (B)(2): Building a new data and card swipe system to support the collection of data from programs receiving purchase of care funding. In addition to easing the administration of tiered reimbursement payments, this data system has the ability to capture attendance and assessment data for all children
- Section (B)(3): Data sharing between agencies will enable the integration of program quality data into all key touchpoints with families
- Section (D)(2): Delaware will build on the existing DPEC database, which stores all qualification data on early childhood educators, to publicly report aggregate information about educator advancement on the career lattice and retention within programs
- Section (E)(1): Data from the statewide kindergarten entry assessment will be build into the state longitudinal data system

Identification of the two or more selection criteria that the State has chosen to address in Focused Investment Area (C):

Please check the box to indicate which selection criterion or criteria in Focused Investment Area (D) the State is choosing to address

- (C)(1) Developing and using statewide, high-quality Early Learning and Development Standards.
- (C)(2) Supporting effective uses of Comprehensive Assessment Systems.
- (C)(3) Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness.
- (C)(4) Engaging and supporting families.

Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (D):

Please check the box to indicate which selection criterion or criteria in Focused Investment Area (D) the State is choosing to address

- (D)(1) Developing a Workforce Knowledge and Competency Framework and a progression of credentials.
- (D)(2) Supporting Early Childhood Educators in improving their knowledge, skills, and abilities.

Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (E):

Please check the box to indicate which selection criterion or criteria in Focused Investment Area (E) the State is choosing to address

- (E)(1) Understanding the status of children's learning and development at kindergarten entry.
- (E)(2) Building or enhancing an early learning data system to improve instruction, practices, services, and policies.

Evidence for (A)(2)

- The State's goals for improving program quality statewide over the period of this grant.
 - The State's goals for improving child outcomes statewide over the period of this grant. **See Narrative (A)(2) and Tables (B)(2)(c)**
 - The State's goals for closing the readiness gap between Children with High Needs and their peers at kindergarten entry – **See Narrative (A)(2)**
 - Identification of the two or more selection criteria that the State has chosen to address in Focused Investment Area (C) – **See Narrative (C)(1) and (C)(3)**
 - Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (D) – **See Narrative (D)(1) and (D)(2)**
 - Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (E) – **See Narrative (E)(1)**
 - For each Focused Investment Area (C), (D), and (E), a description of the State's rationale for choosing to address the selected criteria in that Focused Investment Area, including how the State's choices build on its progress to date in each Focused Investment Area (as outlined in Tables (A)(1)6-13 and in the narrative under (A)(1)) and why these selected criteria will best achieve the State's ambitious yet achievable goals for improving program quality, improving outcomes for Children with High Needs statewide, and closing the readiness gap between Children with High Needs and their peers – **See Narrative (A)(2)**

(A)(3) Aligning and coordinating early learning and development across the State. (10 points)

The extent to which the State has established, or has a High-Quality Plan to establish, strong participation and commitment in the State Plan by Participating State Agencies and other early learning and development stakeholders by--

(a) Demonstrating how the Participating State Agencies and other partners, if any, will identify a governance structure for working together that will facilitate interagency coordination, streamline decision making, effectively allocate resources, and create long-term sustainability and describing--

(1) The organizational structure for managing the grant and how it builds upon existing interagency governance structures such as children’s cabinets, councils, and commissions, if any already exist and are effective;

(2) The governance-related roles and responsibilities of the Lead Agency, the State Advisory Council, each Participating State Agency, the State’s Interagency Coordinating Council for part C of IDEA, and other partners, if any;

(3) The method and process for making different types of decisions (*e.g.*, policy, operational) and resolving disputes; and

(4) The plan for when and how the State will involve representatives from Participating Programs, Early Childhood Educators or their representatives, parents and families, including parents and families of Children with High Needs, and other key stakeholders in the planning and implementation of the activities carried out under the grant;

(b) Demonstrating that the Participating State Agencies are strongly committed to the State Plan, to the governance structure of the grant, and to effective implementation of the State Plan, by including in the MOU or other binding agreement between the State and each Participating State Agency--

(1) Terms and conditions that reflect a strong commitment to the State Plan by each Participating State Agency, including terms and conditions designed to align and leverage the Participating State Agencies’ existing funding to support the State Plan;

(2) “Scope-of-work” descriptions that require each Participating State Agency to implement all applicable portions of the State Plan and a description of efforts to maximize the number of Early Learning and Development Programs that become Participating Programs; and

(3) A signature from an authorized representative of each Participating State Agency; and

(c) Demonstrating commitment to the State Plan from a broad group of stakeholders that will assist the State in reaching the ambitious yet achievable goals outlined in response to selection criterion (A)(2)(a), including by obtaining--

(1) Detailed and persuasive letters of intent or support from Early Learning Intermediary Organizations, and, if applicable, local early learning councils; and

(2) Letters of intent or support from such other stakeholders as Early Childhood Educators or their representatives; the State’s legislators; local community leaders; State or local school boards; representatives of private and faith-based early learning programs; other State and local leaders (e.g., business, community, tribal, civil rights, education association leaders); adult education and family literacy State and local leaders; family and community organizations (e.g., parent councils, nonprofit organizations, local foundations, tribal organizations, and community-based organizations); libraries and children’s museums; health providers; and postsecondary institutions.

In the text box below, the State shall write its full response to this selection criterion. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State’s success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State’s special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

Evidence for (A)(3)(a) and (b):

- For (A)(3)(a)(1): An organizational chart that shows how the grant will be governed and managed.
- The completed table that lists governance-related roles and responsibilities (see Table (A)(3)-1).
- A copy of all fully executed MOUs or other binding agreements that cover each Participating State Agency. (MOUs or other binding agreements should be referenced in the narrative but must be included in the Appendix to the application).

Evidence for (A)(3)(c)(1):

- The completed table that includes a list of every Early Learning Intermediary Organization and local early learning council (if applicable) in the State and indicates which organizations and councils have submitted letters of intent or support (see Table (A)(3)-2).
- A copy of every letter of intent or support from Early Learning Intermediary Organizations and local early learning councils. (Letters should be referenced in the narrative but must be included in the Appendix with a table.)

(A)(3)(a)

Delaware has a strong existing governance structure to facilitate interagency coordination between the Participating State Agencies involved with the strategy for success in early learning and development. The Race to the Top – Early Learning Challenge grant will be managed through an extension of this existing structure, with participating state agencies retaining their traditional roles. Other key stakeholders will be involved through the Interdepartmental Early Childhood Planning Committee and the Early Childhood Council (ECC) – an advisory council that is composed of participants from the public and private sector. (Please see Appendix (A)(3)-2 for a series of charts that describe this governance structure.)

The Interagency Resource Management Committee (IRMC) is the ultimate decision-maker for early childhood-related policy and funding issues in Delaware. Its membership includes the Secretaries of Education, DHSS, and DSCYF; the Director of the Office of Management and Budget; and the Controller General. The statutory responsibilities for the IRMC as stated in code include:

- a) Allocate all funds provided by the State, obtained by it, or under its control, which are designated for children eligible for services under this subsection except for unit funding for children with disabilities as described in this title
- b) Coordinate resources, federal and state and public and private, to support family-centered services for eligible children and their families, as appropriate
- c) Seek to develop collaborative approaches with the institutions of higher education for children eligible for services under this subsection. Special emphasis shall be placed on the use of existing preschool educator training and child care provider training programs; and
- d) Coordinate planning, policy, program and funding to establish a comprehensive and coordinated early childhood system.

In March 2010, the IRMC set a policy agenda for the Committee and the state relative to State of Delaware and early childhood. The policy agenda is as follows:

1. Establishment of a comprehensive and coordinated early childhood system

2. Establishment of a comprehensive and coordinate statewide early childhood data management system
3. Full implementation of the state's early childhood quality rating improvement system, Delaware Stars for Early Success
4. Addressing the early development and learning needs of the population of children living with families with incomes that fall below 200 percent of poverty
5. Application of early childhood standards across programs focusing on the Early Learning Foundation and Delaware Stars Program Standards

For any proposed change to policy, programs, or regulations in Delaware, the change must first be shown to advance the goals and objectives of the State Plan; through the planning process, we have confirmed with the IRMC that all aspects of the strategy are consistent with their agenda. If the change meets this threshold, the change is reviewed by any organization that it impacts (e.g., the administration sister agencies, Early Childhood Council (ECC), and/or Early Learning Intermediary Organizations). If there is disagreement during this process about how the change impacts the implementation of the state plan, the IRMC conducts a formal review to resolve the issue and makes a final decision about how to proceed.

The Interdepartmental Early Childhood Planning Committee is charged with implementing the State Early Childhood Plan, developing recommended policy, overseeing accountability, managing operations staff, managing early childhood contractual services, and collaborating with the ECC by reporting quarterly at ECC meetings. Members of the Interdepartmental Early Childhood Planning Committee include early childhood managers (including data managers) from the Delaware Department of Education (DOE), Department of Health and Social Services (DHSS), and Department of Services to Children, Youth and Their Families (DSCYF).

The ECC will function as a centralized point for key stakeholders outside of the Participating State Agencies to contribute to the implementation process for the State Early Childhood Plan and the management of the Early Learning Challenge grant. The ECC meets with the Interdepartmental Early Childhood Planning Committee quarterly and also advises the IRMC on a quarterly basis. The ECC is affiliated with many important organizations in Delaware, including:

- Delaware Early Childhood Comprehensive System Committee
- Home Visiting Community Advisory Board
- Family Support Coordinating Council
- Expanding Inclusive Early Intervention Opportunities Committee
- Wilmington Early Care & Education Council, the Sussex Early Learning Council

In addition to these affiliated organizations, the ECC also contains committees that are focused on:

- Higher Education
- Early Childhood Providers
- Delaware Stars Advisory
- Professional Development Advisory

The ECC is also actively involved in engaging parents and families. In addition to one seat that is reserved on the council for a parent, the ECC is creating a Parent Committee that will provide an inclusive forum for parents to be engaged in the ongoing implementation of this grant, through an outlet with direct access to the decision-making process.

(A)(3)(b)

All three Participating State Agencies have signed a common MOU, to which was appended a detailed Scope of Work outlining the responsibilities of each agency as aligned to individual scoring criteria within the application. These documents can be found in Appendix (A)(3)-1.

(A)(3)(c)

As described in Sections (A)(1) and (A)(2), Delaware’s history of developing comprehensive state strategies that help build up to the current State Plan, its collaborative cross-sector approach to gathering input, and its relative small scale combine to produce an exceptional level of stakeholder support for the plan. In total, Delaware received 43 signed letters of support, from

across the full range of stakeholder groups, including 100% coverage of Early Learning Intermediary Organizations.

While all letters of support can be found in Appendix (A)(3)-3, we would like to highlight several policy areas in particular in which relevant stakeholders have made explicit commitments to some of the critical policy and programmatic shifts envisioned in the application:

- *Section (B)(2)*: Signed letter from the Delaware Head Start Association endorsing a target of 100% participation in Stars by the end of the grant period
- *Section (B)(3)*: Signed letter from the North Carolina Department of Education stating their support for joining with Delaware in a multi-state consortium to develop a new measure of program quality
- *Section (B)(4)*: Signed letter from Wilmington Head Start stating interest in using tiered reimbursement funding to expand full day/full year programming
- *Section (D)(1)*: Signed letters from all higher education institutions in the state committing to align their coursework with the state’s Workforce Knowledge and Competency Framework
- *Section (E)(1)*: Signed letters from Delaware State Education Association (the state teachers’ union), the District Chiefs (representing all Superintendents statewide), and the Delaware Association of School Administrators, all expressing support for working with the state in its plan to implement Kindergarten entry assessments

Although Delaware has laid out an ambitious plan for the next four years and beyond, the unanimity and specificity of support we have received from across stakeholder groups gives us confidence that our plan will be achieved.

Table (A)(3)-1: Governance-related roles and responsibilities	
Participating State Agency	Governance-related roles and responsibilities
Department of Education (DOE)	<ul style="list-style-type: none"> • Secretary of DOE participates in the Interagency Resource Management Committee to approve

Table (A)(3)-1: Governance-related roles and responsibilities

Participating State Agency	Governance-related roles and responsibilities
	<p>policy and funding decisions</p> <ul style="list-style-type: none"> • Acts as the fiscal agent for the grant, and distributes funds to other Participating State Agencies as called for by the budget agreement • Oversee QRIS projects • Responsible for Workforce Development and Kindergarten Entry Assessment • Early childhood managers (including data managers) participate the Interdepartmental Early Childhood Planning Committee to: <ul style="list-style-type: none"> ○ Implement the State Early Childhood Plan ○ Collaborate with the Early Childhood Council (reporting at council meetings quarterly)
<p>Department of Services to Children, Youth and Their Families (DSCYF)</p>	<ul style="list-style-type: none"> • Secretary of DSCYF participates in the Interagency Resource Management Committee to approve policy and funding decisions • Responsible for continued enforcement of licensing standards, and for coordinating with Stars program to support expansion efforts • Responsible for portions of the Health / Behavioral / Developmental Needs project <ul style="list-style-type: none"> ○ Expansion of child mental health initiative ○ Expansion of evidence-based screening • Early childhood managers (including data managers) participate the Interdepartmental Early Childhood Planning Committee to: <ul style="list-style-type: none"> ○ Implement the State Early Childhood Plan ○ Collaborate with the Early Childhood Council (reporting at council meetings quarterly)

Table (A)(3)-1: Governance-related roles and responsibilities	
Participating State Agency	Governance-related roles and responsibilities
	<p>quarterly)</p> <ul style="list-style-type: none"> ○ Develop plans, develop policy, oversee accountability, manage operations staff, manage early childhood contractual services
Department of Health and Social Services (DHSS)	<ul style="list-style-type: none"> ● Secretary of DHSS participates in the Interagency Resource Management Committee to approve policy and funding decisions ● Responsible for budgetary components of the QRIS tiered reimbursement, the Infrastructure Fund, and the POC Systems ● Responsible for management and fiscal oversight of most of the Health / Behavioral / Developmental Needs project <ul style="list-style-type: none"> ○ Help Me Grow expansion ○ Expansion of follow-up supports ○ Training on nutritional standards ● Early childhood managers (including data managers) participate the Interdepartmental Early Childhood Planning Committee to: <ul style="list-style-type: none"> ○ Implement the State Early Childhood Plan ○ Collaborate with the Early Childhood Council (reporting at council meetings – quarterly) ○ Develop plans, develop policy, oversee accountability, manage operations staff, manage early childhood contractual services
Other Entities	
<p>Early Childhood Council</p> <p><i>State Public and Private sector advisory council on early childhood education and care</i></p>	<ul style="list-style-type: none"> ● Provide oversight on implementation of State Early Childhood Plan ● Advise the IRMC and the Interdepartmental Early Childhood Planning Committee

Table (A)(3)-1: Governance-related roles and responsibilities	
Participating State Agency	Governance-related roles and responsibilities
State Interagency Coordinating Council for Part C of IDEA	<ul style="list-style-type: none"> • Provide oversight on the implementation of State Early Childhood Plan • Collaborate with the Early Childhood Council

Table (A)(3)-2: Early Learning Intermediary Organizations and local early learning councils (if applicable)	
List every Intermediary Organization and local early learning council (if applicable) in the State	Did this entity provide a letter of intent or support which is included in the Appendix (Y/N)?
Delaware Association for the Education of Young Children	Y
Delaware Head Start Association	Y
Early Childhood Council	Y
Part C ICC	Y
Prevent Child Abuse Delaware	Y
Family Child Care Representative to ECC	Y
Governor's Advisory Council for Exceptional Citizens	Y
Sussex County Early Childhood Council	Y
Wilmington Early Care and Childhood Council	Y
Wilmington Head Start, Inc.	Y

Evidence for (A)(3)(a) and (b):

- For (A)(3)(a)(1): An organizational chart that shows how the grant will be governed and managed – **See Appendix (A)(3)-2**
- The completed table that lists governance-related roles and responsibilities – **see Table (A)(3)-1**
- A copy of all fully executed MOUs or other binding agreements that cover each Participating State Agency. (MOUs or other binding agreements should be referenced in the narrative but must be included in the Appendix to the application) – **See Appendix (A)(3)-1**

Evidence for (A)(3)(c)(1):

- The completed table that includes a list of every Early Learning Intermediary Organization and local early learning council (if applicable) in the State and indicates which organizations and councils have submitted letters of intent or support – **see Table (A)(3)-2**
- A copy of every letter of intent or support from Early Learning Intermediary Organizations and local early learning councils. (Letters should be referenced in the narrative but must be included in the Appendix with a table) – **See Appendix (A)(3)-3**

Evidence for (A)(3)(c)(2):

- A copy of every letter of intent or support from other stakeholders. (Letters should be referenced in the narrative but must be included in the Appendix with a table) – **See Appendix (A)(3)-3**

(A)(4) Developing a budget to implement and sustain the work of this grant. (15 points)

The extent to which the State Plan--

(a) Demonstrates how the State will use existing funds that support early learning and development from Federal, State, private, and local sources (e.g., CCDF; Title I and II of ESEA; IDEA; Striving Readers Comprehensive Literacy Program; State preschool; Head Start Collaboration and State Advisory Council funding; Maternal, Infant, and Early Childhood Home Visiting Program; Title V MCH Block Grant; TANF; Medicaid; child welfare services under Title IV (B) and (E) of the Social Security Act; Statewide Longitudinal Data System; foundation; other private funding sources) for activities and services that help achieve the outcomes in the State Plan, including how the quality set-asides in CCDF will be used;

(b) Describes, in both the budget tables and budget narratives, how the State will effectively and efficiently use funding from this grant to achieve the outcomes in the State Plan, in a manner that--

(1) Is adequate to support the activities described in the State Plan;

(2) Includes costs that are reasonable and necessary in relation to the objectives, design, and significance of the activities described in the State Plan and the number of children to be served; and

(3) Details the amount of funds budgeted for Participating State Agencies, localities, Early Learning Intermediary Organizations, Participating Programs, or other partners, and the specific activities to be implemented with these funds consistent with the State Plan, and demonstrates that a significant amount of funding will be devoted to the local implementation of the State Plan; and

(c) Demonstrates that it can be sustained after the grant period ends to ensure that the number and percentage of Children with High Needs served by Early Learning and Development Programs in the State will be maintained or expanded.

The State's response to (A)(4)(b) will be addressed in the Budget Section (section VIII of the application) and reviewers will evaluate the State's Budget Section response when scoring (A)(4). In the text box below, the State shall write its full response to (A)(4)(a) and (A)(4)(c) and may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

Evidence for (A)(4)(a):

- The completed table listing the existing funds to be used to achieve the outcomes in the State Plan (see Table (A)(4)-1).
- Description of how these existing funds will be used for activities and services that help achieve the outcomes in the State Plan.

Evidence for (A)(4)(b):

- The State's budget (completed in section VIII).
- The narratives that accompany and explain the budget, and describes how it connects to the State Plan (also completed in section VIII).

(A)(4)(a)

As can be seen in table (A)(4)-1, Delaware views and manages its early learning and development system as a cross-agency priority. Annually the state commits around \$120 million to early childhood learning and development from state, federal, and private funds. In addition to the funding streams which all states receive (CCDF line-items, Head-Start, IDEA Part B, etc.), Delaware has recently been the recipient of competitive grants that have and will contribute to the State plan, and has received an additional \$22 million of state funding directly related to the goals stated in this application. Both the competitive grants and the \$22M investment are described in detail in Section (A)(1)(a).

Delaware won the ACA Competitive Maternal Infant and Early Childhood Home Visiting Development Grant which gives Delaware the opportunity to expand the home visiting programs in order to improve outcomes for children and families who reside in at-risk communities. This grant provides annual funding through FY2013, at which point Delaware will be a competitive applicant for the Expansion Grant. The SAMSHA grant provides funding to train mental health providers in the state on outpatient therapies for families, provide intensive home-based services for families, help families navigate the “system,” and provide a peer support group for both parents and children.

In May 2011, the state senate approved Governor Markell’s request to increase annual state funding for early childhood education by \$22 million.

\$22 million for Early Childhood Education	
\$12.0 million	Increase POC funding rates to 65% of market rate +\$0.50 for all programs
\$7.0 million	Additional increase in POC funding rate based on tiered reimbursement
\$2.5 million	Administrative infrastructure for Stars (QRIS)
\$0.5 million	Early childhood professional development

This \$22 million directly applies to the state's plan to achieve the targets listed in (B)(2)(c) and (B)(4)(c). In particular, the \$7 million for tiered reimbursement and the \$2.5 million for administrative infrastructure will be used first in funding these initiatives before using any grant money to do so.

The Department of Health and Social Services has a combined FY 2012 contribution of almost \$78 million. This mainly consists of funding for the purchase of care program, which is at the core of the State plan as it reimburses those early learning programs that are serving children with high needs who are eligible for subsidies. Given the challenging local and national fiscal climate, Delaware is generally being conservative in assuming flat funding across the majority of line items over the course of the grant period. The purchase of care program is an exception to that pattern, since higher reimbursement rates and the adoption of tiered reimbursement should lead to greater interest in serving low-income children, and the state is committed to providing access to early childhood programming for all children in need.

The Department of Education contributes about \$40 million annually, consisting mainly of IDEA Part B Section 619 funding. Additionally, there is \$470,294 of CCDF quality set-asides allocated to the Delaware Department of Education. Of this amount, \$200,000 is given to the Delaware Institute for Excellence in Early Childhood to rate the early learning programs in Stars, Delaware's QRIS. The remaining \$270,294 is used to pay for professional development of early learning teachers and providers. The initiatives taken from the CCDF quality set asides exhibit Delaware's dedication to building capacity within early childhood education and development and have laid the foundation for this State plan to set ambitious targets.

Finally, the Department of Services for Children, Youth, and Families contributes about \$3 million annually, mostly from the SAMHSA grant as described above.

(A)(4)(c)

The sustainability of this plan will come in three forms: Delaware's commitment to funding the initiatives created to increase the number of high needs children in high quality programs; the

capacity created in the early learning system over the course of the grant; and the commitment from the entire early learning community as shown in the letters of support.

The anticipated annual ongoing costs to the state from this grant are estimated at \$9.1 million. These costs come almost entirely from three components: (1) QRIS tiered reimbursement for high quality programs serving high needs children; (2) QRIS administration such as technical assistance, grants & awards, and the cost of the raters; and (3) the compensation provided for early childhood educators based on credentials, training, and serving a high needs population. Each of these three areas aligns with a core strategic objective for the state, and are integral to achieving the targets to serve more high needs children with high quality programs as noted in tables (B)(4)(c)(1) and (B)(4)(c)(2). The state of Delaware is committed to achieving these targets during the grant period and maintaining the programs that make this progress possible after the grant period is over.

Governor Markell and the State of Delaware have already shown their commitment to improving the quality of early learning, especially for children with high needs. As described in (A)(4)(a), the Delaware General Assembly approved the Governor's request to increase annual funding for early childhood education by \$22 million. This \$22 million will remain committed to items (1) and (2) noted above and will help the state maintain these programs after the grant period is over.

The success in serving an increased number of high needs children in high quality programs will also be sustainable due to the capacity created in Delaware's early learning system by the budget components that do not require ongoing funding from the state. Two such elements are professional development for leaders of early learning programs, and improved capacity for recognizing and addressing the health, behavioral, and developmental needs of children with high needs. Professional development for leaders of early learning programs is designed to give leaders the skills and tools to better manage their programs, retain educators, and improve the overall quality of early learning and development being provided. This skill set will continue to help these leaders improve their programs far after the grant period ends. Similarly, improved capacity for recognizing and addressing the health, behavioral, and developmental needs of children helps to provide Delaware and early learning educators with the training needed to more

effectively serve children with specific needs. Once the grant period is over, these educators, and especially the system, will be prepared to maintain this programming without the need of additional funding.

Finally, as can be seen in the quantity and diversity of the letters of support from stakeholders, there is a universal commitment from the entire early learning and development community to carry out this plan. Early learning intermediary organizations, state government officials, district superintendents, after-school providers, daycare providers, cultural community groups, higher education institutions, foundations, and children’s advocacy councils and organizations have all backed this initiative. This grant will provide the extra jumpstart to make real change happen, but it is all of the stakeholders who provided letters of support that will ensure the sustained success of this plan.

Table (A)(4) – 1 Existing other Federal, State, private, and local funds to be used to achieve the outcomes in the State Plan.					
Source of Funds	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015	Total
DHSS	78,051,686	84,251,686	81,190,686	82,990,686	326,484,744
POC Program (including CCDF, TANF, SSBG)	66,400,000	72,600,000	74,700,000	76,800,000	290,500,000
Capacity Grants*	350,000	350,000	350,000	350,000	1,400,000
Information and Referral*	61,000	61,000	61,000	61,000	244,000
Relative Caregiver*	49,900	49,900	49,900	49,900	199,600
Wilmington Resource Center*	35,000	35,000	35,000	35,000	140,000
IDEA Part C	5,431,856	5,431,856	5,431,856	5,431,856	21,727,424
<i>Federal Funds</i>	<i>2,152,956</i>	<i>2,152,956</i>	<i>2,152,956</i>	<i>2,152,956</i>	<i>8,611,824</i>
<i>General Funds</i>	<i>2,878,900</i>	<i>2,878,900</i>	<i>2,878,900</i>	<i>2,878,900</i>	<i>11,515,600</i>

Table (A)(4) – 1 Existing other Federal, State, private, and local funds to be used to achieve the outcomes in the State Plan.

Source of Funds	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015	Total
<i>ASF Funds</i>	400,000	400,000	400,000	400,000	1,600,000
ACA Competitive Maternal Infant and Early Childhood Home Visiting Development Grant ¹	2,900,000	2,900,000	-	-	5,800,000
ACA Formula Maternal Infant and Early Childhood Home Visiting Grant ²	1,673,000	1,673,000	-	-	3,346,000
Early Childhood Comprehensive Systems Grant	150,000	150,000	150,000	150,000	600,000
State Implementation Grant to Improve the System of Services for CYSHCN	300,000	300,000	300,000	-	900,000
Title V Maternal and Child Health Block Grant (30% to CYSHCN)	588,000	588,000	-	-	1,176,000
Portion of Medicaid related to developmental screenings	112,930	112,930	112,930	112,930	451,720
Department of Education	40,173,186	40,173,186	40,173,186	40,173,186	160,692,743
Quality Set-Asides*	470,294	470,294	470,294	470,294	1,881,175
Quality Expansion*	447,402	447,402	447,402	447,402	1,789,608
Infant Toddler*	261,209	261,209	261,209	261,209	1,044,836
IDEA Part B ³	34,898,477	34,898,477	34,898,477	34,898,477	139,593,908
ECAP	3,306,527	3,306,527	3,306,527	3,306,527	13,226,108
Head Start Collaboration	125,000	125,000	125,000	125,000	500,000
Early Success Initiatives	300,000	300,000	300,000	300,000	1,200,000
Stars					

Table (A)(4) – 1 Existing other Federal, State, private, and local funds to be used to achieve the outcomes in the State Plan.

Source of Funds	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015	Total
(Infrastructure/Grants & Awards)	10,000,000	10,000,000	10,000,000	10,000,000	40,000,000
Department of Services for Children, Youth, and Families	3,355,009	2,855,009	2,355,009	1,355,009	9,920,036
OCCL positions*	755,009	755,009	755,009	755,009	3,020,036
Child welfare services under Title IV (B) and (E) of the Social Security Act	300,000	300,000	300,000	300,000	1,200,000
SAMHSA grant	2,000,000	1,500,000	1,000,000	-	4,500,000
Child Mental Health Consultants*	300,000	300,000	300,000	300,000	1,200,000
TOTAL	121,215,604	126,915,604	123,354,604	124,154,604	495,640,415

Note: Flat amounts were assumed for future years of annual funding streams that do not have projected budgets.

**Line-items within CCDF funding*

¹*The ACA Competitive Maternal Infant and Early Childhood Home Visiting Development Grant ends in FY2013, but will position Delaware to apply for the Expansion grant which is not noted here.*

²*The ACA Formula Maternal Infant and Early Childhood Home Visiting Grant must be applied for annually. This table assumes the remaining 2 years will be approved.*

³*IDEA Part B is made up of \$33,665,441 of IDEA 611 funds and \$1,233,036 of IDEA 619 funds.*

Evidence for (A)(4)(a):

- The completed table listing the existing funds to be used to achieve the outcomes in the State Plan – see **Table (A)(4)-1**
- Description of how these existing funds will be used for activities and services that help achieve the outcomes in the State Plan – **See Narrative (A)(4)(a) and (A)(4)(c)**

Evidence for (A)(4)(b):

- The State’s budget (completed in section VIII) – **See Section VIII**
- The narratives that accompany and explain the budget, and describes how it connects to the State Plan (also completed in section VIII) – **See Section VIII**

B. High-Quality, Accountable Programs

(B)(1) Developing and adopting a common, statewide Tiered Quality Rating and Improvement System. (10 points)

The extent to which the State and its Participating State Agencies have developed and adopted, or have a High-Quality Plan to develop and adopt, a Tiered Quality Rating and Improvement System that--

(a) Is based on a statewide set of tiered Program Standards that include--

- (1) Early Learning and Development Standards;
- (2) A Comprehensive Assessment System;
- (3) Early Childhood Educator qualifications;
- (4) Family engagement strategies;
- (5) Health promotion practices; and
- (6) Effective data practices;

(b) Is clear and has standards that are measurable, meaningfully differentiate program quality levels, and reflect high expectations of program excellence commensurate with nationally recognized standards that lead to improved learning outcomes for children; and

(c) Is linked to the State licensing system for Early Learning and Development Programs.

In the text box below, the State shall write its full response to this selection criterion. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

Evidence for (B)(1):

- The completed table that lists each set of existing Program Standards currently used in the State and the elements that are included in those Program Standards (Early Learning and Development Standards, Comprehensive Assessment Systems, Qualified Workforce,

Family Engagement, Health Promotion, Effective Data Practices, and Other), (see Table (B)(1)-1).

- To the extent the State has developed and adopted a Tiered Quality Rating and Improvement System based on a common set of tiered Program Standards that meet the elements in criterion (B)(1)(a), submit--
 - A copy of the tiered Program Standards;
 - Documentation that the Program Standards address all areas outlined in the definition of Program Standards, demonstrate high expectations of program excellence commensurate with nationally recognized standards, and are linked to the States licensing system;
 - Documentation of how the tiers meaningfully differentiate levels of quality.

(B)(1)(a)

Delaware has operated a statewide, tiered Quality Rating and Improvement System (QRIS) since 2007. Delaware Stars for Early Success is a QRIS that is used to assess, improve and communicate quality levels for early care and school-age programs. Stars combines a rigorous and well-developed rating system with an evidence-based technical assistance model, in order to meet the needs of all programs that are licensed by Delaware's Office of Child Care Licensing, especially those that serve Children with High Needs. Stars was developed (and continues to be administered) through a successful public-private partnership between state agencies, foundations, and other key stakeholders that are invested in improving the quality of child care in Delaware. Though today Stars has transitioned fully from private funding to public funding through the DOE, the breadth of initial Stars funders demonstrates the scope of public and private entities invested in improving the quality of early care in Delaware.¹⁷

Stars establishes quality standards and provides for technical assistance and financial support to participating programs as they engage in quality improvement efforts. Standards are built on the state's licensing regulations (Delacare) and outline a framework for quality improvement to engage programs in meeting higher standards across four dimensions of practice: Learning Environment and Curriculum, Family and Community Partnerships, Management and Administration, and Qualifications and Professional Development. Delaware is committed to expanding the reach of Stars across early learning sectors, increasing the number of Stars participants, and improving the dissemination of program ratings so that families can make informed decisions about which programs can best meet their child's needs.

Beginning in January, 2012 Stars will implement a significant redesign that was developed as a result of an extensive review of Stars in the spring of 2010. The Stars redesign has been subject

¹⁷ The United Way provided initial funding for Stars, with other early support coming from: Delaware Early Childhood Council, DOE, Department of Health and Social Services – Division of Social Services and Division of Public Health, Office of Child Care Licensing, Nemours Health and Prevention Services, United Way Success by Six, Children & Families First, The Delaware Business Roundtable Education Committee's Oversight Committee on Vision 2015, Social Venture Partners Delaware, Robin Foundation, Chichester duPont Foundation, JP Morgan Chase, ING, and other private donors.

to a rigorous review process, which we will address in part (b). The newly redesigned Stars program will serve two important goals:

1. Making Stars a more effective means for supporting program improvement by emphasizing a strength-based, systems change approach; and
2. Raising the quality and rigor of the Stars standards and ensuring alignment with other components of the state’s early learning strategy.

The primary change is a structural shift from a Building Block System to a Hybrid / Combination System. Now, programs will enter Stars by meeting initial threshold requirements through licensing and required classroom observational assessments, and then will select indicators on which to earn “Quality Points” across all four dimensions of practice. This is intended to create a more dynamic interaction between Stars and early learning programs, better accommodate the wide variety of programs in Delaware, and promote a strengths-based approach to quality improvement.

The transition to a hybrid model was driven by a systems change framework that emphasizes the importance of leadership and stakeholder involvement (Fullan, 2007).¹⁸ This framework has been integrated into Stars through the following model:

- Phase 1 – Star Level 1 (Commitment to Quality): Incorporates three components designed to prepare a program for systems change:
 - *Professional Development on Quality Improvement and Leadership* – Leaders of participating programs complete six hours of PD regarding the use of Delaware’s tools for promoting quality: ELFs, Career Lattice, Personnel Competencies, and Stars Standards
 - *On-Boarding* – All new programs will receive at least one on-boarding site visit from a Stars Technical Assistant who interviews the site director about their perceptions of program strengths and needs, and conducts an environmental evaluation of the program (see Appendix (B)(1)-1 for a copy of the on-boarding form).

¹⁸ Fullan, M. (2007). *The new meaning of educational change* (4th ed.). New York: Teachers College Press.

- *Initial Quality Improvement Plan (QIP)* – All new programs will complete an initial QIP in collaboration with their Stars Technical Assistant. Using information garnered from the PD session and the on-boarding site visit, the program’s leadership will complete a self-assessment relative to the Delaware Stars quality standards and select key standards that become their initial set of quality improvement goals.
- *Phase 2 – Star Levels 2-4 (Quality Improvement)*: Programs move through levels as quality improves. Programs in this phase have *required* quality thresholds on the Environmental Rating Scales (ERS) and *selected* standards that earn Quality Points. Quality Points must be selected from across *all four* quality dimensions in order to achieve higher levels in Stars. These selected standards along with the required observational assessment drive the revised QIP. Stars Technical Assistants visit programs at least twice monthly to support development and implementation of the QIP. Star ratings in this phase must be verified every two years.
- *Phase 3 – Star Level 5 (Quality Maintenance)*: At this level of quality, programs can choose either to become accredited or remain within the Stars framework, earning required Quality Points and meeting the highest minimum classroom scores on the ERS. Accredited programs must provide annual documentation to Delaware Stars. Level 5 Stars programs must verify every two years.

The current sets of draft Stars standards are provided in Appendix (B)(1)-2a/b/c/d. Table (B)(1)-1 shows the alignment of the draft Delaware Stars standards to each of the six areas defined in the Early Learning Challenge as critical elements of quality early learning and development programs. As noted in the table, the revised quality standards address all six dimensions of quality across all four program types.

Program Standards

Early Learning and Development Standards

Delaware’s evidence-based early learning standards – the Early Learning Foundations (ELFs) – are a critical component of the revised quality standards. In the Learning Environment and

Curriculum dimension, under the category of Curriculum Planning and Implementation, Stars has a standards-based structure and alignment that specifically requires *providers to incorporate age-appropriate daily activities and curriculum aligned directly with the ELFs*, which meet the Definition of Early Learning and Development Standards as indicated in the application guidelines:

A Comprehensive Assessment System

In Delaware Stars, at Standard LC2, programs are required to conduct an *annual curriculum-based assessment and child development screening*. Programs must use assessments and screenings routinely and appropriately to generate specific child level data for instructional improvement, to plan activities and make sure each child is on track developmentally. Under the redesign, programs will need to collect assessment data and demonstrate how teachers are using that data to differentiate instruction for each child. Assessments selected by early learning programs must be aligned with the Delaware Early Learning Foundations to ensure comprehensive assessment of developmental and learning progress. This Stars requirement will create a link from Assessment to Planning to Instruction in order to produce strong, developmentally ready children.

Early Childhood Educator Qualifications

A qualified workforce is an integral part of Stars' goal to improve young children's health, social, emotional, and educational outcomes. Stars standards fully incorporate the broad range of Delaware's carefully-crafted and fully-aligned professional development, training, credentialing and certification processes at all Star Levels for ECE, SA, FCC and LFCC programs. For each provider, Stars verification is based on Delaware Credentials, Delaware First Certificates, and official DIEEC training or college transcripts. The revised quality standards promote the use of Delaware's Career Lattice and Delaware's Competencies for Early Childhood Professionals as a strategy to motivate career planning and enhance the professional development of the early education workforce.

Family Engagement Strategies

Delaware Stars strongly promotes the use of proven strategies to successfully engage families in supporting their child’s development and learning, and sets some of the nation’s most complete standards in the areas of inclusion, children with identified disabilities, and dual language learners. See below for tables showing standards for the Family and Community Partnerships domain which emphasizes ongoing, bidirectional communication between families and programs. The standards in this area promote meaningful family engagement and require attention and sensitivity to the needs of all families. The verification of these standards provides evidence for their alignment against the criteria outlined in the definition.

Family Communication Standards	Verification
Program welcomes all children and their families with procedures that embrace inclusion.	Written inclusion policy and at least one other document such as parent letter written in “people first” language rather than “disability first,” training certificate from some staff reflecting completion of Inclusion training.
<p>Each classroom provides regular written correspondence with families.</p> <ul style="list-style-type: none"> • For classrooms with children predominately 0-36 months, correspondence is individualized and provided daily. • For classrooms with children predominately 37 months and older, correspondence can be group and weekly. 	<ul style="list-style-type: none"> • Children 0-36 months - form used for communication and evidence of use such as blank and completed daily sheets and reference in policies, handbook, or other document. • Children 37 months and older - evidence of format used such as bulletin board with current information, classroom webpage, emails, newsletters.
Program conducts conferences with families at least twice annually.	Parent signature on form, evidence of the policy in handbook or other programmatic document, dates on program/family schedule, notes from interactive conference (in person, teleconference, or Skype).

The Curriculum Planning Standard LC3 also requires *that programs implement instructional and environmental modifications that support the learning of all children* including those with disabilities and those who are dual language learners.

The Stars Family Involvement and Support Standards require the following to promote parent access to the program, provide training and support for families as children move to preschool

and kindergarten, create social networks of support, link with community supports, provide intergenerational activities, and facilitate ongoing two-way communication with families:

Family Involvement and Support Standards	Verification
Program makes accommodations for families of children with identified disabilities or who are dual language learners.	Sample examples of verification include: Informal conferences offered, blank and completed progress reports, daily notebook.
Program systematically gathers information from families and uses data to inform program planning annually.	Copies of parent / family surveys from the most recent year with report summarizing findings, minutes from meetings (Advisory board, PTO, committees).
Program implements a variety of family-centered events annually.	A minimum of three events, with at least one educationally focused is required. Evidence includes pictures of gatherings, flyers for events with attendance, handbook, documents.
Program supports transitions for families: <ul style="list-style-type: none"> • Into the program • Within the program • Out of the program 	Written transition policies in program and parent materials plus copies of literature and evidence of activities.

For Family Child Care, FS4 requires that the *program make available information about child and family related resources*. Evidence can include: brochures, bulletin boards, newsletters, website postings and informational materials.

The Stars Community Partnerships Standards require the following to promote parent access to the program, provide training and support for families as children move to preschool and kindergarten, create social networks of support, link with community supports, and provide intergenerational activities:

Community Partnership Standards	Verification
Program develops and maintains formalized relationships with schools.	LEA agreement, transition assistance into school, inclusive services for young children with disabilities.

Program develops and maintains formalized relationships with community-based agencies.	Written evidence of implementation such as memorandum of understanding/written agreement, event flyer, or parent permission form. (Examples: special needs liaison, early interventionist, health promotion/health department)
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Health Promotion Practices

Delaware’s licensing regulations and Stars standards related to health and safety requirements (e.g., developmental / behavioral / sensory screening / referral / follow up, physical activity promotion, healthy eating habits, oral and behavioral health, and parental health literacy) are some of the strongest in the nation. And Stars specifically requires programs to *implement a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity*. Additionally, OCCL licensing standards meet all ten health and safety standards for both center and family based child care providers set forth by the National Association of Child Care Resource and Referral Agencies (NACCRRA) – making Delaware only one of only 17 states to accomplish this. Additionally, Delaware Rules for center and school-age programs require that licensed programs conduct a developmental assessment of children at least once annually, as specified in Rule #385. Furthermore, all licensed programs must have an age-appropriate health appraisal on file for each child within one month of their admittance to the program. (Please see Appendix (CP)(2)-2a/b/c for the Delaware Rules for ECE, FCC, and LFCC programs.)

Effective Data Practices

Stars strongly encourages programs to use data effectively to guide instruction and program improvement. Standard LO3 requires programs to *use individual child assessments for infants, toddlers, and preschoolers to inform goal and lesson planning*. Standard FS2 requires programs to *systematically gather information from families and use data to inform program planning annually*. Under the redesign, programs will need to use data not only to guide instruction, but also to help them evaluate and adapt their programmatic practice to produce desirable child and family outcomes. If the data does not indicate that their children are kindergarten-ready, programs will need to determine what specific areas need improvement (e.g., staff requires more professional development, the learning environment needs to be improved with better materials) in order to have the desired impact on children’s learning and development.

(B)(1)(b)

The revised Stars standards (shown in Appendix (B)(1)-2a/b/c/d), frame a QRIS that is measurable, meaningfully differentiated between levels, and sets high expectations for program excellence. The standards show, at each Star Level, how programs must provide specific verification to Stars Assessors for progress measurement. The standards also describe a tiered system that requires programs to meet increasingly higher quality standards across the four quality practice domains at each successive Star Level. Programs must meet and maintain the standards from previous levels before moving to the next level. The highest rating, Star 5, represents the highest levels of staff education and training, highest ERS ratings, and fully implemented family engagement and management practices.

Stars uses the nationally-recognized Environment Rating Scales (ERS) to conduct observations of the learning environment and evaluate the quality of early care and education programs.

Beginning at Star Level 3, the ERS scores are integrated into the quality ratings by setting a minimum score that providers must meet in order to qualify for a particular Star Level.¹⁹ For a program to progress to the next Star level, a Stars Assessor conducts an ERS assessment after the program has met all of the other standards for the next level. Stars uses many forms of documentation in addition to the ERS to show compliance (e.g., written evaluations, work samples, certifications, degrees, portfolios, surveys, correspondence).²⁰

Stars incorporates alternative pathways – designated by the DIEEC – for programs built upon nationally-recognized standards. NAEYC accredited programs typically enter Stars at Level 5 and Head Start/ECAP programs typically enter at Level 4, though Head Start/ECAP programs can quickly achieve Level 5 by achieving an ERS score of 5. If there are Stars standards that a program does not meet, these standards become the focus of the quality improvement work. (Please see Appendix (B)(1)-4a/b for information about the alternative pathways into Stars.)

¹⁹ For Star Level 3, each assessed classroom must have minimum ERS score of 3.00. For Star Level 4, each assessed classroom must have a minimum ERS score of 4.00. For Star Level 5, each assessed classroom must achieve an ERS score of 5.00.

²⁰ See verification sections of revised draft Standards, appendix (B)(1)-3

- *Revision and Benchmarking:* A team of Stars staff including raters, technical assistants, administrators and DOE staff modified and expanded Delaware standards from the initial version. This team utilized a variety of resources in this revision process including: NAEYC accreditation standards, NCCIC Compendium of QRIS, Delaware licensing regulations, Head Start Performance Standards, and the Department of Defense's Effectiveness Rating and Improvement System (ERIS).²¹
- *Provider Review and Feedback:* The Stars review team conducted three provider focus groups in the summer of 2011 to review the standards, get feedback on the quality of the standards, identify gaps in the standards, and address feasibility. The team also interviewed five family child care providers to obtain their perspective on the quality standards for family child care programs.
- *State-Level Review:* A series of state-level groups have reviewed and provided input into the revised Stars standards. These state-level groups included representation from all sectors of the early learning system in Delaware including Head Start and Early Head Start, public school preschool (ECAP), early childhood special education (619), Part C, early interventionists, and school districts.
- *National Review:* Five national experts have agreed to review the standards and will provide feedback on the following three dimensions: representativeness of quality, clarity, and relative importance. The purpose of this national review is to complete the multi-tier validation of the standards and to provide input into the final point structure to be used in the hybrid model.

²¹ The following nationally-recognized standards inform the revised Stars standards and the Office of Child Care Licensing standards: The ERS (Environment Rating Scales), NAEYC Accreditation Standards, Head Start Performance Standards, National Association of Regulatory Agencies (NARA), National Association of Child Care Resource and Referral Agencies (NACCRRA) recommended standards for states' minimum licensing regulations, The National Association for Family Child Care (NAFCC) accreditation standards for family child care, NCCIC Compendium of QRIS, Council on Accreditation (COA) for school-age accreditation standards, U.S. Department of Agriculture (USDA) meal standards inform the DOE's CACFP meal program, (which were modified in Delaware to prevent childhood obesity), Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs 3rd Edition, Office of Child Care, ACF guidance on QRIS, Other States' QRIS, Department of Defense's Effectiveness Rating and Improvement System (ERIS)

(B)(1)(c)

Stars is rooted in Delaware's Office of Child Care Licensing (OCCL) standards, which are treated as the threshold for participation in Stars (licensing standards are equal to Star Level 1). Given Delaware's strong licensing standards, the threshold for Stars is high.

Table (B)(1)-2 illustrates the full relationship between the revised Stars standards and current OCCL Licensing Requirements. The key areas of quality where Stars standards build on state licensing requirements are in curriculum and assessment, and professional development and staffing. (Please see Appendix (B)(1)-5 for details regarding OCCL and Stars alignment.)

Curriculum and Assessment:

- Curriculum: Stars standards require activities and lesson plans based on the ELFs. OCCL requires only a written program of activities and child development goals.
- Observation: Stars standards require that programs implement annual assessment and screening and report twice annually to parents. OCCL just requires that programs have an organized system for documenting children's progress and presenting that information to parents annually.
- Ratios: Stars imposes lower staff-to-child ratios and group sizes than OCCL requirements.
- Transitions: Stars standards require that programs utilize a system of continuity of care and minimize caregiver transitions through the year. OCCL requires that programs have a policy to inform staff members of pertinent child information at points of transition.
- Environment: Stars standards require that programs meet minimum thresholds on the ERS scales. OCCL requirements have less rigorous and specific classroom and outdoor activity suggestions.

Qualifications and Professional Development

Credentials: Stars standards require administrators and a certain percentage of staff to complete appropriate credentials. OCCL requirements do not include attainment of credentials.

- Career Lattice: Stars standards require administrators and a certain percentage of staff to be at specified levels on the Career Lattice. Staff evaluation is based on the Delaware Competencies, encouraging further professionalization in the field. OCCL only has minimum position requirements based on age, education levels, and childcare experience requirements, and does not include participation in the Career Lattice.
- Training: Stars standards require individuals working in licensed settings to complete a specified number of training hours annually. Individuals working in a Star-rated setting must ensure that 50-75% of those training hours are quality-assured professional development through the DIEEC.

Table (B)(1)-1: Status of all Program Standards currently used in the State							
List each set of existing Program Standards currently used in the State; specify which programs in the State use the standards	Program Standards Elements						
	<i>If the Program Standards address the element, place an "X" in that box</i>						
	Early Learning and Development Standards	Comprehensive Assessment Systems	Qualified workforce	Family engagement	Health promotion	Effective data practices	Other
Delaware Stars for Early Success: All licensed, Early Childhood and School Age Centers, Family and Large Family Childcare Providers	X	*	X	X	X	X	
Head Start Standards: Head Start/Early Head Start/ ECAP Programs	X	X	X	X	X	X	
NAEYC Accreditation Standards: NAEYC Accredited Programs	**	X	X	X	X	X	
* Delaware does not currently have a Comprehensive Assessment System, but plans to implement one using funds from the ELC grant. Adjustments would be made to the Stars standards to incorporate it upon implementation.							
**As a matter of policy, NAEYC does not align its accreditation standards to any state's early learning standards.							

Table (B)(1)-1: Status of all Program Standards currently used in the State							
	Program Standards Elements						
	<i>If the Program Standards address the element, place an "X" in that box</i>						
List each set of existing Program Standards currently used in the State; specify which programs in the State use the standards	Early Learning and Development Standards	Comprehensive Assessment Systems	Qualified workforce	Family engagement	Health promotion	Effective data practices	Other
<i>States, however, may seek to align their standards to those of NAEYC.</i>							
<i>Note: Head Start Standards align to Star Level 4. NAEYC Standards align to Star Level 5.</i>							

Table (B)(1)-2: Alignment of Program Standards in Delaware Stars for Early Success	
<i>Early Learning and Development Standards</i>	
Center-Based Standards	<p>LC2. Daily activities and lesson planning for infants, toddlers, and preschoolers are based on the <i>Delaware Early Learning Foundations</i>.</p> <ul style="list-style-type: none"> • Implements a written comprehensive curriculum that is aligned with the <i>Delaware Early Learning Foundations</i> for infants, toddlers, and preschoolers • Implements a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity
Family Child Care Standards	<p>LC3. Program implements daily activities and lesson planning.</p> <ul style="list-style-type: none"> • Implements a written comprehensive curriculum that is aligned with the <i>Delaware Early Learning Foundations</i> for infants, toddlers, and preschoolers • Implements a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity for infants, toddlers, and preschoolers
<i>Comprehensive Assessment Systems</i>	
Center-Based Standards	<p>LO2. Program annually implements a method of assessing growth and progress for all infants, toddlers, and preschoolers:</p> <ul style="list-style-type: none"> • Child developmental screening • Curriculum-based assessment <p>LO3. Program uses individual child assessments for infants, toddlers, and preschoolers to inform goal and lesson planning.</p>
Family Child Care Standards	<p>LO2. Program annually implements:</p> <ul style="list-style-type: none"> • Child developmental screening for all infants, toddlers, and preschoolers. • Curriculum-based assessment for all infants, toddlers, and

	<p>preschoolers.</p> <ul style="list-style-type: none"> • Developmental youth assessment for all school-agers. <p>LO3. Program uses individual child assessments for infants, toddlers, and preschoolers to inform goal and lesson planning.</p>
<i>Qualified Workforce</i>	
Center-Based Standards	<p>QE1. Person functioning as Administrator completes Delaware Administrator Credential and is qualified through Delaware First as Administrator.</p> <p>QE2. Person functioning as the Administrator utilizes the <i>Delaware Early Childhood Career Lattice</i> for professional development planning and achieves Step 8 or above.</p> <p>QE3. Teaching staff complete appropriate credentials.</p> <ul style="list-style-type: none"> • At least one staff member attains a Delaware credential (excluding Administrator) • 25% of staff completes one Delaware credential <p>QE4. Program staff utilizes the <i>Delaware Early Childhood Career Lattice</i> for career planning.</p> <ul style="list-style-type: none"> • 50% of staff are at Step 4 or above on the <i>Delaware Early Childhood Career Lattice</i> • 30% of staff are at Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> • 20% of staff are at Step 8 or above on the <i>Delaware Early Childhood Career Lattice</i> <p>QE5. Person functioning as Curriculum Coordinator utilizes the <i>Delaware Early Childhood Career Lattice</i> for professional development planning.</p> <ul style="list-style-type: none"> • Achieves Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> • Achieves Step 8 or above on the <i>Delaware Early Childhood Career Lattice</i> <p>QT1. Annual training hours are quality-assured:</p> <ul style="list-style-type: none"> • For each staff, 50% or more of all training hours completed are quality assured. • For each staff, 75% or more of all training hours completed are quality assured.
Family Child Care Standards	<p>QE1. Provider completes at least one Delaware credential.</p> <p>QE2. Provider utilizes the <i>Delaware Early Childhood Career Lattice</i> for career planning.</p> <ul style="list-style-type: none"> • Provider is at Step 4 or above on the <i>Delaware Early Childhood Career Lattice</i>

<p>Large Family Child Care Standards</p>	<ul style="list-style-type: none"> • Provider is at Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> • Provider is at Step 8 or above on the <i>Delaware Early Childhood Career Lattice</i> <p>QT1. Annual training hours are quality assured.</p> <ul style="list-style-type: none"> • For provider, 50% or more of all training hours completed are quality assured • For provider, 75% or more of all training hours completed are quality assured <p>QE1. Provider completes at least one Delaware credential.</p> <p>QE2. At least one staff member attains a Delaware credential (excluding owner/provider).</p> <p>QE3. Owner/provider utilizes the <i>Delaware Early Childhood Career Lattice</i> for career planning.</p> <ul style="list-style-type: none"> • Owner/provider is at Step 4 or above on the <i>Delaware Early Childhood Career Lattice</i> • Owner/provider is at Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> <p>QE4. Program staff utilizes the <i>Delaware Early Childhood Career Lattice</i> for career planning.</p> <ul style="list-style-type: none"> • 50% of staff are at Step 4 or above on the <i>Delaware Early Childhood Career Lattice</i> • 50% of staff are at Step 7 or above on the <i>Delaware Early Childhood Career Lattice</i> <p>QT1. Annual training hours are quality assured.</p> <ul style="list-style-type: none"> • For provider, 50% or more of all training hours completed are quality assured • For provider, 75% or more of all training hours completed are quality assured
<p>Family Engagement</p>	
<p>Center-Based Standards</p>	<p>FC1. Program welcomes all children and their families with procedures that embrace inclusion.</p> <p>FC2. Each classroom provides regular written correspondence with families.</p> <ul style="list-style-type: none"> • For classrooms with children predominately 0-36 months, correspondence is individualized and provided daily • For classrooms with children predominately 37 months and older, correspondence can be group and weekly

	<p>FC3. Program conducts conferences with families at least twice annually.</p> <p>FS1. Program makes accommodations for families of children with identified disabilities or who are dual language learners.</p> <ul style="list-style-type: none"> • Accommodations for families of children with identified disabilities • Accommodations for families of children who are dual language learners <p>FS2. Program systematically gathers information from families and uses data to inform program planning annually.</p> <p>FS3. Program implements a variety of family-centered events annually.</p> <p>FS4. Program supports transitions for families:</p> <ul style="list-style-type: none"> • Into the program • Within the program • Out of the program <p>FP1. Program develops and maintains formalized relationships with schools.</p> <p>FP2. Program develops and maintains formalized relationships with community-based agencies.</p> <p>LC3. Program implements instructional and environmental modifications that support the learning of all children.</p> <ul style="list-style-type: none"> • Program implements formalized procedures for making accommodations for children with identified disabilities • Program implements formalized procedures for making accommodations for children who are dual language learners
<p>Family Child Care Standards</p>	<p>FC1. Program welcomes all children and their families with procedures that embrace inclusion.</p> <p>FC2. Program provides regular written correspondence with families.</p> <ul style="list-style-type: none"> • For children 0-36 months, correspondence is individualized and provided daily • For children 37 months and older, correspondence is at least group and weekly <p>FC3. Program conducts conferences with families at least twice annually.</p> <p>FS1. Program makes accommodations for families of children with identified disabilities or who are dual language learners.</p> <ul style="list-style-type: none"> • Accommodations for families of children with identified disabilities • Accommodations for families of children who are dual language

	<p>learners</p> <p>FS2. Program systematically gathers information from families and uses data to inform program planning annually.</p> <p>FS3. Program implements a variety of family-centered events annually.</p> <p>FS4. Program makes available information about child and family related resources.</p> <p>FS5. Program supports transitions for families:</p> <ul style="list-style-type: none"> • Into the program • Within the program, as needed • Out of the program <p>FP1. Program develops and maintains on-going relationships with schools.</p> <p>FP2. Program develops and maintains on-going relationships with community-based agencies.</p> <p>LC4. Program implements instructional and environmental modifications that support the learning of all children.</p> <ul style="list-style-type: none"> • Program implements formalized procedures for making accommodations for children with identified disabilities • Program implements formalized procedures for making accommodations for children who are dual language learners
Health Promotion	
Center-Based Standards	<p>LC2. Daily activities and lesson planning for infants, toddlers, and preschoolers are based on the <i>Delaware Early Learning Foundations</i>.</p> <ul style="list-style-type: none"> • Implements a written comprehensive curriculum that is aligned with the <i>Delaware Early Learning Foundations</i> for infants, toddlers, and preschoolers • Implements a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity
Family Child Care Standards	<p>LC3. Program implements daily activities and lesson planning.</p> <ul style="list-style-type: none"> • Implements a written comprehensive curriculum that is aligned with the <i>Delaware Early Learning Foundations</i> for infants, toddlers, and preschoolers • Implements a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity for infants, toddlers, and preschoolers • Implements a framework for curriculum planning for school-agers • Implements a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity for school-agers
Effective Data Practices	

Center-Based Standards	<p>FS2. Program systematically gathers information from families and uses data to inform program planning annually.</p> <p>LO2. Program annually implements for all infants, toddlers, and preschoolers:</p> <ul style="list-style-type: none"> • Child developmental screening • Curriculum-based assessment <p>LO3. Program uses individual child assessments for infants, toddlers, and preschoolers to inform goal and lesson planning.</p>
Family Child Care Standards	<p>FS2. Program systematically gathers information from families and uses data to inform program planning annually.</p> <p>LO2. Program annually implements:</p> <ul style="list-style-type: none"> • Child developmental screening for all infants, toddlers, and preschoolers • Curriculum-based assessment for all infants, toddlers, and preschoolers • Developmental youth assessment for all school-agers <p>LO3. Program uses individual child assessments for infants, toddlers, and preschoolers to inform goal and lesson planning.</p> <p>LO4. Program uses developmental youth assessments for school-agers to inform goals and lesson planning.</p>

Evidence for (B)(1):

- The completed table that lists each set of existing Program Standards currently used in the State and the elements that are included in those Program Standards (Early Learning and Development Standards, Comprehensive Assessment Systems, Qualified Workforce, Family Engagement, Health Promotion, Effective Data Practices, and Other) – **See Table (B)(1)-1**
- To the extent the State has developed and adopted a Tiered Quality Rating and Improvement System based on a common set of tiered Program Standards that meet the elements in criterion (B)(1)(a), submit--
 - A copy of the tiered Program Standards – **See Appendix (B)(1)-3**
 - Documentation that the Program Standards address all areas outlined in the definition of Program Standards, demonstrate high expectations of program excellence commensurate with nationally recognized standards, and are linked to the States licensing system – **See Table (B)(1)-2**
 - Documentation of how the tiers meaningfully differentiate levels of quality – **See Narrative (B)(1)(b) and description of scoring in the redesigned hybrid model**

(B)(2) Promoting participation in the State’s Tiered Quality Rating and Improvement System.
(15 points)

The extent to which the State has maximized, or has a High-Quality Plan to maximize, program participation in the State’s Tiered Quality Rating and Improvement System by--

(a) Implementing effective policies and practices to reach the goal of having all publicly funded Early Learning and Development Programs participate in such a system, including programs in each of the following categories--

(1) State-funded preschool programs;

(2) Early Head Start and Head Start programs;

(3) Early Learning and Development Programs funded under section 619 of part B of IDEA and part C of IDEA;

(4) Early Learning and Development Programs funded under Title I of the ESEA; and

(5) Early Learning and Development Programs receiving funds from the State’s CCDF program;

(b) Implementing effective policies and practices designed to help more families afford high-quality child care and maintain the supply of high-quality child care in areas with high concentrations of Children with High Needs (*e.g.*, maintaining or increasing subsidy reimbursement rates, taking actions to ensure affordable co-payments, providing incentives to high-quality providers to participate in the subsidy program); and

(c) Setting ambitious yet achievable targets for the numbers and percentages of Early Learning and Development Programs that will participate in the Tiered Quality Rating and Improvement System by type of Early Learning and Development Program (as listed in (B)(2)(a)(1) through (5) above).

In the text box below, the State shall write its full response to this selection criterion. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State’s special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations. Additionally, the State must provide baseline data and set targets for the performance measure under (B)(2)(c).

(B)(2)(a)

Goal and Vision

As described in Section (B)(1), the redesign of Delaware Stars – combined with the strong administrative infrastructure developed through the first four years of implementation – has positioned Stars to take an even more central and effective role in driving high-quality early learning and development programming. Stars will include the first implementation of a tiered reimbursement linked to quality. As Delaware continues to implement and expand its plan for high quality early childhood programming, Stars will be recognized and adopted as a framework for quality improvement across all sectors of the early learning and development system. Taking this systemic approach will, we believe, lead to a greater level of focus, collaboration, and support for all programs, and provide the most effective way for Delaware to accelerate dramatically improved outcomes for all children, across the early childhood and K-12 systems. To achieve this goal, Delaware is committing to a series of policy and administrative decisions that provide a pathway for cross-sector participation and collaboration in Stars, with aligned incentives. By taking these steps, Delaware’s policy framework for Stars addresses 100% of publicly-regulated programs, and covers 95%+ of all high-needs children birth-to-five.²² All providers in the early childhood system should recognize Stars as the framework for defining and improving program quality.

Activities

This overarching goal and vision for program quality in Delaware is undergirded by a series of specific new policy decisions, ongoing programmatic efforts, and explicit commitments of support from stakeholders. While Delaware’s goal for expanded participation in Stars is ambitious, the detailed planning we have undertaken makes us confident that it is also achievable.

The details of Delaware’s approach – program by program – are described below.

1. Licensed child care centers (Receive funding through CCDF) – Child care centers have been the primary focus of recruitment efforts over the initial years of Stars implementation, since these centers serve 68% of the purchase of care population. Even

²² The only categories of programs not addressed by Delaware’s cross-sector approach are relative in-home care, and private schools (including 100% private pay schools). Statewide, there are only 684 children birth-to-five receiving purchase of care subsidies in these two settings.

without the financial incentives in place through the new tiered reimbursement program (described in detail in Section (B)(2)(b)), 26% of centers are participating in Stars, with an additional 8% on a temporary waiting list while the redesigned program standards are being finalized.

Taken together, the combination of tiered reimbursement, the revised standards and scoring system, and a more supportive model for technical assistance (described in Section (B)(4)) create a powerful incentive to increase participation from licensed centers. Moving forward with this approach, Delaware's ambitious yet achievable goal is to have 100% of centers participate in Stars. We recognize the dramatic increase in capacity required to achieve this goal, especially given our commitment to focus concurrently on both participation and quality. Initial engagement efforts with providers surrounding the ongoing roll-out of the tiered reimbursement indicate a very high level of enthusiasm in the field, such that in the first year of the grant period, we anticipate more demand from centers to join Stars than we have capacity to serve. Therefore, in line with the overarching focus on high-needs children, Delaware will prioritize all new applicants to Stars on the basis of the percentage of children receiving purchase of care subsidies and the location of the center (e.g., priority given for those located in high needs neighborhoods).

2. Licensed family child care programs (Receive funding through CCDF) – By including the *percent of licensed family child care providers* who are participating in Stars as a part of our goal, Delaware is challenged by the inclusiveness of our own regulatory policies. Indeed, Delaware is one of only 10 states requiring all family child care providers, regardless of the number of children served, to become licensed.²³ Yet we recognize the importance of these programs as significant service providers to our population of children with high needs, and therefore are setting ambitious goals for participation even among these smaller-scale programs. There are ~2,400 children receiving purchase of care, being served across 602 family child care providers. Today, 26 family care

²³ 2008 NARA Child Care Licensing Study, pg. 123

providers are participating in Stars.

Delaware's focus in expanding Stars participation among family child care providers is to maximize the coverage of Children with High-Needs receiving purchase of care in Stars-rated programs, and we have taken several steps to support the unique needs of this critical provider community. First, the redesigned Stars program standards include different standards for family care providers that are tailored to their typical size and setting. Furthermore, Delaware intends to ensure that family child care providers serving Children with High-Needs are not just participating in Stars, but are supported to improve their quality. Through an intensified technical assistance model emphasizing communities of practice (described in Section (B)(4)), Delaware's plan is to target clusters of ~10 family child care providers in low-income neighborhoods serving high concentrations of purchase of care children. Over the grant period, our target is for 45% of family child care providers to be participating in Stars, and for those participating providers to represent 55% of all purchase of care children in family child care.

3. Head Start / Early Head Start – Delaware has already made important initial progress in promoting Stars participation among Head Start programs; 3 of the 4 regional Head Start programs include Stars participants. Today, Head Start and Early Head Start programs are serving ~2,500 children.

But we are poised to dramatically expand Stars participation to attain universal coverage of Head Start centers (100% participation) over the grant period. Please refer to the appendix for Section (A)(3) for letters of support from the Delaware Head Start Association, which endorses the 100% participation target over the grant period, and from Wilmington Head Start – the largest Head Start program in the state – which reinforces its own plans to participate in Stars. Numerous factors support this ambitious goal: at the federal level, Head Start programs have all received guidance to participate in their State's QRIS; within Delaware, the Office of Head Start Collaboration continues to be a very vocal advocate for programs to participate in Stars; the redesigned program standards have been carefully aligned to Head Start performance standards, and allow

programs to enter at a Star level 4; and, finally, the adoption of tiered reimbursement has made it financially very attractive for Head Start programs to join Stars while serving purchase of care children.²⁴

4. State-funded Pre-K programs (“ECAP” in Delaware) – ECAP programs serve 843 four-year olds in Delaware and must abide by Head Start standards for both eligibility and performance. Programs funded through ECAP are housed in a combination of Head Start, center-based, and public school-based programs.

Moving forward, Delaware will mandate that all ECAP programs participate in Stars, by adding this requirement as a contractual obligation for receiving state funding. Given the terms of the current contracts, the transition to 100% participation will occur over the course of the next year.

5. School-based programs funded through IDEA Section 619 of Part B, or Title I – These public school based programs typically have high-quality and benefit from financial resources provided by public school districts. Historically, however, these programs have been the least involved with Delaware Stars, due to the historical policy stance that only licensed programs could participate.

Delaware will create a new pathway into Stars for programs like these that, while not licensed, are overseen and monitored by the Department of Education. Programs participating in Stars through this pathway will be held to the same evaluation standards, and will receive the same level of technical assistance, grants and awards as licensed programs. In addition, the state will publicly report the performance ratings for these programs. While these programs will not be eligible for tiered reimbursement payments unless they begin to accept purchase of care children and become licensed, Delaware believes that many will choose to take this path. These programs will be eligible to participate in Stars on a voluntary basis, and Delaware believes that 50% will engage with Stars over the grant period.

²⁴ The purchase of care reimbursement rate for Head Start programs has effectively been increased by 80%. Before the State’s recent investment, purchase of care was reimbursed at 50% of market rate. Now with the reimbursement increase and the alignment of standards to Star level 4, Head Start programs can be reimbursed at a minimum of 90% of market rate.

6. Children receiving funding through Part C of IDEA – Since IDEA Part C funding follows the child, Delaware focuses on the quality of services provided to all of these children, regardless of setting, rather than focusing on IDEA Part C fund recipients as distinct programs. In line with federal guidance, Delaware’s goal over time is for 100% of children receiving services funded through Part C to receive those services in a natural, inclusive environment.

In order to ensure that the quality standards for these services are at a statewide common level of high-quality, Delaware’s goal over the grant period is for 50% of children receiving Part C services to do so in Stars-rated programs. To monitor the State’s progress, Delaware will include IDEA Part C data in the Department of Health and Social Services demographic database which can be matched with DOE enrollment figures through the longitudinal data system enabling accurate tracking of participation in Stars. This system will be able to produce an accurate baseline measurement by the end of 2012. Furthermore, so that all Stars-rated programs are taking the necessary steps to be able to accommodate services for children with disabilities, the leadership of the state Part C program is a member of the Stars management team and has been integrally involved in designing the new Stars standards to ensure their appropriateness for all children.

Supporting investments to help attain participation targets

The targets above outline, program by program, Delaware’s policy and programmatic framework for attracting more providers into Stars. These targets are ambitious, and if we are to achieve them, it will reflect both a substantial investment in program improvement by providers, and a significant increase in administrative complexity within state agencies.

Recognizing these two issues, Delaware will use grant resources to support capacity-building investments that support us in reaching our ambitious targets for expansion, and ensure that these targets will be achievable:

1. *Infrastructure fund to support capital investments by providers* – Through engagement efforts with early childhood providers, we have heard repeatedly that capital investments in facilities, equipment, or technology are often viewed as obstacles to moving up in the quality tiers within Stars – and that providers would gladly make these investments if they had the resources. To support providers as they enter Stars and to encourage them to see progression along the standards as feasible, Delaware will provide an infrastructure fund, which programs can access if they can demonstrate a linkage between their investment and specific Stars standards. This fund will also be accessible to Stars participants who are license-exempt, and who wish to make capital investments that would help them to gain licensure, especially if licensure is being sought in order to gain access to tiered reimbursement. The budget extends this fund over the four-year grant period, as outlined in Section (A)(4).
2. *“Card swipe” data system for purchase of care program* – Growth in Stars participation and improvements in program quality will lead to a much greater administrative burden in order to administer tiered reimbursement programs. Today, the purchase of care program operates off of an outdated technology architecture, with little ability to access real-time data about children’s attendance and performance. Other states have begun to move toward a “card swipe” system that can register a child’s attendance, test scores, and other factors each day – providing programs and state officials with greater visibility into data trends at a group level, and offering parents a potential window into their child’s learning outcomes. Based on benchmarks from other state, Delaware believes it can implement the new system within the first year of the grant period, with some annual maintenance costs included in years 2-4.

Organizational Responsibilities

Delaware has established capacity, roles and responsibilities to meet the targets outlined above. The MOU signed by all Participating State Agencies and attached with Section A(3) describes these roles in greater detail:

- The Department of Education (DOE), in its capacity as the manager of the Stars program, will be responsible for the overall initiative to increase participation rates and for meeting the targets outlined in the grant application. The DOE will be responsible for executing

the specific policy changes for Head Start / Early Head Start, ECAP, and school-based programs (e.g., contractual changes to ECAP, new pathway for school-based programs). Finally, the DOE manages the contract with the Institute for Excellence in Early Childhood (IEEC), which administers Stars.

- The Department of Health and Social Services (DHSS) is the administrator of the purchase of care program, and will ultimately receive funds related to the tiered reimbursement policy, including the portion of grant funds directed to the expansion of that initiative, and to the implementation of the new “card swipe” data system. DHSS also will be the administrator of the infrastructure fund to support capital investments, since DHSS has the systems in place to make direct payments to providers, and since this fund mirrors existing capacity-building funds within CCDF. Finally, DHSS oversees funding through Part C of IDEA, and the leadership of this program will be responsible for working with DOE and IEEC to further integrate standards for high-quality interventions and to work with families to increase the percentage of services delivered in high-quality Stars-rated programs.
- DIEEC, as the administrator of Delaware Stars, will drive the efforts surrounding the rollout of the \$22M investment in purchase of care / tiered reimbursement, and the recruitment of new programs. DIEEC will significantly expand its capacity to meet the new participation targets, using both state resources (through the \$22M investment) and grant resources as described in Section (A)(4).

The timeline for achieving the targets described above appears in the tables in Part (c) below.

(B)(2)(b)

At a time of significant fiscal challenges for Delaware and nearly all states, Delaware has made the availability of high-quality child care for high-needs children a top fiscal priority through the Governor’s leadership and the legislature’s unanimous support. This commitment pre-dates this grant competition and stands as a clear example of Delaware’s dedication to early learning and development.

The fiscal prioritization of early learning and development programming is embodied in the State's investment of \$22M in annual, ongoing spending during the legislative session in early 2011. This investment is the one of only two new recurring spending items added to the budget for FY 2012, and yet it passed the legislature with the support of all members.

The \$22M investment is directed exactly at the goal of maximizing the supply of high-quality child care for families with high-needs children. The additional funding has been directed as follows:

- *Increasing subsidy reimbursement rates for all programs:* Nearly 10,000 children birth-to-five in Delaware are receiving child care through purchase of care subsidies. Historically, the reimbursement rates for purchase of care subsidies had remained flat, with little to no increase for the providers. This created a significant gap in both funding and capacity in the highest-need programs that served or wanted to serve high-needs children. Thus, the state decided to “reset” the level of reimbursement for purchase of care to ensure that all programs have the appropriate incentives and a higher baseline level of resources to be accessible to high needs children – and to do so in a way that prevents any increase in parent co-pays. With the new investment by the Governor, the reimbursement rate for all programs statewide increased to 65% of the market rate.²⁵ This increase alone, which in itself represents an annual expenditure of \$12M, will help to ease the financial challenges for programs that are serving low-income children, and will encourage programs to serve this population as a higher percentage of their total enrollment.
- *Initiating a tiered reimbursement system based on Stars ratings:* While increasing reimbursement rates across-the-board is an important step to ensure greater fairness and adequate resources for all programs, ultimately Delaware intends to direct the greatest level of resources to the programs that demonstrate the highest-quality in serving high-needs children. With this goal in mind, Delaware has adopted a tiered reimbursement program – beginning in the current fiscal year – that connects purchase of care payments directly with quality ratings in Delaware Stars. High-quality programs participating in

²⁵ Before the increase, reimbursement rates varied widely across individual programs, but typically were as low as 50% of the market rate

Stars will be reimbursed for children receiving purchase of care subsidies at the following rates:

- Star Level 3 = 80% of market rate
- Star Level 4 = 90% of market rate
- Star Level 5 = 100% of market rate

No other states that we have been able to identify offer the opportunity for accessing reimbursement of 100% of the market rate through their tiered reimbursement policy. Moreover, these subsidy rates represent a substantial and ambitious investment by the state, and they are supported by an initial allocation of \$7M in annual, ongoing funding. Through the participation and quality targets Delaware is setting in this application, Delaware will further expand the tiered reimbursement investment and use grant resources to catalyze that growth. These targets are described in further detail below in part (c), and in Section (B)(4).

Organizational Responsibilities (applies to both Part (a) and Part (b))

The division of organizational responsibilities in Part (b) is the same as that which supports the activities listed in Part (a). The MOU signed by all Participating State Agencies and attached with Section (A)(3) describes these roles in greater detail:

- The Department of Education (DOE), in its capacity as the manager of the Stars program, will be responsible for the overall initiative to increase participation rates and for meeting the targets outlined in the grant application. The DOE will be responsible for executing the specific policy changes for Head Start / Early Head Start, ECAP, and school-based programs (e.g., contractual changes to ECAP, new pathway for school-based programs). Finally, the DOE manages the contract with the Delaware Institute for Excellence in Early Childhood (DIEEC), which administers Stars.
- The Department of Health and Social Services (DHSS) is the administrator of the purchase of care program, and will ultimately receive funds related to the tiered reimbursement policy, including the portion of grant funds directed to the expansion of that initiative, and to the implementation of the new “card swipe” data system. DHSS also will be the administrator of the infrastructure fund to support capital investments, since DHSS has the systems in place to make direct payments to providers, and since this

fund mirrors existing capacity-building funds within CCDF. Finally, DHSS oversees funding through Part C of IDEA, and the leadership of this program will be responsible for working with DOE and IIEC to further integrate standards for high-quality interventions and to work with families to increase the percentage of services delivered in high-quality Stars-rated programs.

- DIIIEC, as the administrator of Delaware Stars, will drive the efforts surrounding the rollout of the \$22M investment in purchase of care / tiered reimbursement, and the recruitment of new programs. DIIIEC will significantly expand its capacity to meet the new participation targets, using both state resources (through the \$22M investment) and grant resources as described in Section (A)(4).

The timeline for achieving the targets described above appears in the tables in Part (c) below.

Performance Measures for (B)(2)(c): Increasing the number and percentage of Early Learning and Development Programs participating in the statewide Tiered Quality Rating and Improvement System											
Type of Early Learning and Development Program in the State	Number of programs in the State	<i>Baseline and Annual Targets -- Number and percentage of Early Learning and Development Programs in the Tiered Quality Rating and Improvement System</i>									
		Baseline (Today)		Target- end of calendar year 2012		Target -end of calendar year 2013		Target- end of calendar year 2014		Target- end of calendar year 2015	
		#	%	#	%	#	%	#	%	#	%
State-funded preschool <i>Specify: ECAP Programs</i>	13	1	8%	13	100%	13	100%	13	100%	13	100%
Early Head Start and Head Start ²⁶	31	4	13%	16	50%	23	75%	31	100%	31	100%
Programs funded by IDEA, Part C	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Programs funded by IDEA, Part B,	16	0	0%	2	13%	4	25%	6	38%	8	50%

²⁶ Including Migrant and Tribal Head Start located in the State.

Performance Measures for (B)(2)(c): Increasing the number and percentage of Early Learning and Development Programs participating in the statewide Tiered Quality Rating and Improvement System											
Type of Early Learning and Development Program in the State	Number of programs in the State	<i>Baseline and Annual Targets -- Number and percentage of Early Learning and Development Programs in the Tiered Quality Rating and Improvement System</i>									
		Baseline (Today)		Target- end of calendar year 2012		Target -end of calendar year 2013		Target- end of calendar year 2014		Target- end of calendar year 2015	
		#	%	#	%	#	%	#	%	#	%
section 619											
Programs funded under Title I of ESEA	13	0	0%	2	15%	3	23%	5	38%	7	54%
Programs receiving from CCDF funds	1045	94	9%	136	13%	309	30%	440	42%	521	50%
Other <i>Describe: Other Licensed Child Care Providers (Not receiving CCDF funds)</i>	615	40	7%	101	16%	217	35%	284	46%	308	50%
<i>Notes: Baseline data is actual and was provided by the Delaware Institute for Excellence in Early Childhood; State-funded preschools are defined as those programs receiving ECAP funding; programs receiving CCDF funding are defined as those receiving funding through the purchase of care program; IDEA Part C funding goes directly to children rather than programs forcing Delaware to sets targets and report coverage on a child basis rather than a program basis; 100% of Child Care Centers will be in Stars by 2015</i>											

(B)(3) Rating and monitoring Early Learning and Development Programs. (15 points)

The extent to which the State and its Participating State Agencies have developed and implemented, or have a High-Quality Plan to develop and implement, a system for rating and monitoring the quality of Early Learning and Development Programs participating in the Tiered Quality Rating and Improvement System by--

(a) Using a valid and reliable tool for monitoring such programs, having trained monitors whose ratings have an acceptable level of inter-rater reliability, and monitoring and rating the Early Learning and Development Programs with appropriate frequency; and

(b) Providing quality rating and licensing information to parents with children enrolled in Early Learning and Development Programs (e.g., displaying quality rating information at the program site) and making program quality rating data, information, and licensing history (including any health and safety violations) publicly available in formats that are easy to understand and use for decision making by families selecting Early Learning and Development Programs and families whose children are enrolled in such programs.

In the text box below, the State shall write its full response to this selection criterion. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

(B)(3)(a)

Given the priority being placed on increased participation in Stars, and the resources being devoted to tiered reimbursement and other supports for increased quality, it is imperative that Stars ratings reflect a robust set of measures, that the process for rating is rigorous, and that providers acknowledge the validity of both the tool and process. Delaware has already taken substantial steps to ensure the integrity of Stars ratings, and Delaware is proposing in this plan to take another leap forward by working with other leading states in an ambitious effort to develop a new measure of program quality that improves on the tools available in the field today. The details of both current implementation and future plans are described below.

Policies and processes in place to ensure the validity and reliability of Stars ratings

Training and process to develop and maintain inter-rater reliability

Delaware Stars has a robust process in place for establishing and maintaining a level of inter-rater reliability of at least 85%; our informal benchmarking across other states with established QRIS suggests that 80% is a more typical goal, indicating the relative rigor of the Delaware system.

This level of reliability is reinforced by a clear set of activities and capabilities:

- The Stars team has identified Anchor assessors, who are selected on the basis of their experience with and mastery of the program standards and rating tools.
- New assessors begin with a process of guided practice, which includes lessons on developmentally appropriate practices, reviews of completed assessments, and simulated ratings using video clips of real situations.
- New assessors must complete at least three “reliability visits,” in which both they and an Anchor assessor complete a full assessment. Over the course of the three visits, the new assessor takes on increasing responsibility for facilitating the visit (e.g., by the third visit, the new assessor completes the interview).
- After each reliability visit, new assessors debrief and review their scoring with the Anchor assessor.

- All new assessors must complete at least three visits in which their assessment scored at greater than 85% reliability with the Anchor assessor.
- All assessors – including Anchors – are monitored for reliability over time, to prevent drift. Each assessor undergoes a reliability check every 10th visit, and scores lower than 85% require additional practice assessments before returning to the field.

In addition to rigorous rating standards for on-site program observations using the ERS, Delaware Stars will also implement high standards for reliability and verification of the entire set of standards outlined in the new hybrid model which are not covered in the program observations (e.g., professional development qualifications, management and administrative practices). Specifically, criteria are being established for verification of the new quality standards. The evaluation of these standards will also be subject to inter-rater reliability with 10% of all verification being conducted by two trained Delaware Stars verifiers. As the Stars program enters a period of accelerated capacity-building, this well-established routine will be a significant asset in maintaining the validity of the rating process.

Monitoring frequency

Programs are frequently reviewed to ensure that standards are maintained. The Office of Child Care Licensing ensures that all programs are meeting at least baseline licensing standards on an annual basis. Under the redesigned Stars standards described in Section (B)(2), all programs must be assessed a minimum of once every two years in order to retain their Star level rating. However, it is anticipated that programs will strive to move more quickly on their path to quality improvement as a result of the new tiered reimbursement. In the past six months, more programs have moved up in the Delaware Stars system than in the prior three years of QRIS implementation, suggesting that the combination of tiered reimbursement and more intensive technical assistance in developing, implementing, and testing plans for improvement is effective. It is expected that many programs will seek verification of their star level designation more frequently than the required two years due to these financial incentives and effective supports.

When ratings take place, assessors ensure that their interaction with programs is extensive enough to draw valid conclusions about program quality. Reliable Stars Assessors observe each

classroom, home, or group for at least three hours using the corresponding ERS scale to assess the physical environment, routines, curriculum, schedule, structure, language and interactions in use at the center under evaluation. Assessors also conduct interviews of lead staff for the classroom or group being considered. One third of each age group (infants and toddlers, preschool, school age) are randomly selected for assessment.

Approach to ensuring and improving the tool used to assess program quality

The Environmental Rating Scale (ERS) Delaware has chosen to use is the Early Childhood Environmental Rating Scale, a nationally-recognized and valid assessment tool to support a critical component of the Stars evaluation rubric. The ERS, developed at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, is a scientifically-based and normed, tool that has been tested on a continuous basis for validity and reliability. The ERS is commonly used in state QRIS systems nationwide.

While the ERS instruments measure programmatic dimensions necessary for the provision of high quality early care and education services, there is a growing recognition of other components of high-quality programming (e.g., aspects of teacher-child interaction and curriculum implementation) that the ERS instruments were not designed to evaluate. On balance, while Delaware still considers the ERS to be an effective tool, it is clear that the assessment of additional components would be beneficial in supporting school success.

It is possible to use multiple measures to assess these complex set of variables that reflect high quality early care and education. However using multiple measures becomes an expensive process and leads to capacity issues within any respective QRIS system. Using multiple measures also adds considerable time to the measurement process. Having one tool that could potentially measure multiple dimensions of quality, taking into account the variables measured by the ECERS and the elements measured by an instrument such as the CLASS would be an invaluable asset to states as they explore avenues to measure quality across dimensions.

As part of Delaware's commitment to national leadership and continuous improvement in the rating of early learning and development programs, we will engage with two other leading states (North Carolina and Kentucky) to initiate the Multi-State Consortium on Program Quality Assessment. The purpose of this effort is to develop, field test, and pilot a new quality scale designed to meet the specific needs of QRIS and regulatory systems. This new measure will aim to blend the ERS' strengths in assessing program infrastructure and learning environment with the strengths of other tools (like CLASS) in measuring the extent of and quality of adult / child interactions and address the important issue of instructional intentionality and curriculum implementation. Further, efforts towards the development of the new measure will be sensitive to the unique needs of QRIS systems which must have tools that work across various classroom and program settings (e.g., infant, toddler, preschool, and family child care). With the exception of the ERS, other existing quality measures (such as the CLASS) do not apply to all four types of settings. The new measure will be completed by the end of the grant period, with each state contributing a proportionate level of resources to support the development process (see Section (A)(4) for budget allocations associated with this initiative).

The Department of Education, as the manager of the Stars program, will have responsibility for this initiative, and will work closely with the Delaware Institute for Excellence in Early Childhood, the administrator of the Stars program, to fulfill Delaware's role within the multi-state consortium. Please see the Appendix for Section (A)(3) for a written letter of support from the North Carolina Department of Education affirming Delaware's participation in the effort.

This initiative will follow the following schedule:

Timeline For Multi-State Consortium on Program Quality Assessment Activities

	2012	2013	2014	2015
• Multi-state consortium meets and develops plan for creating a new assessment tool	◆ March 2012			
• Consortium members develop a new program assessment tool	■ April 2012- March 2013			
• Preliminary pilot test of new assessment tool in centers and family child care homes		■ April 2013- June 2013		
• Assessment tool revised, based on preliminary pilot test		■ July 2013- September 2013		
• Preliminary pilot test of revised assessment tool in early learning programs including centers and family child care homes		■ October 2013- January 2014		
• Further refinement of assessment tool			■ February 2014	
• Train data collectors to reliably use the assessment tool			■ March 2014	
• Pilot test assessment tool in a sample of child care centers and family child care homes in multiple states, gathering data on its validity and reliability			■ April 2014 – August 2014	
• Analyze pilot test data to determine validity and reliability of scores from the new assessment tool			■ September 2014 – November 2014	
• Final report of pilot test of the new assessment tool			■ December 2014	
• Multi-state consortium develops plan for utilizing new assessment tool as part of QRIS			■ December 2014	
• Implement the plan for using the new assessment tool across multiple state QRIS and gather data about feasibility issues to continue refining the measure and training procedures			■ January 2015- December 2015	

(B)(3)(b)

An effective statewide tiered QRIS, such as Delaware Stars, can create impact not just through interactions with practitioners, but also by providing a platform for engagement with families. Delaware Stars plays two critical roles in the state’s strategy for family engagement: first, it communicates clear standards for early care and education, so that parents raise their expectations for the programs serving their children; and second, it provides transparent and reliable information about quality that arms parents to make better decisions. These two stages of parental outreach and engagement – educate then empower – are at the heart of a vision for Delaware in which parents vote for quality with their feet.

Licensing data is already made publicly available to parents through the website of the Office of Child Care Licensing, where parents can access data about non-compliance, corrective action, and any substantiated complaints that the Office has received, including health and safety violations.

Going forward, Delaware's ambitions for getting program quality data (both through licensing and through Stars) in the hands of parents are much larger. Because licensing and Stars are linked with one another for all licensed programs (as described in Section (B)(1)), it will be a natural fit for the larger planned initiative to include data from both sources. The emphasis, as described below, is to make data available through as many channels as possible, building upon existing points of contacts with parents and other caregivers, in the easiest form possible, and to leverage that data as a platform for deeper family engagement.

Plan to support family communication and engagement efforts regarding program quality

In the initial years of Stars implementation, quality rating data has not been publicly available to parents. The priority to-date – as outlined in Sections (B)(1) and (B)(2) – has been to refine program standards so that they are a rigorous and fair measure of quality (and thus a sound basis for parental decision-making), and to build a critical mass of participating programs. Once the validity of the program standards has been established and a critical mass of programs has begun to participate, the time is right to invest in a comprehensive communication and engagement campaign to ensure that parents are empowered to use the newly available information to make better choices for their children.

Vision and Goals:

At this stage in the continued growth and refinement of Stars, the timing is ideal to prepare an aggressive campaign to promote Stars participation and Stars ratings as integral parts of parents' decisions about early care and education programming for their children, and to integrate licensing data into that effort. This effort will evolve as a natural next step from the ongoing campaign to engage with providers about the redesign of Stars and to accelerate the recruitment of those providers into Stars (as described in Section (B)(2)).

Relative to the guidelines provided in this grant application, however, Delaware intends to go far beyond simply making the data publicly available to parents, and providing it in an easy-to-use format. Rather, we have plans for an aggressive communications and outreach campaign that cuts across participating state agencies, includes both providers and community partners, and that ultimately provides a platform for deeper levels of *engagement* with families about what quality programming looks like, why it is important, and how to use the Stars and licensing data to find the right option for their child. The ultimate goal of this effort is to foster, over time, a clear shift in parent mindsets when making decisions for their children, and to cultivate – especially among parents of Children with High Needs – a self-sustaining demand for high quality options.

Activities and rationale:

In designing the plan for this campaign, Delaware’s process has been to work with a parent’s perspective in mind – and, in particular, parents of Children with High Needs. We have been motivated by three key questions.

- First, across state agencies, what are all of the touchpoints that we, or our partners in the field, have with parents in the birth-to-five timeframe, especially during times when they are choosing an early learning and development program? How do these touchpoints vary for different segments of the population of Children with High Needs?
- Second, how could each of these touchpoints be used more strategically to engage more deeply with parents, provide better information, and reinforce a message of quality?
- Third, what new touchpoints might we creatively consider, such as social media, events, and partner organizations’ communications channels?

From experience over time and engagement through this planning process, we know that parents’ decisions today about early care and education programming are motivated in large part by convenience and cost, and that issues of quality are viewed as opaque and subjective. Standards of program quality are not widely understood.

As a part of the planning process, we have developed a comprehensive list of the touchpoints that we would want to include over the long-term in a comprehensive approach to

communication and engagement around program quality. Starting immediately, we plan to prioritize a few areas where the opportunities for contact with parents have the greatest potential for impact – based in large part on their serving parents of Children with High Needs. We will institutionalize these efforts across state agencies, external partners, and existing touch points with parents statewide over the next 12 months.

- 1. Purchase of care (DHSS):** 9,800 low-income, high-needs children at any given time are accessing purchase of care subsidies to support their access to child care, and Delaware is in contact with their families to provide information about eligibility and funding. Moreover, these parents are at the decision-making point; just about to enroll their child in an early learning and development program. In all materials we provide to families receiving subsidies, we will include documents that provide general background on Stars and a map that highlights programs within close geographic proximity that are Stars-rated and are in the top tiers of Stars.
- 2. Home visiting (DHSS, DOE):** Across agencies, Delaware operates several evidence-based home visiting initiatives that target the most at-risk neighborhoods in the state. Delaware recently has received additional funding to expand home visiting, which already reaches thousands of parents of Children with High Needs each year (the details of both current operations and future plans are described in detail in Section (C)(3)). Home visitors develop deep relationships with parents, and are well-positioned – if provided with additional training and materials – first to provide some of the same information provided through the purchase of care channel, and then to build on that information by having conversations with parents about the importance of high-quality programming to child development and school readiness.
- 3. Licensing (DSCYF):** The website for the Office of Child Care Licensing is already viewed as a resource for parents looking to assess program quality, with licensing history data already made publicly available. Going forward, Delaware will integrate data from Stars into the parent interface on the OCCL website, and allow parents to see not just the Stars rating of the program, but also detailed information about performance in each of the key areas of the program standards.

- 4. Help Me Grow (DHSS):** Help Me Grow is a new initiative run by the Division of Public Health to provide a comprehensive framework for screening, referral, and follow-up services across the state, simplifying and streamlining the system for parents of Children with High Needs. These plans are described in detail in Section (C)(3), but they include a parent outreach hotline, for parents to call and understand more about the services available for their child. Delaware will train all participants in the Help Me Grow system, and especially the representatives staffing the phone center, about issues of program quality, the system of Star ratings, and how to provide information about high-quality program options to parents who are seeking support for their Children with High Needs.

Building the capacity to provide this level of communication and engagement through existing agency structures will take time and resources to develop. Moreover, parents need a greater level of baseline awareness of program quality issues generally and Stars ratings specifically to be able to make the best use of the information and conversations when they are available. For that reason, the integration of data into the four touchpoints highlighted above will be preceded by a broad public awareness and communications campaign to be led by the Governor's office. This campaign will include:

- Setting up a series of conversations with parents, located in community settings (e.g., libraries, community centers) and targeting high-need neighborhoods. These gatherings will deepen the existing dialogue that the state has with parents regarding their general expectations for quality child care, and specific choices that they can make to access the highest quality care for their children.
- Developing standard mailings to go out to all families in targeted high-need neighborhoods
- Public events with the Governor and other senior officials that spotlight Stars-rated centers and engage with parents about using Stars and licensing information
- Collaboration with community partners, such as United Way, Nemours, Vision 2015, and others, who can help promote events, raise awareness, and reinforce messages
- Interviews and other media coverage to support the message
- Targeted public service announcements and social media outreach

Timeline and preparation:

The public-facing aspects of the plan will unfold as part of a broad three-phase timeline:

- Preparatory phase (January-June 2012) – Communications and engagement efforts in this period will support the rollout of the new Stars standards and help recruit additional programs with a special focus on those serving children with high needs. Delaware will ensure that providers, state employees and community partners have the tools they need to communicate directly to parents and assist in the public education efforts in the next phase. Although this is not directly related to parent outreach, building continued momentum for Stars is a necessary precursor to the success of a parent campaign.
- Phase I Awareness Campaign (July-September 2012) – Communications effort will segue from a focus on providers to a focus on parents, with an intensive kick-off campaign to energize government and community stakeholders to reach out to parents. Direct engagement, combined with traditional and social media efforts will be used to raise awareness
- Phase II Launch of Ongoing Touchpoints (October 2012-January 2013) – The one-time campaign to bolster awareness will transition into an ongoing strategy to provide communication and engagement through the key touchpoints and structures outlined above. The goal is to have the new information and processes integrated into each of the four key touchpoints by the beginning of the second year of the grant period.

A timeline beginning in October 2012 to launch efforts through ongoing touchpoints will allow Delaware the time to lay the necessary groundwork through a series of steps. For each of these touchpoints, we will need to provide:

- A clear vision for how to develop more strategic communication with and engagement of families through existing points of contact
- Standard materials that can be used both for internal reference and external distribution
- Training for all relevant state personnel to enable them to communicate key messages and field questions about Stars
- Training for physicians, county / local government personnel and community organizations that regularly engage with parents, including state partners and other

interested organizations to equip them to communicate with parents about Stars and the importance of early education

- Easy points of reference online where parents can go to get answers to additional questions quickly and easily (e.g., Early Childhood Council website, Stars website, Delaware 211)
- Flexible data templates and processes that allow for customized information to be provided to parents about the program options in their communities
- Data sharing agreements between agencies to enable information to flow smoothly across the key touchpoints

Engagement efforts with parents over the course of the first year of the grant period (through the Phase I awareness campaign and other channels) will provide additional information to help refine and improve the plans for the ongoing touchpoints as the work proceeds.

Organization:

The management, roles and responsibilities for this plan are as follows:

- The Governor's office will oversee the Phase I awareness campaign, working in coordination with communications staff from each of the 3 Participating State Agencies
- Delaware will seek to contract with a third party to manage the planning and execution of the communications and engagement efforts through the preparatory and initial campaign phases. We anticipate communications will be sustainable without outside assistance by the third year, but will need to be evaluated annually
- The Department of Education, as the manager of the Stars program, will oversee and execute this contract
- The third-party manager of the communications and engagement efforts will work with a cross-agency team that includes communications representatives from each of the Participating State Agencies, representative from the Office of Child Care Licensing, as well as staff from each of the key touchpoints
- The Delaware Institute for Excellence in Early Childhood will ensure that the data and messaging regarding Stars is consistent with their broader efforts to expand Stars

See Section (A)(4) for details of budget allocations to support this initiative.

(B)(4) Promoting access to high-quality Early Learning and Development Programs for Children with High Needs. (20 points)

The extent to which the State and its Participating State Agencies have developed and implemented, or have a High-Quality Plan to develop and implement, a system for improving the quality of the Early Learning and Development Programs participating in the Tiered Quality Rating and Improvement System by--

(a) Developing and implementing policies and practices that provide support and incentives for Early Learning and Development Programs to continuously improve (*e.g.*, through training, technical assistance, financial rewards or incentives, higher subsidy reimbursement rates, compensation);

(b) Providing supports to help working families who have Children with High Needs access high-quality Early Learning and Development Programs that meet those needs (*e.g.*, providing full-day, full-year programs; transportation; meals; family support services); and

(c) Setting ambitious yet achievable targets for increasing--

(1) The number of Early Learning and Development Programs in the top tiers of the Tiered Quality Rating and Improvement System; and

(2) The number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.

In the text box below, the State shall write its full response to this selection criterion. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

Additionally, the State must provide baseline data and set targets for the performance measures under (B)(4)(c)(1) and (B)(4)(c)(2).

(B)(4) Overview

Delaware's expansion of and improvements to the Stars program are aimed at the single objective of maximizing the number of children, especially Children with High Needs, who are enrolled in a high-quality early learning program. Delaware's plan outlines our ambitious strategy to meet that objective with actions that address three critical areas: significantly increasing program participation in the quality rating system (which is addressed through the plans laid out in Section (B)(2)); increasing families' understanding of program quality and the availability of high-quality options (which is addressed through the comprehensive communications strategy described in Section (B)(3)); and improving program quality and accessibility, Delaware's approach to which is described in the section below.

These actions are complementary and reinforcing, and set the basis for our ambitious goals. Delaware's plan will lead to an increase of more than 12 times in the number of Children with High Needs who are attending programs in top quality-rating tiers over the four-year grant period.

(B)(4)(a)

Goals and Current Initiatives

Having put in place a quality framework that is rigorous and applies cross-sector, Delaware must also ensure that Stars is an effective vehicle for improving program quality. Several foundational measures are already in place to facilitate continuous improvement:

1. *Technical assistance:* All programs participating in Stars receive technical assistance as described in Section (B)(1). Each program can access technical assistance twice per month during the quality improvement phase of levels 2-4. Uniquely, the Delaware Institute for Excellence in Early Childhood oversees the implementation of both the technical assistance as well as the ratings themselves, ensuring that supports and goals are aligned.
2. *Grants and awards:* The Stars program offers financial incentives and rewards to programs for investing in quality and for achieving higher quality levels. Grants to

support programs in their effort to move up the quality tiers range from \$300 - \$10,000 and awards for programs that reach a higher level of quality range from \$250 - \$2,500.

While these two items are important contributors to quality improvement, we know that we can – and must – do more if we are to affect the highest-need programs, whose deficits are often most severe and which often lack the resources and internal capacity to drive improvement.

Therefore, as a part of its plan, Delaware is committing to aggressive action above and beyond current practice to dramatically increase the resources directed at increasing the quality of early learning and development programming for children with high needs.

Two pillars of this approach are described in detail elsewhere in this application. *Tiered reimbursement*, which is described in Section (B)(2), will provide significantly increased reimbursement rates for purchase of care children in programs that reach high levels of quality in Stars. *Workforce compensation*, which is described in Section (D)(2), will provide both recruitment bonuses and ongoing wage enhancements to educators working in programs that serve the highest-need populations, and which are located in the lowest-income neighborhoods.

These two policies provide incentives and resources to support quality improvement. But experience indicates that incentives and resources are not sufficient to achieve impact without high-quality support and guidance that helps programs along the path to improvement.

With this in mind, Delaware is undertaking a significant upgrade of its technical assistance model for early learning and development programs statewide, with two goals: first, to create a more coherent and coordinated approach to technical assistance across different types of programs; and second, to provide more intense, in-depth, and collaborative assistance to programs demonstrating the highest need.

Activities

The first step in this strategy is to develop a coordinated technical assistance infrastructure that operates cross-sector and cross-county, to coordinate technical assistance services across federal and state funding streams. Today, although technical assistance resources are available across a range of institutions and programs, these resources are governed by different entities that too

often do not work together to deliver the highest-impact support. Delaware proposes to address this through the following steps:

- Develop a technical assistance advisory committee to monitor and coordinate across all technical assistance resources for early learning and development programs – including resources available through Stars, ECAP, Title I, and CCDF. This advisory committee would include all stakeholders across the different funding streams, and could also draw upon membership from the Professional Development subcommittee of the state’s Early Childhood Council, which is already in operation. Responsibilities of the advisory committee include monitoring and coordinating technical assistance resources, and exploring opportunities to consolidate technical assistance initiatives to increase effectiveness and impact on Children with High Needs.
- Build out new Stars technical assistance centers in a range of program settings, including one in a public school district, to reinforce the cross-sector nature of technical assistance in the new model.

The second step in the strategy is to expand an intensified technical assistance model that focuses on serving clusters of high-need programs. This model, known as *Stars Plus*, builds off of an ongoing pilot effort that is already showing strong results.²⁷ *Stars Plus* has several critical design elements, all based in research, that make it especially effective in building the capacity of the most vulnerable programs:

- *Creation of a Directors’ Community of Practice* – Directors of the target child care programs meet monthly with a Delaware Stars Technical Assistant. The purpose of these meetings is to provide a forum for directors to network, problem-solve, and share reports of success relative to their quality improvement efforts. Stars staff provide resources and educational information during these meetings as well. This community of practice approach is the cornerstone of the Stars Plus model and is based on research documenting

²⁷ In April, 2010, Delaware Stars launched an intensive quality intervention targeting high need community-based child care centers. Funded by the United Way of Delaware, this initiative (*Stars Plus*) is designed to provide a higher level of technical assistance and support to programs that serve high proportions of children receiving Purchase of Care as well as reside in high need geographic areas. This initial pilot includes seven child care centers located in downtown Wilmington, and has shown positive initial results: four of the seven child care centers have moved up one star level and current projections suggest that three of the seven programs will move up an additional star level by January, 2012

the efficacy of community of practice interventions within a variety of educational settings (Buysse, Sparkman, & Wesley, 2003; Vescio, Ross, & Adams, 2008).

- *Intensive Technical Assistance at the Classroom Level* – All programs in the cohort receive intensive, weekly technical assistance. Technical assistance is focused on classroom quality, guided by the environmental rating scale. In the Stars Plus Model, the Stars TA has a lower caseload than that provided to other Stars participants, allowing a higher intensity of support to participating programs.
- *Coordinated Professional Development* – Coordinated professional development opportunities are created to meet the needs of personnel across programs. Staff professional development is typically offered onsite at one of the participating programs and relevant staff from the entire cohort are invited. For example, in the initial pilot, the professional development focused on infant-toddler caregiving with infant-toddler staff from participating programs coming together for these sessions. Findings from other professional development initiatives highlight the need for connectivity between on-site TA and professional development (Zaslow & Martinez-Beck, 2005).

Timeline, funding, and organization

Delaware proposes to use grant funding to expand this cohort-based model – which will be administered through the Stars program at the Delaware Institute for Excellence in Early Childhood – to include fifteen new cohorts of 8-10 programs each over the four-year grant period.

- Five cohorts each will start in year one, year two, and year three of the grant period, and will be fully funded by grant resources
- Each cohort will receive the Stars Plus supports for two years, after which it is expected that participating programs will have elevated into the top quality tiers
- Several cohorts will be comprised exclusively of family child care providers (as mentioned in Section (B)(2)), to test a more intentional community of practice model that can tailor fully to the unique needs and time constraints of this provider group

With this level of resources, Delaware will be able to include every child care center in the state that is defined in the most at-risk / high-need category.²⁸ In addition to licensed child care centers and family child care providers that have been the historical focus of Stars expansion efforts, Delaware will also include Head Start, ECAP, and school-based programs in cohorts, in order to foster a cross-sector, collaborative approach.

The Institute for Excellence in Early Childhood, as the administrator of the Stars program and all Stars technical assistance, will build its capacity to fulfill the activities outlined in this plan. The Department of Education, as the manager of the Stars program, will be ultimately responsible for the use of these grant resources.

(B)(4)(b)

Through the activities described in Part (a), Delaware has developed a multi-faceted, comprehensive approach to providing resources and support to programs to facilitate continuous improvement along the quality framework laid out in Stars. In order for this strategy to achieve its maximum impact, we must also ensure that families are in a position to take advantage of the increasingly high-quality program offerings in the system.

The first step to ensuring that children with high needs are able to benefit from quality programs is to ensure that sufficient openings exist in our subsidized programs, so that parents who need child care to work or pursue training are able to do so. Remarkably, throughout the recession and associated fiscal challenges, Delaware has maintained the availability of purchase of care subsidies to keep pace with demand – ensuring that all eligible families are approved for subsidies and enrollment when they need it. Furthermore, 100% of Head Start-eligible children in Delaware are enrolled in a federal- or state-funded program. These facts give Delaware a very strong foundation to build from in maintaining that high level of access, while focusing on

²⁸ For these purposes, Delaware is defining the most at-risk / high-need centers as those that either (a) reside in a high-poverty Census tract and serve more than 33% purchase of care children; OR (b) reside elsewhere in the state but serve more than 66% purchase of care children. This is the same program universe that is targeted for compensation reform in Section (D)(2), reflecting Delaware’s strategy to target a consistent set of high-need programs with services and support across the state plan

improving program quality. To build on this foundation, the state will explore policies and practices that bolster continuity of care within the purchase of care program.

Building on this level of existing support, Delaware aims to provide additional assistance to working families with Children with High Needs by expanding the availability of full-day / full-year care. Today, many of the programs funded through Head Start or ECAP (the state-funded Pre-K program for 4 year-olds which operates under Head Start standards) provide only half day care. While these programs could use purchase of care funding to support after-school child care, historically they have not done so. In talking with these providers, they have indicated that they have not offered full-day care because the purchase of care reimbursement rates have not been high enough for them to provide the level of quality found in their core programs.

The increase in reimbursement rates, however, opens up the potential for these programs to move toward a blended child care model that operates full-day / full-year by combining existing funding with purchase of care subsidies. This model is particularly attractive for these providers because the Head Start and ECAP performance standards align with the Star level 4 program standards – permitting Head Start and ECAP programs to enter the Stars program at level 4. Therefore, should these programs choose to use purchase of care to make their programs full day, they will access purchase of care funding at 90-100% of market rate, instead of the prior 50% level. This change in funding levels will make it much more likely that our Head Start and ECAP providers will offer full day programs.

The enclosed letter of support from Wilmington Head Start affirms the interest that exists in one of Delaware's largest and highest-need communities to pursue this strategy with the tiered reimbursement that the State has made available. We believe that this approach will increase the number of full-day / full-year slots available to Children with High Needs by at least 500 slots.

Outside of growing the availability of full-day / full-year care, Delaware has supports across different types of early learning and development programs to provide a range of family supports:

- Stars: the new standards included in the redesign of Stars include a focus on building relationships between child care centers and other community agencies in an effort to build comprehensive services for families.
- Head Start and ECAP: Delaware is making policy changes to bring Head Start and ECAP programs into Stars and these programs include family support, health and nutrition, and in most cases, transportation.
- Child and Adult Care Food Program: participation ensures that enrolled children will have a nutritious breakfast, lunch and snack.

Performance Measure for (B)(4)(c)(1): Increasing the number of Early Learning and Development Programs in the top tiers of the Tiered Quality Rating and Improvement System.					
	Baseline (Today)	Target- end of calendar year 2012	Target- end of calendar year 2013	Target- end of calendar year 2014	Target- end of calendar year 2015
Total number of programs covered by the Tiered Quality Rating and Improvement System	134	300	595	794	942
Number of programs in Tier 1 (Lowest Tier)	48	98	170	189	181
Number of programs in Tier 2	40	77	141	170	181
Number of programs in Tier 3	14	44	101	153	182
Number of programs in Tier 4	11	49	104	153	198
Number of programs in Tier 5 (Highest Tier)	11	32	79	129	200
<i>Notes: Baseline data is actual and was provided by the Delaware Institute for Excellence in Early Childhood; there are an additional 44 school age programs in Stars</i>					

Performance Measures for (B)(4)(c)(2): Increasing the number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.

Type of Early Learning and Development Program in the State	Number of Children with High Needs served by programs in the State	Baseline and Annual Targets -- Number and percent of Children with High Needs Participating in Programs that are in the top tiers of the Tiered Quality Rating and Improvement System									
		Baseline (Today)		Target- end of calendar year 2012		Target -end of calendar year 2013		Target- end of calendar year 2014		Target- end of calendar year 2015	
		#	%	#	%	#	%	#	%	#	%
State-funded preschool <i>Specify: ECAP Programs</i>	843	72	9%	843	100%	843	100%	843	100%	843	100%
Early Head Start and Head Start ²⁹	2,209	268	12%	1,105	50%	1,657	75%	2,209	100%	2,209	100%
Early Learning and Development Programs funded by IDEA, Part C	843	12	1%	169	20%	253	30%	337	40%	422	50%
Early Learning and Development Programs funded by IDEA, Part B, section 619	1,556	0	0%	202	13%	389	25%	591	38%	778	50%
Early Learning and Development Programs funded under Title I of ESEA	835	0	0%	128	15%	193	23%	321	38%	450	50%
Early Learning and Development Programs receiving	9,806	446	5%	1,069	11%	2,462	25%	4,064	41%	5,391	55%

²⁹ Including Migrant and Tribal Head Start located in the State.

Performance Measures for (B)(4)(c)(2): Increasing the number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.

Type of Early Learning and Development Program in the State	Number of Children with High Needs served by programs in the State	Baseline and Annual Targets -- Number and percent of Children with High Needs Participating in Programs that are in the top tiers of the Tiered Quality Rating and Improvement System									
		Baseline (Today)		Target- end of calendar year 2012		Target -end of calendar year 2013		Target- end of calendar year 2014		Target- end of calendar year 2015	
		#	%	#	%	#	%	#	%	#	%
funds from the State's CCDF program											

Notes: Tiers 3,4 and 5 are defined as "Top Tier;" IDEA Part C baseline is estimated; Programs do not currently record consolidated data detailing which child care providers serve IDEA Part C children; Top Tier programs provided estimates of IDEA Part C participation for this grant, but these estimates may understate the IDEA population substantially since providers are not required to report these numbers; All other baseline data is actual and was provided by the Delaware Institute for Excellence in Early Childhood; State-funded preschools are defined as those programs receiving ECAP funding; programs receiving CCDF funding are defined as those receiving funding through the purchase of care program

(B)(5) Validating the effectiveness of the State Tiered Quality Rating and Improvement System.
(15 points)

The extent to which the State has a High-Quality Plan to design and implement evaluations--working with an independent evaluator and, when warranted, as part of a cross-State evaluation consortium--of the relationship between the ratings generated by the State's Tiered Quality Rating and Improvement System and the learning outcomes of children served by the State's Early Learning and Development Programs by--

(a) Validating, using research-based measures, as described in the State Plan (which also describes the criteria that the State used or will use to determine those measures), whether the tiers in the State's Tiered Quality Rating and Improvement System accurately reflect differential levels of program quality; and

(b) Assessing, using appropriate research designs and measures of progress (as identified in the State Plan), the extent to which changes in quality ratings are related to progress in children's learning, development, and school readiness.

In the text box below, the State shall write its full response to this selection criterion. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

(B)(5)

Both Delaware’s current practice and our plan for the future reflect an unwavering commitment to the quality and effectiveness of the Delaware Stars for Early Success program, and a willingness to invest aggressively in continuous improvement. Section (B)(1) described the state’s redesign efforts, which strengthened program standards and created a hybrid model more conducive to program improvement. Section (B)(3) outlined the state’s plan to participate in a multi-state consortium to develop a new quality measure for early childhood programs that is tailored to the needs of QRIS systems and includes the right balance of focus on different dimensions of program quality.

This section outlines Delaware’s commitment to the validation of the Stars program, and is just one more step in the portfolio of investments we are making through this plan to ensure the high-quality of our system. A rigorous validation process will be employed that draws on both the development and implementation of a strong statewide cross-sector data system and the engagement of an independent contractor to determine the relationship between QRIS program ratings and the learning and developmental outcomes of young children. Whereas the criteria for this section describe two types of evaluation separately in Part (a) and Part (b), in our view these two approaches to validation represent a logical continuum of work to be done over time, and are thus bound together in a single plan for evaluation that will evolve over multiple phases. The narrative that follows therefore includes some aspects that are common to Part (a) and Part (b), and others that are distinct. The section headings throughout the narrative provide guidance.

Historical Evaluation Efforts

Delaware has undertaken previous research and evaluation efforts that both signal our ongoing commitment to robust evaluation of our efforts, and provide a template for the level of rigor that we will seek in future studies.

Most notably, Delaware contracted with an independent evaluator, Mathematica, in 2009-2010 to assess the appropriateness and implementation of the initial Stars standards as part of the

comprehensive and thorough review process it is now completing (and that was described in Section (B)(2)).³⁰

Similarly, in an effort to understand the lasting effect of high-quality early care programming on student academic outcomes, in 1997 the IRMC commissioned the University of Delaware to begin an ongoing longitudinal study of children who received early intervention services as four-year-olds through either the Early Care and Assistance Program (ECAP) or Head Start preschool programs, tracking their performance through fifth grade in 2005. The study found *students who participated in ECAP or Head Start services met or exceeded fifth grade reading, math, and writing standards at a significantly greater rate than their peers living in poverty who did not receive the ECAP or Head Start services.* (Please see (B)(5)-1 for the complete ECAP outcome study.)

This longitudinal study was commissioned because policymakers in Delaware wanted to ensure an adequate, sustainable return on investment for the state's funding of the ECAP program. Given the resources being directed to the expansion of Stars both through the state's \$22M annual investment, and through this grant application, a similar focus on in-depth longitudinal evaluation is appropriate.

Approach to Evaluation and Validation (Common to Part (a) and Part (b))

As the review process of the original Stars model is concluding, with the newly implemented quality standards set to take effect in January 2012, the state is ready to embark on a new validation process, under the impetus of the Early Learning Challenge grant, with a rigorous and comprehensive validation study of the new hybrid model. The goal of the validation plan is twofold: 1) to validate the tiers of the Delaware Stars for Early Success program to ensure differential levels of quality across all four dimensions of practice; and, 2) to determine the relationship between the quality tiers in Delaware Stars and children's readiness for school.

³⁰ Mathematica Report: *Delaware Stars for Early Success: Summary of Findings from the 2009 Research and Evaluation Activities*, January 7, 2010.

All implementation efforts for both goals will meet three criteria:

1. *Rigorous research design methodology* – Delaware will contract with an independent evaluation firm to design and employ rigorous research design methodologies in an effort to confidently draw conclusions from the proposed validation activities. Although the nature of validation activities varies by research question, Delaware commits to employing sophisticated evaluation strategies and quasi-experimental designs as appropriate.
2. *Multiple measures with demonstrated reliability and validity* – The study of program quality in early learning programs is multifaceted and single measures of key constructs, such as classroom quality and children’s school readiness, will be insufficient to capture their complexity. Thus, validation efforts will be designed to include multiple measurement strategies to ensure a more nuanced picture of Delaware Stars implementation and outcomes. Further, all measures selected will adhere to scientifically acceptable criteria for technical adequacy.
3. *Capacity building approaches* - Whenever possible, Delaware will seek to build connectivity between formative and summative evaluation and validation activities in an effort to build internal state capacity to improve data quality and enhance services to early learning programs.

The examination of both aspects of the validation of the QRIS (quality tiers and children’s outcomes) will rely on two primary mechanisms – the engagement of an independent research firm that will conduct an external review of Delaware Stars implementation and subsequent outcomes, and the establishment of a cross-sector data system that will allow Delaware Stars to have access to high quality data to inform program decisions and activities.

- *Independent Evaluator* – Delaware will develop and release a RFP to conduct the external validation evaluation for Delaware Stars. Criteria for selecting the contractor will include prior experience conducting rigorous education or child care evaluation efforts, the design of a high quality plan to measure QRIS effectiveness, and cost effectiveness. Please see Section (A)(4) for budget allocations to support the external research.

- *Cross-Sector Data System* – As part of the Stars redesign, the state is developing a statewide data system to support QRIS implementation. Planning for this data system began in summer, 2010 with projected completion in Spring, 2012. The purpose of the new system is to track the progress of participant programs in Delaware Stars to include program and professional development information as well as Stars’ assistance, incentives, and ratings. The Stars data system will link to the state’s larger early childhood data network, the development of which is described in Section (A)(2). Linkages with other system has already begin. The Delaware Department of Education has an MOU with the Office of Child Care Licensing in DSCYF for a daily transfer of data to ensure connectivity between the two agencies, and work is currently underway for data sharing with the purchase of care office in DHSS.

Research Objectives and Phases (Common to Part (a) and Part (b))

Delaware Stars includes five quality tiers across four dimensions of practice (Learning Environments and Curriculum, Family and Community Partnerships, Professional Development and Qualifications, and Management and Administration). The intent of the proposed validation plan is:

- To systematically examine the tiers established in Delaware Stars for Early Success in an effort to understand the ability of the tiers to differentiate quality
- To understand the processes that assist programs in enhancing their program quality and moving up in the Stars system
- To understand how this movement in quality impacts the learning and development outcomes of participating children

In contrast to building block QRIS systems (such as the model that Delaware Stars has used historically), the hybrid model of the new redesign creates a unique opportunity to systematically study the differential effects of clusters or combinations of standards as programs may arrive at designated point levels for star level designations 3, 4, and 5 via multiple pathways. Furthermore, the planned adoption of a statewide kindergarten entry assessment, as described in Section

(E)(1), creates opportunities for a systematic analysis of near-term child outcomes in a way that would have been challenging for Delaware to execute historically.

The primary research questions driving validation efforts are organized into two phases. Phase 1 consists of validation activities focused on understanding and improving the quality tiers in Delaware Stars and their relative impact on the quality of early learning programs in the state. Phase 2 consists of validation activities targeting the examination of the relationship between program quality ratings and child learning and developmental outcomes. Specific research questions linked to each phase are presented below.

Research questions specific to Part (a)

1. Do quality tiers as operationalized by Delaware Stars accurately reflect differential levels of program quality?
 - a. Do quality tiers as operationalized by Delaware Stars reflect a comprehensive definition of quality that includes both structural and process features (e.g., teacher-child interaction, curriculum implementation, and environmental quality)?
 - b. Do quality standards across the four dimensions of practice predict program quality? What are their differential contributions?
2. What is the relationship between program characteristics and program quality in Delaware Stars?
 - a. Do program features (e.g., subsidy density, size, neighborhood, program type, etc.) influence quality ratings and observed classroom quality scores?
 - b. Do teacher and administrator characteristics influence quality ratings and observed classroom quality scores?
 - c. Do differential patterns of quality point allocations emerge? Are these patterns identifiable and related to program characteristics? If patterns exist, do they impact progress towards higher quality?
3. Do high need programs that participate in *Stars Plus* enhance their program quality?
 - a. Do Stars Plus programs enhance program quality levels and move up in the Delaware Stars system?

- b. What is the relative contribution of the Stars Plus model components to changes in quality ratings and observed classroom quality scores?
- c. Do Stars Plus programs that increase program quality maintain their quality levels after the intervention?

Research questions specific to Part (b)

1. Do young children participating in higher rated programs make more positive gains in learning and development as compared to programs in non-participating or lower-rated programs?
 - a. Are children participating in higher rated programs more ready for school as compared to peers in lower rated programs as measured by Delaware's Kindergarten Readiness Assessment at entry to and exit from kindergarten?
 - b. Do high need children differentially benefit from Delaware Stars? Do program characteristics mediate this relationship?
2. What dimensions of Delaware Stars program participation are most vital to child learning and developmental outcomes?
 - a. Do all dimensions of the Delaware Stars model predict child learning and development outcomes? What are their relative contributions?
 - b. In particular, how can we assess the impact of physical health and screening efforts, an integral piece of Delaware's strategy as discussed in Section (C)(3)?
 - c. Are there differential developmental and learning gains dependent on children's time in program (e.g., duration, intensity, mobility / continuity)?
3. Do families participating in higher rated Delaware Stars programs demonstrate higher levels of family involvement after the transition to kindergarten?
 - a. Are families differentially impacted by program quality? Do high need families in high rated program report higher levels of family involvement than lower-rated and non-participating families?

Implementation and Management (Common to Part (a) and Part (b))

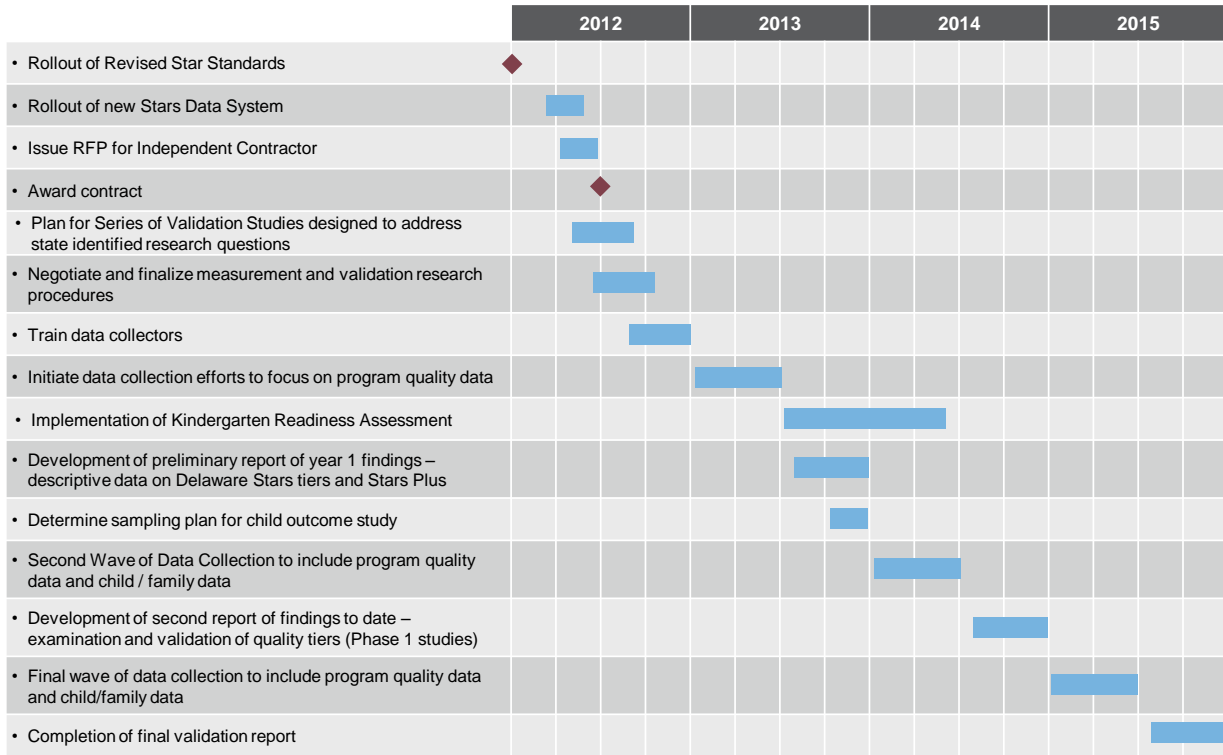
Formulation of the RFP for the evaluation will be executed by the Delaware Department of Education, in conjunction with the Stars management team. A cross-sector group, designed to ensure broad representation among the Stars community, will be formed to serve as a resource to the evaluator in designing and implementing the evaluation, ensuring good participation and capturing high quality data. This group would include representation from the DOE, the Delaware Institute for Excellence in Early Childhood, the Delaware Early Childhood Council, providers from the different types of early learning and development programs, and representatives from groups who work with different categories of children with high needs.

As a logical outcome of the evaluation process, the state and Stars management would modify and improve the Stars program based on the results of the study.

Budget and Timeline – Based on budget information currently available from possible evaluation experts, Delaware would expect to allocate \$2M to conduct both validation studies across the duration of the grant.

Implementation would follow the following schedule:

Implementation of Stars Validation



1

Focused Investment Areas -- Sections (C), (D), and (E)

The State must address in its application--

- (1) Two or more of the selection criteria in Focused Investment Area (C);*
- (2) One or more of the selection criteria in Focused Investment Area (D); and*
- (3) One or more of the selection criteria in Focused Investment Area (E).*

The total available points for each Focused Investment Area will be divided by the number of selection criteria that the applicant chooses to address in that area, so that each selection criterion is worth the same number of points.

C. Promoting Early Learning and Development Outcomes for Children

Note: The total available points for (C)(1) through (C)(4) = 60. The 60 available points will be divided by the number of selection criteria that the applicant chooses to address so that each selection criterion is worth the same number of points. For example, if the applicant chooses to address all four selection criteria in the Focused Investment Area, each criterion will be worth up to 15 points.

The applicant must address two or more selection criteria within Focused Investment Area (C).

(C)(1) Developing and using statewide, high-quality Early Learning and Development Standards.

The extent to which the State has a High-Quality Plan to put in place high-quality Early Learning and Development Standards that are used statewide by Early Learning and Development Programs and that--

- (a) Includes evidence that the Early Learning and Development Standards are developmentally, culturally, and linguistically appropriate across each age group of infants, toddlers, and preschoolers, and that they cover all Essential Domains of School Readiness;
- (b) Includes evidence that the Early Learning and Development Standards are aligned with the State's K-3 academic standards in, at a minimum, early literacy and mathematics;
- (c) Includes evidence that the Early Learning and Development Standards are incorporated in Program Standards, curricula and activities, Comprehensive Assessment Systems, the State's Workforce Knowledge and Competency Framework, and professional development activities; and
- (d) The State has supports in place to promote understanding of and commitment to the Early Learning and Development Standards across Early Learning and Development Programs.

If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

Evidence for (C)(1)(a) and (b):

- To the extent the State has implemented Early Learning and Development Standards that meet any of the elements in criteria (C)(1)(a) and (b), submit--
 - Proof of use by the types of Early Learning and Development Programs in the State;
 - The State's Early Learning and Development Standards for:
 - Infants and toddlers
 - Preschoolers
 - Documentation that the standards are developmentally, linguistically and culturally appropriate for all children, including children with disabilities and developmental delays and English Learners;
 - Documentation that the standards address all Essential Domains of School Readiness and that they are of high-quality;
 - Documentation of the alignment between the State's Early Learning and Development Standards and the State's K-3 standards; and

(C)(1) Overview:

Delaware has established high-quality, inclusive, culturally and linguistically appropriate Early Learning and Development Standards for Infants/Toddlers and Preschool children, called “Early Learning Foundations” (“ELFs”). Early care and education programs in Delaware use the ELFs to guide curricular planning and support broad-based learning opportunities for children, and the tenets of the ELFs have been embedded within Delaware’s program licensing regulations (though Delaware Rules) and its QRIS system (Stars for Early Success). Delaware is committed to continually refreshing the ELFs in response to educator feedback and the evolving understanding of child development and learning – in 2010, the Delaware Department of Education (DOE) led a revision of both the Infant/Toddler and Preschool ELFs, updating the content and format of the standards to improve the ELFs as a tool for educators. The complete Infant/Toddler ELFs is provided in Appendix (C)(1)-1 and the Preschool ELFs is provided in Appendix (C)(1)-2.

Delaware created the Preschool ELFs in 2003 to help educators plan for intentional teaching and learning in which children acquire new skills, practice emerging skills, and master previously learned skills. Building upon the success of the Preschool ELFs, Delaware introduced the Infant/Toddler ELFs in 2007 to help educators structure appropriate activities to support child growth and development. Delaware provides extensive professional development to support programs’ use of the ELFs and improve educators’ understanding of the tool and its use in the classroom or home. Although both the Infant/Toddler and Preschool ELFs were designed for professional educators, Delaware also leverages the ELFs to engage parents in their child’s development. Delaware’s leadership is committed to preserving the high quality of the ELFs and continues to promote their use statewide.

(C)(1)(a)

Delaware’s ELFs are developmentally, culturally, and linguistically appropriate across the spectrum of infants, toddlers, and preschoolers, and cover all Essential Domains of School Readiness. To ensure that the 2010 revision of the Infant/Toddler and Preschool ELFs continued

to meet these goals, DOE convened “Advisory Revision Work Groups” composed of a diverse range of stakeholders and engaged national experts to advise the Work Groups.

- Cultural Appropriateness: The DOE and the Advisory Revision Work Groups considered the creation of culturally appropriate standards that reflected the needs of Delaware’s diverse population to be an essential objective of the revision process. The Advisory Revision Work Groups included individuals with personal and professional exposure to relevant cultural issues who were able to inform the process. In addition, DOE and the Preschool Advisory Revision Work Group collaborated with DOE K-12 Curriculum Specialists to link the ELFs to the K-3 Social Studies domain. This aligned the early childhood standards with K-3 expectations and provided a specific outlet for addressing cultural awareness. The “My Family, My Community, My World” domain was added to the revised Preschool ELFs in part to address cultural awareness, as Delaware leaders believe that cultural learning should be interwoven with daily discussions and experiences.³¹
- Inclusion of Children with Disabilities and Developmental Delays: In a significant update to the original ELFs, the revised Infant/Toddler and Preschool ELFs focus on the importance of developing skills rather than the specific means of demonstrating those skills. During the 2010 Infant/Toddler and Preschool ELFs revision process, the Advisory Revision Work Groups decided to – as often as possible – withhold specificity regarding the manner in which standards would be met in an effort to be inclusive of all children (e.g., in the “My Family, My Community, My World” domain, educators are asked to look for children to “communicate information about family and events,” but the manner of communication is intentionally not specified). By using terms like “communicate” and “express,” the ELFs do not dictate *how* particular information should be communicated, and so provide multiple options for communication (e.g., oral language, signing, expression by gestures or picture communication cards).

³¹ Regarding the inclusion of culture in early learning and development programs, Delaware’s Preschool ELFs state: “In their daily experiences, children encounter many cultures. Specific cultures should not be a focus of a weekly theme but instead should be incorporated into daily discussions and activities. Children begin to learn about the past, present, and future through discussions about their experiences. Knowledge of places and spaces begins within their own residence, expanding to their community and learning environment.”

- Linguistic Appropriateness: The Infant/Toddler and Preschool ELF's are linguistically appropriate for their intended audience. The ELF's are available in English and Spanish, and contain simple, straightforward language that is comprehensible for educators and other users at varying levels of language and literacy skill. As noted above, the standards provide multiple options for child communication.

- Inclusion of Children who are English Language Learners: As noted above, the terminology in the ELF's is flexible, allowing for differences in means of communication. In addition, the Language and Literacy domain in both the Infant/Toddler and Preschool ELF's provides specific detail regarding the needs of English Language Learners and how they should be supported.
 - The Infant/Toddler ELF's states: *“Special consideration in the development of language skills should be given to dual language learners. These children face many challenges whether they are learning two languages at the same time or one after the other. Children who have a strong foundation in the language that they are learning from their home generally have an easier time acquiring a second language. Parents are strongly encouraged to use the language they are most comfortable with when talking, reading, singing, caring for, and playing with their baby at home. When possible the caregiver should also be able to speak in the language that the baby is learning at the home. When this is not possible, treat the language spoken in the home with respect and care, using important words like the word for mother, baby, and love.”*

 - The Preschool ELF's states: *“Attention needs to be given to English Language Learners since they face many issues as they are learning two languages at the same time. Preschoolers who have a strong foundation in their first language generally are able to learn a second language easier. Best practices indicate that instruction for language and literacy development should be given in the child’s primary language first. When this is not possible, parents are strongly*

encouraged to use their primary language at home while the preschooler learns a second language outside the home. Many languages differ in their structure from English. Therefore, early childhood professionals should be aware of such differences as they plan their instruction and should avoid referring students to special education programs. Overall, a rich multicultural variety of materials such as signs, posters, books, and pictures in two or more languages should surround the English Language Learners as much as possible.”

- Alignment with the Essential Domains of School Readiness: Kindergarten learning expectations were a critical component of the ELF's design process – Infant/Toddler and Preschool learning experiences were mapped to these expectations. The Infant/Toddler and Preschool ELFs are aligned with each other and with the Essential Domains of School Readiness as defined by the Race to the Top–Early Learning Challenge Grant criteria. (Please refer to Tables (C)(1)-1 and (C)(1)-2 below for an illustration of the alignment from the Infant/Toddler and Preschool ELFs to the Essential Domains of School Readiness.) In fact, the domains incorporated into the Preschool ELFs expand upon the Essential Domains by incorporating Creative Expression (a domain which includes music, movement/dance, visual arts, and dramatic play) and by segmenting the “Cognition and General Knowledge” component of the Essential Domains into three specific domains: Mathematics, Science, and “My Family, My Community, My World.” “My Family, My Community, My World” is a unique domain that includes sub-domains focused on culture, history, geography, government/communities and economics. This domain encourages children to engage with their community and surroundings, and supports culture as an integral element of learning. Each of the domains within the Infant/Toddler ELFs is segmented into four growth periods: Young Infant (0-6 months), Older Infant (6-12 months), Young Toddler (12-24 months) and Older Toddler (24-36 months). While learning opportunities repeat themselves across age groups, the behaviors children may demonstrate and the manner in which educators support learning vary, reflecting the substantial growth and variation in child development between birth and age three. The “Discoveries” domain in the Infant/Toddler ELFs is the precursor for “Cognition and General Knowledge” and “Approaches toward Learning” in the Essential

Domains. The Discoveries domain is a foundation in which infants and toddlers develop sensory awareness, spatial awareness and memory, learn the nature of cause and effect, develop curiosity and problem solving skills, and engage with their world through play. The Discoveries domain also supports the Creative Expression domain in the Preschool ELFs.

Table (C)(1)-1: Alignment of Preschool ELFs with Essential Domains of School Readiness











Delaware Early Learning Foundations: Preschool	Alignment	Essential Domains of School Readiness as defined by the Grant Application Criteria
Language and Literacy		Language and Literacy
Mathematics		Cognition and General Knowledge (including mathematics and early scientific development)
Science		
My Family, My Community, My World		
Approaches to Learning		Approaches toward Learning
Physical Development and Health		Physical Well-Being and Motor Development (including adaptive skills)
Social Emotional		Social and Emotional Development
Creative Expression		

Table (C)(1)-2: Alignment of Infant/Toddler ELFs with Essential Domains of School Readiness

Delaware Early Learning Foundations: Infant/Toddler	Alignment	Essential Domains of School Readiness as defined by the Grant Application Criteria
Language and Literacy		Language and Literacy

Discoveries		Cognition and General Knowledge (including mathematics and early scientific development)
		Approaches toward Learning
Physical Development and Health		Physical Well-Being and Motor Development (including adaptive skills)
Social Emotional		Social and Emotional Development

(C)(1)(b)

When the ELF's were created in 2003 (Preschool) and 2007 (Infant/Toddler), careful consideration was given to linking the ELF's with Delaware's K-12 standards and kindergarten-level expectations. Dr. Catherine Scott-Little conducted an analysis that showed a natural and aligned pathway from birth to the K-3 academic standards due to strong alignment between the Infant/Toddler ELF's and the Preschool ELF's, and between the Preschool ELF's and Delaware's K-3 academic standards for literacy and mathematics. The Infant/Toddler "Discoveries" domain and the "Social Emotional" domain (which is found in both the Infant/Toddler and Preschool ELF's), create a foundation for the development of skills that are the building blocks of academic success. (Please see Appendix (C)(1)-3 for the complete results from this analysis.)

However, Dr. Scott-Little's analysis showed that the backward alignment of K-3 standards to the Preschool ELF's is not as strong as the forward alignment from early care and education to the state's K-3 academic standards, due to weak representation of social and emotional developmental domains in the K-12 standards.

(C)(1)(c)

The ELF's are embedded within Delacare Rules, Delaware's licensing regulations that serve as the foundation for the Stars QRIS. Further, Stars incorporates the ELF's at Level 2 in the

Curriculum and Implementation section of the draft Stars ECE Center Standards (Appendix (B)(1)-3a) and Level 3 in the Curriculum and Implementation section of the draft Stars Family Child Care Standards (Appendix (B)(1)-3b) and Large Child Care Standards (Appendix (B)(1)-3c). Administrator and staff training on the ELFs are required at Level 2 in the ECE Center Standards and Level 3 in the Family Child Care and Large Family Child Care Standards. The Stars standards require that curricula and activities for infants, toddlers and preschoolers are aligned with the ELFs and that lesson plans are based on the ELFs.

- Curricula and Activities: Head Start programs are required to use the ELFs for program planning. Guidelines from the Early Childhood Assistance application are provided in Appendix (C)(1)-4. Preschool programs that are part of Delaware’s state-funded Early Childhood Assistance Program (ECAP) are also required to use the ELFs for program planning, since ECAP requirements mirror Head Start’s. Head Start and ECAP programs are monitored annually with the Head Start evaluation tool. Further, the programs’ respective procedures handbooks strongly encourage 619 and Part C programs to link their activities to the ELFs.³²
- Comprehensive Assessment Systems: The ELFs are linked to early childhood assessment practices in Delaware in several ways. Across all age groups, programs licensed by the Office of Child Care Licensing (OCCL) are required to assess children at least once per year. Licensed programs are encouraged to use assessment for curriculum planning purposes and as a tool for communicating with families. The direct link from assessment to curriculum – which supports use of the ELFs by way of the Competencies for Early Childhood Professionals – helps create a bridge from assessment to the ELFs. Beyond licensed programs, Head Start programs and the state-funded ECAP are required to only use tools aligned with the state standards (i.e., the ELFs). 12 out of 12 Head Start and ECAP programs in Delaware are currently using Teaching Strategies GOLD as a formative assessment for children in their care – a tool that is directly aligned to

³² In 2004, Part C and Part B Section 619 Programs developed a Crosswalk between the Delaware ELFs and the three Office of Special Education Programs (OSEP) Child Outcomes. The Crosswalk helps interventionists, therapists and teachers working in Birth to Three and Preschool programs for children with disabilities see the alignment between the Early Learning Foundations and the three Child Outcomes required for reporting progress of children with disabilities.

Delaware's Preschool ELFs (evidence of this alignment is provided in Appendix (C)(1)-5). In addition, programs receiving funding for 619 Part C are required to implement a formative assessment from a list of recommended tools, all of which are directly aligned to the ELFs. (Please see Appendix (C)(1)-6 for an overview of these recommended tools.) Early Head Start programs in Delaware are using the Carolina Curriculum for Infants and Toddlers, the publisher of which is in the process of revising the alignment between the Carolina Curriculum and Delaware's ELFs.

- Workforce Knowledge and Competency Framework: Delaware's Workforce Knowledge and Competency Framework, known as the Delaware Competencies for Early Childhood Professionals, is a comprehensive document that describes the knowledge and skills expected of professionals who work with young children in early care and education programs. For detail on how the Delaware Competencies for Early Childhood Professionals integrates the ELFs across professional levels, please see Appendix (C)(1)-7. The Delaware Competencies for Early Childhood Professionals document also includes a self-assessment tool (see pages 23-46 in Appendix (C)(1)-7) for each level that early childhood professionals and administrators can utilize to identify skills needing improvement and for professional development purposes. The Infant/Toddler and Preschool ELFs are an integral piece in the competencies, standards, and self-assessments contained in the Delaware Competencies for Early Childhood Professionals. By nature of the ELFs' incorporation into the Delaware Competencies for Early Childhood Professionals the ELFs are directly linked to the Delaware Early Childhood Career Lattice.
- Professional Development Activities: The Infant/Toddler and Preschool ELFs are an integral component of the early childhood system in Delaware, and as a result these documents have been embedded in numerous training outlets. This expands educator and administrator exposure to the ELFs, helps increase understanding of and commitment to the document and provides them with tools to help utilize the document for effective curriculum planning and engagement with families.

- Introductory Training Module: When the revised ELF's were completed, the DIEEC created an online training module for educators to introduce the revised ELF's, provide an overview of the updated format, explain proper use and where to seek out additional information about supporting child growth and development. This module was extremely successful in providing information to educators. During August and September 2010, 2,038 unique early childhood educators from a variety of program types participated in the ELF's training module.
- Training for Early Care and Education (TECE) 1 and 2: The State of Delaware offers TECE training to provide foundational knowledge and content for early childhood professionals. TECE 1 and 2 training supports the requirements for the Child Development Associate (CDA) credential and is an integral component of Delaware Rules and Stars. The ELF's are a required part of TECE trainings and are deeply embedded in the training content. See Appendix (C)(1)-8 for overviews of the TECE 1 and TECE 2 trainings respectively.
- Stars Training Requirements: For centers, at least one administrator and one staff person is required to complete training in the ELF's at Level 2 in the draft Stars standards. For family child care providers, at least one administrator and one staff person is required to complete ELF's training at Level 3.
- Training for Professional Development Providers: DIEEC, which certifies early childhood professional development providers for level 2 or higher trainings, has implemented quality controls to ensure the provision of high-quality training. All trainers who have a desire to provide services at level 2 or higher must submit a request for Certification of Training. Trainers must align professional development with the ELF's and use the ELF's appropriately in the course of the training. Additionally, beginning in the winter of 2010-2011 DOE required that trainers for level 2 and higher professional development take an online class provided by DIEEC composed of 16 modules that explain the early childhood system in Delaware. One entire module is dedicated to the ELF's and there is an assessment at the end of the module to ensure information comprehension and retention.

- Higher Education: University of Delaware and Delaware Technical and Community College, the primary higher education administrators of early childhood coursework in Delaware, actively integrate the ELF's into their courses. This helps to ensure that professionals entering the field or continuing service understand the value of the ELF's and how to use them in their classroom or home.³³

(C)(1)(d)

Delaware has made the ELF's widely available to educators and interested stakeholders as a primary means of promoting understanding and commitment. The Infant/Toddler and Preschool ELF's are accessible in both English and Spanish in print and online (through the Delaware DOE website and the DIEEC website).

As noted above, the ELF's are incorporated across Delaware Stars, Delacare Rules, and the Delaware Competencies for Early Childhood Professionals, and are linked intentionally to curriculum, activities, and assessment practices in early care and education settings across the state. The state places great value on the ELF's, and provides professional development and training resources to early childhood professionals to make implementation of the ELF's cohesive and purposeful. In addition to the programs and tools that Delaware has given educators, the state has created materials to engage families about the ELF's usefulness:

- A calendar for families: "Getting Ready: A Calendar of Day-to-Day Family Activity Ideas" is based on the Preschool ELF's and is designed to help parents prepare their young children for kindergarten. It offers activity ideas, provides tips to families and refers to resources that families can access. (Please see Appendix (C)(1)-9 for an excerpt from the calendar.)
- An activity book for families: designed to complement the Infant/Toddler ELF's and explain to parents how to use the Infant/Toddler ELF's at home. The book – to be completed in 2012 in conjunction with the Delaware Association of Education for Young

³³ Delaware has received letters of support for this Early Learning Challenge application from all five institutes of higher education in the state (University of Delaware, University of Wilmington, Delaware State University, Delaware Technical & Community College, Wesley College)

Children – will have a family-friendly framework and contain simple activities, linked directly to the learning opportunities in the ELFs that families can implement on their own. Like the Preschool “Getting Ready” calendar, the Book will include links to family resources, including community sites and activities.

Evidence for (C)(1)(a) and (b):

- To the extent the State has implemented Early Learning and Development Standards that meet any of the elements in criteria (C)(1)(a) and (b), submit--
 - Proof of use by the types of Early Learning and Development Programs in the State – **See narrative for (C)(1)(c)**
 - The State’s Early Learning and Development Standards for:
 - Infants and toddlers – **See Appendix (C)(1)-1**
 - Preschoolers – **See Appendix (C)(1)-2**
 - Documentation that the standards are developmentally, linguistically and culturally appropriate for all children, including children with disabilities and developmental delays and English Learners – **See narrative for (C)(1)(a)**
 - Documentation that the standards address all Essential Domains of School Readiness and that they are of high-quality – **See narrative for (C)(1)(a), including Table (C)(1)-1 and Table (C)(1)-2**
 - Documentation of the alignment between the State’s Early Learning and Development Standards and the State’s K-3 standards – **See narrative for (C)(1)(b) and Appendix (C)(1)-3**

(C)(3) Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness.

The extent to which the State has a High-Quality Plan to identify and address the health, behavioral, and developmental needs of Children with High Needs by--

(a) Establishing a progression of standards for ensuring children's health and safety; ensuring that health and behavioral screening and follow-up occur; and promoting children's physical, social, and emotional development across the levels of its Program Standards;

(b) Increasing the number of Early Childhood Educators who are trained and supported on an on-going basis in meeting the health standards;

(c) Promoting healthy eating habits, improving nutrition, expanding physical activity; and

(d) Leveraging existing resources to meet ambitious yet achievable annual targets to increase the number of Children with High Needs who--

(1) Are screened using Screening Measures that align with the Medicaid Early Periodic Screening, Diagnostic and Treatment benefit (see section 1905(r)(5) of the Social Security Act) or the well-baby and well-child services available through the Children's Health Insurance Program (42 CFR 457.520), and that, as appropriate, are consistent with the Child Find provisions in IDEA (see sections 612(a)(3) and 635(a)(5) of IDEA);

(2) Are referred for services based on the results of those screenings, and where appropriate, received follow-up; and

(3) Participate in ongoing health care as part of a schedule of well-child care, including the number of children who are up to date in a schedule of well-child care.

If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

Additionally, States must provide baseline data and set targets for the performance measures under (C)(3)(d).

Evidence for (C)(3)(a):

- To the extent the State has established a progression of health standards across the levels of Program Standards that meet the elements in criterion (C)(3)(a), submit--
 - The progression of health standards used in the Program Standards and the State's plans for improvement over time, including documentation demonstrating that this progression of standards appropriately addresses health and safety standards; developmental, behavioral, and sensory screening, referral, and follow-up; health promotion including healthy eating habits, improved nutrition, and increased physical activity; oral health; and social and emotional development; and health literacy among parents and children;

Evidence for (C)(3)(b):

- To the extent the State has existing and projected numbers and percentages of Early Childhood Educators who receive training and support in meeting the health standards, the State shall submit documentation of these data. If the State does not have these data, the State shall outline its plan for deriving them.

Evidence for (C)(3)(d):

- Documentation of the State's existing and future resources that are or will be used to address the health, behavioral, and developmental needs of Children with High Needs. At a minimum, documentation must address the screening, referral, and follow-up of all Children with High Needs; how the State will promote the participation of Children with High Needs in ongoing health care as part of a schedule of well-child care; how the State will promote healthy eating habits and improved nutrition as well as increased physical activity for Children with High Needs; and how the State will promote health literacy for children and parents.

(C)(3) Introduction: Historical capacity and approach to future strategy

Delaware's strategy for success in early learning and development, as outlined in Section (A)(2), has at its foundation an objective of addressing the health and development needs of the whole child. Although the state's ultimate goals pertain to program quality and child readiness outcomes, we recognize – and years of research and experience support – that effective programming and school readiness cannot be attained in an environment in which the basic health, social, and emotional needs of children are not being met. It is imperative that these investments be prioritized in our strategy, and that they operate as an integrated part of the early care and education system.

This commitment to a whole child developmental approach is not a new one for Delaware; rather it builds on a refinement of state strategy that has been underway for ten years and has broad support from key stakeholders:

- The state's 2001 plan, *Early Success: Delaware's Early Childhood Plan*, initiated a new focus by presenting a visionary plan for improving and supporting out of home care
- In 2003 Delaware became a recipient of the Maternal and Child Health State Early Childhood Comprehensive Systems Grant, in which the state developed a plan to improve the health and well-being of Delaware's young children – a human services perspective that was not yet included in *Early Success*
- The formal 2006 revisions to *Early Success* reflected a vision of the larger early childhood system in which education is embraced alongside health, human services, and family support
- Delaware's commitment to this aspect of its strategy is reinforced by the governance structure that oversees early childhood, in which the Departments of Education (DOE), Health and Social Services (DHSS), and Services to Children, Youth and Their Families (DSCYF) play a co-equal role in the leadership of the IRMC
- Finally, Delaware benefits from a uniquely powerful group of private sector partners whose efforts have been instrumental in strengthening our historical efforts, and who enthusiastically support this new plan (see Appendix (A)(3)-3 for a complete list of letters of support, including Nemours, Children and Families First, and others)

The plan for the future outlined in this section calls two types of investments:

1. Leveraging existing resources – both ongoing funding streams and other grant resources – to continue investments that bolster support systems for children and families, through an integrated approach to prevention, promotion, and intervention
2. Target grant resources from the Race to the Top – Early Learning Challenge selectively, with the objective of bringing to scale several ongoing initiatives targeted specifically at Children with High Needs, with demonstrated high impact and unmet demand from providers and families

The sections that follow provide additional detail on Delaware’s progress to-date, and our plans for the future using both existing resources and funds from this grant. Because this section provides information on the broad range of services provided by state agencies and their partners, the specific areas that Delaware proposes to support with additional funding are labeled with the heading, *Using grant funding to scale up promising practices*. Additional detail on each of these areas can be found in the grant budget in Section (A)(4).

(C)(3)(a)

Foundation of rigorous standards to ensure children’s health and safety

Delaware has an exceptional foundation in place to ensure the health and safety of children, as well as to support children’s developmental needs through efforts such as behavioral and health screening and follow up. Delacare Rules, the state’s licensing regulations which serve as the groundwork of Delaware Stars, encompass multiple mechanisms to ensure children’s health and safety, the provision of health and behavioral screening and follow up, as well as the promotion of children’s physical, social and emotional development.³⁴ As evidence, Delacare Rules:

- *Have gained national recognition for promotion of health, nutrition, and safety:* This effort was initiated in 2009 through collaboration between the DOE’s Child and Adult Food Program (CACFP) and the Office of Child Care Licensing (OCCL) to strengthen CACFP guidelines, and require all licensed child care programs to adhere to the

³⁴ Delacare Rules are reviewed every five years to guarantee they remain current with best practice and research.

guidelines. The regulations meet all five elements of the national best practice initiative, *Let's Move*.

- *Extend across the different types of early learning and development programs:* For example, In 2010, the National Association of Child Care Resource and Referral Agencies (NACCRRA) ranked Delaware's Family Child Care licensing regulations first out of 50 states. (Please see Appendix (C)(3)-1 for a summary of this report.)
- *Include numerous provisions to ensure screening and follow-up:* Licensed child care centers are required to conduct a developmental assessment of children at least once annually, which links to identifying concerns and informing classroom planning.³⁵ They also must have an age-appropriate health appraisal, including growth and development information, on file for each child participating in care within one month of their admittance to the program.

Integration with Delaware Stars and Early Learning Foundations

The draft revised Stars standards build on Delaware Rules across the progression of rating levels in ways that encourage programs at higher levels of quality to elevate their support in areas such as screening and assessment and meeting the complete developmental needs of children. To illustrate further, if early care and education programs were pursuing points related to Curriculum and Assessment they would: at Level 1 – observe and document individual children's progress twice annually and share reports with families; at Level 2 – annually implement developmental screening and curriculum-based assessment for all infants, toddlers and preschoolers; and at Level 3 – use individual child assessments to inform goal and lesson planning. The inclusion of a progression of standards to address screening and assessment supports valuable practice in individualizing instruction and services for children and informing classroom goals to meet all children's needs.

Additionally, Stars aligns directly with and includes Delaware's Early Learning Foundations (ELFs) – which contain specific provisions related to meeting children's physical and social and

³⁵ Rule #385 within "Documenting Children's Progress" states that "a licensee shall have an organized system for documenting the progress of individual children preschool age and younger in relation to appropriate developmental and educational goals. This documentation shall be done annually and used to identify possible concerns, and activities and experiences that may benefit the child."

emotional needs – and require increasingly integrated uses of the ELFs. For example, at ECE Center Star Level 2, programs must implement a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity, and the standards state that such activities should be linked to the Physical Development and Health Domain of the Early Learning Foundations.

Please refer to evidence tables in Sections (B)(1) and (C)(1) for additional detail on the alignment of Program Standards and Early Learning Standards, respectively, with the state’s efforts to promote health, safety, and nutrition.

Help Me Grow framework for coordinating implementation of standards statewide

Delaware is a recipient of the Help Me Grow Grant, which is a new initiative being run by the Division of Public Health to provide a comprehensive framework for screening, referral and follow-up, particularly for Children with High Needs. Help Me Grow will build on the strength of existing partnerships and provide a framework for a centralized point of information / referral and interagency coordination and collaboration. As illustrated in Appendix (C)(3)-2, which displays the Delaware Help Me Grow Conceptual Model, Help Me Grow will support the most appropriate referral, service provision, and follow up to meet the full developmental needs of young children. It will help to coordinate and streamline developmental screening, home visiting, early intervention, and special education services as well as provide vital linkages to primary care (through medical homes), refer providers to specific initiatives, and offer families a mechanism for locating child care. Help Me Grow will participate in data collection and follow-up to ensure families are connected with and receive appropriate services.

Help Me Grow will bring a greater level of coordination to screening practices currently taking place in Delaware and will provide a means to ensure families and programs are referred to the most appropriate evidence-based service available. Delaware’s commitment to developmental screening is evident in the Governor’s current administration overseeing a change to state law that requires private insurers to compensate physicians for conducting evidence-based developmental screening. Physicians may request reimbursement for up to three evidence-based screens consistent with the American Academy of Pediatrics (AAP) guidelines. As further

evidence of the statewide screening practices, new state regulations require that all newborns be screened for hearing acuity at birth.

(C)(3)(b)

In Delaware, an intentional progression of training and professional development is available to educators to support their meeting the state's health standards in a way that promote programs' ability to respond to the developmental needs of all children in their care, particularly those most at risk. A linking factor for the array of opportunities available statewide is alignment with Delaware's ELFs. Trainings are oriented such that there are multiple touch points available to educators over the course of their career.

Basic Health, Safety and Nutrition

To begin, basic coursework available to prospective educators includes substantial time devoted to meeting the health standards. Delaware's Training for Early Care and Education (TECE) 1, a requirement to become qualified as an assistant teacher, includes 3 hours each of health, safety and nutrition training. In TECE 2, which is required of those seeking qualification as a teacher, educators must also participate in 6 hours of training on supporting children's social and emotional development. Finally, Delaware Technical and Community College, which is the largest source of graduates entering the early childhood field, provides a Health, Safety and Nutrition course to all students entering the Early Childhood diploma and degree programs. Foundational knowledge of the health standards has been recognized as a crucial training component for any educator working in a licensed program in Delaware.

For professionals already in the field, there are a number of integrated trainings available to address targeted focus areas related to the overall health standards. The Delaware Institute for Excellence in Early Childhood (DIEEC) coordinates trainings for educators that help them support and promote the social, emotional, behavioral, developmental, and health needs of children. For example, educators may choose from professional development opportunities such as Supporting the Social Emotional Health of Preschool Children; Healthy Habits, Healthy Start; Book Bites: Linking Literacy with Healthy Eating; and Take the Learning Outside.

Additional prevention and promotion-based training is available statewide to early care and education programs through:

- To address children’s physical health, *I Am Moving, I Am Learning*: I Am Moving, I Am Learning is a program that aims to increase physical activity in children and help give caregivers tools and resources to provide activities and experiences that will promote healthy exercise and eating choices. (Please see Appendix (C)(3)-3 for this report.) Delaware now has two experts qualified to provide I Am Moving, I Am Learning to early care and education programs statewide.
- To address children’s social and emotional health needs, *Center on the Social and Emotional Foundations for Early Learning (CSEFEL)*: CSEFEL trainers have come to Delaware to implement a “train the trainer” model of professional development. Those trainers have in turn trained many educators statewide on how to use CSEFEL as a framework to support the social and emotional development of young children.
- To address children’s nutrition needs, *Nutrition Training Provided by Nemours Health and Prevention Services (NHPS)*: Also addressed in part (c), NHPS implemented training on Delaware’s health and nutrition standards and created a tool, the *First Years in the First State: Improving Nutrition and Physical Activity Quality Toolkit*, a comprehensive guide which includes a self-assessment, nutrition rules, tools to plan healthy eating, feeding guidelines, family engagement guidance, physical activity guidelines and a number of early learning and community resources. This program has since been recognized by national organizations, including the First Lady’s *Healthy Kids Healthy Future initiative*, and over 1,200 providers statewide were trained in a four-month period by Nemours on Delaware’s nutrition and physical activity regulations.

Using grant funding to scale up promising practices

Scaling up the nutrition training initiative begun by Nemours, so that all types of early learning and development programs can benefit, is part of Delaware’s plan for applying funds from the Race to the Top – Early Learning Challenge and is addressed in Section (A)(4). Grant funding will flow through DSCYF who will contract with a vendor to provide training in the first three years of the grant – with 500 trained in year 1, 250 in year 2 and 250 in year 3. DSCYF will also contract with a vendor to support the development of an online version of the training that will

be available to 100% of early childhood educators statewide. To help coordinate training and work in conjunction with the vendor to provide on-site technical assistance to programs serving high need children, DIEEC will receive grant funds to hire a Health Consultant for all four years of the grant. We anticipate that grant funds will not be needed to support training in year 4 of the grant, as DIEEC will have built the capacity to absorb the nutrition training as part of their regular schedule of available trainings, supplemented by the easy and low-cost accessibility of the online tool.

While Delaware does not currently have readily available data on the number of educators who participate in the variety of trainings noted above, participation moving forward will now require data to be captured by the DIEEC Early Childhood Professional Registry. DIEEC will be able to track the number of educators participating in the different types of trainings and use this information to set goals for future trainings.

Family Engagement

Another critical component in Delaware's ability to support programs' ability to meet the developmental needs of children is through family engagement activities. Delaware supports initiatives that help families provide the foundational support for children's growth and development – such as home visiting – but also less formal support such as:

- Text for Baby: Text for Baby is a widely supported public health outreach campaign available free of charge to expecting and new mothers. This online service provides occasional tips and guidance by way of text messages, and is valued as a potential channel for outreach to often hard-to-engage, high-needs communities where cell phones and texting are a widely adopted source of communication.
- Triple P (Positive Parenting Program): Triple P was introduced to Delaware early care and education programs by Nemours Health and Prevention Services (NHPS) in 2009 as a parenting engagement initiative that would complement existing services in the state. It is a program that focuses on creating access to parenting information and services in order to enhance children's emotional and behavioral development. Between October 2009 and August 2011 NHPS trained and accredited 219 individuals in Delaware to

provide Triple P services. It is anticipated that over 300 providers will be trained and accredited by early 2012.³⁶

- Just in Time Parenting Newsletter: The Delaware Department of Education provides funding to allow every parent of a child in ECAP, Early Head Start, Head Start, and those participating in Parents as Teachers to receive the monthly newsletter. Just in Time provides research-based information to parents that relates directly to their child's stage of development and specific needs. All new parents in Delaware receive a copy of the Just in Time newsletter as part of a packet of resources provided to them when they leave the hospital with their newborn and are provided information to sign up to receive ongoing copies.

Social and Emotional Support through Early Childhood Mental Health Consultation

In 2005, Delaware received a wake-up call about the level of capacity present in early learning and development programs to address the mental health and behavioral issues of young children. A 2005 study by Walter Gilliam of Yale University's Child Study Center found Delaware's preschool expulsion rate to be 13 per 1,000 children enrolled, the 4th highest among states with state-funded pre-kindergarten at the time.³⁷ Since then, Delaware has taken aggressive and effective action to address this urgent challenge. To help build the capacity of early care and education staff to respond to the social and emotional and relationship needs of young children, as well as identify and respond to mental health-related issues in children, the Division of Prevention and Behavioral Health within DSCYF currently implements an Early Childhood Mental Health Consultation (ECMHC) partnership available free of charge to early care and education programs serving high proportions receiving purchase of care. (Details are available in Appendix (C)(3)-4). ECMHC began implementation in 2009 and is funded through CCDF funds as well as Delaware's SAMSHA Grant – Delaware's B.E.S.T. for Young Children and Their Families. Over the course of the first full year of implementation (April 2010 to April 2011) more than 3,000 hours of on-site contact hours were provided to 54 sites. 156 child-specific mental health consultations took place and the total number of expulsions prevented was

³⁶ Providers include, but are not limited to: social workers, psychologists, mental health counselors, nurses, school counselors, early childhood educators, after school programs, and home visitors.

³⁷ Gilliam, W. S. (2005). Prekindergarteners left behind: Expulsion rates in state prekindergarten systems. New Haven, CT: Yale University Child Study Center.

154; a success rate of 98.7%. The ECMHC program has proved itself highly effective in enhancing educators' ability to respond to children's needs.

One of the mechanisms through which ECMHC derives its effectiveness is the program's ability to not only consult with educators but to enhance their capacity to respond directly to children's needs and challenging behaviors through targeted trainings. The trainings provided by ECMHC include: Teacher-Child Interaction Training (TCIT) (training over the course of 8 weeks through coaching and consultation), Child-Adult Relationship Enhancement (CARE), Recognizing Signs of Trauma in Young Children, Proactive Behavior Management, and Understanding Social and Emotional Behaviors in Young Children.

Additionally, ECMHC provides funding to help build the capacity of the clinicians working in the field directly with early care and educators. Growing the skills of those working in partnership with educators allows clinicians to respond to more difficult developmental or mental health issues in children. Specific trainings include the following:

- Parent Child Interaction Therapy (PCIT): 80 therapists statewide have been trained in PCIT. PCIT provides outpatient and intensive home-based services to young children ages 2-5 with very challenging behaviors.
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): 60 therapists statewide have been trained in TF-CBT, which is designed for young children with social, emotional and/or behavioral special needs.

Using grant funding to scale up promising practices

The ECMHC program has proved to be one of the most highly effective and requested services among early care and education providers statewide. While the program has been able to make significant strides in enhancing educator capacity and meeting the needs of young children, the resources currently supporting this initiative are insufficient for statewide coverage. Currently, due to limited resources the state's 5 mental health clinicians funded through ECMHC must prioritize services to those programs serving high proportions of purchase of care children. Additionally, there has lack of coverage in southern Delaware (Sussex County) where there are high proportions of children living in low-income rural communities.

To address the noted gaps in service Delaware will utilize Early Learning Challenge Grant funds to take a two-pronged approach to build on the high-impact ECMHC program. The state will provide funds to DSCYF:

- To build educator capacity: Support for additional Early Childhood Mental Health Consultation (ECMHC) clinicians to work directly with educators to build their own capacity to meet the needs of children exhibiting challenging mental health or behavioral health issues. Funding allocated through this grant will double the capacity of the ECMHC program and allow all licensed programs statewide to access consultation services.
- To build family capacity: Train 32 additional clinicians statewide on the evidence-based Parent Child Interactive Therapy (PCIT) to work directly with families to help them meet the needs of their developing child.

The benefits from this two-pronged investment are anticipated to be significant given the proven success of the model in enhancing educators' and families' skills and drastically reducing the incidence of pre-kindergarten expulsions statewide. The four year grant period will facilitate intensive capacity building of professionals, so that when the grant period ends a large number of educators will have improved their ability to respond to children's needs on their own.

Additionally, there will be a strong cohort of clinicians trained in PCIT which will sustain available services in years following the grant. For these reasons, is not anticipated that substantial funding beyond the state's current operating budget will be needed to sustain these initiatives after the grant period ends, but the state will continue to assess the balance between need and capacity in the field to ensure this expectation is a valid one.

(C)(3)(c)

The cornerstone of Delaware's success in promoting health eating habits, improved nutrition and expanded physical activities are its nationally recognized health and nutrition standards contained in Delacare Rules. As referenced above, the Delaware Department of Education Child and Adult Food Program (CACFP) partnered with the Delaware Office of Child Care Licensing

(OCCL) to strengthen CACFP guidelines and require all licensed child care programs to adhere to the guidelines. CACFP also partnered with Nemours Health and Prevention Services to decide what changes would produce the most nutritional value to children. This was a collaborative effort that led to Delaware being recognized nationally as the state leading in best practice for nutrition regulations in licensed child care. The Food and Nutrition Regulations in Delaware Rules for Center and School-age Programs can be found on pages 57-61 of Appendix (CP)(2)-2a, on pages 44-48 of Appendix (CP)(2)-2b for Family Child Care Homes, and on pages 16-17 of Appendix (CP)(2)-2c for Large Family Child Care Homes.

Building on Delaware Rules, Delaware Stars incorporates health, nutrition and physical activity within the Curriculum Planning and Implementation category of the draft revised standards. For Early Care and Education programs at Level 2 and for Family Child Care and Large Family Child Care at Level 3, a program must “implement a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity” as evidenced by:

Daily activities and lesson plans must include activities focused on healthy lifestyles, including healthy eating and physical activity. Activities should be linked to the Physical Development and Health Domain of the Early Learning Foundations (ELFs). Activities must be from the approved list of curricula and/or resources focusing on healthy lifestyles or submitted for approval and approved. (Please see Appendix(B)(1)-2a for the Draft Stars Standards for Centers.)

To help promote a healthy and active lifestyle for children, Nemours Health and Prevention Services (NHPS) has also launched an obesity prevention program titled 5-2-1 Almost None. The 5-2-1 Almost None website states that about 40% of children in Delaware are overweight or obese, with the national average being 35%. Delaware state agencies have embraced 5-2-1 Almost None as a program component to engage children and families around healthy eating habits. The key components of 5-2-1 Almost None include: consuming 5 or more fruits / vegetables per day, 2 hours or less of screen time per day, 1 hour of physical activity per day, and almost no sugary beverages (Appendix (C)(3)-5 provides a fact sheet for the campaign).

Finally, as described in full detail in Part (b) above, there are numerous professional development, training and capacity-building opportunities statewide to help educators build the skills, confidence and resources to address and promote healthy eating, nutrition and expanded physical activity.

(C)(3)(d)

To achieve our targets for screening, follow-up services, and ongoing health care for children with high needs, Delaware will both leverage the full range of existing resources across Participating State Agencies, as well as make targeted investments with grant funding to scale up high-impact services in areas of unmet demand.

As discussed in Part (a), Help Me Grow is the state’s overall framework for organizing and aligning resources pertaining to developmental screening, referral, and follow-up – with maintaining an up-to-date schedule of ongoing health care clearly a foundation for all three of those areas. The comprehensive framework through Help Me Grow will bring greater coordination to early childhood services to ensure that families have access to information that will encourage their participation in well-care and the value in developmental screening for their children.

Promotion of Developmental Screening

Developmental screening in Delaware currently takes place through the following programs:

- Child Development Watch (Early Intervention for 0-3): Child Development Watch is Delaware’s early intervention provider and provides screening, referral and services to children aged birth to 3 with disabilities or developmental delays.
- Delaware Child Find: Child Find provides screening, referral and services to children ages 3-5 and their families administered through the public school system. Families may have their child evaluated at no cost through their local school district.
- Early Head Start / Head Start: Head Start and Early Head Start programs are required to implement valid and reliable screening measures for all children enrolled into their

programs. Screening for developmental, sensory and behavioral concerns must occur within 45 days of the child entering the program.

- Early Childhood Assistance Program (ECAP): ECAP follows the Head Start Performance Standards and thus requires that children be screened using a valid and reliable tool for the intended purpose. Screening for developmental, sensory and behavioral concerns must occur within 45 days of the child entering the program.
- Medicaid: All children insured through Medicaid are screened according to AAP guidelines. Delaware has transitioned Medicaid providers from using practice-based screeners to the evidence-based PEDS (Parents' Evaluation of Developmental Status) tool through the PEDS online portal. Medicaid provides payment to physicians using evidence-based screeners.
- Delaware Healthy Children Program (DHCP or "CHIP"): DHCP is a low cost health insurance program available to uninsured children aged birth to 19 who live in families with incomes at or below the 200% Federal poverty level. DHCP follows the same guidelines for screening as Medicaid (see above).

Delaware also incorporates hearing, vision and oral / dental screening at key touch points.

Delaware law requires that every newborn child in Delaware receive a hearing screening prior to leaving the hospital. All children enrolled in school-based programs across the state also receive vision screening. Oral / dental screening is less widely implemented, though is required for children participating in Early Head Start, Head Start and ECAP, thus reaching a significant number of Children with High Needs.

Integration and Growth of Home Visiting

While the range of resources available for developmental screening above is substantial, Delaware has sought a mechanism for reaching the hardest-to-engage populations in the highest-need neighborhoods statewide. With our investments in evidence-based home visiting, and the increasing linkages between these investments to ensure a coordinated approach, Delaware has achieved considerable success at targeting this group.

Momentum for expansion and coordination in home visiting is rising due to the state recently being awarded a Development Grant for Maternal, Infant and Early Childhood Home Visiting

(MIECHV) which will Delaware's existing MIECHV funding received through the Affordable Care Act. Help Me Grow will help define clear entry points to meet families' specific home visiting needs, and to ensure they are referred to the program with the most appropriate level of intensity and focus for their specific needs. The centralized intake provided by the framework will provide quality information and follow-up to families.

High-need families – whether or not their child is participating in an early care and education program – have access to three home visiting programs, with resources that help them support their child as they grow. All home visiting programs in Delaware are evidence-based and link to addressing medical and/or readiness risk factors in children. Appendix (C)(3)-6 illustrates Delaware's home visiting model. High need children and families in Delaware may access a home visiting program through the following initiatives:

- Parents as Teachers (PAT): PAT is a statewide home visiting program funded through the Department of Education that provides parent education services to parents with first born children. Families may be served when beginning at their child's birth and up until the child enters kindergarten. The program is administered through monthly home visits from a parent educator in which information is provided to parents about their child's development and how to support their growth as their child's first teachers. Services are targeted to children most at risk for developmental delays. Delaware has long recognized the need to work with families with first born children, particularly those with the greatest need, and has been providing PAT services for more than twenty years.
- Nurse-Family Partnership: The Nurse-Family Partnership began to be implemented in Delaware in 2010 through Children & Families First, a statewide nonprofit providing service to children and families. The Nurse-Family Partnership is an evidence-based home visiting program for low-income first time mothers and their children prenatally (must be participating in the program by the 27th week) through age 2. The program helps to improve the long-term outcomes of participating mothers and their children. Nurse-Family Partnership has a memorandum of understanding (MOU) with Parents as Teachers so that families can transition seamlessly out of Nurse-Family Partnership at age 2 and into PAT.

- Healthy Families America (also known as Smart Start): Healthy Families America is an evidence-based home visiting program made available to Medicaid-eligible women in Delaware through the Division of Public Health. The Division of Public Health in Delaware has trained all nurses on the Healthy Families America model and is moving towards implementation across public health nursing moving the public health system from fragmentation to universal evidence-based practice. Healthy Families America serves families with a child prenatally through 2 years of age, at which point they may transition services to PAT. An MOU between Healthy Families and PAT is planned for moving forward to help ensure seamless transitions for families.

During the second year of the grant period, Delaware will be eligible to apply for an expansion grant to build even further on the momentum in home visiting. Therefore, while home visiting is not explicitly addressed in the budget request for Race to the Top – Early Learning Challenge, we anticipate significant other resources over the grant period to expand this essential work

Using grant funding to scale up promising practices

To more fully address the health, behavioral and developmental needs of children and to meet the ambitious yet achievable targets we are establishing, Delaware is proposing to scale up a continuum of enhanced community engagement, expanded screening and increased capacity for follow-up services. To enable this multi-faceted approach, Delaware will allocate grant funding to support:

- Engagement of families and physicians: Funding provided to DHSS over the four year grant period will support Help Me Grow in its ability to outreach to physicians around the importance of developmental screening as a part of a well-care schedule as well as engage families through community liaisons. Community liaisons will outreach to families to introduce Help Me Grow and enhance health literacy by providing information about:
 - Health, developmental and behavioral screening to ensure their children are appropriately screened and receive necessary referral and follow-up care; and
 - The promotion of healthy nutrition and physical activity.

- Enhanced Early Comprehensive Screening: DSCYF will contract with a vendor to provide a common comprehensive evidenced-based screening tool to all early learning and development programs participating in Stars (across all four grant years) to screen children annually. Early childhood educators and administrators who have not yet received training on developmental screening will receive training during Year 1 of the grant. This investment will drastically accelerate program access to the materials and resources necessary to conduct evidence-based developmental screening. Ongoing costs after the grant period will be minimal (i.e., purchase of additional tools or training educators in programs new to Stars) so that Delaware may absorb these costs moving forward.
- Follow-up Services: Efforts to increase the perceived importance of developmental screening among families and physicians, combined with increased screenings in early learning and development programs, are expected to yield a corresponding increase in the demand for follow-up services. In order to ensure that Delaware has the capacity to meet this increased demand, DHSS will receive funds to bolster the capacity of follow-up treatment services in three key areas – physical, occupational and speech therapy. This is a direct response to the high referral rate for children 0-3 in Delaware and lack of current resources to meet forecast demand.

Performance Measures for (C)(3)(d) Leveraging existing resources to meet ambitious yet achievable annual statewide targets.					
	<i>Baseline and annual targets</i>				
	Baseline (Today, if known) <i>If unknown please use narrative to explain plan for defining baseline and setting and meeting annual targets</i>	Target for end of calendar year 2012	Target for end of calendar year 2013	Target for end of calendar year 2014	Target for end of calendar year 2015
Number of Children with High Needs screened	22,755	23,200	23,650	24,100	25,000

Performance Measures for (C)(3)(d) Leveraging existing resources to meet ambitious yet achievable annual statewide targets.					
	<i>Baseline and annual targets</i>				
	Baseline (Today, if known) <i>If unknown please use narrative to explain plan for defining baseline and setting and meeting annual targets</i>	Target for end of calendar year 2012	Target for end of calendar year 2013	Target for end of calendar year 2014	Target for end of calendar year 2015
Number of Children with High Needs referred for services who received follow-up/treatment	4,922	5,000	5,100	5,200	5,400
Number of Children with High Needs who participate in ongoing health care as part of a schedule of well child care	17,833	17,833	17,833	17,833	17,833
Of these participating children, the number or percentage of children who are up-to-date in a schedule of well child care	13,444	13,850	14,250	14,800	15,450
<i>Note: Baseline data represents estimates; the baseline for the number of Children with High Needs participating in ongoing health care and the number of these children who are up to date in a schedule of well child care is based on the Healthcare Effectiveness Data and Information Set provided by Medicaid and CHIP; the number of Children with High Needs referred for service is estimated as the number of children who participate in Child Development Watch (IDEA Part C funded); the number of Children with High Needs screened is estimated as the sum of the number of High Needs children screened through EPSDT, Child Development Watch and Early Childhood Intervention; there may be double counting in this estimation since children may participate in more than one program; Special populations such as English learners may not be counted if screened outside of State programs (e.g., screenings by physicians outside of Medicaid or CHIP)</i>					

Evidence for (C)(3)(a):

- To the extent the State has established a progression of health standards across the levels of Program Standards that meet the elements in criterion (C)(3)(a), submit--
 - The progression of health standards used in the Program Standards and the State’s plans for improvement over time, including documentation demonstrating that

this progression of standards appropriately addresses health and safety standards; developmental, behavioral, and sensory screening, referral, and follow-up; health promotion including healthy eating habits, improved nutrition, and increased physical activity; oral health; and social and emotional development; and health literacy among parents and children – **See narrative for (C)(3)(a), Appendix (C)(3)-2 and Appendices (CP)(2)-2a/b/c**

Evidence for (C)(3)(b):

- To the extent the State has existing and projected numbers and percentages of Early Childhood Educators who receive training and support in meeting the health standards, the State shall submit documentation of these data. If the State does not have these data, the State shall outline its plan for deriving them – **See narrative for (C)(3)(b)**

Evidence for (C)(3)(d):

- Documentation of the State’s existing and future resources that are or will be used to address the health, behavioral, and developmental needs of Children with High Needs. At a minimum, documentation must address the screening, referral, and follow-up of all Children with High Needs; how the State will promote the participation of Children with High Needs in ongoing health care as part of a schedule of well-child care; how the State will promote healthy eating habits and improved nutrition as well as increased physical activity for Children with High Needs; and how the State will promote health literacy for children and parents – **See narrative for (C)(3)(d), Appendix (C)(3)-2 and Appendix (C)(3)-6**

D. A Great Early Childhood Education Workforce

Note: The total available points for (D)(1) and (D)(2) = 40. The 40 available points will be divided by the number of selection criteria that the applicant chooses to address so that each selection criterion is worth the same number of points. For example, if the applicant chooses to address both selection criteria in Focused Investment Area (D), each criterion will be worth up to 20 points. The applicant must address one or more selection criteria within Focused Investment Area (D).

(D)(1) Developing a Workforce Knowledge and Competency Framework and a progression of credentials.

The extent to which the State has a High-Quality Plan to--

(a) Develop a common, statewide Workforce Knowledge and Competency Framework designed to promote children's learning and development and improve child outcomes;

(b) Develop a common, statewide progression of credentials and degrees aligned with the Workforce Knowledge and Competency Framework; and

(c) Engage postsecondary institutions and other professional development providers in aligning professional development opportunities with the State's Workforce Knowledge and Competency Framework.

If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State shall include the evidence listed below and describe in its narrative how each piece of evidence demonstrates the State's success in meeting the criterion; the State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

Evidence for (D)(1):

- To the extent the State has developed a common, statewide Workforce Knowledge and Competency Framework that meets the elements in criterion (D)(1), submit:
 - The Workforce Knowledge and Competencies;
 - Documentation that the State's Workforce Knowledge and Competency Framework addresses the elements outlined in the definition of Workforce Knowledge and Competency Framework in Definitions (section III) and is designed to promote children's learning and development and improve outcomes.

(D)(1) Introduction

Delaware has a longstanding, demonstrated commitment to setting high standards in developing a skilled early childhood workforce. In 1989, Delaware became the first state to require professional development for its early childhood education workforce. For the past two decades, Delaware has been comprehensively strengthening, integrating, and professionalizing its early childhood education workforce with the goal of ensuring that children in these settings have well-trained educators with the appropriate knowledge, skills and abilities to support childhood learning and development.

(D)(1)(a)

Delaware has had a common, statewide, fully-implemented Workforce Knowledge and Competency Framework since 2002 and continues to refine a coordinated system of competencies, credentials, degrees, professional development, and career advancement opportunities across agencies and in partnership with the state’s postsecondary institutions in order to imbue its early childhood workforce with the necessary tools to improve child outcomes.

The Delaware Core Knowledge and Competencies Frameworks (“Competencies”) represent a full complement of common, statewide standards for the knowledge and skills expected from professionals responsible for the care and education of young children in group programs.³⁸ Each set of Competencies includes a statement that establishes the significance of the content area to the early childhood field and a detailed list of required knowledge in each content area. The Competencies for any given position incorporate all the Competencies of previous positions and are considered a cumulative continuum for professional growth and development. Appendix (D)(1)-2 shows how each set of Delaware’s Competencies addresses the elements outlined in the definition of “Workforce Knowledge and Competency Framework” in the Definitions section of this application (Section III).

³⁸ Delaware has implemented five sets of Competencies: Early Childhood Professionals and School Age Professionals, and three Specialist Competencies: Professional Development Instructor, Technical Assistant, and Early Interventionist.

To help develop the early childhood workforce at all levels, the Competencies are directly aligned with other standards and frameworks across Delaware's early childhood system. These aligned standards and frameworks include:

- *Office of Child Care Licensing (OCCL)*. Currently, all early care and education staff must annually participate in 9-18 hours of professional development training regarding topics related to improving quality in the areas covered by the Competencies. Further, TECE 1 and 2 training (which include the material set forth in the Competencies) is required in order to teach in a Delaware early care and education program. Importantly, Delaware's licensing requirements have a broad reach, covering Head Start and family child care providers – two types of early learning and development programs other states often exclude from licensing – in the same regulatory framework
- *Credentialed positions and the Delaware Stars Tiered QRIS*. The Competencies are embedded in all forms of provider certification and training. Upcoming revisions to Delaware Stars require all four categories of providers – Early Childhood Education (ECE) Centers, School Age (SA) Centers, Large Family Child Care (LFCC), and Family Child Care (FCC) – to use the Core Knowledge and Competencies Framework to improve personnel management practices and elevate staff qualification levels. For example:
 - For ECE and SA centers, Personnel Management category MP1 requires that *programs conduct an annual evaluation for each staff person that includes a self-assessment using the Competencies*. MP1 also requires staff to use *competency-based evaluations and self-assessment to create an Individual Professional Development Plan*. (See Appendix (B)(1)-2a/b)
 - FCC and LFCC providers at MP1 must *conduct an annual self-assessment using the Competencies and create an annual professional development plan*. (See Appendix (B)(1)-2c/d) For LFCC providers, MP2 is the same as the previously indicated center-based standard.
 - Copies of these self-assessments and Individual Professional Development Plans (see Self Assessment forms in Competencies in Appendix (B)(1)-2a/b) are used for Stars evaluation verification.

- *Professional Development and Career Lattice connection.* The Competencies are tied directly to all forms of quality-assured Delaware Institute for Excellence in Early Childhood (DIEEC) professional development, and are integrated into the Early Childhood Career Lattice.

Delaware has created tiers of competencies that offer educators at all credential levels opportunities to align their practice with the competencies.³⁹ Historically, however, integration of the competency framework with day-to-day practitioners has been inconsistent. In designing the State Plan, we have noted three core challenges to broader adoption of the competencies:

1. Educators have lacked adequate incentives and resources to invest in their own improvement,
2. Program directors have lacked the institutional skills to evaluate the performance of educators and help them improve, and
3. The Competencies have not been fully integrated into the coursework of our higher education institutions

Moving forward, Delaware is planning aggressive new actions that directly target all three of these challenges. Strategies for addressing educators and program directors are outlined in section (D)(2) and strategies for engaging higher education institutions are described in section (D)(1)(c).

(D)(1)(b)

Delaware has a series of early childhood and school age educator credentials that are directly aligned with both the Early Childhood Competencies and the School Age Competencies. The nine credentialed positions in the state’s early childhood workforce align with the Delaware Early Childhood Career Lattice,⁴⁰ and Delaware captures data in its workforce database (DPEC) on early childhood educators who hold these credentials. Expanding upon these job-

³⁹ Administrators may use the Competencies to establish standards for employment and job performance, develop job descriptions, plan for staff development, or arrange on-the-job training and mentoring; professional development educators may use the Competencies to design quality-assured training curricula

⁴⁰ These nine positions are: Early Childhood Administrator, Early Childhood Curriculum Coordinator, Early Childhood Teacher, Early Childhood Assistant Teacher, Early Childhood Intern, School Age Administrator, School Age Site Coordinator, School Age Site Assistant and School Age Intern.

based credentials, the DIEEC is implementing a new series of advanced credentials related to specialized knowledge and expertise and aligned with the Career Lattice – an objective developed in Delaware’s 2006 *Early Success* Early Childhood Plan. (See Appendix (D)(1)-3) Delaware will roll out this series of content-based Credentials in the areas of: Inclusion, Administration, Infant/Toddler, Family Child Care, School Age, and Preschool.⁴¹ The Inclusion Credential opened for applicants in April, 2011, followed by the Administration Credential in October of 2011. The remaining credentials will be introduced during 2012.

To obtain an Early Childhood Credential in Delaware, candidates must complete a package of education or training, demonstrate competency via a portfolio, and participate in an interview process related to their specific relevant knowledge and skills. Content Credentials are coordinated by the DIEEC and awarded by the DOE. Obtaining Credentials makes an educator more desirable as they pursue career advancement opportunities and allows programs to more easily measure and publicize information about their staff.

(D)(1)(c)

Delaware’s goal is to ensure that the competency framework is fully integrated into the offerings of all training and professional development providers, from those who focus on educating new entrants to the workforce to others who provide ongoing training for existing workforce members.

First, per the data found in Table (A)(1)-11, the state’s comprehensive and vocational high school systems have already aligned their coursework with the state’s competency framework.

Higher education institutions have supported, through their representation on the P-20 Council and the Early Childhood Council, the development of the state’s competency frameworks. As a part of this State Plan, all higher education institutions in Delaware have agreed to actions that will bring their 2 and 4 year programs into full alignment with the Delaware ELFs and

⁴¹ Delaware plans to develop additional credentials on an ongoing basis. Credentials relating to cultural and linguistic specialties are likely to be developed.

Competencies by the fourth year of the grant period at the latest, and each has provided a letter of support outlining this commitment as well as an objective to explore a range of pathways that will offer early childhood educators multiple ways to develop skills and advance on the Career Lattice (e.g., degree programs, credential opportunities, and credit-bearing coursework). Refer to Appendix (A)(3)-3 for copies of these letters. As support for this commitment, Delaware has set aside grant resources to enable new program development efforts among higher education partners (see Section (A)(4) for detailed budget allocations).

Finally, the integration of Delaware's competencies with both the QRIS and the professional development system has created a mutually reinforcing system for bringing ongoing professional development in line with the competency framework:

- The Institute for Excellence in Early Childhood (DIEEC) has been a key collaborator with the Department of Education in developing all of the competency frameworks.
- DIEEC also serves as the manager and quality assurance provider for all professional development offerings at Level 2-4 of the state's system,⁴² and will use this role to ensure all such offerings are aligned with the competencies.
- The redesigned Stars Program Standards – also managed by DIEEC – require educators to complete training at Level 2-4 to access progressively higher quality levels.

By the integration of these three factors, Delaware will ensure that as programs seek to improve along the tiered QRIS (targets and timeline for which is established in Section (B)(2) and (B)(4)), the professional development completed by educators will be increasingly aligned with the state's competency framework.

⁴² There are 5 levels of training in Delaware. At the extremes, Level 1 is the basic training required to maintain licensing and Level 5 is courses for college credit. Training in Levels 2-4 helps educators advance professional development and are overseen exclusively by DIEEC.

Evidence for (D)(1):

- To the extent the State has developed a common, statewide Workforce Knowledge and Competency Framework that meets the elements in criterion (D)(1), submit:
 - The Workforce Knowledge and Competencies; **See Appendices (D)(1) – 1a and (C)(1) - 7**
 - Documentation that the State’s Workforce Knowledge and Competency Framework addresses the elements outlined in the definition of Workforce Knowledge and Competency Framework in Definitions (section III) and is designed to promote children’s learning and development and improve outcomes. **See Appendix (D)(1) – 2**

(D)(2) Supporting Early Childhood Educators in improving their knowledge, skills, and abilities.

The extent to which the State has a High-Quality Plan to improve the effectiveness and retention of Early Childhood Educators who work with Children with High Needs, with the goal of improving child outcomes by--

(a) Providing and expanding access to effective professional development opportunities that are aligned with the State's Workforce Knowledge and Competency Framework;

(b) Implementing policies and incentives (*e.g.*, scholarships, compensation and wage supplements, tiered reimbursement rates, other financial incentives, management opportunities) that promote professional improvement and career advancement along an articulated career pathway that is aligned with the Workforce Knowledge and Competency Framework, and that are designed to increase retention;

(c) Publicly reporting aggregated data on Early Childhood Educator development, advancement, and retention; and

(d) Setting ambitious yet achievable targets for--

(1) Increasing the number of postsecondary institutions and professional development providers with programs that are aligned to the Workforce Knowledge and Competency Framework and the number of Early Childhood Educators who receive credentials from postsecondary institutions and professional development providers that are aligned to the Workforce Knowledge and Competency Framework; and

(2) Increasing the number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.

If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State's special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

Additionally, the State must provide baseline data and set targets for the performance measure under (D)(2)(c)(1) and (D)(2)(c)(2).

(D)(2)(a)

As described in Section D(1), Delaware has a long and established track record of leadership in early childhood professional development, dating to 1989 when Delaware became the first state to launch a required professional development system for early childhood educators. In this current plan, Delaware aims to further improve professional development for educators by both expanding access and improving effectiveness.

- *Expanding access* is achieved by ensuring that the Delaware Competencies for Early Childhood Professionals (as well as corresponding frameworks for other job roles within the early learning system) are integrated into the offerings from the full range of professional development providers.
- *Improved effectiveness* is achieved by providing incentives and resources for educators and programs to invest in more rigorous training work and by gradually shifting resources toward professional development opportunities that are job-embedded, which research across the Pre-K-12 spectrum indicates is most effective for educators.

Below are some of the specific commitments and activities that Delaware is making in this plan to align with these two key levers:

Expanding Access:

- As noted in section (D)(1), all higher education institutions in the state have provided signed letters of support stating that they will align their course offerings and curriculum with the state's Competency framework, making a greater quantity of high quality professional development accessible to educators
- An increasing number of providers will offer professional development opportunities that are aligned with the state's Competency framework and ELFs as this alignment becomes critical for programs seeking to improve along the tiered QRIS. Already, nine organizations have submitted curriculum to DIEEC for approval as quality-assured professional development at Levels 2-4.⁴³

⁴³ Delaware Association for the Education of Young Children (DAEYC), Nemours Health & Prevention Services, Prevent Child Abuse Delaware, Children's Beach House, Cooperative Extension, Department of Education, Department of Services for Children Youth and their Families, PolyTech Adult Education, Delaware Early Childhood Center

- Delaware is ensuring that programs will have the resources to support educators in accessing high-quality professional development by offering tiered reimbursement and grants and awards to Stars participants

Improving Effectiveness:

- Redesigned Delaware Stars standards require educators to participate in more rigorous, Level 2-4 training in order to move up in the tiers of quality. These training levels are managed for quality assurance purposes by the Delaware Institute for Excellence in Early Childhood, which has been an important collaborator on the work to develop the Competency Frameworks, and which is committed to ensuring alignment of all course content they oversee with the state's competencies.

Expanding Access and Improving Effectiveness, because these commitments increase the quality of professional development that educators will receive in daily practice, and do so in a job-embedded context that increases the impact of training:

- Technical assistance provided through the *Stars Plus* model for high-need programs (described in Section (B)(4)) is evidence-based, aligned with program standards, and delivered at a classroom level, translating concepts from the competency frameworks and program standards into job-embedded feedback and activities for workforce members.
- Leadership coaching supported by grant resources is focused on instructional strategies, educator performance management, and use of a career lattice. This model is described in greater detail below in part (b), but is intended to ensure that all educators are receiving meaningful professional development – aligned to the state's competency framework – in their day-to-day work through their relationship with program directors.

With these combined efforts that build on an established foundation of professional development offerings already in place, Delaware will create an infrastructure for professional improvement that aligns with its high goals for child outcomes and program quality.

(D)(2)(b)

Simply providing a structure that offers coherent, high-quality, effective professional development will not be enough to overcome the systemic challenges of workforce development in early care and education. The system in Delaware and other states faces underlying challenges that require a more aggressive approach. Delaware is uniquely well-positioned to take on the goal of creating a more professional and effective early childhood workforce – not only do we have a legacy of a focused strategy on early childhood educator development, but we are learning lessons through the implementation of pioneering human capital strategies in the K-12 system as part of the first Race to the Top competition that will inform our approach to rollout in the early childhood system.

With that in mind, Delaware has designed a comprehensive plan to create a professional and effective workforce that targets three of the most critical challenges in the field, and does so with a clear priority on the highest-need programs serving the highest-need children. First, we know that programs in high-poverty areas struggle to attract highly-qualified educators. Second, we recognize that educators need incentives and resources to invest in their own advancement and to see a viable long-term career for themselves in early care and education. And finally, we believe that no system will succeed in sustaining a professional and effective workforce if program leaders lack strong instructional skills, and cannot provide meaningful feedback and support for their staff. Delaware’s strategy takes these three issues head-on.

Compensation strategy that targets recruitment, improvement, and retention

Delaware will use grant resources to launch, and then state resources to sustain, a new compensation strategy for early childhood programs that supports the inter-related goals of recruitment, improvement, and retention of effective educators.

Delaware already participates in the T.E.A.C.H. Early Childhood scholarship project – and has allocated \$500K of the \$22M ongoing early childhood investment to expand the number of educators who can participate in this initiative – but through the Race to the Top – Early

Learning Challenge grant Delaware is planning a broader compensation strategy that can apply to more educators and a broader range of programs.

Wanting to ensure that our limited resources are used to their maximum impact, Delaware is setting eligibility criteria for the compensation program that focus on those programs with the greatest need. Although it is a reality of early childhood education around the nation that all educators could benefit from large across-the-board increases in pay, we know that the challenges faced by programs serving high concentrations of high-need children are even greater than average. Those programs should be and will be our first priority, and the criteria we have designed reflect that commitment:

- Programs located in high-poverty census tracts will be eligible for the compensation program if 33% or more of the children they serve receive purchase of care subsidies
- Programs in other areas of the state will be eligible for the compensation program if 66% or more of the children they serve receive purchase of care subsidies
- Programs meeting these eligibility criteria will be allowed to opt-in to the program on the condition that they use the state's career lattice framework as an integral part of their own differentiated compensation plan for educators (with the state's resources being additive to what programs do on their own)
- Programs must be licensed to participate in the compensation program

The investment in across-the-board reimbursement rate increases, combined with the availability of tiered reimbursement, makes it more economically viable for programs to serve these higher concentrations of low-income students. The compensation program will build on these steps to ensure that these programs have additional resources to recruit and retain highly-effective educators.

The compensation strategy has two components:

- Recruitment bonuses for highly-qualified educators: We know that programs serving high-needs children often struggle to attract the most highly-qualified job candidates. For programs participating in the compensation program, the state will provide a \$1,000 one-

time bonus to any educator with an Associate's degree or higher who is hired and remains with the program for at least one year

- Ongoing wage enhancements for educators who attain additional credentials and higher levels on the state's career lattice: The wage enhancement program will have three tiers. At each tier, all qualified educators will receive one level of ongoing, annual compensation supplements. To integrate the program with the tiered QRIS and to provide educators with an incentive to support their program's growth in the QRIS, educators whose program has achieved a Star level 3 rating or higher will receive a higher wage enhancement at each of the three tiers. The steps include:
 - Educators who complete the state's TECE 1 and 2 training, and thus meet the requirements for the credential of Early Childhood Educator: \$500 wage baseline wage enhancement, \$1,000 for educators in eligible Stars 3-5 programs
 - Educators who earn one of the new credentials offering specialized expertise, which are being developed and launched currently and were described in Section (D)(1): \$1,500 baseline wage enhancement, \$2,500 for educators in eligible Stars 3-5 programs
 - Educators who have an AA degree or higher: \$3,000 baseline wage enhancement, \$4,000 for educators in eligible Stars 3-5 programs

Having researched and benchmarked the national landscape, Delaware believes that these wage enhancements are some of the most generous offered to early care and education workforce members in any state, and also are among the most targeted at high-needs programs and children.

The compensation program will be overseen by the Department of Education, which already tracks educator qualifications for all early childhood programs. The Department will contract with a third-party organization to assist with data management and the administration of the payments to individual educators, and will launch the program within the first year of the grant period.

Leadership coaching that builds skills in supporting professional, effective educators

Compensation is a necessary part of attracting and retaining a professional and effective workforce, but it is not sufficient on its own. Early childhood educators must have work

environments that support continuous improvement, with leaders who are focused and have the skills to provide meaningful, job-embedded professional development in their day-to-day practice. Unlike in the K-12 system, where Principals generally attain their position following years of teaching experience, some program directors in early care and education lack a deep instructional and child development foundation – and those with experience often encounter challenges in supporting the diverse needs of their workforce.

Delaware will provide on-site, job-embedded leadership coaching to all early care and education program directors over the course of the grant period. This coaching will be made available to all categories of early learning and development programs on an opt-in basis. Programs who opt-in will receive the coaching support on a monthly basis for two years. Leadership coaches will focus on a few critical skills for leaders to support a professional and effective workforce:

- Understanding and promoting the competencies for early childhood educators that are outlined in the state’s framework
- Observing classroom practice and adult-child interaction, and providing feedback based on the competency framework and other evidence-based tools
- Providing meaningful feedback and development opportunities for educators based on observation
- Promoting effective, developmentally-appropriate practice for comprehensive assessment
- Use of the state’s career lattice in organizing and compensating the workforce

The implementation of the leadership coaching will vary based on the different needs of early learning and development programs:

- Delaware will offer the most intensive level of support to the highest-need programs, the same programs that will be eligible for the new compensation program. By creating an overlapping set of supports for these programs, which serve the highest concentrations of high-need children, Delaware believes the impact of each individual piece of its strategy will be amplified. These programs will be eligible for the on-site coaching two days a month, and will receive additional resources to support release time for educators to work with leaders and their colleagues outside of normal hours on development needs

- All other programs statewide will be eligible to access monthly leadership coaching support: Leadership coaches will spend one half-day per month, over a two-year period, with individual program directors in this category
- Family child care providers will receive the coaching support through a community of practice model: The needs of family child care providers are critical to address, but their smaller scale makes those needs different than the directors of larger early learning and development programs. Today, family child care providers often struggle to identify a community of colleagues with whom to reflect and share best practices. Those family child care providers who opt in to the leadership coaching will receive this coaching for a half-day each month in a group setting of one coach per five program directors

The Department of Education will oversee the development of the leadership coaching program, design a training program for coaches, and will contract with a third-party organization to hire and manage the individual coaches. Allowing time for contracting, hiring, training for the coaches, Delaware anticipates being able to launch the leadership coaching model by the end of the first year of the grant period.

(D)(2)(c)

Delaware is well-positioned in terms of existing data systems, infrastructure, and data-sharing agreements to provide reporting on educator development, advancement, and retention:

- The Department of Education has already developed and implemented the DPEC database to track the qualifications, credentials, and employment status / retention of all early childhood educators in publicly-regulated programs. This database has been in place for years, and contains the records of more than 8,000 workforce members. Furthermore, the database is built off of and links with the state's database for tracking members of the K-12 workforce (and so enables the state to track the movement of workforce members between early childhood and K-12)
- Data-sharing agreements are in place between the Department of Education and the Office of Child Care Licensing (in DSCYF) to share data about workforce members and to allow the DPEC data to monitor licensing standards related to workforce qualifications

With the required systems and capabilities already in place, Delaware is committed to providing public reporting of key statistics including:

- The percentage of educators at each level of the state’s career lattice
- The number of educators attaining a new level of the career lattice each year
- The retention rate of educators, broken down by the level of credential they have attained

The database also provides the information for Delaware to monitor the efficacy of workforce development strategies being launched through this grant (i.e., the compensation program and the leadership coaching model). Delaware, and its contracted partners in these initiatives, will continually track changes in recruitment and retention rates at participating programs, and based on the data will consider making adjustments to these strategies to ensure their effectiveness.

Performance Measures for (D)(2)(d)(1): Increasing the number of Early Childhood Educators receiving credentials from postsecondary institutions and professional development providers with programs that are aligned to the Workforce Knowledge and Competency Framework					
	Baseline (Today)	Target - end of calendar year 2012	Target - end of calendar year 2013	Target - end of calendar year 2014	Target – end of calendar year 2015
Total number of “aligned” institutions and providers	5	6	7	8	9
Total number of Early Childhood Educators credentialed by an “aligned” institution or provider	7,798	7,798	7,798	7,798	7,798
Credentialed by Job Function	7,798	7,798	7,798	7,798	7,798
Credentialed by Specialized Expertise	0	80	235	485	790
<i>Note: Baseline data represents actual data; 5 educational entities are authorized to offer coursework that leads to the Early Childhood Teacher and Early Childhood Assistant Teacher credentials including: Vocational High School Early Childhood Programs (4 vocational high schools), Vocational High School Adult Education Programs (4 vocational high schools) Comprehensive High School Early Childhood Career Tracks (14 comprehensive high schools), Delaware Technical and Community College Corporate and Community Programs (3 Campuses), Delaware Institute for Excellence in Early Childhood (Statewide program); The Delaware Institute for Excellence in Early Childhood offers specialized advanced programs in specific areas of early childhood learning (e.g., inclusion). These</i>					

specialized expertise credentials differ from the standard job function credentials listed in Table (A)(1)-10. 98% of the 7,980 Early Childhood Educators in the DPEC database have earned at least one credential issued by the Delaware DOE, however, no Institutions of Higher Education currently offer programs or degrees aligned with the Workforce Knowledge and Competency Framework; targets assume Delaware University aligns in 2012, Wilmington University aligns in 2013, Delaware State University aligns in 2014 and Delaware Technical Community College aligns in 2015

Performance Measures for (D)(2)(d)(2): Increasing number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.

Progression of credentials (Aligned to Workforce Knowledge and Competency Framework)	<i>Baseline and Annual Targets -- Number and percentage of Early Childhood Educators who have moved up the progression of credentials, aligned to the Workforce Knowledge and Competency Framework, in the prior year</i>									
	Baseline (Today)		Target- end of calendar year 2012		Target- end of calendar year 2013		Target- end of calendar year 2014		Target- end of calendar year 2015	
	#	%	#	%	#	%	#	%	#	%
Job Function Credential Type 1 <i>Specify: Early Childhood Intern</i>	368	5%	368	5%	368	5%	368	5%	368	5%
Job Function Credential Type 2 <i>Specify: Early Childhood Assistant Teacher</i>	453	6%	453	6%	453	6%	453	6%	453	6%
Job Function Credential Type 3 <i>Specify: Early Childhood Teacher</i>	539	7%	539	7%	539	7%	539	7%	539	7%
Job Function Credential Type 4 <i>Specify: Early Childhood Curriculum Coordinator</i>	84	1%	84	1%	84	1%	84	1%	84	1%
Job Function Credential Type 5 <i>Specify: Early Childhood Administrator</i>	180	2%	180	2%	180	2%	180	2%	180	2%
Job Function Credential Type 6 <i>Specify: School Age Intern</i>	53	1%	53	1%	53	1%	53	1%	53	1%
Job Function Credential Type 7 <i>Specify: School Age Site Assistant</i>	217	3%	217	3%	217	3%	217	3%	217	3%

Performance Measures for (D)(2)(d)(2): Increasing number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.

Progression of credentials (Aligned to Workforce Knowledge and Competency Framework)	<i>Baseline and Annual Targets -- Number and percentage of Early Childhood Educators who have moved up the progression of credentials, aligned to the Workforce Knowledge and Competency Framework, in the prior year</i>									
	Baseline (Today)		Target- end of calendar year 2012		Target- end of calendar year 2013		Target- end of calendar year 2014		Target- end of calendar year 2015	
	#	%	#	%	#	%	#	%	#	%
Job Function Credential Type 8 <i>Specify: School Age Site Coordinator</i>	75	1%	75	1%	75	1%	75	1%	75	1%
Job Function Credential Type 9 <i>Specify: School Age Administrator</i>	103	1%	103	1%	103	1%	103	1%	103	1%
Specialized Expertise Credential Type 1 <i>Specify: Inclusion</i>	0	0%	20	0.3%	30	0.4%	45	0.6%	55	0.7%
Specialized Expertise Credential Type 2 <i>Specify: Administration</i>	0	0%	20	0.3%	45	0.6%	65	0.8%	70	0.9%
Specialized Expertise Credential Type 3 <i>Specify: Infant/Toddler</i>	0	0%	10	0.1%	20	0.3%	35	0.4%	45	0.6%
Specialized Expertise Credential Type 4 <i>Specify: Family Child Care</i>	0	0%	10	0.1%	20	0.3%	35	0.4%	45	0.6%
Specialized Expertise Credential Type 5 <i>Specify: School Age</i>	0	0%	10	0.1%	20	0.3%	35	0.4%	45	0.6%
Specialized Expertise Credential Type 6 <i>Specify: Preschool</i>	0	0%	10	0.1%	20	0.3%	35	0.4%	45	0.6%
<i>Baseline data is actual and was provided by the Delaware Department of Education; Inclusion and Administration specialized credentials first offered fall 2011; all other specialized credentials will be offered for the first time in 2012</i>										

E. Measuring Outcomes and Progress

Note: The total available points for (E)(1) and (E)(2) = 40. The 40 available points will be divided by the number of selection criteria that the applicant chooses to address so that each selection criterion is worth the same number of points. For example, if the applicant chooses to address both selection criteria in Focused Investment Area (E), each criterion will be worth up to 20 points.

The applicant must address one or more selection criteria within Focused Investment Area (E).

(E)(1) Understanding the status of children’s learning and development at kindergarten entry.

The extent to which the State has a High-Quality Plan to implement, independently or as part of a cross-State consortium, a common, statewide Kindergarten Entry Assessment that informs instruction and services in the early elementary grades and that--

(a) Is aligned with the State’s Early Learning and Development Standards and covers all Essential Domains of School Readiness;

(b) Is valid, reliable, and appropriate for the target population and for the purpose for which it will be used, including for English learners and children with disabilities;

(c) Is administered beginning no later than the start of school year 2014-2015 to children entering a public school kindergarten; States may propose a phased implementation plan that forms the basis for broader statewide implementation;

(d) Is reported to the Statewide Longitudinal Data System, and to the early learning data system, if it is separate from the Statewide Longitudinal Data System, as permitted under and consistent with the requirements of Federal, State, and local privacy laws; and

(e) Is funded, in significant part, with Federal or State resources other than those available under this grant, (e.g., with funds available under section 6111 or 6112 of the ESEA).

If the State chooses to respond to this selection criterion, the State shall write its full response in the text box below. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring the selection criterion, peer reviewers will determine, based on the evidence the State submits, whether each element of the selection criterion is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); the extent to which the different types of Early Learning and Development Programs in the State are included and addressed; and the extent to which the unique needs of the State’s special populations of Children with High Needs are considered and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

(E)(1) Introduction

Delaware’s strategy for success in early learning and development – as outlined in Section (A)(2) – calls for an aligned birth-to-eight approach to school readiness as the ultimate strategic objective, which is supported by high-quality programming, workforce development, and a whole child developmental focus. Kindergarten entry assessment, which is the predominant focus of this section, is an essential component to building a system oriented around the notion of school readiness. But the potential value of Kindergarten entry assessments can only be captured when it exists as part of a system of birth-to-eight supports, where the preconditions for building child readiness are addressed by tightly aligned program standards and child development standards. Throughout Sections (A), (B), (C), and (D), we have outlined our approach in Delaware to building, managing, and improving such a system.

Because Delaware’s ultimate strategic vision is of an aligned birth-to-eight approach to school readiness, our plan for implementation does not stop with the investments we are planning with implementation of kindergarten entry assessment. The selection of a statewide kindergarten entry assessment provides a unique opportunity to foster alignment throughout the early childhood system about (1) the domains and standards that are most important for defining school readiness; and (2) developmentally appropriate assessments and how to integrate them with ongoing instructional practice.

The section that follows addresses two remaining gaps toward attaining the aligned birth-to-eight approach to school readiness that we seek.

- The first is to provide greater supports and outlets for coordination surrounding the transition point from early childhood to the early elementary grades. Delaware is addressing this by sponsoring the creation of “Readiness Teams” that bring together stakeholders from across systems, and are targeted at high-needs communities. This concept is outlined in basic form below, and then elaborated in Invitational Priority 4: Sustaining Program Effects in the Early Elementary Grades
- The second is to accelerate Delaware’s ongoing research and piloting efforts on kindergarten entry assessment with the goal of implementing a common, statewide entry

assessment reaching 100% of students by the fall of 2014-15. The focus of the majority of this section is on specifying the systems, processes, and resources required to design the assessment program and to implement it with a high degree of collaboration, understanding, and support across the birth-to-eight community

Bolstering school readiness through greater coordination around the transition to elementary school

As described in Section C(1), the basis for facilitating an effective transition from early learning and development programs to elementary school exists in Delaware’s learning standards, in which the Early Learning Foundations have been assessed to have a greater than 90% alignment with the Common Core standards for early grades. Some districts in Delaware have built on this alignment by sharing both sets of standards with educators. Yet much more can and should be done to foster alignment and support around the transition to elementary school, with a need for activities that go beyond the standards themselves.

Delaware will address this need and build on the shared infrastructure already in place with a new initiative to develop “Readiness Teams” in high-need communities. These teams, which will be anchored around low-performing elementary schools serving high concentrations of children with high needs, will be comprised of representatives of all key stakeholders that provide services across the birth-to-eight continuum within each local community. While each team will have the flexibility to define its membership, we anticipate that representatives will include, at a minimum: kindergarten and/or early grades teachers, elementary school principals, early childhood providers, parents, and community partners

Following the framework developed by the National School Readiness Indicators Initiative,

Ready Families + Ready Communities + Ready Services + Ready Schools = Children Ready for School

Readiness Teams will be responsible for marshaling and coordinating services that address each of these components of readiness. Key activities of these teams will include:

1. Promote clear expectations regarding the successful transition to kindergarten, building on the linkages between Early Learning Foundations and the Common Core

2. Align children’s learning and development experiences in the early years across early learning and development programs, elementary schools, and other service providers
3. Assess local needs and support local capacity building to address potential barriers to academic and non-academic success

Additional details on the scope, budget, organization, and timeline for this plan can be found under Invitational Priority 4: Sustaining Program Effects in the Early Elementary Grades.

Overview of Delaware’s Vision for a Statewide Kindergarten Entry Assessment System

Delaware recognizes that a common, statewide kindergarten entry assessment is critical to ensure alignment and coherence across the early childhood and K12 education systems. A robust kindergarten entry assessment will enhance the state’s ability to **collect and utilize information regarding individual student development and skills, and will serve two primary objectives:**

1. **To inform individualized instruction, support services and** interventions in kindergarten and the early elementary grades; and
2. **To provide aggregate data for state and local policy-makers** to assess the outcomes from the early childhood system, plan future policy related to closing the readiness gap, and make strategic decisions regarding resource allocation.

Delaware has been focused on establishing and supporting a statewide kindergarten entry assessment spanning multiple domains and via multiple measures for the last decade.

Foundational efforts have included investments in policy, practice, and research. Representative investments include **robust research to identify current tools and practices in place across the state** and thus to inform potential building blocks for kindergarten entry assessments (via Kindergarten Full Day Study, 2004-2007; please refer to Appendix (E)(1) – 1 Pilot Full-day Kindergarten Evaluation) , **development of systems and structures to support strategic outreach** to parents, external partners, and kindergarten teachers (via Kindergarten Evaluation, 2009; please refer to Appendix (E)(1) – 2 Kindergarten Evaluation, 2009), and **exploration of types and levels of resources required to support the effective implementation of a comprehensive statewide kindergarten entry assessment** (via the Kindergarten Entry Pilot,

started in 2010 and planned through 2013; please refer to Appendix (E)(1) – 3 Kindergarten Readiness Pilot Study).

Delaware is steadfast in its commitment **to implement a kindergarten entry assessment that is aligned with the State’s Grade Level Expectations that include the Common Core, the Early Learning and Development Standards, and covers all Essential Domains of School Readiness, statewide for all teachers and students by year 4 of this grant.**

Delaware Has Key Stakeholder Support and Classroom Practices in Place to Successfully Plan and Implement a Statewide Kindergarten Entry Assessment:

Implementation of a statewide kindergarten entry assessment system will require significant input from and collaboration with key constituencies – including teachers, school and district leaders, early childhood providers, and parents. Delaware has already begun the process of outreach and input related to the implementation of a kindergarten entry assessment system. **Leaders across state agencies engaged with early childhood providers and teachers during the ELC application process. Input from the field helped to shape Delaware’s recommendations** regarding the kindergarten entry assessment system to ensure that any entry assessments **build upon existing practice** (e.g., incorporating current tools into the statewide system, to the extent possible) and **reflect the “voice of the teacher,”** and that **sufficient resources are provided to help build capacity to implement and reduce any additional burden placed on teachers.**

Key stakeholders, including school and district leaders and the Delaware State Education Association, support the value of a kindergarten entry assessment and will play a key role in moving forward:

100% of superintendents in the state’s 15 public school districts offering full-day kindergarten⁴⁴ have given their support, as has the Delaware Association of School

⁴⁴ All 15 school districts in Delaware that offer kindergarten provide full-day kindergarten; three school districts are high school (vocational) only, and one sends Kindergarten students to a Maryland district.

Administrators. Please refer to Appendix (A)(3) – 3 Letters of Stakeholder Support for commitments from local superintendents and the association of school leaders.

In addition, the Delaware State Education Association has committed to working with the State in developing and implementing a statewide kindergarten entry assessment system and making this plan a reality. Please refer to Appendix (A)(3) – 3 Letters of Stakeholder Support for the letter of support from DSEA.

In addition to having the support of key stakeholders, current practice provides the foundation for implementation of a statewide assessment.

First, all Delaware public school districts are currently using an assessment on all children entering kindergarten. Thus most kindergarten teachers and administrators are familiar with the administration of a local kindergarten assessment completed by kindergarten teachers within the first couple of months of the school year. Many schools districts are using DIBELS (Dynamic Indicators of Basic Early Literacy Skills) or other early literacy focused assessments such as STAR (Successful Transitions and Relationships). Funding from the ELC grant will allow public school districts to broaden their current assessment practices to cover more of the Essential Domains of School Readiness. It will also permit a deeper analysis of the developmental appropriateness of currently implemented assessment systems and provide resources to effectively structure and guide an improved assessment system. Ultimately, the formative assessment system is in service to the teachers and their students—providing teachers with robust data on their students to inform their instructional planning efforts and classroom practice to support individualized instruction for all.

Second, as discussed in more detail in the following section, Delaware just began piloting a kindergarten entry assessment process that measures all six essential domains of development, as specified in the grant, this Fall. The learnings from this Pilot will inform Delaware’s decisions moving forward with the statewide entry assessment system.

Third, a recent study suggests that the proposed design of Delaware’s kindergarten entry assessment is aligned with the experience of kindergarten teachers. In 2011, the Delaware Institute for Excellence in Early Childhood (DIEEC) conducted a comprehensive statewide study (47% response rate) on kindergarten teachers’ opinions related to kindergarten entry assessment. The findings of the study (please refer to Appendix (E)(1) – 4 Kindergarten Readiness Teach Survey for the full study) indicate that 97% of kindergarten teachers agree or strongly agree that kindergarten assessments should be administered early in the school year. Moreover, at least 80% of respondents agree or strongly agree that each of the following domains are critical to assess early in the kindergarten year: academic skills (98%), language skills (97%), social skills (90%), problem solving skills (83%), physical skills (82%), and self-help skills (85%). Feedback indicates that the core tenets of Delaware’s kindergarten entry assessment are valued by the classroom teachers who will ultimately determine the successful implementation of the plan.

Given the level of collaboration, support, and relevant current practice in Delaware related to implementation of a kindergarten entry assessment, **ultimately, the question is not whether Delaware should have a statewide kindergarten entry assessment, but rather how to design and implement a robust evaluation system and the corresponding processes and supports to maximize the probability of success.** Delaware is committed to building upon existing practice to ensure that any entry assessment is informed, and embraced, by the teachers and leaders who are critical to the effective implementation.

Action-Oriented Kindergarten Entry Pilot Provides Unique Opportunity to Inform and Accelerate Statewide Implementation

The most substantial groundwork that has been laid for the statewide kindergarten entry assessment is the DOE’s recent undertaking of the Delaware Kindergarten Entry Pilot (“Pilot”). The Pilot is using Teaching Strategies GOLD, a formative assessment system which covers all of the Essential Domains of School Readiness and is aligned with the Delaware Early Learning Foundations⁴⁵. The Pilot deployed the GOLD in a sample of kindergarten classrooms across a series of local education agencies. DOE is currently contracted with the University of Delaware

⁴⁵Appendix (C)(1) – ELFs and Teaching Strategies GOLD Alignment (also referenced in section C1)

to implement the Pilot and concurrent analyses. The Pilot began in June 2011 and will end in September 2013, with total funding of \$143,052 provided by the State Advisory Council.

The primary goal of the Pilot is to provide policymakers with a deeper understanding of the challenges and supports required for kindergarten teachers to utilize a formative, multi-domain assessment to appraise the skills of each of their students upon school entry, and then to translate the data into improved instructional practice. The Pilot will also serve as a way to test potential structures for professional development, technical assistance, and data sharing, including seamless linkages to the State longitudinal data system.

Specifically, the scope of work for the Delaware Kindergarten Entry Pilot includes five main activities, including (a full description of the Pilot can be found in Appendix (E)(1) – 3 Kindergarten Readiness Pilot Study⁴⁶): 1) conduct a survey of kindergarten teachers, 2) carry out site selection and sampling activities, 3) provide coaching and support to teachers and administrators, as needed, as they collect formative assessment data (from Teaching Strategies GOLD assessment system) and enter it into an online system, 4) incorporate supplementary, secondary data with strategic linkages across DOE K-12 information systems, information related to child health, ECAP, Head Start, etc., and 5) gather additional information related to kindergarten enrollment procedures/families.

The objective of the Pilot is not to prepare for the implementation of this particular assessment instrument as the basis for a statewide kindergarten entry assessment. Moving forward in the grant plan, Delaware would examine a range of potential assessment instruments to determine the most appropriate framework for statewide implementation (this process is described in greater detail later in this section).

Moreover, Robust Data Systems and Strategies Are in Place to Link Kindergarten Entry Data to Delaware’s Longitudinal Data System

All children in Delaware public school kindergarten classes are assigned unique student identification numbers that remain unchanged throughout their academic careers. The

⁴⁶Appendix (E)(1) – 3 Kindergarten Readiness Pilot Study

mechanism by which kindergarten entry assessment data can be housed and shared is in place through the Department of Education. Through K-12 RTTT, a strategic longitudinal data system is under development that will integrate the kindergarten assessment process, with the appropriate privacy and security protections. Mechanisms are already in place to receive this data into the larger data management system. Delaware is a step ahead in terms of its ability to link kindergarten entry assessment to its longitudinal data system (LDS).

In addition, the state plans to bolster its existing systems by setting aside resources from the ELC grant to allow for:

- Mapping of the kindergarten assessment data to tables and fields in the data warehouse,
- Developing extract, transform, and load (EDL) programs to move the data into the warehouse from a data file provided by the assessment system publisher, and
- Designing and developing extensions to the dashboard to provide this information to all users, providers, and classroom teachers.

Delaware recognizes the importance of having a finely tuned LDS in order to support ongoing evaluation and enhancement of services provided in the Pre-K and early elementary years. It has significant momentum from RTTT and would extend its potential via RTTT ELC grant funds.

Delaware's Plan Builds on Past Experience and Promising Practices to Ensure Successful Statewide Implementation by year 4 of the ELC Grant

Led by the Department of Education (DOE), Delaware will implement a common, statewide kindergarten entry assessment and reach all teachers and students by year 4 of the grant.

Specifically, the state is committed to implementing a kindergarten entry assessment that is:

- Administered **within the first few months of kindergarten** entry;
- Addresses **all Essential Domains of School Readiness and is aligned with Delaware's Early Learning Foundations and the K-12 Common Core**;
- Is **developmentally, linguistically, and culturally appropriate**;
- Provides **valid and reliable data** for kindergarten children, including dual language learners and children with disabilities (demonstrated by a thorough bias and sensitivity review), for the following purposes:

- **Child-level data** to classroom teachers that will **inform individualized instruction and classroom practice** in kindergarten and the early grades, as well as support services and interventions that may be required
- **Aggregate data for state and local policy-makers to assess the outcomes from the early childhood system**, provide actionable information to drive future policy related to closing the readiness gap, and make resource allocation decisions (e.g., decisions regarding professional development, data systems, funding allocations, etc.)
- Is **linked to the state’s longitudinal data system**, with the appropriate privacy and security protections; and
- Is **aligned with the National Research Council’s recommendations** on early childhood assessment.

To support the work of DOE, researchers, and any vendor(s) to be contracted, Delaware will create a Kindergarten Entry Assessment Advisory Committee comprised of members who have expertise relevant to the process and represent the range of stakeholders statewide. It is anticipated that the Advisory Committee will meet frequently during the first Phase of implementation and then likely quarterly and will include representation from: participating state agencies, kindergarten teachers and the Delaware State Education Agency, district leaders (focused on those districts signed up as pilot sites), early childhood providers, Early Childhood Council leadership, parents (including parents of high-needs children), community organizations providing early learning and development services to children in the birth-to-eight timeframe, outside researchers with specific domain expertise in critical areas for the assessment design (e.g., linguistic and cultural appropriateness, psychometrics and valid uses of assessment data), and others.

Delaware plans to invest in system design and selection, development of practices and processes to support the formative assessment system, and validation of the system. While the assessment system is a critical foundational element for the kindergarten entry assessment, the ways in which the system is used to inform instructional planning and classroom practice

across early childhood and Kindergarten systems and policy statewide represent the greatest potential for impact on student outcomes and system performance.

Specific to the system design and development, Delaware envisions that the implementation of a statewide kindergarten entry assessment system will include two core components at the classroom and school level:

- Formative assessment system will cover all of the Essential Domains of School Readiness, and be implemented by teachers or other qualified practitioners in all kindergarten classrooms for all children (to inform individualized instruction and classroom practice).
 - The assessment process will provide a developmentally appropriate multi-domain measure that kindergarten teachers can use to inform instruction.
 - Specifically, any potential formative assessment system will provide valid and reliable data for all kindergarten children, including dual language learners and children with disabilities (as demonstrated by a bias and sensitivity review).
 - The assessment process will seek to incorporate existing classroom practices and tools, especially in the early years of implementation as the system itself is being piloted and refined. These existing practices could include a range of observational rubrics and / or direct assessments currently utilized by teachers to collect student level information, so long as they are able to be incorporated into the database for the formative assessment system.
 - The efficacy of the formative assessment process will be driven by substantial professional development and coaching and mentoring and, depending on the system ultimately implemented, will include any inter-rater reliability assurances available to ensure the data is as valid and reliable as possible when collected by classroom teachers.
- Family questionnaire will solicit background data on student experiences, interests, and skills from the parent/primary caregiver's perspective. The state will provide general guidelines and samples from the field for reference. Ultimately, districts and teachers will have autonomy to select and implement the questionnaire that best fits their needs.

The survey questionnaire will accompany any other screening or assessment administration or kindergarten transition taking place in districts across the state.

Delaware will utilize a direct assessment to validate the results from the formative assessment system (as described above) and ensure that they are reliable measures to inform states and local policy decisions.

- Direct assessment will be focused primarily on early literacy and mathematics domains, and implemented by an outside assessor on a statistically significant sample of kindergarten children statewide in order to assess the validity of the formative assessment system.
- A sample model is anticipated for direct assessment in order to minimize costs and resources and burden to children, teachers and administrators.
- Assuming the data from the statistically significant sample supports the validity of the formative observation system, data from the combined assessment will be used to inform state and local policy decisions. In addition, over time, the DOE might phase out the use of the direct assessment as a validation engine, if deemed as redundant to the formative assessment system in place.
- If the direct assessment identifies issues regarding inter-rater reliability for the formative assessment system, Delaware will revisit its approaches to, and investments in training, coaching and other supports to bolster the effective implementation of the formative assessment system. If necessary, Delaware will continue the pilot of the direct assessment validation engine until such time that it demonstrates a valid assessment model is in place.
- Finally, protocols will be established for data sharing, to include: data shared with the DOE, community-level data sharing between early childhood and K-12 programs, and data stored, analyzed and shared by way of Delaware's developing longitudinal data system. Delaware has established crucial data governance regulations that monitor the sharing of data and address issues such as the access to unidentifiable information and confidentiality. These controls will be in place around kindergarten data as well.

Since a **review of research and practice in other states suggests there are quality formative assessment systems and direct assessments on the market, Delaware does not intend to expend funds to develop its own assessment systems.** The state will rather utilize widely available tools that are research and evidence-based and are valid and reliable for the intended purposes for which they will be used. Any assessments that are considered will have demonstrated validity for all student populations, including dual language learners and children with disabilities, as demonstrated by a bias and sensitivity review.

Delaware will invest significant time and resources to build the capacity of the individual teachers, leaders, districts, and the state to ensure that the structures, systems, and processes around the tools are robust. In the short-term, Delaware must build the “muscles” to create the capacity. The existing Kindergarten Entry Pilot provides a single process for the design and phased in implementation across the state. The systems established through the pilot will allow for a more rigorous and rapid process to ensure that system(s) implemented meet all of the state’s parameters as outlined above. Full implementation in 2014-2015 will allow Delaware three years to build capacity for a statewide assessment in a thoughtful way. The timeline will enable professional development, support and collaboration from teachers and other stakeholders to help ensure the long-term success of the kindergarten entry assessment system.

Critical investments in the awareness, acceptance, and capacity to implement the kindergarten entry assessment system (including using of the assessment and, more importantly, leveraging information from the assessments to inform instructional planning and practice) include:

- Formation of the **Kindergarten Entry Assessment Advisory Committee** (as described above) for ongoing dialogue with key stakeholders within and outside of Delaware’s Early Learning Community to inform selection of systems (formative assessment, direct assessment(s), and family survey) and required supports for effective implementation
- **Selection of research partner** to formulate **the research questions and design** of the ongoing pilot in conjunction with the DOE and **ensure the validity of each stage of the**

process, beginning with stakeholder engagement and system selection and **through full implementation** (ongoing coordination with Advisory Committee)

- **Selection of vendors for design and implementation** of the **formative and direct assessment systems (including key State Indicators to inform development of rubrics and ultimately local level tools and practices)**
- **Identification and dissemination of preferred family survey tool by research partner in conjunction with the DOE and the Strategic Advisory Committee** (specific tools to be used at the discretions of districts, schools, and teachers)
- **Development of cadre of “expert teachers” across districts** who can provide **coaching and training to both principals and teachers regarding the benefits of kindergarten entry assessment systems (e.g., to inform instructional practice), to develop local rubrics and support local formative assessment system and tool development or procurement, and also facilitate ongoing professional learning communities within and across districts, if / as required**
 - **Specifically, participating teachers will have access to 2 days of intensive professional development** followed by **ongoing access to coaching and professional learning communities** within their schools and district
 - **Participating principals will have access to professional development** followed by access to **coaching** to enable them to support their teachers in implementation
- **Establishment of a validation model around supporting the utilization of the formative assessment system. Using a random sample model, the validation model will be used to provide additional information regarding the strengths of the assessment data**

The rigorous selection and piloting process for the formative assessment system, as outlined above, will enable Delaware to enter a later phase of alignment and training with early childhood educators across the system, supporting the state’s broader vision of greater alignment between early childhood and the early grades.

- The selection of a statewide kindergarten entry assessment provides a unique opportunity to foster alignment throughout the early childhood system about (1) the domains and

standards that are most important for defining school readiness; and (2) developmentally appropriate assessments and how to integrate them with ongoing instructional practice.

- Given this opportunity to achieve a more aligned, coherent vision of both assessment and readiness, Delaware will invest in training for all early childhood educators (please refer to detail in Section III and IV below).

Delaware Has Proposed an Aggressive, Yet Achievable, Path to Statewide Implementation

Delaware has been intentional in mapping its path to scale for the statewide kindergarten entry formative assessment system. The State's aggressive yet achievable plan to go statewide by year 4 of the grant is based upon the assumption that:

- Teachers will be most effective in implementing the formative assessment system if given the opportunity to incorporate the assessments into their practice with a subset of their students before being responsible for assessing every student in their classrooms. This will ensure that teachers are equipped to not only implement the assessment, but also to use it to inform their instructional planning efforts and ultimately to improve their instructional practice. Thus, all teachers will use the formative assessment system with 50% of their students during the first year of their participation, increasing to 100% of their students during the second year of implementation.

Given the above, Delaware will implement the kindergarten entry assessment in 20% of classrooms within the first year of the grant (staggered across two cohorts in September and December of 2012, to allow time to build awareness of the new systems and capacity to implement), increasing to 60% of all classrooms in year 2, and 100% of all classrooms by year 3.

Within each participating classroom, kindergarten teachers will assess 50% of their students in year 1 of their implementation, ramping to 100% of their students in their second year of participation. Thus, by the end of year 1, 10% of students will participate in a kindergarten entry assessment, ramping to 40% in year 2, 80% in year 3, and 100% coverage of all students in year 4 of the grant.

Percent of All Kindergarten Teachers Participating in Kindergarten Entry Assessment

	<u>September,</u> <u>2012</u>	<u>December,</u> <u>2012</u>	<u>September,</u> <u>2013</u>	<u>September,</u> <u>2014</u>	<u>September,</u> <u>2015</u>
<u>Cohort 1</u>	5%				5%
<u>Cohort 2</u>		15%			15%
<u>Cohort 3</u>			40%		40%
<u>Cohort 4</u>				40%	40%
<u>% of Total</u>	5%	20%	60%	100%	100%

Percent of All Kindergarten Students Participating in Kindergarten Entry Assessment

Note: Assumes that participating teachers assess 50% of their students in year 1 and 100% by year 2

	<u>September, 2012</u>	<u>December, 2012</u>	<u>September, 2013</u>	<u>September, 2014</u>	<u>September, 2015</u>
<u>Cohort 1</u>	2.5%	2.5%	5%	5%	5%
<u>Cohort 2</u>		7.5%	15%	15%	15%
<u>Cohort 3</u>			20%	40%	40%
<u>Cohort 4</u>				20%	40%
<u>% of Total</u>	2.5%	10%	40%	80%	100%

Delaware Plans to Pursue a Staged Implementation, with Four Key Phases:

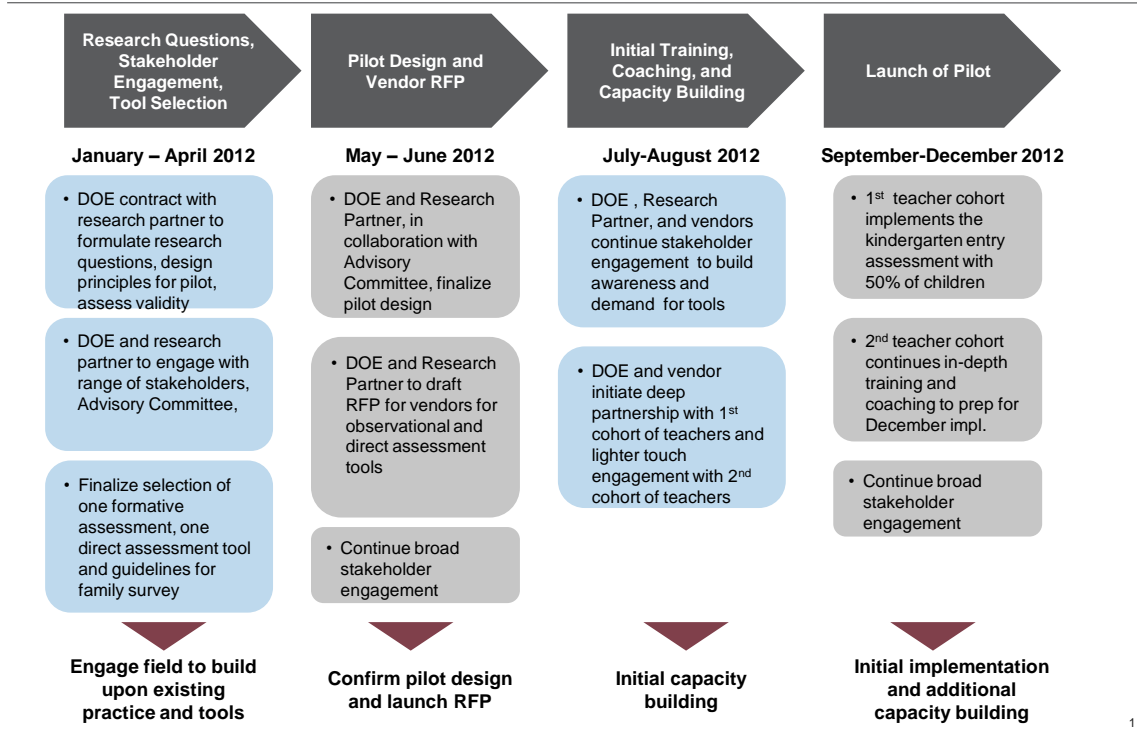
Given the above plan to scale, Delaware has outlined four key phases for implementation.

Phase I: Stakeholder Engagement, Capacity Building and Initial Implementation (January – December, 2012)

Phase I will dovetail with the Pilot currently in place and further engage stakeholders in a process to identify and explore potential direct assessments and formative assessment systems. As noted, the key objectives in the current Pilot are centered on *process, rather than tool*. The exploration process that will occur in Year 1 of this plan will help determine what system(s) would be most valuable to include in the phased implementation leading to a common statewide kindergarten entry assessment. Details of Year 1 are as follows:

In January, 2012, the State will seek any needed legislative or regulatory changes regarding the implementation of the Kindergarten Entry Assessment in order to provide authorization to the Department of Education to pursue statewide implementation.

Year 1 Activities: January – December, 2012



As the DOE collaborates with its Research Partner and the Kindergarten Entry Advisory Committee, it will design a clear, best practice and research-based system of kindergarten entry assessment (and corresponding State Indicators) for pilot and phased implementation to take place in Years 2 through 4. A detailed phase-in plan will include:

- Description of the specific formative and direct assessment systems (including corresponding State Indicators) and tools to be piloted and the type of data to be provided,
- Plan for who will assess children (e.g., classroom teachers for observations, etc.)
- Detailed description of associated professional development, technological and other resources, and technical assistance and coaching required, including costs (e.g., training to support: 1) development of local rubrics aligned to State Indicators as determined by the State formative assessment system, 2) identification of, or procurement of, local formative assessments and / or tools, 3) capacity building to ensure effective implementation of aligned assessment systems and tools)

- Plan for which communities and/or programs will participate in each stage of implementation and how the expansion will occur geographically, ensuring that Delaware’s demographic make-up is reflected in any sample and includes, for example, a mix of rural, suburban and urban schools, school serving high proportions of high need children, migrant families or dual language learner children,
- Selection of Year 2 pilot participants.

Additionally, the DOE will work with the research partner to oversee the plan to align the kindergarten entry assessment system (and corresponding State Indicators) with assessment practices currently taking place in the state to minimize the burden on resources and teachers, reduce duplication of currently required assessments and data (explore waivers), and share best practice.

Simultaneous to teachers’ formative assessments and capacity building among principals:

1) an outside assessor will administer the selected direct assessment to a sample of children in the selected classrooms to assess validity of the formative assessment system and 2) districts, schools, and teachers will administer the family questionnaire to the parents / primary caregivers of all new kindergarten students via existing screen or assessment mechanisms. Both will continue for all 4 years of the grant period.

Finally, Delaware’s research partner will collect information from program administrators and teachers participating in the pilot (as part of an external evaluation) to determine, for example:

- Effectiveness of the level of professional development and technical assistance provided,
- Perceptions of the educational benefit of the assessment system(s),
- Feasibility of implementing the system(s) large scale,
- Whether data collected provides the information needed,
- If/how the system(s) reduce duplication in current assessment practices,
- Potential duplication and/or alignment opportunities with current practice,
- Validity of the assessment,
- Full implementation and financial considerations.

Active reflection and adjustments will occur with the teachers and principals involved with the pilot on an ongoing basis through both the Advisory Committee and broader dialogue. Information collected from program administrators and teachers as well as data captured from the piloted assessments will inform modifications to be made to the kindergarten entry assessment system structure prior to the Year 3 pilot.

Phase II: Cohort Expansion and Refinement of Systems and Supports Required for Effective Implementation (January – December, 2013)

Two additional cohorts will be added during year 2 of the grant (one in January and one in September), bringing total participation to 60% of teachers and 40% of all kindergarten students. The staggered start across cohorts will provide time to augment system and individual capacity to implement the formative kindergarten entry assessment, with a focus on enhancing instructional planning and classroom practice. Please refer to above activities and supports available to Cohort 1 in Phase I for detailed approach.

During year two of the grant (April – June, 2013), the research partner will lead a process – with support from DOE and the Kindergarten Entry Assessment Advisory Committee – to formulate data-driven decisions about potential modifications to be made in preparation for the Year 3 Pilot. Careful consideration will be given to the Cohort 1 and Cohort 2 pilots to determine:

- Whether the selected systems meets Delaware’s data needs;
- If there are differences in the types of information each of the systems provide about student growth or the status of children at kindergarten entry; and
- Whether there is value in administering both formative and direct assessment in Year 3 and in full implementation.

As well, districts, schools, and teachers will continue to administer the family questionnaire to the parents / primary caregivers of all new kindergarten students via existing screen or assessment mechanisms for the duration of the grant period.

Phase III: Cohort Expansion, Refinement, and Ongoing Capacity Building
(January – December, 2014)

In the spring of 2014, the DOE, its research partner and the Kindergarten Entry Assessment Advisory Committee will perform a comprehensive review of data and information collected during the Year 1 through 3 pilots to finalize any policy or processes for full implementation in Year 4 (to include but not limited to: timing and intensity of professional development supports, data considerations, etc.).

Active reflection and adjustments will occur with the teachers and principals involved with the pilot on an ongoing basis through both the Advisory Committee and broader dialogue.

By September, 2014, 100% of all kindergarten teachers will participate in the statewide kindergarten entry assessment, serving 80% of all children. Phase III will focus on the refinement, ongoing capacity building, and scaling of the kindergarten entry assessment, following the same process for training, implementation, and ongoing supports for teachers and principals as prior cohorts. The research partner will continue to collect data and information from Cohort 1, 2, and 3 teachers.

Districts, schools, and teachers will continue to administer the family questionnaire to the parents primary caregivers of all new kindergarten students via existing screen or assessment mechanisms for the duration of the grant period.

As well, In September, 2014, Delaware will begin to invest in training for all early childhood educators, following the parameters below:

- The training will take place in years 3 and 4 of the grant period, to allow the research partner and advisory committee time to be confident in their design of an assessment framework and their selection of a particular instrument(s)
- All educators who have the credential of early childhood teacher or curriculum coordinator will be invited to participate in the training
- Early childhood educators will be trained at the same level of intensity as kindergarten teachers (2 full days in a year)

- However, the objectives of their training will likely be broader than that of the kindergarten teacher population. In addition to some work with the specific instrument, these educators will focus on:
 - Defining developmentally appropriate assessments along the early childhood continuum
 - Administering formative assessments and integrating data into a plan for each child
 - Grant resources have been set aside to support this training, and detailed budget allocations can be found in Section A(4)
- These investments in alignment across systems will pay dividends in easing the implementation of the kindergarten entry assessment, since educators and children along the continuum will be working against a common set of expectations.

Phase IV: Statewide Implementation (January – December, 2015)

Finally, by September, 2015, 100% of all kindergarten teachers and 100% of all students will be participating in the statewide kindergarten entry assessment. Assuming Delaware’s hypothesis that the direct assessment pilot validates the formative assessment system, the state will continue to implement the selected formative assessment in 100% of kindergarten classrooms serving 100% of all children to inform both classroom instruction and broader state policy decisions.

Pending the demonstration of the efficacy of the formative assessment, the state plans to end the direct assessment pilot. However, if the state’s hypothesis is not supported regarding the validity of the formative assessment, Delaware will revisit its approaches to, and investments in training, coaching and other supports to bolster the effective implementation of the formative system. If necessary, Delaware will continue the pilot of the direct assessment validation engine until such time that it demonstrates a valid assessment model is in place.

Districts, schools, and teachers will continue to administer the family questionnaire to the parents / primary caregivers of all new kindergarten students via existing screen or assessment mechanisms on an ongoing basis.

Delaware will continue to invest in training for all early educators, and by the end of year 4 of the ELC grant, will have touched all of the relevant early childhood educators, as outlined above in Section III.

Finally, at steady state, assuming statewide implementation, ongoing funding requirements to support the multiple measures of kindergarten entry assessment (formative observation, direct assessment, and family surveys) total roughly \$255K. The State is committed to marshaling the resources required to support the kindergarten entry assessment system on an ongoing basis via a combination of Federal 6111 and 6112 (assessment dollars), IDEA, and State Assessment funding streams.

VII. COMPETITION PRIORITIES

Note about the Absolute Priority: The absolute priority describes items that a State must address in its application in order to receive a grant. Applicants do not write a separate response to this priority. Rather, they address this priority throughout their responses to the selection criteria. Applications must meet the absolute priority to be considered for funding. A State meets the absolute priority if a majority of reviewers determines that the State has met the absolute priority

Priority 1: Absolute Priority – Promoting School Readiness for Children with High Needs.

To meet this priority, the State’s application must comprehensively and coherently address how the State will build a system that increases the quality of Early Learning and Development Programs for Children with High Needs so that they enter kindergarten ready to succeed.

The State’s application must demonstrate how it will improve the quality of Early Learning and Development Programs by integrating and aligning resources and policies across Participating State Agencies and by designing and implementing a common, statewide Tiered Quality Rating and Improvement System. In addition, to achieve the necessary reforms, the State must make strategic improvements in those specific reform areas that will most significantly improve program quality and outcomes for Children with High Needs. Therefore, the State must address those criteria from within each of the Focused Investment Areas (sections (C) Promoting Early Learning and Development Outcomes for Children, (D) A Great Early Childhood Education Workforce, and (E) Measuring Outcomes and Progress) that it believes will best prepare its Children with High Needs for kindergarten success.

Note about Competitive Preference Priorities: Competitive preference priorities can earn the applicant extra or “competitive preference” points.

Priority 2: Competitive Preference Priority – Including all Early Learning and Development Programs in the Tiered Quality Rating and Improvement System. (10 points)

Competitive Preference Priority 2 is designed to increase the number of children from birth to kindergarten entry who are participating in programs that are governed by the State’s licensing system and quality standards, with the goal that all licensed or State-regulated programs will participate. The State will receive points for this priority based on the extent to which the State has in place, or has a High-Quality Plan to implement no later than June 30, 2015--

(a) A licensing and inspection system that covers all programs that are not otherwise regulated by the State and that regularly care for two or more unrelated children for a fee in a provider setting; provided that if the State exempts programs for reasons other than the number of children cared for, the State may exclude those entities and reviewers will score this priority only on the basis of non-excluded entities; and

(b) A Tiered Quality Rating and Improvement System in which all licensed or State-regulated Early Learning and Development Programs participate.

If the State chooses to respond to this competitive preference priority, the State shall write its full response in the text box below. The State may also include any additional information it believes will be helpful to peer reviewers. If the State has included relevant attachments in the Appendix, these should be described in the narrative below and clearly cross-referenced to allow the reviewers to locate them easily.

In scoring this priority, peer reviewers will determine, based on the evidence the State submits, whether each element of the priority is implemented or planned; the quality of the implementation or plan (see the definition of a High-Quality Plan for the components reviewers will be judging); and the extent to which the different types of Early Learning and Development Programs in the State are included and addressed. The State is responsible for providing clear and detailed information to assist the peer reviewers in making these determinations.

(CP2)(a)

As stated in section (A)(1), Delaware was among the first states to recognize the importance of regulating care to children, and enabling legislation was implemented in 1915. This law – known since 2001 as “The Delaware Child Care Act” – grants authority to the Office of Child Care Licensing (OCCL) within the Department of Services for Children, Youth and Their Families (DSCYF) to regulate care to children. Delaware code states that “child care” means and includes (see Appendix (CP)(2)-1 for further detail):

- a. *Any person, association, agency or organization which:*
 1. **Has in custody or control 1 child or more under the age of 18 years, unattended by parent or guardian, for the purpose of providing such child or children with care, education, protection, supervision or guidance;**
 2. **Is compensated for their services;**
 3. **Advertises or holds himself, herself or itself out as conducting such child care;**
- b. *The provision of, or arranging for, the placement of children in foster care homes, adoptive homes or supervised independent living arrangements; and*
- c. **Family child care homes, large family child care homes, day care centers, child placing agencies, residential child care facilities and day treatment programs as currently defined by regulation.** *Day-care centers operating part- or full-day are subject to licensure. Homes in which children have been placed by any child placing agency properly licensed to place children in this State shall not be regarded as "child care."*

As illustrated above, Delaware’s licensing system is widely inclusive of early childhood program types that are not otherwise regulated by the state. The licensing system requires strict guidelines, one of the most notable ones being that regulation is required for any program caring for 1 or more child. Thus, Delaware has a broader definition for licensure than is even outlined in this RTTT ELC application (e.g., Delaware definition of “1 or more child” vs. US ED definition of “2 or more unrelated children”); according to the NARA, only nine other states have as inclusive a licensing framework as this.

To provide best practice, evidence and research-based licensing regulations specific to the program types regulated, Delaware has three sets of early care and education licensing standards: Delacare: Rules for Family Child Care Homes (Appendix (CP)(2)-2b), Delacare: Rules for Large Family Child Care Homes (Appendix (CP)(2)-2c), and Delacare: Rules for Early Care and Education and School-age Centers (Appendix (CP)(2)-2a).⁴⁷ OCCL requires that any entity seeking to provide child care meet the requirements of Delacare Rules prior to being issued a license.

Delaware has a very narrow window of programs which may be exempt from licensing. As stated in Delacare Rules:

The following facilities that operate for less than twenty-four (24) hours per day shall be exempt from licensure under these rules:

- A. Camps permitted or exempted by the Division of Public Health;*
- B. Summer schools or classes for religious instruction conducted by religious institutions during summer months for periods not to exceed four (4) weeks;*
- C. Programs established in connection with a religious institution, a business, or recreation center, in which children are provided care for brief periods of time, while parents/guardians are on the premises, are readily accessible at all times on an on-call basis and are able to resume control of the child immediately;*
- D. Programs that offer activities for children over the age of six (6) who attend at their own discretion on an “open door” basis, where there is no compensation, and where there is no agreement, written or implied, between the program and the parent(s)/guardian(s) for the program to assume responsibility for the care of the child;*
- E. Programs that offer care on an ad hoc, sporadic and isolated basis in order to meet an emergency or special need, or*
- F. Any public or private school that provides regular and thorough instruction through at least the sixth (6th) grade in the subjects prescribed for the schools of the State, in a manner suitable to children of the same age and stage of advancement, and that*

⁴⁷ Delacare Rules are updated every 5 years to remain current with best practice and research. Family Child Care and Large Family Child Care Rules were most recently updated in 2009 and Early Care and Education and School-Age Center Rules in 2007.

reports to the State Board of Education pursuant to Delaware Code, Title 14, Chapter 27, Subchapter I, Subsection 2704. This exclusion shall include all programs operated by such schools and shall also include preschool education programs for handicapped persons as defined by Delaware Code, Title 14, Chapter 31, Subchapter I, Subsection 3101 (4).

Ultimately, given its broad guidelines for licensing early childhood providers and limited basis for exemptions, Delaware has one of the most inclusive approaches to licensing early childhood providers in the country. By way of example, of all the children ages birth to five receiving purchase of care subsidies in Delaware, 93% of them are doing so in a licensed program.

(CP2)(b)

For all aspects of the plan outlined below, please reference Section (B)(2) for more information. The plan described here for maximizing participation in Stars is the same strategy we have described in the Core Areas of the application.

Delaware has set an ambitious and achievable set of targets to increase the number and percentage of licensed or DOE-monitored early care and education programs participating in Delaware Stars for Early Success, the state's tiered QRIS. While licensed child care centers have been the primary focus of Stars recruitment efforts to date, due in part to their serving 68% of the state's young children receiving purchase of care subsidies, Delaware's vision for moving forward is that all providers in the early childhood system should recognize Stars as the framework for defining, communicating and improving program quality.

To realize this vision, Delaware has had to address head on the issue of license-exempt programs. Since its inception in 2007, Stars has included Delaware Rules as the foundation for the quality rating and improvement system. License-exempt programs such as public schools were not excluded from the system, however in order to participate they would have had to pursue a license from OCCL. While Delaware still encourages license-exempt programs to choose to become licensed (and, through the Infrastructure Fund described in Section (B)(2), will

provide resources to assist in this effort), we have also decided as a part of our strategy to adopt a more inclusive position that will expand Stars participation more rapidly.

Specifically, Delaware's state plan includes a focus on creating a new pathway into stars for programs that are not licensed, but which are monitored by the DOE. This category of programs includes those that are based within a public school district, and receive funding through Part B Section 619 of IDEA, Title I, or state-funded Pre-K (Delaware's ECAP program).

With the adoption of this new policy for programs that are license-exempt but monitored by the DOE, Delaware's policy framework for Stars, as presented in Section (B)(2), covers 100% of publicly-regulated programs, and covers 95%+ of all high-needs children birth-to-five.⁴⁸

Ultimately, Delaware's long-term vision is to have all programs participating in Stars. Some program types will reach 100% participation during the course of this grant (child care centers, etc.). Other types of child care providers (family centers, etc.) will increase their participation in Stars over time, with more modest short and mid-term goals given the starting point as well as capacity constraints.

Delaware's anticipates reaching 100% coverage of several types of early learning and development programs over the course of the grant period, including:

- Licensed child care centers – via aggressive recruitment, intensified technical assistance, and eligibility for tiered reimbursement
- Head Start / Early Head Start – via tiered reimbursement and alignment of Head Start performance standards with Stars Program Standards. The Delaware Head Start Association has written a letter of support endorsing the 100% participation rate by 2015
- State-funded Pre-K (ECAP) programs – via mandating participation in Stars as a part of the state's funding contract

For some other types of early learning and development programs that today have very low participation, Delaware is setting a more modest participation rate goal for the grant period to ensure that it is also achievable:

⁴⁸ The only categories of programs not addressed by Delaware's cross-sector approach are relative in-home care, and private schools (including 100% private pay schools). Statewide, there are only 684 children birth to five receiving purchase of care subsidies in these two settings.

- Family child care providers: 45% by 2015
- Other school-based providers, including Part B Section 619 and Title I: 50% by 2015
- Part C of IDEA: 100% of children receiving services funded through Part C will receive those services in a natural, inclusive environment, with 50% doing so in a Stars-rated program by 2015.
 - *Note: the target for Part C is not defined as a percentage of programs, but rather a percentage of children who are receiving early intervention services in a Stars-rated facility*

The systemic approach highlighted above – with significantly more detail on program, policy, and implementation available in Section (B)(2) – will, we believe, lead to a greater level of focus, collaboration, and support for all programs, and provide the most effective way for Delaware to accelerate dramatically improved outcomes for all children.

Priority 3: Competitive Preference Priority – Understanding the Status of Children’s Learning and Development at Kindergarten Entry. (10 points)

To meet this priority, the State must, in its application--

(a) Demonstrate that it has already implemented a Kindergarten Entry Assessment that meets selection criterion (E)(1) by indicating that all elements in Table (A)(1)-12 are met; or

(b) Address selection criterion (E)(1) and earn a score of at least 70 percent of the maximum points available for that criterion.

For Competitive Preference Priority 3, a State will earn all ten (10) competitive preference priority points if a majority of reviewers determines that the State has met the competitive preference priority. A State earns zero points if a majority of reviewers determines that the applicant has not met the competitive preference priority.

Applicants do not write a separate response to this priority. Rather, applicants address Competitive Preference Priority 3 either in Table (A)(1)-12 or by writing to selection criterion (E)(1).

Under option (a) below, an applicant does not earn competitive preference points if the reviewers determine that the State has not implemented a Kindergarten Entry Assessment that meets selection criterion (E)(1); under option (b) below, an applicant does not earn competitive preference points if the State earns a score of less than 70 percent of the maximum points available for selection criterion (E)(1).

Specify which option the State is taking:

- (a) Applicant has indicated in Table (A)(1)-12 that all of selection criterion (E)(1) elements are met.
- (b) Applicant has written to selection criterion (E)(1).

Note about Invitational Priorities: Invitational priorities signal areas the Departments are particularly interested in; however addressing these priorities will not earn applicants any additional points.

Priority 4: Invitational Priority – Sustaining Program Effects in the Early Elementary Grades.

The Departments are particularly interested in applications that describe the State’s High-Quality Plan to sustain and build upon improved early learning outcomes throughout the early elementary school years, including by--

(a) Enhancing the State’s current standards for kindergarten through grade 3 to align them with the Early Learning and Development Standards across all Essential Domains of School Readiness;

(b) Ensuring that transition planning occurs for children moving from Early Learning and Development Programs to elementary schools;

- (c) Promoting health and family engagement, including in the early grades;
- (d) Increasing the percentage of children who are able to read and do mathematics at grade level by the end of the third grade; and
- (e) Leveraging existing Federal, State, and local resources, including but not limited to funds received under Title I and Title II of ESEA, as amended, and IDEA.

Note: The plan outlined below applies only to Part (b) of this Invitational Priority, and references a plan introduced in the body of the application in Section (E)(1)

Goal and Activities

One of the overarching themes of Delaware’s strategy for success in early learning and development is an objective to achieve a more unified system of services, supports, and interventions across the birth-to-eight continuum. Yet today no statewide mechanisms exist to foster collaboration between educators and stakeholders in the early childhood system, and those in the early elementary grades. The goal of this plan is to develop and pilot a strategy to fill that gap, with the long-run hope that this plan could serve as a model for strengthening coordination and transition planning between early childhood and early elementary on a broader basis.

Delaware proposes to implement a plan, funded with both public and private resources, to develop “Readiness Teams” in high-need communities. These teams, which will be anchored around low-performing elementary schools serving high concentrations of children with high needs, will be comprised of representatives of all key stakeholders that provide services across the birth-to-eight continuum within each local community. While each team will have the flexibility to define its membership, we anticipate that representatives will include, at a minimum: kindergarten and/or early grades teachers, elementary school principals, early childhood providers, parents, and community partners

Following the framework developed by the National School Readiness Indicators Initiative,

<i>Ready Families + Ready Communities + Ready Services + Ready Schools = Children Ready for School</i>
--

Readiness Teams will be responsible for marshaling and coordinating services that address each of these components of readiness. Key activities of these teams will include:

1. Promote clear expectations regarding the successful transition to kindergarten, building on the linkages between Early Learning Foundations and the Common Core
2. Align children's learning and development experiences in the early years across early learning and development programs, elementary schools, and other service providers
3. Assess local needs and support local capacity building to address potential barriers to academic and non-academic success

Beyond this standard set of goals, it is expected that each team will conduct a specific review of the strengths and challenges in their local community, as well as a survey of the resources potentially available to address those needs. Teams will then become the conduit for planning that engages other stakeholders in addressing issues of local impact.

Implementation Model and Timeline

The target communities for this program are the areas surrounding all persistently low-achieving elementary schools statewide (as defined by their eligibility for SIIG funding). Today, there are 16 such schools, but with annual fluctuation, Delaware expects that ~20 schools is the right target for the level of capacity for the program. Wherever possible, Delaware will look to identify the potential for clusters of teams within close geographic proximity, which would allow for both operational efficiencies and more effective knowledge-sharing and implementation. Delaware will not mandate that districts / schools that are eligible move forward with participation in the Readiness Teams. Instead, Delaware will first allow districts / schools to opt into the program, and then – should any school choose not to opt in – will extend the option to other under-performing schools in high-need neighborhoods, with continued follow up with additional candidates as necessary to reach the maximum capacity of 20 schools.

Once a district / school has opted in, the Readiness Team will be built, and will receive the following level of resources to support its work:

- One facilitator (each facilitator is allocated to spend 25%-33% of his or her time on each team)
- Resources to provide a stipend to all team members (assuming, on average, 8 members)
- Funding for events and materials to support the team's work

Finally, each team will benefit from the oversight of a statewide coordinator whose job will be to manage the group of facilitators, assist the facilitators in the development of a “curriculum” for teams to work with, and to work across teams to help drive consideration of common challenges and sharing of emerging lessons.

The timeline for the resources supplied in the grant envisions that all 20 teams could be up and running by the end of the second year of the grant.

Funding Model

In the short term, the funding for this model will come from a combination of grant resources and private sector contributions. However, as we move toward the end of the grant period, districts / schools will have to determine whether they have seen value in the team’s work, and it will be at their discretion as to whether it should be continued (using LEA funds).

Aligned with this intuition, over a four-year period from the launch of a team, the funding mix shifts from predominantly private sector and grant-funded to LEA responsibility:

- Year 1: Private sector = 50%, Grant = 50%, District = 0%
- Year 2: Private sector = 50%, Grant = 40%, District = 10%
- Year 3: Private sector = 20%, Grant = 30%, District = 50%
- Year 4: District = 100%

To implement this plan, the Department of Education will contract with an individual or organization that will provide the statewide coordinator and staff the facilitator positions. This contractor will also be responsible for delivering periodic evaluations of the teams’ work and their impact on child readiness and learning and development outcomes.

Specific details on total cost allocations can be found in Section (A)(4)

BUDGET PART I: SUMMARY

BUDGET PART I -TABLES

Budget Table I-1: Budget Summary by Budget Category--The State must include the budget totals for each budget category for each year of the grant. These line items are derived by adding together the corresponding line items from each of the Participating State Agency Budget Tables.

Budget Table I-1: Budget Summary by Budget Category (Evidence for selection criterion (A)(4)(b))					
Budget Categories	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
1. Personnel	517,100	688,118	848,328	628,225	2,681,771
2. Fringe Benefits	205,529	254,320	300,028	237,233	997,109
3. Travel	0	0	0	0	0
4. Equipment	4,428,300	428,300	428,300	428,300	5,713,200
5. Supplies	27,955	37,065	44,903	25,837	135,761
6. Contractual	4,564,319	5,908,568	7,465,531	7,323,439	25,261,857
7. Training Stipends	0	0	0	0	0
8. Other	21,600	21,600	21,600	21,600	86,400
9. Total Direct Costs (add lines 1-8)	9,764,803	7,337,971	9,108,690	8,664,634	34,876,098
10. Indirect Costs*	469,152	131,090	151,153	114,767	866,162
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs and other partners.	1,392,092	1,769,486	3,937,015	6,637,921	13,736,514
12. Funds set aside for participation in grantee technical assistance	100,000	100,000	100,000	100,000	400,000
13. Total Grant Funds Requested (add lines 9-12)	11,726,047	9,338,547	13,296,857	15,517,323	49,878,774
14. Funds from other sources used to support the State Plan	3,877,488	7,894,731	9,897,045	9,735,775	31,405,039
15. Total Statewide Budget (add lines 13-14)	15,603,535	17,233,278	23,193,902	25,253,098	81,283,813

Budget Table I-1: Budget Summary by Budget Category (Evidence for selection criterion (A)(4)(b))					
Budget Categories	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
<p><u>Columns (a) through (d):</u> For each grant year for which funding is requested, show the total amount requested for each applicable budget category.</p> <p><u>Column (e):</u> Show the total amount requested for all grant years.</p> <p><u>Line 6:</u> Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6.</p> <p><u>Line 10:</u> If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of this Budget section. Note that indirect costs are not allocated to line 11.</p> <p><u>Line 11:</u> Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through MOUs, interagency agreements, contracts, or other mechanisms authorized by State procurement laws. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.</p> <p><u>Line 12:</u> The State must set aside \$400,000 from its grant funds for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated to Participating State Agencies evenly across the four years of the grant.</p> <p><u>Line 13:</u> This is the total funding requested under this grant.</p> <p><u>Line 14:</u> Show total funding from other sources (including Federal, State, private, or local) being used to support the State Plan and describe these funding sources in the budget narrative.</p>					

Budget Table I-2: Budget Summary by Participating State Agency--*The State must include the budget totals for each Participating State Agency for each year of the grant. These line items should be consistent with the totals of each of the Participating State Agency Budgets provided in Budget Tables II-1.*

Budget Table I-2: Budget Summary by Participating State Agency (Evidence for selection criterion (A)(4)(b))					
Participating State Agency	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
Department of Education	6,525,578	9,739,811	12,193,969	11,283,589	39,742,946
Department of Health and Social Services	8,119,846	6,703,995	10,261,385	13,284,831	38,370,057
Department of Services for Children, Youth, and Families	958,110	789,473	738,549	684,678	3,170,810
Total Statewide Budget	15,603,535	17,233,278	23,193,902	25,253,098	81,283,813

Budget Table I-3: Budget Summary by Project--*The State must include the proposed budget totals for each project for each year of the grant. These line items are the totals, for each project, across all of the Participating State Agencies' project budgets, as provided in Budget Tables II-2.*

Budget Table I-3: Budget Summary by Project					
(Evidence for selection criterion (A)(4)(b))					
Projects	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
QRIS Tiered Reimbursement	2,201,360	5,096,373	8,605,427	11,580,537	27,483,697
QRIS Administration & Assistance	2,013,912	3,860,028	4,803,968	4,815,040	15,492,949
Infrastructure Fund	500,000	500,000	500,000	500,000	2,000,000
POC Systems	4,787,500	428,300	428,300	428,300	6,072,400
QRIS Parental Engagement	159,202	124,202	124,202	47,002	454,606
QRIS Measurement System	180,950	180,950	180,950	180,950	723,800
QRIS Evaluation	402,200	402,200	602,200	602,200	2,008,800
Workforce Compensation	1,141,760	1,598,239	2,089,639	2,175,200	7,004,838
Workforce Leadership Development	1,099,547	1,650,068	1,700,632	1,751,242	6,201,488
Higher Education Partners	252,200	252,200	252,200	252,200	1,008,800
Kindergarten Assessment	826,200	943,485	1,755,355	1,140,995	4,666,035
Kindergarten Readiness Teams	471,550	794,090	794,090	471,550	2,531,280
Health, Behavioral, Developmental	1,212,600	1,043,963	993,039	939,168	4,188,770
Project Management	254,554	259,181	263,901	268,715	1,046,350
Grantee Technical Assistance	100,000	100,000	100,000	100,000	400,000
Total Statewide Budget	15,603,535	17,233,278	23,193,902	25,253,098	81,283,813

BUDGET PART I -NARRATIVE

Describe, in the text box below, the overall structure of the State's budget for implementing the State Plan, including

- *A list of each Participating State Agency, together with a description of its budgetary and project responsibilities;*
- *A list of projects and a description of how these projects taken together will result in full implementation of the State Plan;*
- *For each project:*
 - *The designation of the selection criterion or competitive preference priority the project addresses;*
 - *An explanation of how the project will be organized and managed in order to ensure the implementation of the High-Quality Plans described in the selection criteria or competitive preference priorities; and*
- *Any information pertinent to understanding the proposed budget for each project.*

The state of Delaware is requesting \$49,878,774 from the Race to the Top Early Challenge fund.

Agencies:

Three agencies will be involved in the implementation of the State plan: Department of Education; Department of Health and Social Services; and the Department of Services for Children, Youth, and their Families.

Department of Education

The DOE will be responsible for overseeing all QRIS projects but with budgetary allocations for only for the Administration and Assistance, Parent Engagement, Measurement Development, and Evaluation projects. The DOE will also be responsible both managerially and fiscally for all projects associated with Workforce Development and the Kindergarten Entry Assessment. Due to the additional programming and fiscal oversight required of the Department of Education through this grant, an additional 5 FTEs will be added. (Titles, responsibilities, and salaries will be noted in Budget Part II.)

Department of Health and Social Services

DHSS will be responsible for the budgetary components of the QRIS Tiered Reimbursement, the Capital Expenditures Fund, and the POC Systems, all of which relate to Stars, but Stars as a whole will be managed by the DOE. Additionally, DHSS will have sole responsibility for

portions of the Health/Behavioral/Developmental Needs project. Because the projects taken on by DHSS are mostly extensions of programming and responsibilities already required of DHSS, there will be no need for additional FTEs.

Department of Services for Children, Youth, and their Families

DSCYF will be responsible for management and fiscal oversight of most of the Health / Behavioral / Developmental Needs project. DSCYF will also not need the addition of any FTEs.

Projects:

The 14 projects associated with the State plan are listed below and grouped into four main categories.

QRIS: Addresses sections B(4) and B(5)

1) QRIS Tiered Reimbursement; 2) QRIS Administration and Assistance; 3) Infrastructure Fund; 4) POC Systems; 5) QRIS Measurement System; 6) QRIS Parent Engagement; 7) QRIS Evaluation

All projects associated with QRIS, when put together, will aim to address sections B (4) and B (5) to promote programs to improve quality and to improve access for high needs children to the top quality programs. The Department of Education (DOE) currently oversees, and will continue to oversee, the management of Stars, Delaware's QRIS. However, the Department of Health and Social Services (DHSS) is already set-up to make payments to programs which take POC (purchase of care) funding, and therefore all distributions of funds to programs associated with projects 1, 3, and 4 will be carried out by DHSS with oversight from DOE.

Workforce Development: Addresses sections D(1) and D(2)

8) Workforce Compensation; 9) Workforce Leadership Development; 10) Higher Education Partnerships

Workforce Development projects will aim to address sections D(1) and D(2) by incentivizing early childhood educators to increase their credentials and training, align with the career lattice as described in these sections, and use their skills in early learning programs serving high needs children. By involving the higher education institutions in

the planning and the budget, the improvement can be made not only with current teachers, but also with future generations of early childhood educators. The DOE will oversee the management and budget for all projects in this category, except for the “Release Time” component which will be administered by DHSS for the same reasons listed above.

Kindergarten Readiness: Addresses sections E(1)

11) Kindergarten Assessment; 12) Kindergarten Readiness Teams

By creating a Kindergarten Entry Assessment as well as Kindergarten Readiness Teams, the state will not only gain information about the preparedness levels of incoming students to help inform improvements to the early learning community, but will also create a community experience that supports the transition into the K-12 system. The DOE will also oversee the management and budget for both projects.

Health/Behavioral/Developmental: Addresses sections (C)(3)

13) Health/Behavioral/Developmental Needs

This project will address a wide range of children’s non-academic needs from nutrition, to mental health, to behavior issues, to comprehensive screenings. Improving the capacity to support children with these types of needs is an integral part of the state plan, and will be a cross-agency initiative. All programs within the project will be managed by either DHSS or DSCYF.

14) Project Management: (All Sections)

The DOE will hire 2 FTE’s to oversee the management of the new projects associated with the grant: 1 Overall Project Manager (titled Education Associate) and 1 Financial Specialist (titled Education Specialist).

When these projects are implemented all together, there will not only be the correct incentives in place through the QRIS projects and the Workforce Development projects to create high quality early learning programs for high needs children, but there will be services in place through the Health/Behavioral/Development needs project to ensure that all children are given the support and help they need to achieve. Finally, the Kindergarten Readiness projects will provide the state with the information needed to make ongoing improvements to the early learning community to ensure that all children are equipped to succeed when they arrive in Kindergarten.

BUDGET PART II -TABLES

The State must complete Budget Table II-1, Budget Table II-2, and a narrative for each Participating State Agency with budgetary responsibilities. Therefore, the State should replicate the Budget Part II tables and narrative for each Participating State Agency, and include them in this section as follows:

- *Participating State Agency 1: Budget Table II-1, Budget Table II-2, narrative.*
- *Participating State Agency 2: Budget Table II-1, Budget Table II-2, narrative.*

BUDGET PART II -TABLES

Budget Table II-1: Participating State Agency Budget By Budget Category--*The State must include the Participating State Agency’s budget totals for each budget category for each year of the grant.*

Budget Table II-1: Participating State Agency (Evidence for selection criterion (A)(4)(b)) <Department of Education>					
Budget Categories	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
1. Personnel	517,100	688,118	848,328	628,225	2,681,771
2. Fringe Benefits	205,529	254,320	300,028	237,233	997,109
3. Travel	0	0	0	0	0
4. Equipment	0	0	0	0	0
5. Supplies	27,955	37,065	44,903	25,837	135,761
6. Contractual	3,383,141	4,896,028	6,503,915	6,410,081	21,193,165
7. Training Stipends	0	0	0	0	0
8. Other	21,600	21,600	21,600	21,600	86,400
9. Total Direct Costs (add lines 1-8)	4,155,325	5,897,131	7,718,774	7,322,976	25,094,206
10. Indirect Costs*	78,529	99,667	119,730	88,957	386,884
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs and other partners.	565,596	894,654	1,408,420	1,085,880	3,954,550
12. Funds set aside for participation in grantee technical	50,000	50,000	50,000	50,000	200,000

Budget Table II-1: Participating State Agency
(Evidence for selection criterion (A)(4)(b))
<Department of Education>

Budget Categories	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
assistance					
13. Total Grant Funds Requested (add lines 9-12)	4,849,451	6,941,452	9,296,924	8,547,814	29,635,640
14. Funds from other sources used to support the State Plan	1,676,128	2,798,358	2,897,045	2,735,775	10,107,306
15. Total Budget (add lines 13-14)	6,525,578	9,739,811	12,193,969	11,283,589	39,742,946

Columns (a) through (d): For each grant year for which funding is requested, show the total amount requested for each applicable budget category.

Column (e): Show the total amount requested for all grant years.

Line 6: Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6.

Line 10: If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of this Budget section. Note that indirect costs are not allocated to line 11.

Line 11: Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through MOUs, interagency agreements, contracts, or other mechanisms authorized by State procurement laws. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.

Line 12: The Participating State Agency's allocation of the \$400,000 the State must set aside from its Total Grant Funds Requested for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated evenly across the four years of the grant.

Line 13: This is the total funding requested under this grant.

Line 14: Show total funding from other sources (including Federal, State, private, or local) being used to support the State Plan and describe these funding sources in the budget narrative.

Budget Table II-2: Participating State Agency Budget By Project--*The State must include the Participating State Agency's proposed budget totals for each project for each year of the grant.*

Budget Table II-2: Participating State Agency					
(Evidence for selection criterion (A)(4)(b))					
<Department of Education>					
Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
QRIS Tiered Reimbursement	0	0	0	0	0
QRIS Administration & Assistance	2,013,912	3,860,028	4,803,968	4,815,040	15,492,949
Infrastructure Fund	0	0	0	0	0
POC Systems	0	0	0	0	0
QRIS Parental Engagement	159,202	124,202	124,202	47,002	454,606
QRIS Measurement System	180,950	180,950	180,950	180,950	723,800
QRIS Evaluation	402,200	402,200	602,200	602,200	2,008,800
Workforce Compensation	1,141,760	1,598,239	2,089,639	2,175,200	7,004,838
Workforce Leadership Development	773,051	1,275,236	1,277,464	1,279,738	4,605,488
Higher Education Partners	252,200	252,200	252,200	252,200	1,008,800
Kindergarten Assessment	826,200	943,485	1,755,355	1,140,995	4,666,035
Kindergarten Readiness Teams	471,550	794,090	794,090	471,550	2,531,280
Health, Behavioral, Developmental	0	0	0	0	0
Project Management	254,554	259,181	263,901	268,715	1,046,350
Grantee Technical Assistance	50,000	50,000	50,000	50,000	200,000
Total Statewide Budget	6,525,578	9,739,811	12,193,969	11,283,589	39,742,946

BUDGET PART II - NARRATIVE

Describe, in the text box below, the Participating State Agency's budget, including--

- *How the Participating State Agency plans to organize its operations in order to manage the RTT-ELC funds and accomplish the work set forth in the MOU or other binding agreement and scope of work;*
- *For each project in which the Participating State Agency is involved, and consistent with the MOU or other binding agreement and scope of work:*
 - *An explanation of the Participating State Agency's roles and responsibilities*
 - *An explanation of how the proposed project annual budget was derived*
- *A detailed explanation of each budget category line item*

Budget Part II – Department of Education Narrative

All budget category line items are explained by project listed below.

The Department of Education's budget includes many projects requiring a contractual agreement with a vendor or service provider. The state has followed the procedures for procurement under 34 CFR Parts 74.40 - 74.48 and Part 80.36 and will continue to do so until all contracts have been procured. Contractual budget items are therefore an estimate of the proposed costs and will vary depending on which specific vendor or service provider is procured.

QRIS Administration and Assistance

Stars Administration:

Delaware's QRIS program, Stars, as described in B(1) involves giving technical assistance and funding for quality improvements in addition to the funding provided for POC programs as part of the tiered reimbursement system. The Department of Education contracts with the DIEEC at the University of Delaware to administer the Stars program. In order to achieve the targets as laid out in tables B(4)(c)(1) and B(4)(c)(2), technical assistance, grants & awards, and raters will require grant funding as described in the table below. Technical assistance, as described in section B(1), is available to programs twice per month during the quality improvement phase, grants range from \$300 to \$10,000 and awards range \$250 to \$2,500. Rating costs will be roughly \$1,000 per program and up to \$1,600 for day care centers. Technical assistance will cost between \$1,000 and \$3,400 depending on the program. The Department of Education will add 1 FTE to oversee and manage the additional work associated with the growth of Stars. This Education Specialist will receive an \$85,000 salary plus benefits and assumed annual 2% raise. The state will commit \$2.5 million from the governor's additional funding allocation to cover

some of these costs, bringing the grant funding allocation down considerably as can be seen in the last line of the table below.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
	1 FTE: Education Associate to oversee Stars	85,000	86,700	88,434	90,203	350,337
Personnel						
Benefits	\$11,600 + 28.3%	35,851	36,336	36,830	37,335	146,351
Contractual w/ DIEEC	Technical Assistance	677,615	1,290,490	1,701,972	1,908,214	5,578,291
	Grants & Awards	459,165	908,201	1,210,458	1,362,087	3,939,911
	Raters	242,287	525,155	752,930	902,619	2,422,991
Indirect Costs	8.80%	12,835	13,027	13,223	13,423	52,509
Total		1,512,752	2,859,908	3,803,848	4,313,880	12,490,389
Funding from \$22M allocation		1,379,067	2,315,645	2,500,000	2,500,000	8,694,712
ELC Grant Funding Requested		133,685	544,264	1,303,848	1,813,880	3,795,677

Stars Plus:

Stars Plus is an extension of the technical assistance and grants & awards provided as described in section B(1) and B(4). The Department of Education will enter into a contract with the DIEEC to administer Stars Plus. Stars Plus will operate on a cohort basis. Each cohort of 8 centers will be in Stars Plus for two years. Each cohort will benefit from ¼ of a Specialized Technical Assistant’s time and a full-time Technical Assistant, an additional \$2,000 of grants & awards, 20 hours of professional development plus a \$2,500 stipend for professional development, and \$1,500 worth of meeting supplies for the year. Each TA will be paid \$42,000 plus fringe benefits. TA’s will need to travel to meetings and to centers and therefore require an estimated \$1,100 in mileage costs. After applying indirect costs for DIEEC, the total annual cost for one cohort will be \$99,792. With 5 cohorts starting in Year 1, 5 more in Year 2, and 5 more in Year 3, this comes to an annual cost of \$498,960 per group of 5 cohorts.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
	15 cohorts of 8 centers in high need areas each are in Stars Plus for two years. One group of 5 cohorts starts in Year 1, the next in Year 2, and the final in Year 3	498,960	997,920	997,920	498,960	2,993,760
Contractual w/ DIEEC						
Indirect Costs		2,200	2,200	2,200	2,200	8,800
Total		501,160	1,000,120	1,000,120	501,160	3,002,560

QRIS – Parent Engagement:

A contract will be procured with a communications firm or individual to manage all communication as outlined in section (B)(3)(b). It is assumed that training for state personnel interacting with Stars, community organizations, physicians and teachers will each need ½ day of training. This can be provided by the communications group at an estimated rate of \$10,000 per day. Three sessions will be available for community organizations and physicians in addition to three available for teachers. All state personnel needing training will have one available session. Materials to aid in the campaign as well as to distribute to parents and families will be \$2,000 plus an additional \$2 per booklet for each child (assuming 9,800). Finally, there will be 15 events for parents to learn about the Stars program. Twelve events will be in each one of the high needs neighborhoods and there will be one event run by the Governor in each of the three counties. Costs for events including food and space will total \$600 per event.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Contract	Third party manager to run communications	\$ 75,000	\$ 75,000	\$ 75,000		\$ 225,000
	Train all state personnel interacting with parents on Stars	\$ 5,000	\$ -	\$ -	\$ -	\$ 5,000
	Train all community orgs and physicians	\$ 15,000	\$ -	\$ -	\$ -	\$ 15,000
	Train all teachers	\$ 15,000	\$ -	\$ -	\$ -	\$ 15,000
Materials	Materials Costs: \$2,000 for advertising signage; \$2 per student for materials	\$ 21,600	\$ 21,600	\$ 21,600	\$ 21,600	\$ 86,400
Other	15 Events for parents: 1 for each high needs area (12) and 1 Governor hosted event in each county. Events will cost about \$600 each.	\$ 21,600	\$ 21,600	\$ 21,600	\$ 21,600	\$ 86,400
Indirect	8.80%	\$ 6,002	\$ 6,002	\$ 6,002	\$ 3,802	\$ 21,806
Total		\$ 159,202	\$ 124,202	\$ 124,202	\$ 47,002	\$ 454,606

QRIS – Measurement Development:

The Delaware Department of Education has agreed to engage in a multi-state consortium with North Carolina to develop a new QRIS evaluation tool. Delaware has committed to putting

\$715,000 over the course of the grant to fund this initiative. The multi-state consortium will enter into a contract with this vendor. The \$715,000 includes researcher and staff time to develop the measure, travel costs to field test the measure, funds to train data collectors, and resources for the DIEEC to implement the new measure.

Budget Category	Description	Grant Year	Grant Year	Grant Year	Grant Year	TOTAL
Contractual	Multi-state consortium to develop new quality measure for QRIS systems.	\$ 178,750	\$ 178,750	\$ 178,750	\$ 178,750	\$ 715,000
Indirect Costs	8.8% of first \$25,000	\$ 2,200	\$ 2,200	\$ 2,200	\$ 2,200	\$ 8,800
TOTAL		\$ 180,950	\$ 180,950	\$ 180,950	\$ 180,950	\$ 723,800

QRIS – Evaluation:

The Department of Education will procure a vendor with an evaluation tool to assess and evaluate the Stars program, including the new additions to the program given this grant. This study is estimated to cost \$2 million over the course of the grant with more of the work allocated toward the second two years of the grant.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Contractual	Purchase an Early Learning QRIS evaluation tool from a contractor estimated at \$2M for a multi-year study including child outcome measures.	400,000	400,000	600,000	600,000	2,000,000
Indirect Costs	Standard 8.8% of first \$25,000	2,200	2,200	2,200	2,200	8,800
TOTAL		402,200	402,200	602,200	602,200	2,008,800

Workforce Compensation:

As described in Sections (D)(1) and (D)(2), Delaware will incentivize early childhood educators to gain additional credentials, engage in professional development, and use these improved skills to serve high needs children. The Department of Education will manage the workforce compensation program. Because it is necessary to ensure that these stipends and bonuses will be given directly to the educators, and the logistics of entering every teacher into the State of Delaware payroll would require a large amount of time and resources that are better focused

elsewhere, the Department of Education will hire a contractor to administer the payroll service on its behalf.

If this compensation initiative was introduced today, it would cost the below stated \$1.1 million. To project the future costs of this program, it was assumed that all programs in high needs neighborhoods currently with 20% of enrollment made up of POC children would increase to the threshold of 33% in order to receive this compensation for their workforce. Additionally, all programs in non-high needs areas currently taking 50% POC children would increase to the eligible threshold of 66%. In the Year 1, 716 teachers would be receiving some form of compensation, 822 in the Year 2, 928 in Year 3, and 1,034 in the Year 4.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Contractual	Increased compensation for early childhood educators with degrees and certifications, operating in a center with a specified level of POC students given location.	1,119,560	1,576,039	2,067,439	2,153,000	6,916,038
	Pay contractor service for paying EC educators	20,000	20,000	20,000	20,000	80,000
Indirect	8.8% of contractual services	2,200	2,200	2,200	2,200	8,800
TOTAL		1,141,760	1,598,239	2,089,639	2,175,200	7,004,838

Workforce Leadership Development:

The DOE will hire a professional services contractor to provide coaching sessions to each leader of a center, family care center, Head Start program, and school-based program. Each leader will receive ½ day of coaching per month for two years. However, any programs in the targeted high needs areas will be allowed up to 2 days/month of coaching. Family care center leaders will be coached in groups of 5. The cost projections assume a 75% participation rate from Head Start and school-based programs, but 100% participation from centers and family care programs. Coaches will be hired with \$50,000 salaries, and it is assumed that 70% of their time is spent coaching. This would require 17 coaches in the first year, ramping up to 25 coaches for the remaining three years.

The second aspect of this project is the addition of one FTE in the Department of Education to oversee the Workforce Development efforts including leadership coaching, the management of the “Release Time” and Workforce Compensation as noted in the DHSS budget section. This Education Specialist will receive a salary of \$85,000 plus benefits with an assumed annual 2% raise.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
	Hire a contractor to provide coaching sessions to each leader of a center, family care center, Head Start program, and school-based program. Each leader will receive one-half day of coaching per month for two years, except for those programs in the targeted high-need areas who will be given up to 2 days/month. FCC's in groups of 5; Head-Start and School-Based likely at a 75% participation rate. This will require 17 coaches in year 1 and 25 coaches each year thereafter at \$50,000 salary each.	650,000	1,150,000	1,150,000	1,150,000	4,100,000
Contractual						
Indirect	8.8% up to the first \$25,000 of a contract	2,200	2,200	2,200	2,200	8,800
	1 FTE Education Associate to oversee Workforce Development (both Compensation and Leadership Development)	85,000	86,700	88,434	90,203	350,337
Personnel						
Benefits	\$11,600 + 28.53%	35,851	36,336	36,830	37,335	146,351
Indirect	8.80%	10,635	10,827	11,023	11,223	43,709

Higher Education Partnerships:

The Department of Education will determine which higher education institution(s) will engage in a contract to receive funding from the state to aid in adapting the institution’s curriculum, certificate programs, and training to align with the new career lattice established in section D. \$1.0 million will be allocated to higher education partnerships over the course of the grant.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Contractual - Higher Ed Institution	Funding provided to higher education institutions to aid in adapting their programs to meet the new career lattice.	250,000	250,000	250,000	250,000	1,000,000
Indirect	8.8% of first \$25,000	2,200	2,200	2,200	2,200	8,800
TOTAL		252,200	252,200	252,200	252,200	1,008,800

Kindergarten Assessment:

Research, Assessment Tool, Vendor, Systems: The Kindergarten Assessment will be extend its pilot and ramp up to full teacher implementation in fall of 2014 and full kindergarten student

implementation in fall 2015. A research phase will be conducted to procure a contract with a vendor. Delaware will hire an outside, third-party contractor to conduct the research and evaluation of the pilot phase at an estimated cost of \$200,000 per year for the first three years. Costs associated with the vendor are assumed to be the development of the tool to match Delaware's benchmarks (\$80,000); technical assistance at \$9,000 per year; training to all teachers estimated at \$3,250 per day for a group of 30 teachers; and the tool for each student, estimated at \$9 per student. In order for all of the assessment data to be accurately and completely accounted for and shared appropriately, there will be a \$100,000 upfront cost to link the current Department of Education system with the chosen vendor's system and be able to share this data with teachers.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Contractual	Assessment tool contractors to perform training session for all	16,317	39,724	58,740	7,713	122,494
	Implementation and Technical Assistance fee for assessment contractor	9,000	9,000	9,000	9,000	36,000
	The assessment will be performed every fall costing \$9 per student	6,585	28,535	65,850	87,800	188,769
	Vendor customizes assessment to meet Delaware's benchmarks	80,000	-	-	-	80,000
Indirect Costs	8.8% up to \$25,000 of contract	2,200	2,200	2,200	2,200	8,800
Contractual	Hire an outside third party to conduct pilot research and	200,000	200,000	200,000	-	600,000
Indirect Costs	8.8% up to \$25,000 of contract	2,200	2,200	2,200	-	6,600
Equipment	Systems to allow data transfer and sharing between Delaware DOE systems, teachers, and the vendor's systems	100,000	-	-	-	100,000
Indirect Costs	8.8% of Equipment	8,800	-	-	-	8,800
Total		826,200	943,485	1,755,355	1,140,995	4,666,035

Teacher Training and School Participation:

Teachers will require 2 days (7.5 hours per day) of training on the assessment tool. They will be compensated for their time at a per diem rate of \$155 each. Additionally, there will be roughly one 'expert' teacher per school to serve as a resource for other kindergarten teachers in his/her school. The expert will train for an additional 4 days and be compensated accordingly. The 'expert' will also receive a \$3,000 stipend for the extra requirements placed on them to provide feedback, answer questions, and engage in focus groups. Year 1 (by December 2012) will

involve roughly 80 teachers (15%), Year 2 will involve 260 teachers (50%), and Year 3 will involve the full 520 teachers. Training will be a continual process as we assume there is a 10% turnover in Kindergarten staff, and all new teachers will need to be trained. There will be OEC costs of 28.53% of wages associated with all training wages and stipends. Teachers will each receive supplies and materials costing \$91 per teacher. Additionally, once the assessment is up and running in schools, the state would like to train all credentialed early childhood curriculum coordinators and teachers (roughly 2,600) on the assessment over two years. This would ensure that early learning providers will improve their programs to help students become more prepared for kindergarten. Finally, districts will be given stipends to allow Kindergarten teachers to take the time needed to collect and enter the data necessary to complete the assessment for each student. Districts will be able to use this money as they wish in order to carry out the assessment. The stipend, although not required to be used to pay teachers, would be equivalent to \$21 per hour and 20 hours per student during the pilot in Year 1. This amount will be reduced to 10 hours per student for future years.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Personnel - Teacher Training	All participating Kindergarten teachers will be trained for two days, 7.5 hours each, at \$155 per day.	24,180	56,420	80,600	-	161,200
Personnel - "Expert" Teacher Training	All expert teachers will train for 4 extra days, 7.5 hours per day, at \$155 per day.	9,920	24,180	34,100	-	68,200
Personnel - "Expert" Teacher Stipend	All expert teachers will receive \$3,000 stipend to act as a resource within her school for two years	48,000	165,000	282,000	165,000	660,000
Personnel - Training due to turnover	Assume 10% Turnover	-	2,418	8,060	16,120	26,598
Benefits	OEC Costs for Teacher stipends	23,423	70,760	115,478	51,674	261,334
Funds Distributed to Programs	Train all credentialed early childhood curriculum coordinators and teachers	-	-	407,030	407,030	814,060
Funds Distributed to Districts	District stipends for participating in Kindergarten assessment: 20 hours per K teacher at \$21 per hour in grant year 1 (pilot); 10 hours per teacher in remaining years.	32,760	54,600	109,200	109,200	305,760
Materials	Materials for teacher training: \$91	6,355	15,465	23,303	4,237	49,361
Indirect Costs	8.8% of Personnel, Benefits and Materials	9,845	29,413	47,832	20,859	107,949

Reliability and Expertise: Delaware will want to assemble an advisory committee to add expertise in educational assessments. There will likely be 4 ‘national expert’ committee members, compensated \$1,000/day for their time and allotted \$2,000 for travel expenses each trip. Additionally, roughly 15 regional advisory committee members will participate and be compensated \$100 per trip for travel. Meetings will occur for one day, 4 times per year, for three years. Next, there will be a direct assessment of a sample of students to inform state policy and ensure validity. This assessment will be performed on 10% of the kindergarteners, or about 980 students. The assessment will require a school psychologist or educational diagnostician to screen 4 students per day during grant years 3 & 4. They will be paid \$400/day for their services. Finally, supports will be added to ensure inter-rater reliability estimated at \$50/teacher.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Contractual	Supports for inter-rater reliability among K teachers: \$50/teacher	3,900	13,000	26,000	26,000	68,900
Indirect Costs	8.8% up to \$25,000 of contract	343	1,144	2,200	2,200	5,887
Contractual	4 Experts on Advisory Committee: 4 days/yr compensated \$1,000/day plus \$2,000 per meeting for travel costs. 15 local committee members at \$100/meeting for travel.	49,600	49,600	49,600	-	148,800

Personnel: The Department of Education will add 1 FTE to oversee the Kindergarten Assessment project as listed here. This Education Specialist will manage all work with the vendors and districts and be paid a salary of \$85,000 with benefits assuming a 2% annual raise.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Personnel	1 FTE Education Specialist to oversee Kindergarten Assessment	85,000	86,700	86,700	86,700	345,100
Benefits	\$11,600 Health + 28.53%	35,851	36,336	36,336	36,336	144,857
Indirect Costs	0.088	10,635	10,827	10,827	10,827	43,116

Kindergarten Readiness Teams:

Kindergarten Readiness teams will be overseen by a state, regional, or local organization. The DOE will engage in a contract with this organization to carry out the responsibilities and budget items listed below. There will be one team per school, with a target of 20% of the elementary schools, or 20 schools. Each team will consist of around 8 members, each being compensated

\$1,500 for their participation per year. These teams will have a facilitator to whom the overseeing organization will pay \$45,000 annually. One facilitator will work with three teams. Given the ramp up schedule of 10 schools in year 1 and an additional 10 schools in year 2, with each school being involved for 3 years, there will need to be 4 facilitators in Year 1 and Year 4 and 10 in Years 2 and 3. A statewide coordinator will oversee all teams and facilitators, receiving an \$80,000 salary plus benefits. Each team will have 5 events per year costing \$600 per event. Finally, materials will be created for each incoming kindergarten student and his/her family at \$10 per booklet. Some of this funding will be coming from the private sector and from districts. Each school is required to pay 0% of costs in year 1; 10% in Year 2; and 50% in Year 3. The private sector will provide seed funding at 50% of the costs of the total program in Years 1 and 2, 20% in Year 3, and 0% ongoing.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Distribute to Districts or Organization	Facilitators: \$45,000 salary. 1 for every 3 high needs schools. We will target 20% of elementary schools, or about 20 schools. 10 schools begin Year 1 and 10 more in Year 2.	180,000	315,000	315,000	180,000	990,000
Personnel	"Statewide Coordinator" to manage the Readiness Teams program: \$80,000 salary plus benefits	104,000	104,000	104,000	104,000	416,000
Stipends for team members	Teams will have on average 8 members: Everyone receives \$1500 each per year	150,000	300,000	300,000	150,000	900,000
Events	Events; \$600 per event; 5 events per year per school	30,000	60,000	60,000	30,000	180,000
Materials	1 booklet per incoming Kindergarten student at \$10 per booklet.	7,550	15,090	15,090	7,550	45,280

Funding Sources						
Districts		-	39,705	238,227	235,775	513,707
Private Sector		235,775	397,045	158,818	-	791,638
ELC Grant Funding		235,775	357,341	397,045	235,775	1,225,936

Project Management:

In addition to the three Education Specialists overseeing different components of the Department of Education's projects, the DOE will hire one Education Associate to oversee implementation of the entire grant. This person will report to Jim Lesko, Director, Early Development and Learning Resources, and receive a salary of \$95,000 plus benefits. Additionally, one Education Specialist will oversee the financial components of the grant and projects, receiving a salary of \$85,000 plus benefits.

Budget Table II-1: Participating State Agency Budget By Budget Category--The State must include the Participating State Agency's budget totals for each budget category for each year of the grant.

Budget Table II-1: Participating State Agency (Evidence for selection criterion (A)(4)(b)) <Department of Health and Social Services>					
Budget Categories	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
1. Personnel	0	0	0	0	0
2. Fringe Benefits	0	0	0	0	0
3. Travel	0	0	0	0	0
4. Equipment	4,428,300	428,300	428,300	428,300	5,713,200
5. Supplies	0	0	0	0	0
6. Contractual	250,000	250,000	250,000	250,000	1,000,000
7. Training Stipends	0	0	0	0	0
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	4,678,300	678,300	678,300	678,300	6,713,200
10. Indirect Costs*	363,690	4,490	4,490	4,490	377,160
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs and other partners.	826,496	874,832	2,528,595	5,552,041	9,781,964
12. Funds set aside for participation in grantee technical assistance	50,000	50,000	50,000	50,000	200,000
13. Total Grant Funds Requested (add lines 9-12)	5,918,486	1,607,622	3,261,385	6,284,831	17,072,324
14. Funds from other sources used to support the State Plan	2,201,360	5,096,373	7,000,000	7,000,000	21,297,733
15. Total Budget (add lines 13-14)	8,119,846	6,703,995	10,261,385	13,284,831	38,370,057
<p><u>Columns (a) through (d):</u> For each grant year for which funding is requested, show the total amount requested for each applicable budget category.</p> <p><u>Column (e):</u> Show the total amount requested for all grant years.</p> <p><u>Line 6:</u> Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6.</p> <p><u>Line 10:</u> If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of</p>					

Budget Table II-1: Participating State Agency
(Evidence for selection criterion (A)(4)(b))
<Department of Health and Social Services>

Budget Categories	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
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this Budget section. Note that indirect costs are not allocated to line 11.

Line 11: Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through MOUs, interagency agreements, contracts, or other mechanisms authorized by State procurement laws. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.

Line 12: The Participating State Agency's allocation of the \$400,000 the State must set aside from its Total Grant Funds Requested for the purpose of participating in RTT-ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated evenly across the four years of the grant.

Line 13: This is the total funding requested under this grant.

Line 14: Show total funding from other sources (including Federal, State, private, or local) being used to support the State Plan and describe these funding sources in the budget narrative.

Budget Table II-2: Participating State Agency Budget By Project--*The State must include the Participating State Agency's proposed budget totals for each project for each year of the grant.*

Budget Table II-2: Participating State Agency (Evidence for selection criterion (A)(4)(b)) <Department of Health and Social Services>					
Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
QRIS Tiered Reimbursement	2,201,360	5,096,373	8,605,427	11,580,537	27,483,697
QRIS Administration & Assistance	0	0	0	0	0
Infrastructure Fund	500,000	500,000	500,000	500,000	2,000,000
POC Systems	4,787,500	428,300	428,300	428,300	6,072,400
QRIS Parental Engagement	0	0	0	0	0
QRIS Measurement System	0	0	0	0	0
QRIS Evaluation	0	0	0	0	0
Workforce Compensation	0	0	0	0	0
Workforce Leadership Development	326,496	374,832	423,168	471,504	1,596,000
Higher Education Partners	0	0	0	0	0
Kindergarten Assessment	0	0	0	0	0
Kindergarten Readiness Teams	0	0	0	0	0
Health, Behavioral, Developmental	254,490	254,490	254,490	254,490	1,017,960
Project Management	0	0	0	0	0
Grantee Technical Assistance	50,000	50,000	50,000	50,000	200,000
Total Budget	8,119,846	6,703,995	10,261,385	13,284,831	38,370,057

BUDGET PART II - NARRATIVE

Describe, in the text box below, the Participating State Agency's budget, including--

- *How the Participating State Agency plans to organize its operations in order to manage the RTT-ELC funds and accomplish the work set forth in the MOU or other binding agreement and scope of work;*
- *For each project in which the Participating State Agency is involved, and consistent with the MOU or other binding agreement and scope of work:*
 - *An explanation of the Participating State Agency's roles and responsibilities*
 - *An explanation of how the proposed project annual budget was derived*
- *A detailed explanation of each budget category line item*

Budget Part II – Department of Health and Social Services Narrative

All budget category line items are explained by project listed below.

The Department of Health and Social Services' budget includes a project requiring a contractual agreement with a vendor or service provider. The state has followed the procedures for procurement under 34 CFR Parts 74.40 - 74.48 and Part 80.36 and will continue to do so until all contracts have been procured. Contractual budget items are therefore an estimate of the proposed costs and will vary when a specific vendor or service provider is procured.

QRIS Tiered Reimbursement:

The tiered reimbursement plan as described in section (B)(4) incentivizes programs to take purchase of care children and to improve the quality of the program. In order to achieve the targets identified in tables (B)(4)(c)(1) and (B)(4)(c)(2), tiered reimbursement will cost an increasing amount of money as a) more programs enter Stars, b) the quality of the programs improves, and 3) programs accept more purchase of care children. Reimbursement rates are: 70% at level 2, 80% at level 3, 90% at level 4, and 100% at level 5. The Department of Health and Social Services will maintain responsibility over administering payments to these programs, but the Department of Education, as administrator of the Stars program, will communicate the amount and destination of the necessary payments. The state will commit \$7.0 million from the governor's additional funding allocation to cover some of these costs, bringing the grant funding allocation down considerably as can be seen in the last line of the table below.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Funds distributed to Early Learning programs	Cost for tiered reimbursement plan	2,201,360	5,096,373	8,605,427	11,580,537	27,483,697
Funding from \$22M allocation		2,201,360	5,096,373	7,000,000	7,000,000	21,297,733
ELC Grant Funding Requested		-	-	1,605,427	4,580,537	6,185,964

Infrastructure Fund:

The Department of Health and Social Services, as the administrator with systems in place to distribute funds to early learning programs taking purchase of care funds, will oversee the Infrastructure Fund. The \$2M capital expenditure fund, as described in section B(2), will allow centers and family child care programs to apply for funding to use for capital expenditures, professional development, or technology needs that will aid in gaining access to Stars, moving up the Stars levels or meeting licensing requirements. Each center could receive a maximum of \$25,000 and each family child care program a maximum of \$10,000. If each program received the maximum amount of funds, 42 centers and 96 family child care programs could use this fund over the course of the grant.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Funds distributed to early learning programs	\$2M pool of funds for early learning programs to use for capital expenditures, professional development, and technology needs that will help them improve quality or with licensing requirements.	500,000	500,000	500,000	500,000	2,000,000

POC Systems:

In order to better track all POC children, funding status for programs, and to decrease the likelihood of inaccuracies in the system, Delaware will purchase equipment and systems to track each child through a swipe-card process. Each program receiving POC funding (currently 1,045) will receive a piece of equipment and a card for each POC child. The state will purchase the equipment necessary to aggregate all of the data from the programs into a central database. The

state will purchase these for an estimated \$4 million. The ongoing costs are \$2/month/child, a \$15/terminal/month fee, and any technical assistance needed at an estimated \$5,000.

Budget Category	Description	Grant Year	Grant Year	Grant Year	Grant Year	TOTAL
Equipment	Purchase of system and equipment	4,000,000	-	-	-	4,000,000
	\$2 per child per month; \$15 per terminal per month;	423,300	423,300	423,300	423,300	1,693,200
	Other maintenance and technical assistance	5,000	5,000	5,000	5,000	20,000
Indirect Cost	8.98% of Supplies	359,200	-	-	-	359,200
TOTAL		4,787,500	428,300	428,300	428,300	6,072,400

Workforce Leadership Development:

The second component of the leadership development project is to allow early learning educators to have professional development time within their work day. This will allow for teachers to meet with the directors of their programs and engage in shared best practices with fellow teachers. Programs will be given stipends based on 4 hours/month/teacher at \$9.50/hr. Programs will be able to use the money as they wish by hiring substitutes or providing after hours wages to teachers.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Distributed to Programs	"Release Time" - Allow for early childhood educators to have 4 hours per month out of the classroom to engage in professional development with the director or peers. Starting with 716 teachers and ending with 1,034 at \$9.50/hr.	326,496	374,832	423,168	471,504	1,596,000

Health / Behavioral/Developmental

DHSS will be responsible for implementing two components of the Health/Behavioral/Developmental Needs project. 1) *Follow-Up Services*: Over the four-year grant period, \$300,000 will be put towards increasing the capacity of the treatment provided for follow-up services, specifically physical and occupational therapy. 2) *Help Me Grow Expansion*: \$50,000 will be allocated each year of the grant for physician outreach around the importance of doing developmental screenings and staying on a well-care schedule. An additional \$125,000 will go

towards community liaisons within Help Me Grow to get families engaged in the screening and follow-up process.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Contractual - Follow-Up Services	Physical and Occupational Therapists follow-up treatment for those who are referred for follow-up service	75,000	75,000	75,000	75,000	300,000
Indirect	8.98%	2,245	2,245	2,245	2,245	8,980
Contractual - Help me Grow	Physician outreach through Help Me Grow around the importance of doing developmental screenings and keeping patients on a well-care schedule	50,000	50,000	50,000	50,000	200,000
	Community liaisons to help with Help Me Grow Family engagement to get child screened and do follow-up treatments	125,000	125,000	125,000	125,000	500,000
Indirect	8.98%	2,245	2,245	2,245	2,245	8,980

Budget Table II-1: Participating State Agency Budget By Budget Category--The State must include the Participating State Agency's budget totals for each budget category for each year of the grant.

Budget Table II-1: Participating State Agency (Evidence for selection criterion (A)(4)(b)) <Department of Services for Children, Youth, and their Families>					
Budget Categories	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
1. Personnel	0	0	0	0	0
2. Fringe Benefits	0	0	0	0	0
3. Travel	0	0	0	0	0
4. Equipment	0	0	0	0	0
5. Supplies	0	0	0	0	0
6. Contractual	931,178	762,540	711,616	663,358	3,068,692
7. Training Stipends	0	0	0	0	0
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	931,178	762,540	711,616	663,358	3,068,692
10. Indirect Costs*	26,933	26,933	26,933	21,320	102,118
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs and other partners.	0	0	0	0	0
12. Funds set aside for participation in grantee technical assistance	0	0	0	0	0
13. Total Grant Funds Requested (add lines 9-12)	958,110	789,473	738,549	684,678	3,170,810
14. Funds from other sources used to support the State Plan	0	0	0	0	0
15. Total Budget (add lines 13-14)	958,110	789,473	738,549	684,678	3,170,810
<p><u>Columns (a) through (d):</u> For each grant year for which funding is requested, show the total amount requested for each applicable budget category.</p> <p><u>Column (e):</u> Show the total amount requested for all grant years.</p> <p><u>Line 6:</u> Show the amount of funds allocated through contracts with vendors for products to be acquired and/or professional services to be provided. A State may apply its indirect cost rate only against the first \$25,000 of each contract included in line 6.</p> <p><u>Line 10:</u> If the State plans to request reimbursement for indirect costs, complete the Indirect Cost Information form at the end of this Budget section. Note that indirect costs are not allocated to line 11.</p>					

Budget Table II-1: Participating State Agency
(Evidence for selection criterion (A)(4)(b))
<Department of Services for Children, Youth, and their Families>

Budget Categories	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
<p><u>Line 11:</u> Show the amount of funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners through MOUs, interagency agreements, contracts, or other mechanisms authorized by State procurement laws. States are not required to provide budgets for how the localities, Early Learning Intermediary Organizations, Participating Programs, and other partners will use these funds. However, the Departments expect that, as part of the administration and oversight of the grant, States will monitor and track all expenditures to ensure that localities, Early Learning Intermediary Organizations, Participating Programs, and other partners spend these funds in accordance with the State Plan.</p> <p><u>Line 12:</u> The Participating State Agency’s allocation of the \$400,000 the State must set aside from its Total Grant Funds Requested for the purpose of participating in RTT–ELC grantee technical assistance activities facilitated by ED or HHS. This is primarily to be used for travel and may be allocated evenly across the four years of the grant.</p> <p><u>Line 13:</u> This is the total funding requested under this grant.</p> <p><u>Line 14:</u> Show total funding from other sources (including Federal, State, private, or local) being used to support the State Plan and describe these funding sources in the budget narrative.</p>					

Budget Table II-2: Participating State Agency Budget By Project--*The State must include the Participating State Agency's proposed budget totals for each project for each year of the grant.*

Budget Table II-2: Participating State Agency (Evidence for selection criterion (A)(4)(b)) <Department of Services for Children, Youth, and their Families>					
Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
QRIS Tiered Reimbursement	0	0	0	0	0
QRIS Administration & Assistance	0	0	0	0	0
Infrastructure Fund	0	0	0	0	0
POC Systems	0	0	0	0	0
QRIS Parental Engagement	0	0	0	0	0
QRIS Measurement System	0	0	0	0	0
QRIS Evaluation	0	0	0	0	0
Workforce Compensation	0	0	0	0	0
Workforce Leadership Development	0	0	0	0	0
Higher Education Partners	0	0	0	0	0
Kindergarten Assessment	0	0	0	0	0
Kindergarten Readiness Teams	0	0	0	0	0
Health, Behavioral, Developmental	958,110	789,473	738,549	684,678	3,170,810
Project Management	0	0	0	0	0
Grantee Technical Assistance	0	0	0	0	0
Total Statewide Budget	958,110	789,473	738,549	684,678	3,170,810

BUDGET PART II - NARRATIVE

Budget Part II – Department of Services for Children, Youth, and their Families Narrative

All budget category line items are explained by project listed below.

The Department of Services for Children, Youth, and their Families' budget includes projects requiring a contractual agreement with a vendor or service provider. The state has followed the procedures for procurement under 34 CFR Parts 74.40 - 74.48 and Part 80.36 and will continue to do so until all contracts have been procured. Contractual budget items are therefore an estimate of the proposed costs and will vary when a specific vendor or service provider is procured.

Health/Behavioral/Developmental

DSCYF will be responsible for 4 components of the Health/Behavioral/Developmental Needs project.

1) *Child Mental Health*: DSCYF will engage in a contract with child mental health clinicians to double the capacity of the current program. The clinicians will train the early childhood educators to better address mental health concerns with their children. Doubling the current capacity will require \$370,000 annually, but after the 4 year grant period, the additional funding will no longer be necessary as enough educators will have been trained.

2) *PCIT*: DSCYF will engage in a contract with professional services to provide training and consultation for 32 clinicians per year. This has an estimated cost of \$200,000 annually.

3) *Nutrition*: DSCYF will engage in a contract with a vendor to help the state and DIEEC to incorporate nutritional education to early learning programs. DIEEC will require one additional staff member, a Health Consultant, with a salary of \$45,000 plus benefits. This Health Consultant, in conjunction with the vendor, will train the remaining educators (500 in the first year, 250 in the second year, and 250 in the third year) for 7.5 hours each at a wage of \$9.50 per hour. The cost of the vendor's services for in-person training events will total \$47,000 in year 1; \$33,000 in year 2; and \$15,600 in year 3. Finally, on-line training will be available, costing \$20,000 in year 1 and \$15,000 in year 2.

4) *Comprehensive Screening*: DSCYF will engage in a contract with a vendor to provide comprehensive screening to all children in a Stars program. The number of children increases from around 14,000 in Year 1 to 35,000 in Year 4. Assumptions regarding the increase in student participation were taken from the targets listed in table (B)(2)(c) along with utilization numbers. Screens cost \$0.35 per child. Systems for each program cost \$175 and materials cost \$300/site. The initial system will cost \$2,000. Finally, all educators in the sites that have not yet been trained will need to receive about 4 hours of professional development. As more programs enter Stars, more teachers will need to be trained. However, the annual cost of training teachers gets smaller over time. Each teacher will be paid \$9.50/hr.

Budget Category	Description	Year 1	Year 2	Year 3	Year 4	TOTAL
Contractual - Child Mental Health	Child Mental Health: double the capacity of clinicians to train early childhood educators. After four years, the gap will have been filled and won't need this capacity.	370,000	370,000	370,000	370,000	1,480,000
Indirect	22.45% - Child Mental Health/Preventive	5,613	5,613	5,613	5,613	22,450
Contractual - PCIT	PCIT - Training, consultation and materials for 32 clinicians per year	200,000	200,000	200,000	200,000	800,000
Indirect	20.2% - Family Services	5,048	5,048	5,048	5,048	20,190
Contractual - Nutritional (Vendor)	In-Person Training Events (includes materials, space, food, and paying the vendor). Train 500 Teachers in	47,000	33,000	15,600	-	95,600
	On-line training tool development	20,000	15,000	-	-	35,000
	Expand current nutritional program: 7.5 hours of training per educator at	19,000	9,500	9,500	-	38,000
Indirect	22.45% - Child Mental Health/Preventive	5,613	5,613	5,613	-	16,838
Contractual - Nutritional (Institute)	Health Consultant at the Institute	45,000	45,000	45,000	45,000	180,000
	Benefits	13,950	13,950	13,950	13,950	55,800
Indirect	22.45% - Child Mental Health/Preventive	5,613	5,613	5,613	5,613	22,450
Contractual - Comprehensive Screening	Cost of \$0.35 per student	4,914	8,642	11,204	12,419	37,179
	Central System cost	2,000	-	-	-	2,000
	\$175 Screening system cost per site	44,354	-	-	-	44,354
	\$300 materials cost per site	76,035	-	-	-	76,035
	Provide professional development for the remaining educators on how to do comprehensive screenings. Teachers need to be trained 4 hours	88,925	67,449	46,362	21,989	224,725
Indirect	20.2% - Family Services	5,048	5,048	5,048	5,048	20,190

