



CHILD CARE AND DEVELOPMENT FUND PLAN

FOR: The State of Delaware

FFY 2010-2011

This Plan describes the CCDF program to be conducted by the State/Territory for the period 10/1/09 – 9/30/11. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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PART 1 ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State/Territory Chief Executive Officer)

Name of Lead Agency: Delaware Health and Social Services (DHSS)
Division of Social (DSS)

Address of Lead Agency: 1901 N. DuPont Hwy. New Castle DE 19720

Name and Title of the Lead Agency's Chief Executive Officer:

Elaine Archangelo Director

Phone Number: 302-255-9500

Fax Number: 302-255-4425

E-Mail Address: Elaine.Archangelo@state.de.us

Web Address for Lead Agency (if any):

<http://www.dhss.delaware.gov/dhss/main/about.htm> for DHSS

<http://www.dhss.delaware.gov/dhss/dss/index.html> for DSS

1.2 State/Territory Child Care (CCDF) Contact Information (day-to-day contact)

Name of the State/Territory Child Care Contact (CCDF): Barbara McCaffery

Title of State/Territory Child Care Contact: Social Service Senior Administrator

Address: 1901 N. DuPont Hwy. Lewis Bldg. New Castle DE 19720

Phone Number: 302-255-9611

Fax Number: 302-255-4425

E-Mail Address: barbara.mccaffery@state.de.us

Phone Number for CCDF program information (for the public) (if any): 302-255-9500

Web Address for CCDF program information (for the public) (if any):

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

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2009 through September 30, 2010. (§98.13(a))

CCDF: \$14,643,740
 Federal TANF Transfer to CCDF: \$6,000,000
 Direct Federal TANF Spending on Child Care: \$7,176,000
 State CCDF Maintenance of Effort Funds: \$5,179,325
 State Matching Funds: \$4,655,334
 Total Funds Available: \$37,654,399

1.4 Estimated Administration Cost

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$921,512 (4.7 %). (658E(c) (3), §§98.13(a), 98.52) Federal TANF Transfer to CCDF \$6,000,000; Direct Federal TANF Spending on Child Care \$7,176,000; State CCDF Maintenance of Effort Funds \$ 5,179,325; State Matching Funds \$4,655,334; Total Funds Available \$ 37,654,399. Salary, fringe benefits, indirect costs and audit fee charges added together to get the estimated administrative cost.

1.5 Administration of the Program

1.5.1 Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Targeted Funds and Set-Aside?

- Yes.
- No. If no, use **Table 1.5.1** below to **identify** the name and type of agency that delivers services and activities. If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.

Table 1.5.1: Administration of the Program

| Service/Activity | Agency | Non-Government Entity (see Guidance for definition) | |
|------------------------------------|--------|--|-----------------------------|
| | | Yes | No |
| Determines individual eligibility: | | | |
| a) TANF families | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Non-TANF families | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Service/Activity | Agency | Non-Government Entity (see Guidance for definition) | |
|----------------------------------|---|---|--|
| Assists parents in locating care | Children and Families First | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Makes the provider payment | N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Quality activities | Dept. for Children, Youth and Their Families Dept of Education | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other: | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

1.5.2. Describe how the Lead Agency maintains overall internal control for ensuring that the CCDF program is administered according to the rules established for the program (§98.11).

The Lead Agency, DHSS, maintains control through Memoranda's of Understanding (MOU) with non-TANF State agencies and through contracts when services or activities are provided through other non-government community organizations.

DHSS contracts with Children and Families First (CCF), the Child Care Resource and Referral and non-governmental community organizations to increase the supply of appropriate, affordable child care for low income families, as well as a program to facilitate access to quality, affordable child care services by providing information and referral services. DHSS is responsible for the overall management, including fiscal control of these contracts and for ensuring that State and Department procurement policies and procedures are adhered to. DHSS sets performance standards and makes contractor payments based on performance accomplishments. The contract is awarded on a continuing yearly basis for five years.

DHSS also has a current Memorandum of Understanding (MOU) with two non-TANF State agencies to provide services and activities under the grant. A current MOU exists with the Department of Services for Children, Youth, and Their Families (DSCYF) and the Department of Education (DOE) to improve the quality of child care. DSCYF is charged with establishing and enforcing the requirements and baseline standards for licensed child care providers in the State. In addition, DSCYF conducts criminal history record (federal and state) and child protection registry checks for license and license exempt providers for the protection of children. The Department of Education administers training activities

for providers, a plan to coordinate training, development and maintenance of the Early Learning Foundations and early childhood education to create career development opportunities. Additionally DOE is responsible for updating and maintaining Delaware's agenda for improvement of early care and education and for creating public-private partnerships through providing information to private sector entities.

The current MOUs between DHSS, DSCYF and DOE outline each Department's separate and joint responsibilities. The topics covered include program planning, financial procedures, training, licensing, and the investigations of complaints about child care providers.

In addition to the above, the Secretary of DHSS is also an active participant of the Interagency Resource Management Committee (IRMC). The IRMC is a state created interagency council consisting of the Secretaries of the Departments of Education; Services for Children, Youth and Their Families; Health and Social Services; and the Budget Director and Controller General. The IRMC is charged with fostering an interagency approach in coordinating the delivery of early care and education services in Delaware. The committee's responsibilities include promoting interagency collaboration in the delivery of services within the Program for Children with Disabilities; providing administrative oversight for the Early Childhood Assistance Program; coordinating the implementation of the recommendations of the "*Early Success*" report and establishing an Office of Early Care and Education. In 2007, The Office of Early Care and Education changed to the Delaware Early Childhood Council.

1.5.3. Describe how the Lead Agency ensures adequate personnel, resources, systems, internal controls, and other components necessary for meeting CCDF reporting requirements (658K, §98.67, §§98.70 & 98.71, §§98.100 to 102), including the Lead Agency's plans for addressing any reporting deficiencies, if applicable. At a minimum, the description should address efforts for the following reporting requirements:

a) Fiscal - DSS follows all mandates in the Budget and Accounting Manual that sets forth fiscal responsibilities such as standards for internal controls. A report is submitted each month to the Controller's Office. Delaware uses form 696 to report estimates and expenditures for the Mandatory, Matching, and Discretionary funds. Report is submitted quarterly

b) Data - DSS has a committee that reviews reporting needs. Staff are assigned to the committee based on the need of the report and the level of

expertise by staff. Staff are also assigned to committees were DSS is the Lead Agency, but the report is done by an external agency. DSS redesigned Form 800 is used to provide unduplicated counts of children and families who are served by CCDF. This form is submitted annually. Form 801 provides case level data and demographics on families and children served during the month of the report. Delaware submits this report quarterly, but is considering submitting it monthly. DSS expects no audit findings for 2009.

c) Error Rate Quality Control (QC) is a separate agency that reviews case level data for improper payments. QC forwards any findings to DSS.

Whenever changes or adjustments are required for any of the reporting functions as the Lead Agency, we forward to the appropriate area based on skill required and level of knowledge. Form 400 and 402 are submitted by our Quality Control agency. These forms are used to identify strategies for reducing improper payments. Delaware is a year 2 state.

1.6 Funds Used to Match CCDF

1.6.1 Will the Lead Agency use public funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds: State General Funds

Funds are used to pay for Purchase of Care.

No.

1.6.2 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

Yes. If yes, are those funds: (**check one below**)

Donated directly to the State?

Donated to a separate entity or entities designated to receive private donated funds?

a) How many entities are designated to receive private donated fund?

b) **Provide** information below for each entity:

Name: _____

Address: _____

Contact: _____

Type: _____

No.

1.6.3 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

Yes (**respond to 1.6.5**), and:

a) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

b) (____ %) Estimated percentage of the MOE requirement that will be met with Pre-K expenditures. (Not to exceed 20%.)

c) If the Lead Agency uses Pre-K expenditures to meet more than 10% of the MOE requirement, **describe** how the Lead Agency will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

1.6.4 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirements? (§98.53(h))

Yes (**respond to 1.6.5**), and

a) (____ %) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

b) If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, **describe** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

No.

1.6.5 If the Lead Agency indicated “yes” to 1.6.3 or 1.6.4, **describe** Lead Agency efforts to ensure that pre-K programs meet the needs of working parents:
(§98.53(h)(2))

N/A

1.6.6 Will the Lead Agency use any other funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds:

No.

1.7 Improper Payments

Has your State implemented strategies to prevent, measure, identify, reduce, and/or collect improper payments? (§98.60(i), §98.65, §98.67)

Yes, and these strategies are:

Audit and Recovery Unit

The Audit and Recovery Unit oversees the collection of overpayments, investigates overpayment for suspicion of fraud, prepares referrals for prosecution for felony indictment to the Office of the Attorney General, refers cases directly to a court of competent jurisdiction or prepares an administrative overpayment, establishes repayment agreements, tracks overpayments, and enforces recovery of debts. Quality Control reviews caseload data and reports to DSS any findings.

Delaware Child Care Information Portal

The Information Portal allows providers to enter attendance on-line, thus reducing attendance data entry errors by agency payment office staff.

Provider Monitoring

Child Care Monitors conduct announced and unannounced on-site visits to evaluate provider’s compliance with the child care contract or certificate. Visits include a review of facility attendance and payment records.

Monitors receive a system generated max day report that lists providers who report children attending maximum payment days two months in a row. The report is an alert to potential provider fraud.

Single State Audit

The child care eligibility process and provider contracts are audited annually.

PART 2 DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)).

Indicate the entities with which the Lead Agency has a) **consulted** and b) **coordinated** (as defined below), by checking the appropriate box(es) in Table 2.1.1.

Consultation involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. **At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).**

Coordination involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). **At a minimum, Lead Agencies must coordinate with** (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

Table 2.1.1 Consultation and Coordination

| Agency | a) Consultation in Development of the Plan | b) Coordination with Service Delivery |
|---|--|---|
| Representatives of local government | <input checked="" type="checkbox"/> * | <input type="checkbox"/> |
| Other Federal, State, local, Tribal (if applicable), and/or private agencies providing child care and early childhood development services. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> * |
| Public health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> * |
| Employment services / workforce development | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> * |

| Agency | a) Consultation in Development of the Plan | b) Coordination with Service Delivery |
|---|--|---|
| Public education | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> * |
| TANF | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> * |
| Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State | <input type="checkbox"/> | <input type="checkbox"/> * |
| State/Tribal agency (agencies) responsible for: | | |
| State pre-kindergarten programs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Head Start programs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Programs that promote inclusion for children with special needs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (See guidance): | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

* **Required.**

For each box checked in Table 2.1.1, (a) identify the agency(ies) providing the service and **(b) describe** the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

Other State Agencies and the Public

In 1998, a group of Delawareans representing both governmental entities, private non-profit entities, the business community as well as private citizens came together to create a long-term plan for an early care and education system to serve all of Delaware’s children. The result of this effort was the production of a comprehensive plan to meet Delaware’s early care and education needs. Delaware called this plan *Early Success*. Since that time, much work has been done to work toward this comprehensive system, and additional initiatives have been added.

In the spring of 2000, in response to the *Early Success* plan, the Delaware legislature authorized the establishment of an Office of Early Care and Education to coordinate the implementation of the recommendations made in the *Early Success* report. That office is located in the Department of Education. The Departments of Education, Services for Children, Youth and Their Families and Health and Social Services each fund a staff position to support the work of the office.

In 2001, the Governor created, through Executive Order, the Delaware Early Care and Education Council. This group of private citizens is charged with advising the Interagency Resource Management Council (IRMC) in the

implementation of *Early Success*. The IRMC is a group comprised of Cabinet Secretaries of the Departments of Education, Health and Social Services, and Services to Children, Youth, and Their Families. Also included in this group are the State Budget Director and Controller General. To date, the Council has made several recommendations including proposed changes to the subsidized child care system, research needed to move system planning forward, and implementation of specific professional development strategies and development of a quality rating and improvement system.

In 2004, the Delaware Early Care and Education Council (now called Delaware Early Childhood Council) reconvened the framers of the initial Early Success plan and new parties to revise and update "*Early Success*" reflecting additional areas such as emotional wellness, physical health, and including work that has already been accomplished. Together with the Early Childhood Comprehensive Systems Steering Committee members, the initial plan was broadened to provide a more comprehensive systems plan for early childhood health, family engagement and school readiness. The completed plan was presented to the IRMC in 2005 for approval.

On October 3, 2006, Governor Ruth Ann Minner officially endorsed the new Early Success plan at the first Early Childhood Summit to be held in Delaware. Over 300 early childhood stakeholders, including representatives from childcare, early learning programs and families participated in the summit to move forward Delaware's early childhood agenda and support the investment in early childhood initiatives.

In early 2007, staff from the Departments of Education, Services for Children, Youth and Their Families and Health and Social Services met to discuss their respective responsibilities under the plan, and establish a schedule for the production of the plan and public hearings. This document is the product of that collaborative effort.

In 2008 and 2009 Dept of Education(DOE) and the lead agency met to plan and coordinate the upcoming CCDF. DOE attended our Market Rate Survey information sessions as well as the 3 public hearings for the proposed CCDF plan. DOE collaborated with the lead agency regarding information that was presented to the public.

In 2009, the Institute for Excellence was ready to begin services. They serve under DOE. The lead agency and DOE consulted on professional development standards to ensure providers receive high quality training.

Division of Public Health

The Department of Health and Social Services is the Lead Agency for Part C of the Individual with Disabilities Education Act (IDEA) (P.L. 94-142, Part H), formerly the Education of the Handicapped Act, as amended by P.L. 99-457. The Division of Management Services within the Department of Health and Social Services provides the administrative management for Part C of IDEA. The Division of Public Health provides IDEA operations services under the Child Development Watch program.

The program is a comprehensive, interagency early intervention system for infants and toddlers (aged 0 through age 2 years) who suffer disabilities or developmental delays. Working closely with the child care community, the program provides ongoing training and technical assistance to providers seeking information about IDEA and children with disabilities. Additionally, the program partners with the statewide resource and referral agency to disseminate disability information through direct contact and at workshops and conferences where large numbers of child care professionals attend.

The Division of Public Health administers the Vaccines for Children (VFC) program which provides federal funds for the immunization of children who meet eligibility criteria. This program provides all recommended childhood vaccines at no cost to the parent/guardian or physician and inoculations are provided for eligible children at Public Health clinics located in State Service Centers statewide and in the offices of providers enrolled in the program. The division also receives funds used to immunize a small number of children not falling under the VFC category but who are unable to receive immunizations elsewhere. Through the Delaware immunization registry, the division works closely with all providers and school nurses to assure that Delaware children are adequately immunized. The National immunization survey of 2003 indicates Delaware has an immunization completion rate of 82%.

The Office of Lead Poisoning has worked closely with child care providers to offer health education programs and materials on the causes and effects of lead poisoning among young children, and how to identify and reduce lead hazards within the child care setting.

This office provided funding for the child care health consultants to promote adherence to lead prevention assessments and provide ongoing lead education materials within the child care community. Additionally, this office handles all lead inspections for new child care providers opening care centers or homes in structures built prior to 1978.

The Delaware Emergency Medical Services for Children (EMSC) program in the Office of Emergency Medical Services (OEMS) provided leadership and funding for child care providers to attend statewide trainings on disaster preparedness in child care. A steering committee of emergency management personnel, paramedics, state agency representatives, child care professionals, and community representatives was established to address the needs of child care emergency preparedness. EMSC obtained funding from the Maternal Child Health Bureau to host two statewide disaster preparedness trainings and provide technical assistance for over 275 child care providers. A disaster preparedness training curriculum was completed in December of 2004. Trained child care health consultants will use the curriculum to provide ongoing education and technical assistance on disaster preparedness planning to individual child care providers.

The Special Needs Alert Program (SNAP) was implemented through EMSC, the Office for Children with Special Health Care Needs, and the State Systems Development initiative in 2004. SNAP identifies children with special health care needs within the community and connects them with the emergency medical system. Should the enrolled child require emergency services, the responders will have on hand critical medical information to assist them in providing appropriate treatment and interventions. This service is being promoted through child care organizations. Any parent of a child with special health care needs may enroll their child through EMSC.

Healthy Child Care America

The overall goals of the Healthy Child Care America project are:

- to develop a statewide system of child care health consultation;
- address gaps in state licensing regulations based on comparison with *Caring for Our Children: National Health and Safety Performance Standards- Guidelines for Out-of-Home Child Care Programs*;
- to provide a linkage for children in child care to health insurance, Medicaid, and a medical home.

As of 2004, Delaware has trained twenty-one (21) health consultants. Utilizing a unique public-private partnership, the State of Delaware initially contracted with Wesley College Department of Nursing to present the National Training Institute for Child Care Health Consultants (NTI) curriculum. Wesley College has adapted the materials and incorporated the training into their undergraduate, graduate, and continuing education nursing course offerings. As a result, the child care health consultation training is sustained and recognized as part of an accredited institute of higher learning. The University of Delaware School of Nursing is partnering with Wesley College to offer this training to their nursing students as a part of shared curriculum resources between the two schools. The current consultants are

required to complete 15 continuing education hours annually to remain current with the updated and new NTI CCHC curriculum. Wesley College Department of Nursing provides updated course offerings for continuing education credits, as well. The consultants will complete trainings in Building Consultation Skills, Promoting Healthy Eating and Physical Activity in Child Care, Injury Prevention, and Caring for Children who have been maltreated. Additional trainings which have occurred are disaster preparedness, prevention of infectious disease, prevention of SIDS.

Of the twenty-one (21) current consultants, approximately ten (10) are active within the child care community statewide. The current consultants come from varied professional backgrounds: nursing, education, child development, special needs children, and child mental health. In Delaware, the child care health consultants function within an entrepreneurial model. The Division of Public Health has contracted with the statewide nonprofit resource and referral agency since 2003 to provide funding for over 800 health consultation service hours to child care homes and centers which serve at-risk populations. In addition to on-site services, consultants provide health and safety trainings. To facilitate communication, a child care health consultation Listserv was developed in 2005. The statewide resource and referral agency maintains a consultant database which is used to facilitate the linkage of consultants with child care providers.

Federal funding for the Healthy Child Care America grant ended on January 31, 2005. However, the goals of the project have been incorporated into the states Early Childhood Comprehensive System grant. Commitment to sustaining the health care consultation program to improve the quality of health and safety standards within the child care community, especially with those who serve at-risk populations, remains a priority.

State Maternal and Child Health Early Childhood Comprehensive Systems Grant

The purpose of this project is to support Delaware in the planning, development, and ultimately the implementation of collaborations and partnerships to help families and communities in the development of children who are healthy and ready to learn at school entry. The grant identifies five critical components to be addressed:

- Access to medical homes and health care coverage for all children, including those with special health care needs;
- Access and availability of services to address the needs of children at risk of social and emotional developmental issues;

- Quality early care and education services for children from birth to age five that support early learning, health and development of social competence;
- Parent education services which provide support and training to parents in their role as prime educators of their children;
- Family support services to address the stressors impairing families to nurture and support the healthy development of their children.

In July 2003, Delaware received the State Maternal and Child Health Early Childhood Comprehensive Systems Grant (ECCS) award. A forty-three (43) member steering committee of public and private agencies, educators, medical providers, mental health advocates and child advocates was assembled to begin the planning of Delaware's coordinated, comprehensive early childhood system. In June 2004, focus groups were held to address what Delaware's families of young children saw as strengths and weaknesses in the current early childhood system of services. A needs assessment to address both the internal mapping of maternal and child health capacity and external environmental scan and critical analysis of existing early childhood programming is expected to be completed by the end of March 2005. The ECCS steering committee will develop the core set of indicators for early childhood health to measure service system effectiveness and to identify concrete methods to align funding streams, program resources, and policies which will promote system integration statewide. In 2007, technical assistance was provided to participants through the quality rating and improvement system.

Supporting quality improvements to the existing early care and education programming is crucial to the ECCS project. Utilizing the established child care health consultant network to assist in improving health and safety measures within the child care community will be an essential tool in linking service pathways from the child care providers to community resources and various state agencies.

Employment services/workforce development

The Delaware Department of Labor received a federal grant from the U.S. Department of Labor to target the expansion of Childcare Apprenticeship in Delaware in 2002. Initially, the grant was for a period of 18 months, but was extended until its conclusion on March 31, 2005.

Monies from this grant were primarily used to subsidize the education of childcare workers who became registered apprentices with the DOL. This included two courses at the vocational and technological level and 3 three-credit courses at Delaware Technical and Community College. Additional

money from the grant was used to pay for a management consultant from CCF, who was brought in to help get the program established. Under this program child care workers are encouraged to enter into college degree programs in the childcare field. Finally, a small portion of the grant was used for travel and marketing expenses.

Although federal funding has ended to specifically enhance the participation of childcare provider population, the Childcare Apprenticeship is still maintained by the Department of Labor. At the present time, there are approximately 130 childcare apprentices in Delaware and roughly 50 sponsors or employers registered with the DOL. All apprentices are required to complete 4,000 hours of on the job training with their employer. They are also required to complete two semesters at the Vocational schools and 3 three-credit courses at Delaware Technical and Community College. Following completion of both the 4,000 hours of on the job training and the educational requirements, the apprentice is eligible to receive Journey papers from the Delaware Department of Labor. Additionally during the apprenticeship, childcare providers are informed of opportunities to advance their knowledge and skill through options, such as T.E.A.C.H.

Public Education

PIE

Partners in Excellence (PIE). In 2003, Delaware was selected as a Partner in Excellence state through an opportunity funded by the Head Start and Child Care Bureaus. Guided by a State Core PIE Team consisting of CCDF staff, ECCS staff, DOE staff, local programs and the resource and referral agency, Delaware proposed an infrastructure building design and spent the first year developing trainers and health consultants engaged in professional development across the state. In addition, the state team expanded PIE to include a continuum of social emotional support from the universal to individual interventions to treatment. There are now seven components to PIE that include professional development opportunities for children 0-5; technical assistance; assessment; parent support; child centered consultation (behavior consultation); leadership support; and optional activities to include literacy.

In January 2005, pilot implementation began for 32 sites across the state impacting over 1600 children. Early care and education programs impacted include Head Start, Early Head Start, State Pre K, and child care. Funding from the Head Start State Collaboration Project, State Pre K program, PCCD funding, proposed funds from the Division of Public Health and contributions from local programs to participate in activities are sources of financial support for the initiative.

Delaware Early Childhood Council (DECC)

DECC is the State of Delaware's interagency office created to guide the implementation of Delaware's strategic agenda for the improvement of early care and education, entitled *Early Success II*. The office creates public-private partnerships through providing information to private sector entities on a regular basis. The result is that public will is generated around issues critical to improving the quality of child care.

Temporary Assistance for Needy Families (TANF)

The Division of Social Services is the Lead Agency for the TANF program as well as the CCDF. The Division continues to assure that child care services are available to TANF participants involved in employment activities. The Division:

- provides child care to Delaware's TANF Program participants who are eligible for services;
- provides transportation services to Delaware's TANF program participants who need such services for work;
- refers TANF participants in need of drug or alcohol treatment and provides the supportive service of child care, as necessary, to allow a participant's involvement in the treatment process.

Local Government

Representatives of county and city governments in the State are contacted in writing to determine local child care needs and resources, consider the effectiveness of local child care programs, and gather recommendations about the use of funds to address existing shortages. Local government contacts include: New Castle, Kent and Sussex Counties; the cities of Wilmington, Newark, Dover, Milford, Seaford and Georgetown; and the town of Smyrna.

In 2009 Wilmington Early Care and Education Council (WECEC) requested they manage the contract for a Professional Development Center. The lead agency supports local government providing this resource to the community.

State Pre Kindergarten program

ECAP

The Delaware Department of Education is the Lead Agency for the state funded Early Childhood Assistance Program (ECAP). ECAPs are designed on the Federal Head Start model. All programs follow Head Start Performance Standards as the foundation for developing their program's

systems and services. ECAP services are comprehensive and include: developmentally appropriate early childhood education, health and nutritional services, parent involvement, family partnerships/services, transportation, services for children with special needs, transportation and transition.

There are ECAP programs located throughout the state, with multiple grantees in each county. Grantees include Federal Head Start programs, school districts, community early care and education organizations, and a for-profit early care and education program. Services are typically provided following the local school calendars, with some programs operating through the summer. Most of the ECAPs provide full-day or wrap-around services to enrolled children. These programs collaborate with CCDF funded subsidized child care or utilize their own CCDF funds to provide this service to children and their families.

Head Start

The Head Start State Collaboration Director was appointed to serve on the Child Care Subsidy Task Force to recommend policies to enhance the Purchase of Care (POC) system. A policy recommendation for full year eligibility has been suggested to enhance coordination efforts with Head Start and State Pre K Early Childhood Assistance Program (ECAP) programs. Head Start and ECAP currently serve over 2500 children. Consistent and continuous care, whether at the Head Start site or via child care partnership, will support state efforts related to quality.

State system building activities have included Head Start in processes and planning activities. In 2009 Head Start staff participated in a round table discussion with the lead agency on suggested policy changes concerning eligibility criteria for our Purchase of Care children.

Programs that promote inclusion for children with special needs

DOE actively encourages Local Education Agencies (LEA) to provide special education and related services to young children with disabilities within environments that are least restrictive. Under the purview of LEAs (school districts), there are many young children with disabilities currently enrolled in early education sites across Delaware. In order for a child to be enrolled in an early education program and counted as receiving special education services, the LEA is obligated to provide on-site consultation with the early education agency teacher.

Several LEAs operate early education programs, providing both preschool experiences as well as full day child care. In each of these situations, the LEAs provide these opportunities as locally designed strategies to provide

children with disabilities with education experiences within inclusive settings - meeting the intent of the federal law to provide special education within the least restrictive environment.

In both situations described above, the State Education Agency (SEA) has worked with the state lead child care Agency to ensure that professional development training is available for early educators. The SEA consults with the Lead Agency to identify professional development needs. The SEA has also worked closely with the Lead Agency, through the Child Care Capacity grant program, to identify and support early education settings that offer early education services to young children with disabilities.

The Lead Agency has become a co-partner with the SEA and the state's Part C program in Delaware's Expanded Opportunities initiative. Within this process, each agency, along with a larger statewide EO stakeholder group, has established a strategic plan to broaden and enhance the opportunities for young children with disabilities to receive services in their early care and education community.

The expected outcomes for this process will be an increase in the number of children with disabilities receiving services in their community. This is directly tied to an expectation that programs use the state's early learning guidelines as their curricular framework for planning their day. Considerable professional development has been targeted to practitioners in use of the guidelines. In Sept. 2008 a survey titled "State Perceptions of Inclusive Practices" was commissioned by Building Capacity in Natural Environments. This committee changed its name to Expanding Inclusive Early Intervention Opportunities (EIEIO) in 2009. This is a statewide committee of parents, practitioners and policymakers serving children birth to age five with disabilities. Its focus is on enhancing options for children with disabilities in inclusive, high quality settings that offer supports and services to promote meaningful participation.

Emergency Preparedness

Delaware is in the process of establishing a Continuity of Operations Planning Deployment Timeline (COOP). This plan addresses how we would conduct operations in the event of a disaster which includes approving child care cases and paying vendors. The Plan is to be completed by 9/1/10.

Other: Child Care Resource and Referral Agency

Children and Families First (CCF) is a non-profit resource and referral organization that has been serving Delaware and the region since 1986. Their mission is to enhance the supply and increase the quality of care and education for children and elders and to help families effectively manage their work and personal life responsibilities. CCF provides direct programs, comprehensive information and appropriate resources to caregivers,

empowering them with the knowledge to make the best choices and use the best practices with available resources. Through advocacy, education, and information provision, CCF impacts lives of those less able to care for themselves.

CCF is the child care resource and referral agency for Delaware, the contractor for the capacity building target, school age target, TEACH scholarships and is a predominant member of Success by 6 and the Delaware Stars Design and Management Group (tiered reimbursement committees). CCF contributed to Early Success and the revised plan approved in 2005. Additionally, CCF in conjunction with other concerned advocates for early care and education has actively and successfully advocated for increases in the Purchase of Care rates. DSS continues to contract with Children and Families First (CFF) as they provide resources to the community in coordination with the lead agency by way of contracts.

2.1.2 Emergency Preparedness and Response Plan for Child Care and Early Childhood Programs. Lead Agencies are encouraged to develop an emergency preparedness and response plan for child care and other early childhood programs operating in the State/Territory. The plan should include provisions for continuity of services and child care assistance payments to families and providers in the event of an emergency or disaster. Indicate which of the following best describes the current status of you efforts in this area. **Check only ONE.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.
- Developing.** A plan is being drafted. Include the plan as Attachment 2.1.2, if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as Attachment 2.1.2, if available.
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 2.1.2.
- Other. Describe:**

a) Describe the progress made by the State/Territory in planning for an emergency or disaster event with regards to the operation of child care and early childhood education programs.

A plan was completed in December 2004. See attachment 2.1.2 and 2.1.2A for providers to use in an emergency. The lead agency is working

on developing a plan and will coordinate with federal agencies and providers.

b) Describe provisions the Lead Agency has in place for the continuation of core child care functions during and after a disaster or emergency.

The Delaware Emergency Medical Services for Children (EMSC) in the office of Emergency Medical Services (OEMS) provided leadership and funding for child care providers to attend statewide trainings on disaster preparedness in child care. Delaware is developing a plan.

c) Describe efforts the Lead Agency has undertaken to provide resources and information to families and child care providers about ways to plan and prepare for an emergency or disaster situation.

EMSC obtained funding from Maternal Child Health Bureau to host statewide disaster preparedness trainings and provide technical assistance for child care providers.

d) Describe how the Lead Agency is coordinating with other State/Territory agencies, private, and/or non-profit charitable organizations to ensure that child care and early childhood programs are included in planning, response, and recovery efforts.

A steering committee of emergency management personnel, paramedics, state agency representatives, child care professionals, and community representatives was established to address the needs of child care emergency preparedness.

2.1.3 Plan for Early Childhood Program Coordination. Lead Agencies are encouraged to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of your efforts in this area. **Note: Check only ONE.**

Planning. Are there steps under way to develop a plan?

Yes, and **describe** the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.

No.

Developing. A plan is being drafted. Include the draft as **Attachment 2.1.3** if available.

- Developed.** A plan has been written but has not yet been implemented. Include the plan as **Attachment 2.1.3** if available.
- Implementing.** A plan has been written and is now in the process of being implemented. Include the plan as **Attachment 2.1.3**.
- Other (describe):**

a) Describe the progress made by the State/Territory in planning for coordination across early childhood programs since the date of submission of the 2008-2009 State Plan.

Early Success: Delaware's Early Childhood Plan has been identified federally as the approved early childhood state plan for Delaware. It is a living document with a broad comprehensive approach to early childhood with approximately fifty (50) early childhood objectives to achieve. Recognizing the various policies, and fiscal obstacles ahead, members of the ECCS Steering Committee and members of the Delaware Early Care and Education Council formed an alliance. The alliance resulted in the formation of the Delaware Early Childhood Council (DECC) which was codified in the Delaware code in June, 2007. The DECC also houses the subcommittee the Multi-agency Early Childhood Comprehensive Systems State Team. This alliance was solidified through a *Letter of Collaboration* signed by Lieutenant Governor Matthew Denn and twelve (12) division directors and chief executive officers from both public and private state agencies. The DECC receives administrative support from the Department of Education, Office of Early Childhood and operates under the auspices of the Interagency Resource Management Committee (IRMC). The alliance of the ECCS Steering Committee and the Delaware Early Childhood Council has produced exemplary results in forwarding early childhood initiatives in the state.

b) Indicate whether there is an entity that is, or will be, responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

The Delaware Early Childhood Council is responsible for supporting the collaborations that will move the implementation of Early Success II forward. The Delaware Early Care and Education Council (DECEC) monitors and advises the IRMC on the implementation of Early Success. DECEC reports to the IRMC annually on the implementation progress. To date the following programs with their funding are coordinated through the implementation of Early Success II: CCDF quality and child care programs, Program for Preschoolers with Disabilities, State Pre-K program, Head Start and TANF through the child care licensing program.

c) **Describe** the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State/Territory's early learning guidelines, plans for professional development, and outcomes for children.

The net results of these interventions will be a State working together to bridge the chasms in all efforts to provide promotion, prevention and early intervention services to young children and their caregivers. Ultimately, this work will enable young children and their families to have “comprehensive, collaborative, integrated, consumer oriented and easily accessible system of services and supports.”

d) **Describe** how the State/Territory's plan supports, or will support, continued coordination among the programs. Are changes anticipated in the plan?

Coordination between programs is established through a variety of mechanisms. The expectation that all programs work together on early childhood issues was reaffirmed when the Governor endorsed the revision of *Early Success*. The coordination is also supported through Memorandum of Understanding between state agency departments. As the system is developed additional MOU's are anticipated.

2.2 Public Hearing Process

Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

- a) Date(s) of notice of public hearing: April 19, 2009
- b) Manner of notifying the public about the public hearing: DHSS website announcements at <http://www.dhss.delaware.gov/dhss.dss.pubs.html>, notices mailed to active providers and classified advertisements in newspapers.
- c) Date(s) of public hearing(s): May 13, 20, and 27, 2009
- d) Hearing site(s): Carroll's Plaza, Dover(Kent County), Georgetown State Service Center(Sussex County), and Herman Holloway Campus (New Castle County).
- e) How the content of the plan was made available to the public in advance of the public hearing(s):

A draft plan will be available on web site at <http://www.dhss.delaware.gov>, classified advertisements and notices to providers will inform public of availability.

f) **Attach** a brief summary of the public comment process as **Attachment 2.2**.

2.3 Public-Private Partnerships

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?

Yes. If yes, **describe** these activities or planned activities, including the results or expected results.

No.

Capacity Building Program – DSS has established a program for child care providers seeking either to expand or start-up services through the capacity building contract with the private, statewide Resource and Referral Agency (CCF). This program refers providers who are in need of capital funds to the Working Capital (a program sponsored by the YWCA) or First State Community Loan Fund for assistance with low-cost loans. The Capacity Building program has also supported programs in the state’s quality rating and improvement system pilot.

United Way of Delaware – United Way of Delaware has created a Success By 6 campaign for Delaware that serves to increase public will about the need for quality child care for all children. Success by 6 is focused on moving forward the design, implementation, evaluation, funding and promotion of a quality rating and improvement system (Delaware Stars).

Vision 2015 – A diverse group of leaders from education, business, government and community organization came together to create a framework to create the best public education system in the world for Delaware’s students. This plan has six building blocks to reach the vision by the year 2015. The second building block of the plan calls for an investment in early childhood education. It is understood that high quality early childhood experiences will ensure subsequent school success. Members of the Delaware Early Childhood Council and Success By Six have been actively involved in Vision 2015.

Wilmington Early Care and Education Council (WECEC) – WECEC is a local council by city government to improve the quality of child care. Since its inception, WECEC has been able to create private partnerships with many organizations to improve family engagement and professional development

opportunities. The result is that these organizations are invested in the City of Wilmington, where there is a large concentration of children in poverty.

Delaware Early Childhood Council– DECC is the State of Delaware’s interagency office created to guide the implementation of Delaware’s strategic agenda for the improvement of early care and education, entitled *Early Success II*. The office creates public-private partnerships through providing information to private sector entities on a regular basis. The result is that public will is generated around issues critical to improving the quality of child care.

Early Childhood Assistance Programs (ECAP) – ECAP is the state’s publicly funded preschool program. ECAP programs are placed in federal Head Start programs, public school settings and community-based child care settings. The result is that high quality early care and education child care is offered in both public and private settings, which can help to raise the overall quality of child care programs.

Parents As Teachers (PAT) – The PAT program is a publicly funded parent education program offered to families primarily through a home visitation model. The PAT program now also receives private funds to provide technical assistance to community-based programs using their “Support Care Providers” curriculum. The result has been that participating child care programs received on-site training and mentoring on developmentally appropriate classroom practices. The PAT program is available for children from zero through three years of age.

Nemours Foundation – Nemours Foundation is committed to improving social-emotional wellness and physical wellness in children. As a private foundation, Nemours is currently working to establish connections with a child care system and identifying its role. The anticipated result is that Nemours will aid in strengthening the child care system relative to its organization’s areas of focus.

Nemours Health and Prevention Services (NHPS) is a new division (founded in January 2004) of the Nemours Foundation and expand the foundation’s focus beyond children’s health care delivery. The mission of NHPS is to engage communities and work with partners to find, develop, implement, and disseminate successful strategies to help children, families, and communities to live healthier lives. NHPS incorporates the idea that health promotion and disease prevention, in addition to medical care, are important tools in assuring the health of any population. Health promotion must extend beyond the clinical setting to focus on the *whole* child within his/her family and community. Investing in prevention will improve health, but requires a long-term commitment; the *impact* of health promotion and prevention takes years to realize. To that end, NHPS focuses on health determinants; not medical treatment for illness/disability. In support of this mission, NHPS will work with communities and a variety of agency partners to study the need for, design, and implement coordinated health promotion and disease prevention programs.

NHPS activities are grounded in the belief that an infrastructure of lasting capacity must be built to address health promotion and disease prevention that compliments the existing capabilities of communities and agencies. NHPS will use internal staff capacity (infrastructure) to work with community agencies in four sectors: child care, primary care, schools, and neighborhoods.

In the Child Care Sector, NHPS has implemented the following activities:

Early Childhood Physical Activity and Healthy Eating Curricula for Child Care Centers – This project has adapted existing curricula and designed new developmentally appropriate teaching tools to teach preschool children about both physical activity and nutrition. The materials include provider/teacher manuals; activities and equipment to use with the children (lesson plans), information for parents, and guidelines for implementation for child care center administrators. Curriculum development involved understanding the existing materials and how they can be adapted (e.g., planet health curriculum from Harvard), creating original materials with careful attention to child development principles, and drafting and beta-testing versions in child care “model” settings. This work is carried out in conjunction with Children’s Health Media (KidsHealth) and Sesame Workshop. This partnership has also involved local partners such as the University of Delaware to help design, test and vet the curriculum before it is rolled out for wider testing and evaluation. This curriculum will eventually become one of the building blocks of two projects in the overall plan. A wider demonstration process and evaluation of the applied curriculum would occur in year three and beyond.

Child Care Provider Health Promotion Training Workshops – In the 2005-2006 academic year, NHPS contracted with Children and Families First (CCF) to implement a series of provider training workshops that focused on policies and practices that center-based and home-based providers could implement to promote healthy eating and physical activity in their programs. NHPS staff served as trainers, while Children and Families First promoted the training and handled registration and logistics. Training sessions were offered in each county and training materials distributed statewide building on the training network now in place through Delaware First Again. The number of training sessions will be planned with CCF and the state child care licensing agency. The child care providers who participated in the training received training materials that included self-assessment tools and action planning tools as well as playground and sports equipment. We are now planning a train the trainer approach to provide center directors and their curriculum directors with tools that they can take back to their programs and implement with their staff. This “Learning Collaborative” model will equip each center with

Videos, curriculum materials, planning tools, and other materials to use in their centers. The Directors will meet once a quarter for a year to sustain progress in implementing healthy eating and physical activities in their programs.

Child Care Center Demonstration Projects – We are continuing to work with four child care centers (Telamon, Sussex; St. Michael’s Day Nursery; Delaware Technical College, Owens Campus; and Delaware Early Childhood Center) who have made child health promotion a priority. They have made multiple changes in both policy and practice to successfully change physical activity and nutrition. They have used nationally recognized and validated assessment tools to assess their environment and working with staff from NHPS have implemented changes in physical space, schedules, menus and food service, child and parent instruction, and provider knowledge and behavior. They have participated in data collection, reporting, focus groups, and other evaluation activities. These Pilot Sites have helped to test some of the tools and materials that NHPS is developing to assist programs teach about nutrition, physical activity, emotional health, communication, and coping skills for staff, children and parents. These sites are currently preparing a report on their experiences that will eventually be available on our NHPS Website, GrowUpHealthy.org. They will serve as trainers in the “Learning Collaboratives” that are planned for academic years 2007-2009. They are also available to serve as mentors to other Centers’ staff that is implementing changes to promote healthy eating and physical activity.

Partners in Excellence – NHPS is partnering with the Head Start Collaboration Office in the Department of Education to implement a nationally recognized training model developed by the Center for the Social and Emotional Foundation of Early Learning. This approach is currently working with approximately 100 classrooms in 30 sites statewide to promote classroom practices that build social and emotional competencies in young children. This approach is based on the same principles that underlie the positive behavior support (PBS) model that many Delaware K-12 schools have adopted. The emphasis is on teaching about, modeling, and reinforcing positive behaviors in children.

PNC Bank – PNC has launched a campaign called “Grow Up Great,” which provides literacy information to Head Start and Early Childhood Assistance Programs, as well as bank consumers. The result is that families are much more aware of the literacy needs of their young children.

Social Venture Partners Delaware (SVPDE) – SVPDE provides multi-year funding to child care and pre-kindergarten programs that serve children in poverty in Wilmington. Additionally, they aid in the provision of services that these programs need such as budgeting, marketing, leadership development, parental involvement, and social/emotional needs of children. SVPDE also participates in policy development for the child care system. The result is that individual

programs are strengthened and there is also private support for policies that improve the quality of child care.

Prevent Child Abuse Delaware (PCAD) – Prevent Child Abuse Delaware is the lead agency for the Strengthening Families through Child Care grant in Sussex County. They are also receiving funds to provide family leadership trainings and stipends to recruit and sustain family representation of statewide policy development committees that impact families of young children.

Delaware Chapter of the American Academy of Pediatrics (DE-AAP) – In 2006, the DE-AAP took over as the local medical project under the Medical Society of Delaware's Covering Kids & Families Project to promote outreach to uninsured children and families statewide. Although grant funding for that project ended as of 3/31/07, the DE-AAP remains committed to ensuring that physicians are linking the uninsured with public coverage programs, as well as education the community as to importance of a medical home for all children. Additionally, this agency has become increasingly active within policy committee representation, promoting access to care, oral health early child mental health and prevention. Over the past year, they have conducted provider seminars on community resources, Medicaid and SCHIP programs, violence against children and public coverage application assistance training for medical and early childhood providers

PART 3 CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System. **Describe** the overall child care certificate process, including, at a minimum:

- a) a description of the form(s) of the certificate (§98.16(k)):
A certificate (form 601) is completed by Relative or Non Relative Providers once each year.

- b) a description of how the certificate permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))
Certificates allow parents the opportunity to select any provider who legally provides child care services. Parents can select a provider who either agrees to accept the State rate for child care payment or who does not agree to accept the State rate. A parent who chooses a provider who does not accept the State rate will self-arrange care with that provider in this instance the parent pays the provider directly for services and is reimbursed by the State up to the State's payment rate. The provider whom a parent selects and who agrees to the State rate will be treated as a contracted provider.

Parents are informed by letter as well as by a child care worker that they can use a certificate to select any licensed contract or non-contract provider of their choice as well as any legally exempt provider. Parents who choose a certificate are provided with a copy of the certificate form. Parents take the form to a provider of their choice and the provider completes the form and submits a completed copy to DSS so that information can be processed to insure provider payment.

- c) if the Lead Agency is also providing child care services through grants and contracts, **estimate** the proportion of §98.50 services available through certificates versus grants/contracts (this may be expressed in terms of dollars, number of slots, or percentages of services), and **explain** how the Lead Agency ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b)).

The Lead Agency does not provide child care services through grants. It also does not contract for slots, but instead contracts with providers for its rates.

- d) **Attach** a copy of your eligibility worker's manual, policy handbook, administrative rules or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1. see web address.**

Note: If these materials are available on the web, the Lead Agency may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

<http://regulations.delaware.gov/AdminCode/title16/index.shtml#TopOfPage>

3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

- Yes, and **describe** the type(s) of child care services available through the grant or contract, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))
- No.

3.1.3 Are child care services provided through certificates, grants and/or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

- Yes.
- No, and **identify** the localities (political subdivisions) and services that are not offered:

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

- Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

In-home care is limited to families in which four or more children require care or families with fewer children only as a matter of last resort. Last resort may include a parent who works the late shift in a rural area where other types of care are not available or where there is a special needs child for whom it is impossible to find any other child care arrangement.

- No.

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

3.2.1 Provide a copy of your payment rates as **Attachment 3.2.1**. The attached payment rates were or will be effective as of: 2006.

3.2.2 Are the attached payment rates provided in Attachment 3.2.1 used in all parts of the State/Territory?

- Yes.
- No, and other payment rates and their effective date(s) are provided as **Attachment 3.2.3**.

3.2.3 Provide a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

a) The month and year when the local market rate survey(s) was completed (§98.43(b)(2)):
May 2009.

b) A copy of the **Market Rate Survey instrument** and a summary of the results of the survey are provided as **Attachment 3.2.3**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

3.2.4 Does the Lead Agency use its current Market Rate Survey (a survey completed within the allowable time period –10/1/07 -9/30/09) to set payment rates?

- Yes.
- No.

Rates were set with the 2005 Market Rate.

3.2.5 At what percentile of the current Market Rate Survey is the State payment rate ceiling set?

Note: If you do not use your current Market Rate Survey to set your rate ceilings or your percentile(s) varies across categories of care (e.g., type of setting, region, or age of children), **describe** and provide the range of variation in relation to your current survey.

Rates that are currently in effect are based on the 2005 Market Rate Survey. DSS pays a range of 60th percentile to the 75th percentile for home providers and 50th percentile to 73rd percentile for centers. Rates vary by County. Currently there is no wait list.

3.2.6 Describe the relationship between the attached payment rates and the market rates observed in the current survey, including at a minimum how payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey:

(§98.43(b))

Rates that are currently in effect are based on the 2005 Market Rate Survey. However if the current Market Rate results were used to compute the percentile for the current rates, the results would be that DSS pays a range of 60 percent to 75 percent of the current for home providers and 50 percent to 73 percent of the for centers. Currently there is no wait list. Delaware also uses POC plus.

3.2.7 Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

Yes. If, yes, **describe**.

No.

3.2.8 Does the State have any type of tiered reimbursement or differential rates?

Yes. If yes, **describe**:

No.

3.2.9 Describe how the Lead Agency ensures that payment rates do not exceed the amount paid by the general public for the same service.

(§98.43(a))

The Market Rate Survey asks the provider what are their private pay rates.

3.3 Eligibility Criteria for Child Care

3.3.1 Age Eligibility

a) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

Yes. If yes, **define** physical and mental incapacity in Appendix 2, and **provide** the upper age limit
Care is provided up to the 19th birthday.

No.

b) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

Yes, and the upper age is _____

No.

3.3.2 Income Eligibility

Complete columns (a) and (b) in Table 3.3.2 below based upon initial entry into the CCDF program. Complete Columns (c) and (d) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Table 3.3.2 Income Eligibility

| | FY 2010 (3-13-09) SMI \$79,709 | | IF APPLICABLE | |
|----------------|--|---|---|--|
| Family Size | (a) | (b) | Income Level if lower than 85% SMI | |
| | 100% of State Median Income (SMI) (\$/month) | 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85] | (c) \$/month FY 2009 FPL 200% 1-23-09 | (d) % of SMI [Divide (c) by (a), multiply by 100] |
| 1 | \$3,454 | \$2,935 | \$1,806 | 52% |
| 2 | \$4,517 | \$3,839 | \$2,430 | 54% |
| 3 | \$5,580 | \$4,743 | \$3,052 | 55% |
| 4 | \$6,642 | \$5,646 | \$3,676 | 55% |
| 5 | \$7,705 | \$6,549 | \$4,300 | 56% |

Note: Table 3.3.2 should reflect maximum eligibility upon initial entry into the CCDF program.

a) Does the Lead Agency have “tiered eligibility” (i.e., a separate income limit for remaining eligible for the CCDF program)?

Yes. If yes, **provide** the requested information from Table 3.3.2 and **describe**. **Note:** This information can be included in a separate table, or by placing a “/” between the entry and exit levels.

No.

b) If the Lead Agency does not use the SMI from the most current year, **indicate** the year used: N/A

c) These eligibility limits in column (c) became or will become effective on:

10/1/09

d) How does the Lead Agency define “income” for the purposes of eligibility? **Provide** the Lead Agencies definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))
Income is any type of money payment that is of gain or benefit to a family. Examples of income include wages, social security, pensions, public assistance payments, child support, etc.

e) Is any income deducted or excluded from total family income (e.g., work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

Monies received from the following sources are not counted:

1. per capita payments to or funds held in trust for any individual in satisfaction of a judgment of Indian Claims Commission or the Court of Claims;
2. payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are exempt from taxation under ESM 21(a) of the Act;
3. money received from the sale of property such as stocks, bonds, a house or a car (unless the person was engaged in the business of selling such property, in which case the net proceeds are counted as income from self-employment);
4. withdrawal of bank deposits;
5. money borrowed or given as gifts;
6. capital gains;
7. the value of USDA donated foods and Food Stamp Act of 1964 as amended;
8. the value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended;
9. any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
10. loans or grants such as scholarships obtained and used under conditions that preclude their use for current living costs;
11. any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act;
12. home produce utilized for household consumption;

13. all of the earned income of a minor or minor parent (under 18) who is a full-time student or a part-time student who is working but is not a full-time employee (such as high school students who are employed full-time during summer);
14. all payments derived from participation in projects under the Food Stamp Employment & Training (FS E&T) program or other job training programs;
15. all Vista income; and
16. all income derived as a Census taker.

No.

f) **Describe** whose income is excluded for purposes of eligibility determination.

All income attributable to the parent(s) and children included in the family size accordingly is counted as family income. A person who acts as a child's caretaker is not included in the definition of family. In this instance, any income attributable to the child or children is the income which is counted. Family size as used here means those persons whose needs and income are considered together as defined in Policy 11003.9.3

Delaware does not have an Entrance and Exit eligibility threshold.

3.3.3 Work/Job Training or Educational Program Eligibility

a) How does the Lead Agency define “working” for the purposes of eligibility? **Describe** the specific activities that are considered “working” for purposes of eligibility determination, including minimum number of hours. (§§98.16(f)(6), 98.20(b))

Working is defined as either full time or part time employment for which the parent/caretaker receives wages equal to minimum wage or an equivalent. It also includes periods of up to 90 days of continued child care services when parents/caretakers lose one job and need to search for another, or when one job ends and another job has yet to start.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program?

Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility? **Describe**, the specific activities that are considered “job training and/or educational program”, including minimum number of hours. (§§98.16(f)(3), 98.20(b))

Job training/Training - A program that either establishes or enhances a person's job skills. Such training either leads to employment or allows a person to maintain employment already obtained. Such training includes, but is not limited to: Food Benefit Employment & Training(FB E&T) contracted programs, WIA sponsored training programs, recognized school vocational programs, and on-the-job training programs

No.

3.3.4 Eligibility Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

Yes. If yes, **provide** a definition of “protective services” in Appendix 2.

Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which

children receive, or need to receive, protective services?
(658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.

No.

No.

b) Does the Lead Agency provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

Yes. (**NOTE:** This means that for CCDF purposes the Lead Agency considers these children to be in protective services.)

No.

3.3.5 Additional Conditions for Determining CCDF Eligibility

Has the Lead Agency established any additional eligibility conditions for determining CCDF eligibility? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Yes, and the additional eligibility conditions are:
Cooperation with child support enforcement (Terms must be defined in Appendix 2)

No.

3.4 Priorities for Serving Children and Families

3.4.1 At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs, or in families with very low incomes. **Complete** Table 3.4.1 below regarding eligibility priority rules. For columns (a) through (c), **check** only one box if reply is “Yes”. Leave blank if “No”. **Complete** column (e) only if you check column (d).

Table 3.4.1 Priorities for Serving Children

How does the Lead Agency prioritize the eligibility categories in Column 1?

| Eligibility Categories | CHECK ONLY ONE | | | CHECK ONLY IF APPLICABLE | |
|---|--|---|-------------------------------------|---|--------------------------------|
| | (a) | (b) | (c) | (d) | (e) |
| | Priority over other CCDF-eligible families | Same priority as other CCDF-eligible families | Guaranteed subsidy eligibility | Is there a time limit on the priority or guarantee? | How long is time limit? |
| Children with special needs* | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | As applicable |
| Children in families with very low incomes* | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Families receiving Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Until no longer receiving TANF |
| Families transitioning from TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Families at risk of becoming dependent on TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

* Required

3.4.2 Describe how the Lead Agency prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

The following describes the Division of Social Services priority rules for child care service. Families in the following categories will receive service should the Division have a waitlist:

- TANF E&T participants

- TANF employed families
- Teen parents who attend high school, Adult Basic Education (ABE) or General Education Diploma (GED) program
- Special needs child or special needs caretaker
- Homeless families
- Families who have excessive financial burden
- Children with a protective need

Excessive Financial Burden – When paying the fee creates an excessive financial burden. Excessive financial burden is defined as a situation where the family's disposable income prior to the deductions or after the deductions, result in the family having income below 40% of the federal poverty level.

Deductions are limited to:

- rent, mortgage, lot rent;
- any mandatory expenses required by the landlord or mortgage holder (e.g., homeowners insurance, property taxes, school taxes);
- actual current monthly utility expenses (e.g., electric, gas, trash, water and sewer). Late fee's and past due amounts are not included.
- telephone expenses are capped at the same rate as the Food Benefit standard deduction for telephone bills;
- un-reimbursed medical costs (Before considering these medical costs as deductions, families not already receiving Medicaid or on the Delaware Healthy Children Program (DHCP) must first apply for either Medicaid or the DHCP. The DHCP premiums are included in the un-reimbursed medical cost deductions. Any un-reimbursed medical costs not covered by Medicaid or the DHCP will be considered as a deduction to determine the family's income for excessive financial burden.)

3.4.3 Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

DSS will provide child care as a regular supportive service to those families participating in Delaware's TANF Program. DSS will also ensure that those families who leave assistance because of work will

continue to receive child care as long as they meet income eligibility requirements. Finally, DSS also makes child care available to those low-income families who need care to keep a job, and who cannot afford to pay for all or part of their child care.

3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- Yes, and the additional priority rules are: **(Terms must be listed and defined in Appendix 2)**
- No.

3.4.5 Does the Lead Agency serve all eligible families that apply?

- Yes.
- No.

3.4.6 Does the Lead Agency have a waiting list of eligible families that they are unable to serve?

- Yes. If yes, **describe**. At a minimum, the description should indicate:
- a) Whether the waiting list is maintained for all eligible families or for certain populations?
 - b) Whether the waiting list is maintained for the entire State/Territory or for individual localities?
 - c) What methods are employed to keep the list current?
- No.

3.5 Sliding Fee Scale for Child Care Services

3.5.1 The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (co-payment) to the cost of child care (§98.42).

a) **Attach** the sliding fee scale as **Attachment 3.5.1**.

b) **Describe** how the sliding fee scale is administered, including how the family's contribution is determined and how the co-payment is assessed and collected:

Each family will pay a percentage of the cost of care based on family size, income, shelter and utility expenses and the type of care selected (e.g., center or family; full or part-time). Fees are not based on category of care. The co pay is determined by DSS. Client and provider are notified by DSS of parent co pay. The provider is responsible for collecting the co pay from the client.

c) The attached sliding fee scale was or will be effective as of 10/1/09.

d) Does the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

Yes, and **describe** those additional factors:

When paying the fee creates an excessive financial burden. Excessive financial burden is defined as a situation where the family's disposable income prior to the deductions or after the deductions, result in the family having income below 40% of the federal poverty level. Deductions are limited to:

- rent, mortgage, lot rent;
- any mandatory expenses required by the landlord or mortgage holder(e.g., homeowners insurance, property taxes, school taxes);
- actual current monthly utility expenses (e.g., electric, gas, trash, water and sewer). Late fees and past due amounts are not included.
- telephone expenses are capped at the same rate as the FS standard deduction for telephone bills;
- un-reimbursed medical costs (Before considering these medical costs as deductions, families not already receiving Medicaid or on the Delaware Healthy Children Program (DHCP) must first apply for either Medicaid or the DHCP. The DHCP premiums are included in the un-reimbursed

medical cost deductions. Any un-reimbursed medical costs not covered by Medicaid or the DHCP will be considered as a deduction to determine the family's income for excessive financial burden.)

No.

3.5.2 Is the sliding fee scale provided as Attachment 3.5.1 used in all parts of the State? (658E(c)(3)(B))

Yes.

No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2.**

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$18,310 for 2009

The Lead Agency must **select ONE** of these options:

- ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.
- ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. **Describe** these families:

TANF families, teen parents, protective families on a case by case basis, families with excessive financial burdens, non parent caretakers with a TANF or GA child; and all families who have income between 1% and 40% of the poverty level.

3.5.4 Does the Lead Agency allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

Yes.

No.

3.5.5 Describe how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

Delaware bases its fee scale on income, family size, and cost of care (i.e., the reimbursement rate). Families pay anywhere from one percent to 80 percent of the cost of care based on their income and family size. A typical Delaware family of three with two children in care (one child in a center and the other in school based care) and with income at 135 percent of the Federal Poverty Level (FPL) will pay approximately 30 percent of the cost of care. Families with incomes from one percent to 40 percent of the FPL will meet the waive fee criteria and not contribute to the cost of care. In addition, TANF families do not contribute to the cost of care. A family of three with income between 75 percent and 85 percent of the FPL will typically pay 12 percent of the cost of care. A Delaware family of three with income between 190 percent and 200 percent of poverty will pay approximately 80 percent of the cost of care. This was done to help these families avoid the so-called “cliff effect” when these families will no longer be eligible for a child care subsidy. Since most of the families we serve fall between one percent and 155 percent of the federal poverty scale, and since these families either pay a nominal fee or no greater than 48 percent of care we believe that the fee scale provides affordability for most families receiving subsidized care in Delaware. Parent fee determination is not based on the category of care.

PART 4 PARENTAL RIGHTS AND RESPONSIBILITIES

4.1 Application Process / Parental Choice

4.1.1 Describe the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §98.16(k), 98.30(a) through (e)). At minimum, describe:

- a) How parents are informed of the availability of child care services under CCDF (i.e., parental choice of child care services through a certificate or grant of contract)

- A. Parent/caretakers have the right to choose the type of provider and the type of care for their children (see Section 11004.4 for discussion of certificates and parental choice). When parents come into the office to apply for child care services they are informed of the various options. Parents also receive a copy of the booklet titled “Your Guide to Choosing Quality Childcare”. DSS has a data base statewide site search system that staff use to assist parents looking for particular types of child care. This search can find child care by type or zip code. The Office of Child Care Licensing has a web site with

a site map to assist parents in mapping out a route. In cases where a parent may have a hard to place child, DSS contracts with Children and Families First to provide resource and referral services to assist those families who may have a child with a disability or may live in a remote location

- B. Parent/caretakers have the right to have unlimited access to their children and the child care provider during normal working hours and whenever the children are in the provider's care.
 - i. Licensed providers must allow parental access as part of their licensing standards. Complaints against licensed providers who fail to provide parental access should be addressed to the Office of Child Care Licensing, Department of Children, Youth, and Their Families.
 - ii. Exempt providers must agree to allow parental access as part of the certificate process. Those providers who do not certify to allow access can be denied authorization to provide service.
 - C. Parent/caretakers have the right to request a list of substantiated parental complaints on any licensed or license-exempt provider. Maintain a record of complaints, particularly substantiated complaints, and provide this information to parent/caretakers upon request. The DSS Contracts Administrator's Office is the central repository for complaints about providers.
 - D. Parent/caretakers have the right to appeal any denial and/or termination of child care services.
- b) How parents can apply for CCDF services

Any parent/caretaker who expresses a desire for child care services may apply by contacting a DSS office. The process to actually obtain child care services starts when parents/caretakers contact a Case Manager. Consider this an informal inquiry unless or until it results in the completion of a written application.

An informal inquiry typically involves a parent/caretaker's phone call or unannounced child care office visit to seek information about eligibility for services. Process all informal inquiries by doing a simple review of the parent/caretaker's need in the creation of a child care case in the DCIS II Child Care Sub system. Following this simple screening, parents/caretakers are told they either appear eligible or ineligible for

service. For those applicants who appear to be eligible, proceed with the formal application process, schedule an appointment or send them the application and outline the necessary information to be returned with the signed application.

During the informal process, no obligation exists to provide parents/caretakers with a written decision of the eligibility finding nor are parents/caretakers able to appeal an informal decision. In either case, however, Case Managers will always schedule a formal interview for parents/caretakers who appear eligible or those who assert their right to make a formal request.

The formal application process is detailed below, including the requirements for authorizing child care services, the minimum requirements for verifying eligibility information, the standards for determining child care fees, and conditions for when and why a child care case should either continue or close.

c) What documentation parents provide as part of their application to determine eligibility

As part of the formal application process, use the parents/caretakers interview to review and verify eligibility requirements. This interview will always include an evaluation of the parents/caretakers need for child care and, as appropriate, a determination of financial eligibility. Section 11003, Eligibility Requirements, provides guidance for this review. Parents complete and sign an application, form 600, they must supply documentation of need for child care, income, citizenship of at least 1 household member, and cooperation with child support if applicable.

When a parent/caretaker makes a contact to inquire about child care, ask the following questions of the parent/caretaker to determine and verify need (these questions follow the eligibility requirements noted in Section 11003 and match DCIS II Child Care Sub system need codes.

- A. Is the parent/caretaker employed or do they need child care to accept employment? (Category 12 for TANF employed or Category 31 if not on TANF)? The caretaker must be part of the TANF grant to be a Category 12.
- B. Is the parent a TANF Employment and Training participant and needs care to participate in a TANF Employment and Training activity? (Category 11)

- C. Is the parent/caretaker a Food Stamp Employment & Training (FS E&T) participant? (This is Category 21.)
 - D. Is the parent/caretaker a self-initiated participant, a mandatory or voluntary Food Stamp Employment & Training (FS E&T) participant? (This includes Category 21.)
 - E. Is the parent/caretaker in and regularly attending a training program or going to school? (Category 31)
 - F. Is a special needs child or parent/caretaker in the household? (Category 31)
 - G. Is there a protective referral from Family Services? (Category 31)
 - H. If the parent/caretaker meets a Category 13 need, is the family income equal to or below 200 percent of the federal poverty level.
- d) How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4
The Contract of Mutual Responsibility is reviewed and signed.
Contract of Mutual Responsibility is an agreement between the TANF client and the agency, which sets obligations and expectations between the TANF client and agency in exchange for benefits
- e) What steps the Lead Agency has taken to reduce barriers to initial and continuing eligibility for child care subsidies
Delaware utilizes an on-line application as well as telephone interviews. In October 2008, Delaware opened a Change Report Center(CRC) for the City of Wilmington recipients where changes to existing cases are processed within 48 hours. Recipients may, call, email or fax their information to the CRC.
- f) **Attach** a copy of your parent application for the child care subsidy program as **Attachment 4.1.1**.

4.1.2 Is the application process different for families receiving TANF?

- Yes, and **describe** how the process is different:
- No.

4.1.3 What is the length of eligibility period upon initial authorization of CCDF services?

6 months

a) Is the initial authorization for eligibility the same for all CCDF eligible families?

Yes.

No and **describe** any variations that relate to the services provided (e.g., through collaborations with Head Start or pre-kindergarten programs or differences for TANF families):

4.1.4 Describe how the Lead Agency ensures that parents are informed about their ability to choose from among family child care and group home child care, center-based care and in-home care, including faith-based providers in each of these categories.

As part of the application process, all parents/caretakers are informed of their right to choose a child care provider. Parents/caretakers may elect to use a provider under contract with DSS or elect to receive a child care certificate. The child care certificate allows parents/caretakers to select any licensed non-contract provider or license-exempt provider. The child care certificate is part of a package of information provided to parents/caretakers as part of the formal application process. It is necessary to not only provide parents/caretakers with a copy of this package, but also explain the purpose of this package and ensure that parents/caretakers reasonably understand its contents.

Delaware exercises Parental Choice rules. In addition, the eligibility staff disperse information on choosing the right provider to meet the families needs. Delaware contracts with Children and Families First to assist in the search for child care.

4.1.5 Describe how the Lead Agency reaches out and provides services to eligible families with limited English proficiency, including how the Lead Agency overcomes language barriers with families and providers.

Spanish is our state's dominant second language. Spanish speaking staff is available at multiple sites statewide that are able to assist Spanish speaking clients in applying for the child care subsidy. Many of the child care forms, such as Choosing Quality Child Care are available in Spanish. Additionally, DSS contracts with a translating service to assist clients who are non English or Spanish speaking.

Children and Families First, the Resource and Referral agency, also provides services to promote access to child care services in languages other than English.

4.2 Records of Parental Complaints

Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

The Office of Child Care Licensing enters all complaints of non-compliance with Delacare child care regulations into the Department of Services to Children Youth and Their Families' data system, FACTS (Family and Child Tracking Service). Any allegations concerning child abuse and neglect are investigated by the Institutional Abuse unit of the Department in coordination with the Office of Child Care Licensing. These complaints are also entered into FACTS. OCCL and the Institutional Abuse unit both have access to information entered by the other unit. The Family & Workplace Connection removes child care programs from their referral lists while investigations are in progress and removed when a founded complaint is investigated.

The Delaware "Parents Right to Know Act" allows access to information concerning licensed child care providers. At the time a parent seeks information about enrollment from a licensed child care provider that provider is required under this Act to advise a parent in writing of their right to information and the contact information for the Office of Child Care Licensing from which they may obtain information. Parents are able to access information about substantiated complaints, enforcement actions and non-compliances by licensed providers through the OCCL website. This creates an easy access method by which parents can gain important information which can be used to make an informed choice for child care. Beyond this web-based service OCCL continues to offer a "file review" process whereby parents can request to review a file of a provider. During this process they are assisted by a Licensing Specialist who can answer questions and explain regulations and protocols.

4.3 Unlimited Access to Children in Child Care Settings

Provide a detailed description of the Lead Agency procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

Delacare requirements apply to all parents. Family child care regulations specify “Parents shall have free access to areas o the home used for child care while their children are in care”. For Centers regulations specify, “A licensee shall ensure that parent(s)/guardian(s) have access to the Center to observe their children at any time without prior approval of the Center.”

4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

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

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: Division of Social Services.

- “appropriate child care”: care that meets the health and safety standards as defined by State licensing guidelines, and that meets the age-appropriate needs of the child and the child care needs of the parents.
- “reasonable distance”: care that is located in proximity to either a parent’s place of employment or near the parent’s home (generally, care that is within one hour’s drive).
- “unsuitability of informal child care”: informal care that would not meet the physical or psychological needs of the child.
- “affordable child care arrangements”: care that would provide access to a full range of child care categories and types of providers and that would meet the needs of most children and their parents.

PART 5 ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

5.1 Quality Targeted Funds and Set-Asides

Federal appropriations law has targeted portions of the CCDF for quality improvement and for services for infants and toddlers, child care resource and referral (CCR&R) and school-age child care. For each targeted fund, provide the following information.

5.1.1 Infants and Toddlers:

Note: For the infant and toddler targeted funds, the Lead Agency must **provide** the maximum age of a child who may be served with such targeted funds (not to exceed 36 months).

- a) **Describe** the activities provided with these targeted funds

In addition all programs and services delivered to providers or programs serving infants and toddlers are defined as birth through 36 month old children

The Delaware T.E.A.C.H. Early Childhood program receives CCDF funding for scholarships for practitioners who care for infants and toddlers.

The Delaware Institute for Excellence in Early Childhood will be funded to develop and deliver training specifically for infant-toddler providers aligned to the new Infant-Toddler Early Learning Foundations and to update and deliver the 60 hour Infant-Toddler Certificate Training.

The Department of Education staff assigned to the Delaware First Qualifications review process, which supports the licensing requirements for pre-service training, are capturing data regarding the training and coursework of center based staff in infant-toddler care.

Career Advisement services, from the Institute for Excellence in Early Childhood, for early childhood are advising individuals with interests in infant-toddler care how they can meet licensing requirements.

Delaware Stars for Early Success is providing technical assistance to programs engaged in quality improvement with special attention to the criteria for quality under the ITERS for programs offering infant-toddler care.

Training and coaching in infant-toddler quality care will be developed through the Institute for Excellence in Early Childhood for technical assistants and trainers engaged in providing services to programs serving infants and toddlers.

b) **Identify** the entities providing the activities

- A. The Delaware Institute for Excellence in Early Childhood is contracted to the Department of Human Development and Family Services at the University of Delaware.
- B. Delaware Stars for Early Success is a public-private effort with contracts and oversight from the Department of Education.
- C. The Department of Education directly staffs and manages the Qualifications review process.

c) **Describe** the expected results of the activities.

Delaware is expecting to see an increased number of the early childhood workforce with formal education and training in infant-toddler care. We are also expecting to see that programs engaged in Delaware Stars for Early Success that serve infants and toddlers to show improvement in quality measures overall and specifically in the measures for infant and toddler care. Our state also anticipates having a cadre of trainers and technical assistants with training and expertise in infant-toddler care.

5.1.2 Resource and Referral Services:

a) **Describe** the activities provided with these targeted funds

In situations when DSS staff are unable to assist clients in finding an appropriate provider, a referral can be made to the Resource and Referral contractor who will provide direct case management. Resource and Referral services will assist families seeking affordable child care. Children and Families First will collect information from all legally operating programs, and maintain a data base adding new provider listings monthly. They will provide information to DSS about the characteristics of quality child care and child development by surveying families who use

the service and compile the results into a report. CFF will assist members of the community interested in opening child care businesses

b) **Identify** the entities providing the activities

Children and Families First

c) **Describe** the expected results of the activities.

Families or DSS staff may contact Children and Families First to link them to a child care provider that suits their specific needs. Parents can expect to receive referrals to appropriate, quality child care placements from experienced staff that are knowledgeable in the child care field.

5.1.3 School-Age Child Care:

a) **Describe** the activities provided with these targeted funds

Delaware will continue to build the capacity for quality programs to meet the needs of school age children in child care. This will be accomplished through:

- Capacity Building grants that will expand existing sites and begin new programs
School –Age Child Care Programs will compete for funds through an RFP (Request for Proposals) process offered at regular intervals throughout the year. Each awardee will be assessed using the SACERS which will be followed by four to six technical assistant visits.
- Participation in the Delaware Stars program
School-Age programs will be encouraged to apply to take part in the quality rating and improvement system, known as DE Stars. Programs that meet licensing requirements may volunteer to participate in order to receive professional development, program grants and technical assistance to reach higher Star levels.
- Maintain a website that provides easy access to information to assist afterschool and youth development practitioners.
- Disseminate information on model programs, best practices and outcome development strategies through technical assistance.
- Professional development

1. Revise the Introduction to School-Age Care curriculum; deliver quarterly
 2. Facilitate Moving Youth Forward in After School Programs at least twice each year, leading to a certificate in School-Age Care.
- Policy
 1. Continue to work with government, after school providers, and schools to develop sustainable models for quality School-Age Child Care programs
 2. Identify barriers to after school programs and work in partnership with others to increase access

b) **Identify** the entities providing the activities

- The Delaware After School Alliance, a program of Children & Families First
- The Institute for Excellence in Early Childhood Education, a program of the University of Delaware

c) **Describe** the expected results of the activities.

School Age Child Care programs will become more cognizant of their current SACERS level and will develop an improvement plan to correct deficiencies.

Through technical assistance visits School Age Child Care programs will create a step by step plan that will facilitate an increase in their STAR rating by one level within a one year period.

School-Age Child Care programs will access information on best practices, model programs, and legislative issues that impact school age child care programs and practitioners via a web-based delivery system.

School-Age Child Care staff will increase knowledge of outcome development; institute use of model programs, and evaluate the impact of programs.

School-Age Child Care staff will gain a better understanding of the needs of school age youth and will be more prepared to meet the social, emotional, and academic needs of the youth they serve.

The Delaware After School Alliance will create and introduce legislation and local policies that will improve the service capacity and sustainability of School-Age Child Care programs.

5.1.4 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including targeted funds) during the 1-year period: October 1, 2009 through September 30, 2010:

\$1,159,473 (6 %)

5.1.5 Check each activity in Table 5.1.5 that the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the targeted funds for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h)). **CHECK ALL THAT APPLY.**

Table 5.1.5 Activities to Improve the Availability and Quality of Child Care

| Activity | Check if undertaking/ will undertake | Name and type of entity providing activity | Check if non-governmental entity |
|---|--------------------------------------|--|-------------------------------------|
| Comprehensive consumer education | <input checked="" type="checkbox"/> | DOE | <input type="checkbox"/> |
| Grants or loans to providers to assist in meeting State and local standards | <input checked="" type="checkbox"/> | FWC | <input checked="" type="checkbox"/> |
| Monitoring compliance with licensing and regulatory requirements | <input checked="" type="checkbox"/> | DSCYF | <input type="checkbox"/> |
| Professional development, including training, education, and technical assistance | <input checked="" type="checkbox"/> | DOE | <input type="checkbox"/> |
| Improving salaries and other compensation for child care providers | <input checked="" type="checkbox"/> | DOE | <input type="checkbox"/> |
| Activities to support a Quality Rating System | <input checked="" type="checkbox"/> | DSS, DSCYF and DOE | <input type="checkbox"/> |
| Activities in support of early language, literacy, pre-reading, and early math concepts development | <input checked="" type="checkbox"/> | DOE and DSCYF | <input type="checkbox"/> |

| Activity | Check if undertaking/ will undertake | Name and type of entity providing activity | Check if non-governmental entity |
|---|--------------------------------------|--|----------------------------------|
| Activities to promote inclusive child care | <input checked="" type="checkbox"/> | DCYF and EIEIO | <input type="checkbox"/> |
| Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children | <input checked="" type="checkbox"/> | DPH and Nemours | <input type="checkbox"/> |
| Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2)) | <input checked="" type="checkbox"/> | DSS, FWC and DSCYF | <input type="checkbox"/> |

5.1.6 For each activity checked in Table 5.1.5, a) describe the expected results of the activity. b) If you have conducted an evaluation of this activity, describe the results. If you have not conducted an evaluation, describe how you will evaluate the activities.

Comprehensive consumer education

The Delaware Early Childhood Council funded by CCDF and state funds, are responsible for the implementation of *Early Success: Delaware's Early Childhood Plan*. One key area or expected result of *Early Success* is generating public will around early childhood issues.

One measure of evaluating the comprehensive consumer education activity was to establish the number of interested partners in this area. The Delaware Early Childhood Council, staffed by DECC, is a group of private citizens charged with providing input on the implementation of *Early Success*. One of DECC's newest partners is United Way of Delaware's Success By 6 Committee. United Way of Delaware has experience and expertise in public awareness and action campaigns. United Way is taking the lead for the state in this area.

DECC staff also provides support to the Wilmington Early Care and Education Council (WECEC) and the Sussex Early Learning Council (SEL). WECEC has utilized community events, and print materials in child care programs to educate the community about the importance of quality early care and education. WECEC is now funded by the City of Wilmington..

DSS provides literature to clients about finding appropriate and quality child care. Also during the application process, DSS staff provides consumer education to

clients. This activity is evaluated by determining the number of TANF clients who were unable to participate in work or education activities due to the inability to locate appropriate child care. To date, no TANF client has reported an inability to participate due to lack of appropriate child care.

FWC distributes consumer education materials through their free referral services and at community events. This activity is evaluated by the number of referrals generated by DSS for clients who need additional assistance in locating appropriate child care. FWC maintains a count of clients who are unable to find appropriate care. The expected ongoing outcome is that a lack of appropriate care is not a barrier to clients becoming self sufficient.

Grants or loans to providers to assist in meeting State and local standards

The statewide nonprofit resource and referral agency, Children and Families First has been selected to operate the Child Care Capacity Building Program to increase the supply of appropriate, affordable child care for low-income families. The primary focus will be to expand, enhance or create new services for types of child care which is in limited supply, to include: school-age care; various forms of nontraditional off-hours care; care for infants and toddlers; disabled children; and mildly ill children. The project will also seek to increase the ability of providers to offer care that is safe, healthy and appropriate. Every quarter a committee composed of various state partners and the resource and referral agency staff meets to review proposals from providers. Technical assistance is mandatory in order to assist providers in meeting State standards. Providers are evaluated using a rating scale and recommendations are made.

Monitoring compliance with licensing and regulatory requirements

Two staff positions are supported in the Office of Child Care Licensing; a Licensing Specialist and the Rule Development Manager. The Licensing Specialist makes announced and unannounced visits to licensed providers to review compliance with State Requirements. The expected result is that providers are in compliance with licensing standards. Additionally, the Licensing Specialist conducts orientation to individuals and organizations applying for licensure, provides technical assistance, including “Staying in Compliance” for Family Child Care Providers, “Early Care and Education and School-Age Center Revised Rule Training” sessions, develops and monitors corrective actions plans designed to bring non-compliant providers into compliance with Delaware Requirements and investigates complaints of non-compliance. The Rule Development Manager is responsible for identifying accepted licensing standards, best practices, and research findings and from those findings developing rules that promote quality, healthy and safe child care environments.

Professional Development

Two staff positions are supported to develop and implement components of the Delaware First professional development system. An additional position is

supported in the Delaware Early Childhood Council to assist in the development and implementation of the statewide early care and education system, *Early Success*. In addition to these positions, individual contractor services are utilized to develop and provide training aligned with Early Learning Guidelines and Staff Competencies. Individual contractor services are also used to for data collection and input track training of providers through the Personnel Registry. With the implementation of the new center rules, Delaware First has assumed responsibility for certifying staff for positions as defined in the licensing rules. This is a substantial step towards fully implementing individual professional licensure. Contracts with FWC serve to recruit, prepare, and assign trainers and to coordinate training activities and training delivery and training resources and information tools such as the website and training calendar, *Provider Pursuits*. FWC is also contracted to conduct periodic observations and evaluations of trainers of Delaware First curriculum.

Delaware First will be working to fully integrate its operation with the Department of Education K-12 professional development system. The integration will include creation of either a shared or related professional development data plus a consistent evaluation process.

Contracts with FWC for operation of a statewide system of resource centers provides means and technical assistance to staff and programs for enhancing program quality and curriculum for children and resources and materials for individual staff professional development and career advisement. The resource centers themselves are early childhood meeting and training locations and the center is utilized to coordinate and disseminate resource materials from other community services and programs that will benefit early care and education. Development and distribution of early learning guidelines for infants and toddlers, development of quality rating systems, implementation of T.E.A.C.H. and partial underwriting of statewide training conferences are also supported activities of the quality and earmarked set asides.

Improving Salaries

Quality set aside is used to support staffing and infrastructure for the T.E.A.C.H. licensee, FWC, and to ensure that the Training for Early Care and Education (TECE) curriculum and qualified trainers are available for delivery of Apprenticeship training through the Vocational Education High School Adult Education. Each of these efforts offers some opportunities for improving salaries. Delaware participates in the T.E.A.C.H. Early Childhood program evaluation system.

The Delaware Department of Labor, Division of Employment and Training's Apprenticeship and Training Unit has developed a registered Child Care Development Specialist Apprenticeship Program as a strategy for linking high

quality training for providers with increased compensation. The Apprenticeship Program provides scholarships to providers whose employers agree to pay increased compensation linked to increased training. CCDF funds are being used to recruit and train some of the instructors who will provide the training for the apprenticeships.

The first workforce study has been completed. It was supported by a partnership of Delaware First, 21st Century Learning Centers, the Division of Social Services, and the Department of Education.

Activities to support a Quality Rating System

Prior to becoming licensed as a child care provider individuals or organizations must participate in an “orientation” through the *Office of Child Care Licensing*. Every individual or organization that participates in an “orientation” session with the Office of Child Care Licensing receives information about the child care subsidy program and are encouraged to consider participating in the program. This was initiated during 2006 to try to expand the number of licensed providers participating in the child care subsidy program for the purpose of increasing parental choice options.

Every three months, the *Division of Social Services* conducts one provider meeting for each county, for a total of three meetings for each quarter. The purpose of the meetings are to inform providers of any changes to the child care subsidy program, to inform providers of resources, such as the Capacity Building grants and to elicit feedback from providers about areas where improvement is needed or areas that are working well. The expected outcome of the meeting is to primarily increase the knowledge of providers and elicit feedback. DSS participates in “Delaware Stars for Early Success”. It is expected that Delaware Stars will join the Institute for Excellence in 2009.

Activities in support of early language and literacy

Delaware Rules for Early Care and Education and School-Age Centers implemented in January 1, 2007 state, “A licensee shall develop written goals for children’s development and education. Goals shall include areas of physical, social, emotional, language/literacy, and cognitive development and be appropriate to the ages and developmental levels of the children in attendance at the Center...Activity plans shall also be based on best practices and accepted research in the field of early care and education and in alignment with principles of foundations of learning and development as set forth by the Delaware and/or United States Department of Education. The Delaware Early Learning Foundations for School Success regarding preschoolers and the Delaware Infant and Toddler Early Learning Foundations: A Curriculum Framework regarding infants and toddlers are specifically cited as sources. The Early Care and Education and School-Age Center Rules will set a quality standard from which Family and Large Family Child Care Rules will be developed.

Activities to promote inclusive child care

Consultation on Licensing Rule Development

In developing requirements for early care and education and school-age centers input was sought from advocates across the State. The State Council for Persons with Disabilities, Governor's Advisory Council for Exceptional Citizens, The Coordinating Council for Children with Disabilities, and the Delaware Developmental Disabilities Council all offered advice during the process and for the final document. A specific licensing Rule requires that adaptations and accommodations be made in activities, adult-child interactions, teaching strategies, and materials or equipment when needed to support the positive development of all children including those with disabilities. Delaware's Building Capacity in Nature Environments initiatives have focused on improving awareness and knowledge in the early care and education community. A new resource on how to integrate children with special needs had developed and is being distributed to child care providers. The expected outcomes for the Expanded Opportunities (EO) process will be an increase in the number of children with disabilities receiving services in their community. There is the expectation that parents will not encounter difficulty enrolling their children with a disability in a community early care and education facility. Simultaneously we expect an increase in the number of children 0-5 years of age receiving services in community settings. The lead agency will work with the State Education Agency to examine Least Restrictive Environment data collected by the SEA annually to determine the effectiveness of the EO project. In 2009 Building Capacity in Natural Environments and Expanding Opportunities combined to become Expanding Inclusive Early Intervention Opportunities (EIEIO). This is a statewide committee of parents, practitioners and policymakers who serve children with disabilities in inclusive, high quality settings. The committee offers supports and services to promote meaningful participation.

Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children

The Department of Health and Social Services is the Lead Agency for Part C of the Individual with Disabilities Education Act (IDEA) (P.L. 94-142, Part H), formerly the Education of the Handicapped Act, as amended by P.L. 99-457. The Division of Management Services within the Department of Health and Social Services provides the administrative management for Part C of IDEA. The Division of Public Health provides IDEA operations services under the Child Development Watch program.

The program is a comprehensive, interagency early intervention system for infants and toddlers (aged 0 through age 2 years) who suffer disabilities or developmental delays. Working closely with the childcare community, the program provides ongoing training and technical assistance to providers seeking information about IDEA and children with disabilities. Additionally, the program partners with the statewide resource and referral agency to disseminate disability

information through direct contact and at workshops and conferences where large numbers of child care professionals attend. Quarterly, an advisory committee, comprised of parents and professionals, meets to increase the capacity of services to be delivered in natural environments.

The Division of Public Health administers the Vaccines for Children (VFC) program, which provides federal funds for the immunization of children who meet eligibility criteria. This program provides all recommended childhood vaccines at no cost to the parent/guardian or physician and inoculations are provided for eligible children at Public Health clinics located in State Service Centers statewide and in the offices of providers enrolled in the program. The division also receives funds used to immunize a small number of children not falling under the VFC category but who are unable to receive immunizations elsewhere. Through the Delaware immunization registry, the division works closely with all providers and school nurses to assure that Delaware children are adequately immunized. The National immunization survey of 2003 indicates Delaware has an immunization completion rate of 82%.

The Office of Lead Poisoning has worked closely with childcare providers to offer health education programs and materials on the causes and effects of lead poisoning among young children, and how to identify and reduce lead hazards within the childcare setting. This office provided funding for the childcare health consultants to promote adherence to lead prevention assessments and provide ongoing lead education materials within the childcare community. Additionally, this office handles all lead inspections for new childcare providers opening care centers or homes in structures built prior to 1978.

The Delaware Emergency Medical Services for Children (EMSC) program in the Office of Emergency Medical Services (OEMS) provided leadership and funding for childcare providers to attend statewide trainings on disaster preparedness in childcare. A steering committee of emergency management personnel, paramedics, state agency representatives, childcare professionals, and community representatives was established to address the needs of childcare emergency preparedness. EMSC conducted two statewide disaster preparedness trainings and provided technical assistance for over 275 childcare providers. Delaware-specific disaster preparedness for childcare professionals training curriculum was completed in December of 2004. It combines local emergency preparedness professionals within the training to provide community specific resources and facilitate a community linkage with the childcare provider. As a result of this effort, a statewide committee of child advocates, agencies, non-profit organizations and emergency preparedness professionals has convened to address the needs of all children in the event of a disaster. The committee has spearheaded the development of policy for unattended minors during a crisis and has plans to provide statewide trainings on this issue in the near future.

The Special Needs Alert Program (SNAP) was implemented through EMSC, the Office for Children with Special Health Care Needs, and the State Systems Development initiative in 2004. SNAP identifies children with special health care needs within the community and connects them with the emergency medical system. Should the enrolled child require emergency services, the responders will have on hand critical medical information to assist them in providing appropriate treatment and interventions. This service is being promoted through childcare organizations. Any parent of a child with special health care needs may enroll their child through EMSC.

State Maternal and Child Health Early Childhood Comprehensive Systems Grant (ECCS)

The purpose of this project is to support Delaware in the planning, development, and ultimately the implementation of collaborations and partnerships to help families and communities in the development of children who are healthy and ready to learn at school entry. The grant identifies five critical components to be addressed:

- Access to medical homes and health care coverage for all children, including those with special health care needs;
- Access and availability of services to address the needs of children at risk of social and emotional developmental issues;
- Quality early care and education services for children from birth to age five that support early learning, health and development of social competence;
- Parent education services which provide support and training to parents in their role as prime educators of their children;
- Family support services to address the stressors impairing families to nurture and support the healthy development of their children.

In July 2003, Delaware received the State Maternal and Child Health Early Childhood Comprehensive Systems Grant (ECCS) award. A forty-three (43) member steering committee of public and private agencies, educators, medical providers, mental health advocates and child advocates was assembled to begin the planning of Delaware's coordinated, comprehensive early childhood system. The subcommittees developed goals and objectives within each of the five focus areas and these plans were used to broaden Early Success.

The ECCS grant is currently mapping federal and state funding of early childhood programs to identify opportunities to braid funding streams and resources. The ECCS grant is also providing funding to support family leadership trainings and stipends to recruit and sustain family representation on all statewide policy development committees, task forces and advisory boards. Additional funding has been provided to promote the importance of a medical home, including oral

health, in collaboration with the Delaware Chapter of the American Academy of Pediatrics.

January 2007, brought the formation of Delaware's Early Childhood Collaboration partnership comprised of the State Child Care Coordinator, Head Start State Collaboration Officer, Early Childhood Program Coordinator for the Department of Education, the ECCS Coordinator, and representatives from Delaware Medicaid and Nemours Health and Preventive Services. This team participated in the federal and state collaboration meeting hosted by Health Resources and Services Administration, Head Start, and the Child Care Bureau Administration. A state collaboration plan was developed and implemented by the participating partners.

In February 2007, the ECCS grant and Delaware Medicaid and Managed Care program collaborated to submit an application to the National Academy of State Health Policy for the Assuring Better Child Health and Development Screening Academy project. Improving the effectiveness of children's primary care providers' ability to screen for developmental problems will increase timely detection of such problems and improve access to follow-up services. Research shows that identifying and providing services that support young children's healthy development can reduce the prevalence of developmental and behavioral disorders that have high costs and long-term consequences for our health, education, welfare, and justice systems.

The ABCD Screening Academy is a 15-month project which will be initiated in 2007 to accomplish wide-spread adoption of policies and practices that can move the use of a standardized developmental screening tool from a 'best practice' to a 'standard practice.' The ABCD Screening Academy will bring together state teams composed of multiple state agencies, practitioners, and other stakeholders to form public/private partnerships to develop, implement, and spread strategies for improving screening that best fit each states health care delivery system.

The ECCS grant will provide ongoing technical assistance to Delaware Medicaid in an effort to sustain this effort.

In an effort to sustain the ECCS goals and objectives beyond federal funding, steps to integrate the ECCS Steering Committee and the Delaware Early Care & Education Council are being implemented. It is anticipated that there will be one unified Delaware Early Childhood Council by the end of August 2008.

The overall goals of the Healthy Child Care America project are:

- to develop a statewide system of child care health consultation;
- address gaps in state licensing regulations based on comparison with *Caring for Our Children: National Health and Safety Performance Standards- Guidelines for Out-of-Home Child Care Programs*;

- to provide a linkage for children in childcare to health insurance, Medicaid, and a medical home.

As of 2007, Delaware has trained thirty-nine (39) health consultants. Utilizing a unique public-private partnership, the State of Delaware initially contracted with Wesley College Department of Nursing to present the National Training Institute for Child Care Health Consultants (NTI) curriculum. Wesley College has adapted the materials and incorporated the training into their undergraduate, graduate, and continuing education nursing course offerings. As a result, the childcare health consultation training is sustained and recognized as part of an accredited institute of higher learning. The University of Delaware, School of Nursing, is partnering with Wesley College to offer this training to their nursing students as a part of shared curriculum resources between the two schools. In May of 2006, two of the childcare health consultants attended the National Training Institute for Child Care Health Consultation at the University of North Carolina, Chapel Hill, with the blending of funding from the ECCS grant and a grant from the Child Care Bureau Region III. The Delaware representatives completed the train-the-trainer course and will be assisting with upcoming trainings. The next scheduled training class will begin in June 2007. Additionally, continuing education courses in Injury Prevention, Playground Safety, Nutrition and Physical Exercise are scheduled to be conducted for the current consultants from June 2007 through August 2007. Of the thirty-nine (39) current consultants, approximately six (6) are active within the childcare community statewide. The current consultants come from varied professional backgrounds: nursing, education, child development, special needs children, and child mental health. In Delaware, the child care health consultants function within an entrepreneurial model. In 2006, a collaborative quality and compliance program was launched with the use of child care health consultations. In 2006, six child care health consultants and six child care providers were paired by the Office of Child Care Licensing to address health and safety compliance regulations. Over 300 hours of technical assistance to six centers serving primarily purchase of care children and twenty-three health and safety trainings was delivered to more than 90 providers. The response to the technical assistance and trainings from the providers was positive. The providers wanted the availability of services to be extended for longer periods of time and felt that their centers had benefited from the services rendered by the consultants. The only barrier to using a consultant was funding. However, the receptiveness and collaboration demonstrated by the participants was encouraging, two of the participating sites entered into contracts for additional services with their consultant. Communication between the licensing specialist and provider also improved, as the providers viewed this program as a benefit, rather than punitive.

Federal funding for the Healthy Child Care America grant ended on January 31, 2005. However, the goals of the project have been incorporated into the states Early Childhood Comprehensive System (ECCS) grant. Commitment to sustaining the health care consultation program to improve the quality of health and safety standards within the child care community, especially with those who

serve at-risk populations, remains a priority. Funding from the ECCS grant was provided to promote the use of technical assistance in the piloting of the Delaware Stars for Early Success tiered quality-rating system.

The *Delaware Infectious Diseases in Childcare Manual* and provided the manual free of charge to all of Delaware's licensed childcare professionals, school nurses, licensing specialists and pediatricians. This was a collaborative public health effort with blended funding from the ECCS grant, Immunizations and in-kind services from the Office of Epidemiology. The revised manual includes educational information regarding the health and safety of children in the childcare setting, oral health, immunizations, and staff health state required public health reporting forms and sample family alert letters, disaster preparedness education, and a listing of community resources. Collaborating with the Office of Childcare Licensing, the Division of Social Services, and FWC the manuals in hard cover and CD versions were distributed statewide.

The ECCS grant has also provided funding to provide Risk Watch curriculum training statewide to childcare providers. Risk Watch is a comprehensive injury prevention program available pre-K through grade 8 classrooms developed by the National Fire Prevention Association. In collaboration with the Delaware State Fire Association, the training will begin in the early summer for childcare providers with continued follow-up and resources throughout the year.

In August of 2006, the Partners in Excellence (PIE) pilot focusing on building social-emotional competence in young children was transferred from the University of Illinois to *Nemours Health and Prevention Services (NHPS)* as a result of the project conclusion at the national level. Previously funded by the Head Start and Child Care Bureaus and led locally by the Head Start Collaboration Project at the Delaware Department of Education, NHPS is providing pilot support for the initial 32 sites inclusive of child care, Head Start, and ECAP sites. Efforts are underway to create a full model concept inclusive of mental health consultation for a small cohort of those sites. The impact of PIE has been evaluated by NHPS. The evaluation component of PIE is being revised to ease integration of the child assessment into the curriculum and simplify the parent assessment component.

Other quality activities that improve the quality and availability of child care

Prior to becoming licensed as a child care provider individuals or organizations must participate in an "orientation" through the *Office of Child Care Licensing*. Every individual or organization that participates in an "orientation" session with the Office of Child Care Licensing receives information about the child care subsidy program and are encouraged to consider participating in the program. This was initiated during 2006 to try to expand the number of licensed providers participating in the child care subsidy program for the purpose of increasing parental choice options.

Nemours Foundation is committed to improving social-emotional wellness and physical wellness in children. As a private foundation, Nemours is currently working to establish connections with a child care system and identifying its role. The anticipated result is that Nemours will aid in strengthening the child care system relative to its organization's areas of focus.

Nemours Health and Prevention Services (NHPS) is a new division of the Nemours Foundation and expand the foundation's focus beyond children's health care delivery. The mission of NHPS is to engage communities and work with partners to find, develop, implement, and disseminate successful strategies to help children, families, and communities to live healthier lives. NHPS incorporates the idea that health promotion and disease prevention, in addition to medical care, are important tools in assuring the health of any population. Health promotion must extend beyond the clinical setting to focus on the *whole* child within his/her family and community. Investing in prevention will improve health, but requires a long-term commitment; the *impact* of health promotion and prevention takes years to realize. To that end, NHPS focuses on health determinants; not medical treatment for illness/disability. In support of this mission, NHPS will work with communities and a variety of agency partners to study the need for, design, and implement coordinated health promotion and disease prevention programs.

NHPS activities are grounded in the belief that an infrastructure of lasting capacity must be built to address health promotion and disease prevention that compliments the existing capabilities of communities and agencies. NHPS will use internal staff capacity (infrastructure) to work with community agencies in four sectors: child care, primary care, schools, and neighborhoods.

Every three months, the *Division of Social Services* conducts one provider meeting for each county, for a total of three meetings for each quarter. The purpose of the meetings are to inform providers of any changes to the child care subsidy program, to inform providers of resources, such as the Capacity Building grants and to elicit feedback from providers about areas where improvement is needed or areas that are working well. The expected outcome of the meeting is to primarily increase the knowledge of providers and elicit feedback.

5.2 Early Learning Guidelines and Professional Development Plans

5.2.1 Status of Voluntary Early Learning Guidelines. Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three-to-five year-olds. **NOTE: Check only one box that best describes the status of your State/Territory's three-to-five-year-old guidelines.**

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____. If possible, respond to questions 5.2.2 through 5.2.4.
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____. If possible, respond to questions 5.2.2 through 5.2.4.
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1, if available.**
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1.**
- Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1.**
- Other. Describe:**

a) Describe the progress made by the State/Territory in developing, implementing, or revising early learning guidelines for early learning since the date of submission of the 2008-2009 State Plan. Efforts to develop early learning guidelines for children birth to three or older than five may be described here.

The Early Learning Foundations for School Success (ELFSS) were established 2003. There have been no changes in this document. The Foundations include seven domains of learning. A multi-series professional development package has been developed that includes 15 hours of training on the ELFSS. This training is now available statewide through the state's professional development office (Delaware First). ELFSS have been translated into Spanish.

The Early Learning Foundations for School Success are currently under revision. The stakeholder group has been meeting since the Fall of 2008. The focus of the revision is to bring in new scientific and evidence-based information to support content. It is anticipated that a final revision will be available for dissemination in the Fall of 2009.

The Infant and Toddler Early Learning Foundations (ITELF) were published in January 2006. The document was disseminated to all licensed facilities at that time.

The ITELF are currently under revision. The stakeholder group has been meeting since February 2009. The focus of the revision is to bring in new scientific and evidence-based information to support content. It is anticipated that a final revision will be available early 2010.

New child care center regulations, published in 2006 and effective in January 2007, integrate the preschool and infant and toddler guidelines into expectations of practitioners. Centers are expected to use the guidelines as a part of their planning for activities.

b) If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

Yes. If yes, **identify standards:**

1. Head Start Child Outcomes
2. Delaware K-12 Standards and K-12 Grade Level Expectations

No.

c) If developed, are the guidelines aligned with early childhood curricula?

Yes. If yes, **describe:**

No.

d) Have guidelines been developed for children in the following age groups:

Birth to three. Guidelines are included as **Attachment 5.2.1**

Birth to five. Guidelines are included as **Attachment 5.2.1**

Five years or older. Guidelines are included as **Attachment 5.2.1**

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

Guidelines are part of attachment 5.2.1

5.2.2 Domains of Voluntary Early Learning Guidelines. Do the guidelines for three-to-five-year-olds address language, literacy, pre-reading, and early math concepts?

Yes.

No.

a) Do the guidelines for children three-to-five-year-olds address other domains such as social/emotional, cognitive, physical, health, or creative arts?

Yes. If yes, **describe**.
The Delaware Early Learning Foundations for School Success(for ages 3-5) contain a total of seven domains of learning that include: Language/Literacy, Mathematics, Science, Creative Arts, Emotional and Social Development, Approaches to Learning and Physical Health and development.
The Delaware Infant and Toddler Early Learning Foundations: A Curriculum Framework contains the following domains: Language, Social/Emotional and Attachment, Motor, Cognitive/Discovery, and Well-Being of Child and Parent/Caregivers.

No.

5.2.3 Implementation of Voluntary Early Learning Guidelines.

a) **Indicate** which strategies the State used, or expects to use, in implementing its early learning guidelines.

Check all that apply:

- Disseminating materials to practitioners and families
- Developing training curricula
- Partnering with other training entities to deliver training
- Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- Other. **Describe:**

b) **Indicate** which stakeholders are, or are expected to, actively support(ing) the implementation of early learning guidelines:

Check all that apply:

- Publicly funded (or subsidized) child care

- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:**

c) **Indicate** the programs that mandate or require the use of early learning guidelines

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:**

d) **Describe** how cultural, linguistic and individual variations are (or will be) acknowledged in implementation.

Both the preschool and infant/toddler versions of the state's early learning guidelines have been translated into Spanish. Spanish is our state's dominant second language.

During the development of both the preschool and infant/toddler guidelines, attention was given to ensuring the guide also addressed the needs of children with disabilities. Where possible, universal design principles were used. Additional work is needed and is planned to occur during the revision process.

e) Describe how the diversity of child care settings is (or will be) acknowledged in implementation.

The Delaware Professional Development Office has worked with the professional development trainers to be cognizant of the skills and abilities of training attendees. Subsequently, training is geared to the needs of the training participants. Training is designed to be "hands on", thus allowing participants to come away from the training sessions with applicable information they can use at their local site.

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide

the appropriate Web site address (guidelines must still be attached to Plan):

Refer to Attachment 5.2.1 and 5.2.1A

5.2.4 Assessment of Voluntary Early Learning Guidelines. As applicable, describe the State's plan for:

a) Validating the content of the early learning guidelines

The Center for Improvement of Early Reading Achievement reviewed our early learning guidelines in 2003. The process for reviewing the standards can also be found at: [<http://www.ciera.org/library/archive/2003-01/index.htm>]. Within that review, the reading and math standards received a rating of “A” and “B” respectively.

b) Assessing the effectiveness and/or implementation of the guidelines

The new Delaware child care licensing regulations that went into effect January 2007, require all licensed centers to use the state’s early learning guidelines as a part of ongoing curricular planning.

c) Assessing the progress of children using measures aligned with the guidelines

The new pilot quality rating and improvement system incorporates the state’s early learning guidelines as one of the indicators for a quality rating.

d) Aligning the guidelines with accountability initiatives

The state’s new IDEA outcomes system is linked to the early learning guidelines. Each of the assessments chosen for use in the system were identified due to their higher level of alignment with the guidelines.

There have been no are no evaluations completed examining the implementation of the early childhood standards. Delaware has completed an internal assessment of the alignment of the preschool Foundations to the kindergarten grade level expectations and the infant/toddler Foundations to the preschool Foundations. However no formal report has been completed.

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, **provide** the appropriate Web site address (reports must still be attached to Plan):

Refer to attachments 5.2.1 and 5.2.1A

5.2.5 Plans for Professional Development. Indicate which of the following best describes the current status of the Lead Agency's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box that best describes the status of your State's professional development plan.**

- Planning.** Are steps underway to develop a plan?
- Yes, and **describe** the entities involved in the planning process, the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- No.
- Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5**, if applicable.
- Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5**, if applicable.
- Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5**.
- Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 08-09 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5**.
- Other. Describe:**

a) Describe the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2008-2009 State Plan.

Since the Plan was written in June 2006, Delaware has worked with a task force of stakeholders to create a Professional Development Framework and initiate a new vehicle for development and delivery of quality assured training. The Delaware Institute for Excellence in Early Childhood was created at the University of Delaware as the entity that will coordinate this effort and create collaborations within the state to identify, expand and bring to market a greater variety of training meeting the needs of all sectors of the early childhood field.

b) If developed, does the plan include (Check EITHER yes or no for each item):

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| Specific goals or desired outcomes | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A link to Early Learning Guidelines | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Continuum of training and education to form a career path | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Articulation from one type of training to the next | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Quality assurance through approval of trainers | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Quality assurance through approval of training content | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A system to track practitioners' training | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Assessment or evaluation of training effectiveness | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Specialized strategies to reach family, friend and neighbor caregivers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

c) For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.

Specific Goals: The plan document has listed goals and objectives and strategies for accomplishing each part of the Professional Development system.

Link to Early Learning Guidelines: The plan specifies that all professional development will be aligned to the Guidelines.

Continuum of Training: The Plan addresses a continuum and the newest revision of the Licensing regulations requires that center-based staff participate in pre-service training which lays a foundation for building a professional development pathway for all staff.

Articulation: The plan calls for articulation of training between higher education programs which currently exists between secondary and higher education and between 2 year and 4 year degree programs. There are plans to create credit bearing options for the state sponsored qualifications training packages which are community.

Quality Assurance of Training Content: The plan seeks to set a higher standard for training content than exists now and to assure that content is aligned with state competencies for staff and with Early Learning Guidelines.

State Credentials: There is a 12 credit director credential and plans for a credential in infant-toddler care, special needs care, and school-age care

d) For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

Quality Assurance of Trainers: The plan seeks to create an approval process for trainers.

System for Tracking Practitioner Training: This has been a service offered over the past 15 years for practitioners but has changed recently to be a tracking of qualifications only. There is an intent to create database development to allow for this service to be reinstated.

Assessment of training effectiveness: The plan does not address this aspect, but the creation of the Institute for Excellence in Early Childhood will begin to formally evaluate the effectiveness of training.

e) Are the professional development opportunities described in the plan available:

Note: Check either yes or no for each item):

| | Yes | No |
|--------------------------------------|-------------------------------------|-------------------------------------|
| Statewide | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To Center-based Child Care Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To Group Home Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To Family Home Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| To In-Home Providers | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (describe): | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

f) **Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

There are several levels of professional development opportunities available for practitioners. Within the foundation level – Teaching Early Childhood Education I and II - practitioners are provided with basic information on early language, early literacy and early math concepts. Within the new Professional Development Framework, the state is offering Level 4 [Professional Development Certificate] level training on early language, literacy and pre-reading. A six module training is offered statewide to practitioners annually.

g) Are program or provider-level incentives offered to encourage provider training and education?

Yes. **Describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

- No. **Describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

It is planned that the new Institute for Excellence in Early Childhood will offer many more opportunities for training in these areas. The Delaware Stars QRIS requires a certain amount of professional development hours from the levels offered by the Institute.

h) As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- Yes. **Describe** how the professional development plan's effectiveness/goal is assessed.
- No. **Describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

The Institute will have a component for comprehensive evaluation that addresses how effective Delaware is in meeting the goals of the professional development plan.

i) Does the State assess the effectiveness of specific professional development initiatives or components?

- Yes. **Describe** how specific professional development initiatives or components' effectiveness is assessed.
- No. **Describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

The Institute evaluation design will include evaluation of each component of the professional development system; content development, delivery and utilization and effectiveness.

j) As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

- Yes. **Describe** how assessment informs the professional development plan.
- No. **Describe** any plans to include assessment to inform the professional development plan.

The Institute evaluation design will include updating and revising the professional development plan. The Institute will also present assessment data to the Professional Development Subcommittee of the Delaware Early Childhood Council for their recommendations on development, delivery and policies for the professional development system.

PART 6 HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. **Note: This database typically contains information on licensing requirements for meeting State or local law to operate (§98.40). This database does not contain registration or certification requirements specific only to participation in the CCDF program.**

In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements.

The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

CCDF regulations (§98.2) define the following categories of care:

- **Center-based child care provider:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

6.1 Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §98.41, §98.16(j))

- 6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law per the NRCHSCC's compilation? **Note:** Some States use

the term certification or registration to refer to their licensing regulatory process. Do not check “Yes” if center-based providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.

No. **Describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2)&(3))

Yes, and the changes are as follows:

No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for center-based child care services provided under the CCDF

6.2 Health and Safety Requirements for Group Home Child Care Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their

licensing regulatory process. Do not check “Yes” if group home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

No. **Describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

N/A. Group home child care is not a category of care in this State. Skip to Question 6.3.1

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows: **(aka Large Family Child Care Homes)**

The Licensee or Large Family Child Care Provider of a Large Family Child Care Home licensed on or after the effective date of these Rules shall have at least nine (9) clock hours of training related to the administrative duties such as human resources/personnel and fiscal management for operating a Large Family Child Care Home or child care facility unless such duties are not the responsibility of the Licensee or Large Family Child Care Provider.

The Large Family Child Care Provider shall have successfully completed at least **ONE** of the following:

- A. *Training for Early Care and Education 1 and 2;*
- B. A Child Development Associate Credential (CDA) that is kept valid/current;
- C. Delaware Department of Labor’s Early Childhood Apprenticeship Program;
- D. A high school diploma from a vocational/technical high school three (3) year program in early childhood education approved by Delaware’s Department of Education;
- E. Nine (9) college/university credits – three (3) in early childhood education, three (3) in child development, and three (3) in positive behavior management;
- F. One (1) year early childhood diploma program from a two (2) year college;
- G. An Associate degree from an accredited college or university and six (6) college/university credits of child development or early childhood education; or

H. Qualified as an at least an Early Childhood Teacher as per *Delacare; Rules for Early Care and Education and School-Age Centers*.

The Licensee shall ensure that prior to accepting and caring for one (1) or more infant(s) and/or toddler(s), the Large Family Child Care Provider (or Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) has successfully completed at least six (6) clock hours of training as accepted or approved by the Office of Child Care Licensing in infant and/or toddler child development. Infant training may be taken if only providing care for infants, and toddler training may be taken if only providing care for toddlers.

The Large Family Child Care Provider (or Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) shall have at least twenty (20) clock hours of training as accepted or approved by the Office of Child Care Licensing that includes development, curriculum or educational activities, health, safety, and nutrition specifically related to infants and/or toddlers when approved as a Type Two (2) (Infant/Toddler Home). Infant training may be taken if only providing care for infants, and toddler training may be taken if only providing care for toddlers.

The Licensee or Large Family Child Care Provider of a Large Family Child Care Home licensed on or after the effective date of these Rules shall have at least nine (9) clock hours of training related to the administrative duties such as human resources/personnel and fiscal management for operating a Large Family Child Care Home or child care facility unless such duties are not the responsibility of the Licensee or Large Family Child Care Provider.

The Large Family Child Care Assistant without experience or training must remain under the supervision and direct observation of the Large Family Child Care Provider – may not be left alone with a child or group of children at any time – and successfully complete at least the following:

- A. Proof of completing First Aid course and current certification in CPR within six (6) months of the date of hire. The First Aid and CPR training shall be in accordance with the ages of the children enrolled in the Large Family Child Care Home at any given time; and
- B. Twelve (12) clock hours of training within twelve (12) months of the date of hire. This training shall be approved by the Office of Child Care Licensing specifically for qualifying for a Large Family Child Care Assistant and include at least three (3) clock hours in each of the following topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, and Families/Communities; or

- C. Qualified as an Early Childhood Intern as per *Delacare: Rules for Early Care and Education and School-Age Centers (2007)* within twelve (12) months of the date of hire.
 - i. Any training in the above subsections shall count toward the first year's annual training requirement as per Rule #165 if successfully completed.

The Large Family Child Care Assistant with training and experience must be under the supervision but not always under the direct observation of the Large Family Child Care Provider - may be left alone with a child or group of children – and have at least six (6) months of experience working with children in a group setting; and successfully complete at least one of the following:

- A. Sixty (60) clock hours of training with at least a minimum of three (3) clock hours in each of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism;
- B. Three (3) college/university credits in courses related to any of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism; or
- C. Qualified as at least an Early Childhood Assistant Teacher as per *Delacare: Rules for Early Care and Education and School-Age Centers (2007)*.

The actively involved Licensee, Large Family Child Care Provider, and Large Family Child Care Assistant (or Caregiver or Associate Caregiver for Large Family Child Care Homes licensed before the effective date of these Rules) shall successfully complete at least fifteen (15) clock hours of annual training as accepted or approved by the Office of Child Care Licensing.

- A. Annual training shall be within at least three (3) different core areas associated with ensuring health, safety or enhancing quality in child care in the Large Family Child Care Home as specified under subsection "C" (below) of this Rule.
- B. Annual training may be within one (1) or two (2) core areas if the Licensee or staff member is applying credits earned for successfully completing either a college/university course or the training is six (6) or more clock hours in length.
- C. Topics shall include the following core areas: Child Development; Educational Activities for Children; Positive Behavior Management;

Health; Safety; Nutrition; Families/Communities; Professionalism; and Business Practices/Administration related to operating a Large Family Child Care Home or child care facility.

The Licensee shall review written information as provided by the Office of Child Care Licensing on safe sleeping practice, risk reduction of Sudden Infant Death Syndrome (SIDS), and child abuse and neglect reporting with the Substitute before he/she provides child care.

No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for group home child care services provided under the CCDF

6.3 Health and Safety Requirements for Family Child Care Providers
(658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check “Yes” if family child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

No. **Describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows: Delacare Rules for Family Child Care Homes were revised effective January 1, 2009. There were no changes in capacity or child-staff ratios.

Family Child Care Homes

Hours of operation were limited in Family Child Care Homes to a maximum of 17 hours in a 24 hours period. Providers licensed prior to the effective date had one year to comply with the limit on hours of consecutive operation. All newly licensed Providers may only operate for a maximum of 17 hours in a 24 hours period.

Staff qualifications were also changed. Family Child Care Providers licensed prior to January 1, 2009 were not required to have a high school diploma or general equivalency diploma. Any Provider licensed after that date must have a high school diploma or GED.

The Level I Licensee shall successfully complete twelve (12) clock hours of training within the first year of licensure. This training shall be approved by the Office of Child Care Licensing specifically for qualifying for a Level I Family Child Care Home and include at least three (3) clock hours in each of the following topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, and Families/Communities.

This will be waived if at the time of licensure the Provider can provide verification that they have met this requirement.

To qualify as a Level II Family Child Care Home successfully complete of one the following:

- A. Sixty (60) clock hours of training with a minimum of three (3) clock hours in each of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families, and Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility;
- B. Three (3) college/university credits in courses related to any of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism/Business

- Practices/Administration related to operating a Family Child Care Home or child care facility; or
- C. Qualified as at least an Early Childhood Assistant Teacher as per Delacare: Rules for Early Care and Education and School-Age Centers (2007).

The person licensed before the effective date of these Rules as a Level II Family Child Care based on *Delacare: Requirements for Family Child Care Homes (1994)* shall have two (2) years from the effective date or no later than January 1, 2011 to meet one (1) of the qualifications as required in A, B or C above.

Failure to meet one of the qualifications as required in Rule #131A, B or C on or before January 1, 2011 shall result in the Licensee being lowered to a Level I Family Child Care Home based on the *Delacare: Requirements for Family Child Care Homes (1994)* which includes the accompanying decrease in licensed capacity.

Annual training requirements were also changed. The FCCH Licensee at Level I and II shall successfully complete at least twelve (12) clock hours of annual training as accepted or approved by the Office of Child Care Licensing.

- A. Annual training shall be within at least three (3) different core areas associated with ensuring health, safety or enhancing quality in child care in the Family Child Care Home as specified under subsection “C” (below) of this Rule.
- B. Annual training may be within one (1) or two (2) core areas if the Licensee is applying credits earned for successfully completing a college/university course or the training is six (6) or more clock hours in length.
- C. Topics shall include the following core areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, Professionalism, and Business Practices/Administration related to operating a Family Child Care Home or child care facility.

The Licensee and Substitute used for planned, non-emergency shall have:

- A. Proof of current First Aid training or First Aid training taken every three (3) years if there is no expiration date;
- B. Proof of current certification in cardiopulmonary resuscitation (CPR); and
- C. The First Aid training and CPR certification shall be in accordance with the ages of the children enrolled in the Family Child Care Home at any given time.

The Licensee shall review written information as provided by the Office of Child Care Licensing on safe sleeping practice, risk reduction of Sudden Infant Death Syndrome (SIDS), and child abuse and neglect reporting with a Substitute before he/she provides child care.

No.

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for family child care services provided under the CCDF

6.4 Health and Safety Requirements for In-Home Child Care Providers
(658E(c)(2)(F), §§98.41, 98.16(j))

Note: Before responding to Question 6.4.1, **check** the NRCHSCC's compilation of licensing requirements to verify if **in-home child care** as defined by CCDF and your State is covered. If not, **check** no for 6.4.1. Do not check "Yes" if in-home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation?

Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

No. **Describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

Care provided by a relative in a child's home or in a relative's home is excluded from state licensing requirements. Care provided by a non-relative (friend, or neighbor) in the child's home is excluded from state licensing.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

License exempt in-home providers: provide or maintain clean furnishings, free from rodents and insects; maintain documentation of immunization status; separate children with symptoms of illness from other children in care; provide a clean and sanitary place for storing and changing diapers; wash hands before and after diapering and before serving meals. In-home providers must self-certify that they intend to operate a healthy and safe facility.

b) Building and physical premises safety

License exempt in-home providers: window screens must be in good repair; protective receptacle covers for electrical outlets; have or have access to a working telephone; must have operable flash light; first aid kits; have adequate space for play and movement; store flammable materials away from children; keep kitchens and food storage areas clean; comply with applicable community regulations; maintain safe play equipment; maintain safe route to outdoor area; play areas near hazards must be fenced or otherwise protected. In-home providers must self-certify.

c) Health and safety training

License exempt in-home providers are required to participate in DSS sponsored CPR and first aid training; health, safety and nutrition workshops; and must attend an initial orientation workshop. This

workshop explains DSS rules for care, its reimbursement policies, payment and attendance reporting requirements, and provides tips for good child care and safety practices.

Also, these providers are required to have both a child abuse registry and criminal history check. A negative outcome results in termination of service.

d) Other requirements for child care services provided under the CCDF

6.5 Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))

Indicate the Lead Agency's policy regarding these relative providers:

- All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following a) describes those requirements and b) identifies the relatives they apply to:

6.6 Enforcement of Health and Safety Requirements

6.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) **Describe** how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:

Categories:

Frequency:

| | |
|-------------------------|----------------------|
| Child Care Centers | As needed |
| Family Child Care Homes | Yearly and as needed |
| Group Providers | As needed |

No.

b) Are child care providers subject to background checks?

Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

Licensed Care:

Applicants seeking licensure, as well as employees, volunteers, substitutes, adult children at any licensed child care facility. For applicants and household members, the checks are completed prior to licensure. For employees, volunteers, substitutes and others with direct access, fingerprinting is scheduled immediately after hire or no later than the fifth working day.

License Exempt Care:

Adult household members, along with employees, volunteers, or any person who for any reason has direct access to children at any license exempt child care facility receiving CCDF. For relative care providers, fingerprinting is to be completed prior to approval. For employees, volunteers, substitutes and others with direct access, fingerprinting is scheduled immediately after hire or no later than the fifth working day.

No.

c) Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

Yes, and **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

Licensee shall notify the Office of Child Care Licensing within one (1) business day by direct voice contact during the Office of Child Care Licensing's business hours if any of the following occur: ...

- A. Injury of a child while in child care at a Family Child Care Home and Large Family Child Care Home (Group Home) requiring inpatient or outpatient treatment. The direct voice contact shall be followed by a written report on a form provided by the Office of Child Care Licensing;
- B. Suspected abuse or neglect of a child enrolled at the Large Family Child Care Home after immediately calling the 24-hour Child Abuse/Neglect Hotline (currently listed as 1-800-292-9582) to report the suspected abuse or neglect;

No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

A full compliance review is conducted just prior to licensure and at least yearly. All health and safety requirements are reviewed at that time. Other times health and safety requirements are reviewed are during a complaint investigation and follow-up visits for monitoring adherence to corrective action plans or enforcement actions. If needed the Division of Public Health will conduct inspections.

6.7 Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).

Children who receive care in their own homes.

Children whose parents object to immunization on religious grounds.

Children whose medical condition contraindicates immunization.

The Licensee shall ensure that a child whose parent(s)/guardian(s) objects to immunizations on a religious basis submits a notarized statement to the Licensee explaining that the exemption is in compliance with State law, or in the case where the health care provider provides written documentation

that such immunizations may be detrimental to the child's health, the child will be exempt from the immunization requirement.

PART 7

HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7)

CCDF regulations (§98.2) define the following categories of care:

- **Center-based care:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

7.1 Health and Safety Requirements for Center-Based Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.1.1 For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.2 Health and Safety Requirements for Group Home Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

- 7.2.1 For all group home child care, the following health and safety requirements apply to child care services provided under the CCDF for:
- a) The prevention and control of infectious disease (including age-appropriate immunizations)
 - b) Building and physical premises safety
 - c) Health and safety training
 - d) Other requirements for child care services provided under the CCDF

7.3 Health and Safety Requirements for Family Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

- 7.3.1 For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:
- a) The prevention and control of infectious disease (including age-appropriate immunizations)
 - b) Building and physical premises safety
 - c) Health and safety training
 - d) Other requirements for child care services provided under the CCDF

7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

- 7.4.1 For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:
- a) The prevention and control of infectious disease (including age-appropriate immunizations)
 - b) Building and physical premises safety
 - c) Health and safety training
 - d) Other requirements for child care services provided under the CCDF

7.5 Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

7.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) **Describe** how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:

No.

b) Are child care providers subject to background checks?

Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

No.

c) Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as

injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

- Yes, and **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):
- No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

7.7 Exemptions from Territorial Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

APPENDIX 1

CCDF PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents

unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and/or priority for CCDF-funded child care services, Lead Agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

- *in loco parentis* – One who has assumed the guardianship and control of the child.
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) - A dysfunctional condition which disrupts the child’s normal development patterns during which the child cannot function without special care and supervision.
- *protective services* – Supervision and or placement of a child by the Division of Family Services in order to monitor or prevent situations of abuse or neglect.
- *residing with* - Living in the home of the parent or caretaker who is responsible for the preponderance of the child’s care and support.
- *special needs child* – A dependent child under 18 years of age whose physical, emotional or developmental needs require special care (i.e., incapable of caring for self), a parent/caretaker who requires child care do to a special need (i.e., a parent who is temporarily unable to care for the child due to medical reasons).
- *very low income* – Families who are at or below the state standard of need.
- **List and define** any additional terminology related to conditions of eligibility and/or priority established by the Lead Agency:
 - A. TANF - Temporary Assistance for Needy Families, a program established by Title IV-A of the Social Security Act and authorized by Title 31 of the Delaware Code to provide benefits to needy children who are deprived of parental support and care. While on TANF, families are eligible for child care only as long as they are working or participating in a TANF Employment and Training activity (Categories 11 and 12).
 - B. Authorization – The Authorization form is the parents/caretakers authority to receive subsidized child care services and is the provider's authority to provide subsidized child care services to eligible parents/caretakers. The authorization informs providers how much care a parent is authorized to receive, what DSS will pay the provider, and what parents/caretakers must pay as part of their fee.
 - C. Caregiver/Provider - The person(s) whom DSS approves to provide child care services or the approved place where care is provided.
 - D. Caretaker - The adult responsible for the primary support and guardianship of the child. As used here, this adult is someone other than the child's parent who acts in place of the parent. If a caretaker is unrelated to the child and has not been awarded custody by Family Court or guardianship, the caretaker is referred to the Division of Family Services

to make a determination to either approve the non-relative placement or remove the child.

- E. CCDBG - Child Care and Development Block Grant. 45 CFR Parts 98 and 99 created by the Omnibus Budget Reconciliation Act of 1990 to provide federal funds without State match to:

1. provide child care to low income families,
2. enhance the quality and increase the supply of child care,
3. provide parents the ability to choose their provider, and
4. increase the availability of early childhood programs and before and after school services.

Under the Division's DCIS II Child Care Sub system, CCDBG is part of Categories 31 and 41.

- F. CFR - Code of Federal Regulations. These are the rules the Federal Government writes to implement federal legislation. Once written and approved, they have the force of law.

- G. CCMIS - Child Care Management Information System, the name used to describe the Division's payment system for child care.

- H. Child - A person under the age of 13, or children 13 through 18 years of age if they are physically or mentally incapable of caring for themselves or in need of protective services.

- I. Child Care Category - The DCIS II Child Care Sub system code for the child care funding source. Case Managers choose category codes based on the parents/caretaker's technical eligibility for service. The codes are:

11 - Participants receiving TANF and not working, but participating in TANF E&T;

12 - Participants receiving TANF and working;

21 - Participants receiving Food Stamps who are mandatory or voluntary participants in E&T and not receiving TANF;

31 - SSBG, CCDBG, and State funds: Income eligible participants. Participants who receive FS and are not E&T mandatory or voluntary;

41 - A participant who is a qualified alien or U.S. citizen is coded as a category 41 when his or her eligibility allows a non U.S. citizen or non-qualified alien to receive child care services. (Example: One child is a citizen and one is not. Citizen child is a 41)

51 - A participant is coded category 51 when s/he is not a U.S. citizen or legal alien but receives Child Care services due to a family member in category 41.

- J. Child Care Certificate - A form issued to a parent/caretaker which allows a parent/caretaker to choose a child care provider who does not have a contract with DSS. A certificate is not an authorization for child care, but a parent who wishes to select a

non-contracted provider of their choice cannot get care unless the provider completes one.

- K. Child Care Parent Fee - The amount the parent/caretaker must pay toward the cost of child care. The fee is based on the income of the parent(s) and children, or the child if the child lives with a caretaker, family size and a percentage of the cost of care based on type of care requested.
- L. Child Care Services - Those activities that assist eligible families in the arrangement of child care for their children.
- M. Child Care Centers - A place where licensed or license-exempt child care is provided on a regular basis for periods of less than 24 hours a day to 12 or more children, who are unattended by a parent or guardian.
- N. Child Care Type - Refers to the setting or place where child care is provided. The four types of care are:
 - 1. Center based (under DCIS II Child Care Sub system Site #17 or 18),
 - 2. Group Home (under DCIS II Child Care Sub system Site #16),
 - 3. Family Home (under DCIS II Child Care Sub system Site #15), and
 - 4. In-Home (under DCIS II Child Care Sub system Site #19).
- O. DCIS II - Delaware Client Information System, the automated client information system for the Department of Health and Social Services.
- P. Educational Program - A program of instruction to achieve:
 - 1. a basic literacy level of 8.9;
 - 2. instruction in English as a second language;
 - 3. a GED, Adult Basic Education (ABE), or High School Diploma;
 - 4. completion of approved special training or certificate courses; or
 - 5. a post-secondary degree where the degree is part of an approved DSS Employment and Training program.

The above definition excludes the pursuit of a graduate degree or second four-year college degree. A second associates degree may be attained if it leads to a bachelors degree. The completion of a second associate's degree can be authorized only if it has a significant chance of leading to employment.

- Q. Employment - Either part-time or full time work for which the parent/caretaker receives wages equal to minimum wage or an equivalent. It also includes periods of up to one month of continued child care services when parents/caretakers lose one job and need to search for another, or when one job ends and another job has yet to start.
- R. Family Size - The total number of persons whose needs and income are considered together. This will always include the parent(s) (natural, legal, adoptive, step, and

unmarried partners with a child in common) and all their dependent children under 18 living in the home.

- S. Family Child Care Home - A place where licensed care is provided for one to six children who are not related to the caregiver.
- T. TANF Child Care - The name of the child care program for TANF recipients who work or who are participating in a TANF Employment and Training program. Under the DCIS II Child Care Sub system, this is Category 11 and 12.
- U. Food Stamp Employment and Training - The program by which certain unemployed mandatory and/or voluntary Food Stamp recipients participate in activities to gain skills or receive training to obtain regular, paid employment. Persons can receive child care if they need care to participate. This is referred to as Food Stamp Employment & Training. Under the Division's DCIS II Child Care Sub system, this is Category 21.
- V. In-Home Care - Care provided for a child in the child's own home by either a relative or non-relative, where such care is exempt from licensing requirements. It also refers to situations where care is provided by a relative in the relative's own home. This care is also exempt from licensing requirements.
- W. Income - Any type of money payment that is of gain or benefit to a family. Examples of income include wages, social security pensions, public assistance payments, child support, etc.
- X. Income Eligible - A family is financially eligible to receive child care services based on the family's gross income. It also refers to child care programs under Category 31.

Income Limit - The maximum amount of gross income a family can receive to remain financially eligible for child care services. Current income limit is 200 percent of the federal poverty level.

- BB. Job Training /Training - A program which either establishes or enhances a person's job skills. Such training either leads to employment or allows a person to maintain employment already obtained. Such training includes, but is not limited to: Food Stamp Employment & Training (FS E&T) contracted programs, WIA sponsored training programs, recognized school vocational programs, and on-the-job training programs.
- CC. Large Family Child Care Home - A place where licensed care is provided for more than six but less than twelve children.
- DD. Legal Care - Care which is either licensed or exempt from licensing requirements.
- EE. Parent - The child's natural mother, natural legal father, adoptive mother or father, or step-parent.
- FF. Parental Choice - The right of parents/caretakers to choose from a broad range of child care providers, the type and location of child care.
- GG. Protective Services - The supervision/placement of a child by the Division of Family Services in order to monitor and prevent situations of abuse or neglect.
- HH. Physical or Mental Incapacity - A dysfunctional condition which disrupts the child's normal development patterns during which the child cannot function without special care and

- supervision. Such condition must be verified by either a doctor or other professional with the competence to do so.
- II. Reimbursement Rates - The maximum dollar amount the State will pay for child care services.
 - JJ. Relative - Grandparents, aunts, uncles, brothers, sisters, cousins, and any other relative as defined by TANF policy, as they are related to the child.
 - KK. Residing With - Living in the home of the parent or caretaker.
 - LL. SSBG - Social Services Block Grant. Under the DCIS II Child Care Sub system, this is Category 31 child care.
 - MM. Seamless Services - To the extent permitted by applicable laws, a family is able to retain the same provider regardless of the source of funding, and providers are able to provide services to children regardless of the basis for the family's eligibility for assistance or the source of payment.
 - NN. Self-Arranged Care - Child care which either parents or caretakers arrange on their own between themselves and providers. In this instance, the parents/caretakers choose to use a child care certificate, but the provider does not accept the State reimbursement rate for child care services. DSS limits payment for self-arranged care to its regular provider rates. Parents/caretakers, in addition to any parent fee they pay, must also pay the difference between DSS' reimbursement rates and the providers' charge.
 - OO. Self-Initiated - Clients who enter an education or training program on their own. The education or training program must be comparable to a Food Stamp Employment & Training (FS E&T) - TANF education or training component. Self-initiated clients must receive child care services if there is a child care need.
 - PP. Special Needs Child - A child under 19 years of age whose physical, emotional, or developmental needs require special care. Both the need and care must be verified by a doctor or other professional with the competence to do so.
 - QQ. Special Needs Parent/Caretaker - An adult, who because of a special need, is unable on his/her own to care for children. The need must be verified by a doctor or other professional with the competence to do so.
 - RR. Technical Eligibility - Parents/caretakers meet requirements, other than financial, to receive child care services based on need and category.
 - SS. Verification - Written or oral documentation, demonstrating either need for service or sources of income.
 - TT. Purchase of Care Plus (POC+) - Care option that allows providers to charge most DSS clients the difference between the DSS reimbursement rate up to the provider's private fee for service. The provider receives DSS rate, the DSS determined child care parent fee, if applicable, and any additional provider-determined co-pay.
 - UU. Work Force Investment Act (WIA) - Federal Legislation that consolidates Employment and Training programs and funding streams. This legislation embodies the One Stop Employment and Training Service system under DOL.

WW. Cooperation with Child Support- Clients must cooperate with the Division of Child Support Enforcement (DCSE) as a condition of eligibility. All families are required to provide sufficient information to permit Delaware to obtain child support on behalf of the family. Exceptions can be made when the caretaker demonstrates that pursuit of child support would create a danger to the caretaker or the child(ren). It is the responsibility of the client to provide documentation to verify this.

APPENDIX 3: ADDITIONAL CERTIFICATIONS

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

- 1. Assurance of compliance with Title VI of the Civil Rights Act of 1964:**
<http://www.hhs.gov/ocr/ps690.pdf>
- 2. Certification regarding debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 3. Definitions for use with certification of debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
- 4. HHS certification regarding drug-free workplace requirements:**
<http://www.acf.hhs.gov/programs/ofs/grants/drugfree.htm>
- 5. Certification of Compliance with the Pro-Children Act of 1994:**
<http://www.acf.hhs.gov/programs/ofs/grants/tobacco.htm>
- 6. Certification regarding lobbying:**
<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.

REQUIRED ATTACHMENTS

List all attachments included with this Plan.

- 2.1.1A Emergency Preparedness Rules
- 2.1.2 Disaster Preparedness Emergency Plan
- 2.1.3 Continuity of Operations Planning (COOP)
- 2.2 Public Comment Process
- 2.2A Summary of Public Hearings
- 3.1.1 Web site for Policy Manual
- 3.2.1 Payment Rates
- 3.2.3 Summary of Market Rates
- 3.5.1 Child Day Care Sliding Fee Scale
- 4.1.1 Application for Child Care Assistance (form 600)
- 5.2.1 Early Learning Foundations for School Success
- 5.2.1A Delaware Infant and Toddler Early Learning Foundations
- 5.2.3 Refer to attachments 5.2.1 and 5.2.1A
- 5.2.4 Refer to attachments 5.2.1 and 5.2.1A
- 5.2.5 A Plan for Delaware's System of Professional Development for Early Care and Education

ATTACHMENT 2.1.1A

Emergency Preparedness

The Delaware Emergency Medical Services for Children (EMSC) program in the Office of Emergency Medical Services (OEMS) provided leadership and funding for child care providers to attend statewide trainings on disaster preparedness in child care. A steering committee of emergency management personnel, paramedics, state agency representatives, child care professionals, and community representatives was established to address the needs of child care emergency preparedness. EMSC obtained funding from the Maternal Child Health Bureau to host two statewide disaster preparedness trainings and provide technical assistance for over 275 child care providers. A disaster preparedness training curriculum was completed in December of 2004. Trained child care health consultants will use the newly developed curriculum to provide ongoing education and technical assistance on disaster preparedness planning to individual child care providers.

Additionally revised Delaware Rules Early Care and Education and School-Age Centers that became effective January 1, 2007 implemented Emergency Preparedness requirements for licensed providers. Compliance with these Rules will be monitored by the Office of Child Care Licensing. The specific Rules are”

- 276. A licensee shall have a written emergency plan describing procedures for both natural and man-made disasters for such situations as a fire, flood, earthquake, extreme weather conditions, power failure or utility disruptions, chemical or toxic spills, bomb threat, or terrorist attack.
 - A. The emergency plan shall include procedures for training staff about disaster preparedness, staff’s specific responsibilities during a disaster, accounting for all children and staff, relocation process (if appropriate), and contacting appropriate emergency response agencies and parents/guardians.
- 277. A licensee shall have a written evacuation plan of the Center posted in each room the children use.
 - A. Monthly evacuation drills shall be practiced from all exit locations at varied times of the day and during varied activities including nap time. Each drill shall be documented and include information on the date and time of day of the drill, the number of children and staff members who participated, and the total amount of time necessary to evacuate the Center.
- 278. A licensee shall develop a written plan for procedures in the event that children and staff must remain at the Center for an extended period due to a natural or man-made disaster. This plan shall include a list of emergency supplies for the care of children and procedures for feeding children and staff during the extended stay at the Center.

ATTACHMENT 2.1.2

Disaster Preparedness Emergency Plan

«First and Last name» «Street Address» «City, State Zip»
«Phone Number»

Child Care Program Emergency Plan

Child Care Program Information

| | |
|------------------|--|
| Name of program | |
| Street address | |
| City | |
| State | |
| Zip code | |
| Telephone number | |
| Alternate number | |

Location of Alternate Facility for Evacuation

| | |
|------------------------|--|
| Name of facility | |
| Street address | |
| City | |
| State | |
| Zip code | |
| Telephone number | |
| Directions to facility | |

Location of Alternate Facility for Evacuation

| | |
|------------------------|--|
| Name of facility | |
| Street address | |
| City | |
| State | |
| Zip code | |
| Telephone number | |
| Directions to facility | |

Emergency Contact Numbers

| | |
|----------------------|------------|
| Emergency | 911 |
| Non-emergency police | |
| Non-emergency fire | |
| Poison Control | |

CCR&R Contacts (phone, fax)

| | |
|----------|--|
| Local | |
| State | |
| National | |

Licensing Contact (phone/fax/e-mail)

| | |
|-------|--|
| Local | |
| State | |

Emergency Plan

Travel File Folder & Emergency Contact Information

A travel file folder will remain in my vehicle that will contain emergency contact information for the children in my care in the case of an evacuation. Emergency contact information will also be carried in an address book in my purse, so in the event of an evacuation or disaster, parents can be notified quickly.

Evacuation Plan

In the event that our facility is no longer safe, all children will be evacuated to the designated "safe" spot outside, located «designated spot outside of the facility». Children will remain in care of staff until it is determined they can safely return inside the facility. If evacuation off premises is necessary, a child identification card will be placed out of sight on each child listing at least two emergency contact numbers. Children will be transported in accordance with DHS policy to the designated off premise evacuation spot and parents will be notified. Children are not allowed to re enter the facility until it is determined to be safe from all hazards.

Person In Charge

«for centers or homes with multiple staff»

«insert primary person's name» will be responsible for issuing an evacuation order or an all clear order in the case of an emergency. In the event that «name» is not available, «secondary person's name» will become the person in charge. The person in charge will be responsible for making sure all children are evacuated from premise safely, and necessary records and medications are taken.

Flood

The location of my family child care home is not located in the 100 year flood area. However, if parents are affected by flood waters and are unable to safely pick up their children from care, I will extend the hours of my family child care home until all children can be picked up safely. In the event that my home becomes flooded, the evacuation plan will be followed.

Fire

Outdoor - In the event of a wild fire near my home, I will keep the children indoors and be observant of the location of the fire. If the fire comes within 100 yards of my home or close enough that I feel we are in danger, I will evacuate the children in my care to Oklahoma Union High School or my Mother in law's home (both listed as designated evacuation facilities), which ever would be safer. Parents will be notified immediately of their children's location and will be asked to pick up the children.

Indoor - A working fire extinguisher is located in the bathroom of my child care home. The extinguisher will be used for small localized fires after the children are at a safe distance away.

Fire drills will be conducted and documented monthly with the children, and a designated outside meeting area will be arranged.

Weather

Tornado - When threatening weather is in the area, TV will be used to keep up with watches and warnings. If a tornado warning is issued for Washington County, the children will immediately be taken to the cellar in my family child care home where we will remain until an all clear is issued. Emergency supplies will be kept in the cellar, including a radio to keep informed of the weather situation. Tornado drills will be conducted and documented monthly.

Ice/Snow - If a sudden ice or snow storm impacts my area, I will extend my hours of operation until all parents can safely pick up their children. If a power outage occurs, I will follow the power outage plan listed below.

Power Outage

In the event of a power outage, all children will remain inside until it is determined that the area is safe from fallen power lines. The situation will be assessed to determine if this may be a short term or long term outage by calling my local power company. If the outage has been determined to be long term, or the temperature in my family child care home becomes extreme, parent will be called to pick up their children and evacuation plan will be followed. I will remain closed until power is restored.

Medical Emergency

In the event of a minor illness or injury, parents will be called immediately to determine what action needs to be taken. Any illness or injury that I consider to be serious or life threatening will be treated as such, and I will call 911. Children will be transported to the closest medical facility. Parents will then be notified and DHS will be notified within 24 hours.

Field Trip Emergency

Emergencies that arise during a field trip will be handled in the same manner as a medical emergency.

Gas Leak

In the event that gas is smelled in the family child care home, children will immediately be removed from the home to the designated safe area outside, weather permitting. The gas main will be shut off from the outside of the home and the gas company will be notified immediately. Children will not be allowed back into the home until it is determined to be safe from fumes. In the event of a gas leak during inclement weather, the children will be transported to the designated evacuation facility, the gas main will be shut off (located near the driveway by the main road), and the gas company will be called from the evacuation location. Parents will be

notified immediately if the children are removed from the family child care home to another location.

Missing Children/Kidnapping

911 will be called immediately in the case of any child who is missing and all relevant information will be given. Current information about the child, including a picture, will be kept in the family child care home. Parents will be notified immediately and DHS within 24 hours.

Terrorist Attack

In the event of a terrorist attack in our vicinity, children will be in lockdown in my family child care home if the situation allows, or evacuated to our designated evacuation spot if we are unable to stay in the home. Parents will be notified immediately.

Bomb Threat

Any threats made to my family child care home will be taken seriously. Upon such a threat, 911 will be immediately called. If the situation allows, the children will be evacuated to my designated evacuation spot, or we will go into emergency lockdown until authorities determine it is safe to leave. Parents will be notified immediately and DHS within 24 hours.

Suspicious Mail/Package

The authorities will be contacted immediately if there are suspicious packages or mail delivered. The package in question will only be handled by the authorities and children will be moved a safe distance away, or to the evacuation spot if necessary.

Emergency Systems and Locations

| System | Location |
|------------------------|-----------------|
| Gas shut off valve | |
| Electrical Breaker box | |
| Water shut off | |
| First Aid Kit | |
| Disaster Kit | |
| Fire Extinguisher | |

Emergency Contact Information Annual Review

5/15/2008

Date the emergency plan will be reviewed and updated _____

CCDF Plan Effective Date: October 1, 2009
Amended Effective: _____

Child Identification Card

(to be placed out-of-sight on each child during an evacuation)

| | |
|--|--|
| Child's Name | |
| Parent/Guardian #1 Name | |
| Parent/Guardian #2 Name | |
| Address | |
| Home Phone | |
| Parent/Guardian #1 Day Phone | |
| Parent/Guardian #1 Cell Phone | |
| Neighbor/Friend and Phone | |
| Contact Outside of Area and Phone | |
| Child Care Program Name | |
| Child Care Program Phone | |



WHAT IS COOP?

In the event of a disaster, the highest level of State leadership would need to determine the order in which business services are restored. COOP, a state-wide, multi-year initiative will provide a standardized structure for State of Delaware government services to be recovered in a prioritized, systematic order. Participation in the COOP Program ensures that each organization's plan is communicated, documented and available to State leadership when it is most needed. COOP is both federally and state mandated.

| AS IS | TO BE |
|--|--|
| <ul style="list-style-type: none"> Manual Planning Process Inconsistent Documentation Disparate Plans | <ul style="list-style-type: none"> Automated Planning Process Consistent documentation Focus on the business then the systems Consistent planning across the state Central repository |



ORIENTATION OF TERMS:

| | |
|--|---|
| GOVERNMENT TERM: Continuity of Operations Plan (COOP) PRIVATE INDUSTRY TERM: Business Continuity (BC) | Government Services Focused, prepares for the continuance of operations in the case of catastrophic events; primarily driven by the processes a business unit performs. It is the act of putting plans into place that an organization will follow when business is disrupted. This includes identifying what resources will be needed for speedy recovery and the order in which the business units will be recovered (i.e., assets, alternate facilities, technology, vital records, people & vendors). |
| Disaster Recovery (DR) | IT-focused, rather than business focused – centered around the restoration of IT systems & storage, returning systems and hardware to the level of performance before the disaster struck. |
| Business Impact Analysis (BIA) | BIA Professional is the web-enabled questionnaire that helps identify the most critical processes an organization performs and the inter-dependences between them. You will discover what is needed to recover them, how quickly, and what the impact would be (financial, operational) if these functions are not recovered in a timely fashion. |
| Living Disaster Recovery Planning System (LDRPS) | State contracted system ensures all plans are consistent and will provide for a uniform framework to follow in the event of a disaster. Data collected from the BIA is imported into LDRPS. LDRPS is completely customized to reflect the State of Delaware's infrastructure and operating environment. |

You wouldn't drive your car without your seatbelt."

"You wouldn't get on a boat without a life preserver."

"Government shouldn't provide services without COOP."

A disaster isn't just caused by nature... http://extranet.dti.state.de.us/pdf/external/BCP_threats.pdf

EXECUTIVE SPONSORS: The Honorable James "Jim" Sills III, DTI Secretary/CIO
Elayne Starkey, DTI Chief Security Officer

PROGRAM SPONSOR: Lisa Wragg, DTI Business Continuity/Disaster Recovery Coordinator

ATTACHMENT 2.2

Summary of Public Hearings for CCDF Plan

DSS held three public hearings, one in each County. May 13, 20, and 27 of 2009. The location, time and intent of the hearings were advertised in two local newspapers. Notification was also posted on the DSS website and the Portal website, which is used by licensed providers.

In total, 13 people attended of those 13, 6 were providers. Everyone was offered a copy of the Plan on CD or on paper. The Plan is also available on the DSS website. On May 13 and 20, 2009 the Hearings were conducted by the Director of Social Services, Elaine Archangelo. On May 27, 2009, the Deputy Director of Social Services, Barbara Hansen, conducted the Hearing.

The following is a list of comments:

- Policy and planning should be under one office
- Provide a bonus to providers using Stimulus funds
- Use Stimulus funds to encourage education and training for providers
- Expand Early Childhood Mental Health Services
- Extend POC eligibility for job search
- There is no quality assurance for Community training
- Provider training is too fast paced

The following is a list of questions:

Are the contractor services amounts different?

Do you expect the amount of providers to go up?

Is the Market Rate survey done?

When will it be available and how?

Is the web based on line search for resource and referral the same as licensing?

Can people use trainings that are from before they became providers? How far back?

Is there a waiting list for De Stars?

How much did we spend last year? What are we spending this year?

Would we manage a scholarship program for providers that accept POC?

Independent Newspapers, Inc.

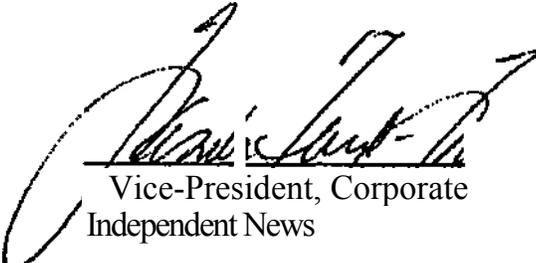
P.O. Box 7001 • Dover, Delaware • 19903 • 1-800-282-8586

State of Delaware:

SS.

Counties of Kent:

Before me, a Notary Public, for the County and State aforesaid, Wanda Ford-Waring, known to me to be such, who being sworn according to law deposes and says that she is an officer of Independent Newspaper Inc. the Publisher of the The Delaware State News, a daily newspaper published at Dover, County of Kent, and State of Delaware, and that the notice, a copy of which is hereto attached, as published in the The Delaware State News in its issue of April 19, 2009



Wanda Ford-Waring
Vice-President, Corporate
Independent News

Sworn to and subscribed before me this

Day of _____ 19 April AD. 2009

Janet Levy
Notary Public

POC Unit Received



**PROPOSED CHILD CARE AND
DEVELOPMENT FUND
PLAN**

**PROJECT DESCRIPTION
AND PUBLIC HEARING
ANNOUNCEMENT**

The Department of Health and Social Services has scheduled three public hearings on the proposed plan for the Child Care and Development Fund. The program focuses on providing child care services and improving the availability and quality of child care programs for low-income families.

The hearings are scheduled as follows:

Wednesday, May 13, 2009 - 6:00 p.m.
Carroll's Plaza
1114 S. DuPont Hwy. Room D
Dover, Delaware 19901

Wednesday, May 20, 2009 - 6:00 p.m.
Georgetown State Service Center
546 S. Bedford St Public Health Room *
Georgetown, Delaware 19947

Wednesday, May 27, 2009 - 6:00 p.m.
Herman Holloway Campus
1901 N. DuPont Hwy
Lewis Bldg., Room 258
New Castle, Delaware 19720

Any person who wishes to review or obtain a copy of the Proposed Plan should contact the Division of Social Services at 255-9611 on or after May 6, 2009. Written comments are welcomed and *should be* addressed to Barbara McCaffery, Division of Social Services, Herman Holloway Campus, Lewis Building, 1901 N. DuPont Highway, New Castle, DE 19720. Comments will be accepted through June 12, 2009.
317752 DSN 4/19/09

Mailing:
The News Journal
PO Box 15505
Wilmington, DE 19850

Street
The News Journal
950 W. Basin Road
Newcastle, DE 19720
(302)324-2500

Sunday News Journal
The News Journal

The News Journal

AFFIDAVIT OF PUBLICATION

STATE OF DELAWARE

COUNTY OF NEW CASTLE

Personally appeared before me this 20 day of April, 2009:

I, Kristin Segner, of the NEWS JOURNAL COMPANY, a daily newspaper printed and published in the County of New Castle County, State of Delaware, who, being duly sworn states that the advertisement of S/D DHSS Division of Social Services - Proposed Child Care and Development Fund Plan-Project Description and Public Hearing Announcement

was published in THE NEWS JOURNAL on N/A

and/or THE SUNDAY NEWS JOURNAL on April 19, 2009

Kristin Segner Legal Coordinator
Name Title

Sworn to before me this 20 day of April, 2009

Jacqueline Hawkes
Notary Public

Jacqueline Hawkes
NOTARY PUBLIC
State of Delaware
Commission Expires 11/07/2011 v,



PROPOSED CHILD CARE
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Room D

Dover, Delaware 19901.

Wednesday, May 20, 2009 6:00 p.m. Georgetown State
Service Center 548 S. Bedford St Public Health Room
Georgetown, Delaware: 19947

Wednesday, May 27, 2009 6:00 p.m.

Herman Holloway, Campus I90IN. DuPont Hwy. Lewis
Bldg. Room 258 New Castle, Delaware 19720

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Services, Herman Holloway Campus, Lewis Building,
1901 N. DuPont Highway, New Castle, DE 19720.
Comments will be accepted through June 12, 2009.

4/19-NJ

011088764741

ATTACHMENT 3.1.1

The website for the manual is:

<http://regulations.delaware.gov/AdminCode/title16/5000/5100/11000/index.shtml#TopOfPage>

ATTACHMENT 3.2.1

Reimbursement is monthly as indicated on the Day Care Contract (Compensation, Method of Payment, and Collection of Fee sections). Complete records must be retained by the provider for a period of three years, listing each child's daily attendance, accurately stating the number of authorized days present by type, and the number of absent days. These records will be monitored on a regular basis.

Payment will be made only for the number of days and type of authorization indicated on the Authorization Form and in accordance with absent day policy. Reimbursement rates differ for children under the age of two and children two years of age and older.

FFY2009 CHILD CARE RATES

Weekly rates effective October 1, 2006

| NEW CASTLE COUNTY | | | | | | |
|--------------------------|-------------------------|------------------|----------------|------------------|--------------------------|------------------|
| | <i>LICENSED HOMES</i> | | <i>CENTERS</i> | | <i>IN-HOME/RELATIVES</i> | |
| | Family Child Care | Special Needs | Regular | Special Needs | Regular | Special Needs |
| 0 | \$112.50 | \$118.13 | \$147.50 | \$154.88 | \$105.00 | \$110.25 |
| 1 | \$107.50 | \$112.88 | \$124.50 | \$130.73 | \$100.00 | \$105.00 |
| 2 to 5 | \$ 87.00 | \$ 91.35 | \$110.40 | \$115.92 | \$ 58.00 | \$ 60.90 |
| 6 & over | \$ 87.00 | \$ 91.35 | \$110.40 | \$115.92 | \$ 58.00 | \$ 60.90 |

| KENT COUNTY | | | | | | |
|--------------------|-------------------------|------------------|----------------|------------------|--------------------------|------------------|
| | <i>LICENSED HOMES</i> | | <i>CENTERS</i> | | <i>IN-HOME/RELATIVES</i> | |
| | Family Child Care | Special Needs | Regular | Special Needs | Regular | Special Needs |
| 0 | \$82.50 | \$86.63 | \$97.50 | \$102.38 | \$75.00 | \$78.75 |
| 1 | \$75.00 | \$78.75 | \$87.20 | \$ 91.56 | \$75.00 | \$78.75 |
| 2 to 5 | \$68.70 | \$72.14 | \$74.00 | \$ 77.70 | \$45.90 | \$48.20 |
| 6 & over | \$70.65 | \$74.18 | \$74.45 | \$ 78.17 | \$45.90 | \$48.20 |

| SUSSEX COUNTY | | | | | | |
|----------------------|-------------------------|------------------|----------------|------------------|--------------------------|------------------|
| | <i>LICENSED HOMES</i> | | <i>CENTERS</i> | | <i>IN-HOME/RELATIVES</i> | |
| | Family Child Care | Special Needs | Regular | Special Needs | Regular | Special Needs |
| 0 | \$75.50 | \$79.28 | \$97.50 | \$102.38 | \$75.00 | \$78.75 |
| 1 | \$75.00 | \$78.75 | \$87.20 | \$ 91.56 | \$75.00 | \$78.75 |
| 2 to 5 | \$68.70 | \$72.14 | \$72.50 | \$ 76.13 | \$45.90 | \$48.20 |
| 6 & over | \$70.65 | \$74.18 | \$74.10 | \$ 77.81 | \$45.90 | \$48.20 |

| <u>FAMILY SIZE</u> | <u>INCOME</u> |
|--------------------|---------------|
| 1 | \$1,634 |
| 2 | \$2,200 |
| 3 | \$2,768 |
| 4 | \$3,334 |
| 5 | \$3,900 |
| 6 | \$4,468 |
| 7 | \$5,034 |
| 8 | \$5,600 |

For each additional child, add
\$568

2009 Local Child Care Market Rate Study

Executive Report

for

The Delaware Division of Social Services

Submitted by Workplace Solutions
Reading, MA
(781) 944-3635
April 2009

ACKNOWLEDGMENT

The following individuals and groups are acknowledged for their assistance with this study: The Delaware Division of Social Services especially Elaine Archangelo, Director of The Division of Social Services, for her assistance and support especially in encouraging providers to participate in the study; Eulinda DiPietro and Barbara McCaffery, project coordinators for the 2009 rate study who provided ongoing guidance throughout the project. We also thank Children and Families First, especially Evelyn Keating, Donna Bratton and Debra Renz for assistance with the provider-sampling frame and with communication to the provider community.

This study would not have been possible without the gracious cooperation of the many Delaware child care providers who took the time to participate in the interviews and help with the study. Thank you all.

OVERVIEW

The 2009 Delaware Child Care Market Rate Study was conducted to meet federal requirements of 45 Code of Federal Regulations Parts 98 & 99 to ensure that reimbursement rates allow subsidized low-income children equal access to early education and care. The goal of this Rate Study was to develop statistically credible information on the present market prices charged by licensed and exempt providers in Delaware. "Market prices" are prices providers charge parents for the care of their private-paying children. They are non-discounted prices charged to unrelated and unaffiliated parents.

The Delaware Division of Social Services (the Division) contracted with the consulting firm Workplace Solutions, located in Reading Massachusetts, to undertake this study. The firm has conducted six previous child care market rate studies for the Division and has substantial experience with these surveys. Workplace Solutions' consulting group consisted of a team of researchers including: Marie Sweeney (MBA, M.Ed.), Principal of Workplace Solutions; Peter Schmidt (Ph.D., Economics), University Distinguished Professor of Economics, Michigan State University; William Horrace (Ph.D., Economics, MBA Finance), Professor of Economics, Syracuse University and Ann Witte (Ph.D., Economics), Professor of Economics, Wellesley College. Project Manager Marie Sweeney worked closely with the Division's Project Coordinators Eulinda DiPietro and Barbara McCaffery to plan and implement the study.

Because of the importance of obtaining accurate pricing information, the study was carefully planned and executed. The project began in January 2009. The Division and Workplace Solutions planned the study during January and February. Interviews were conducted over a five-week period, during March and April. The researchers submitted final estimates of the 75th percentile of prices to the Division in April 2009.

The following section describes the methodology for the Market Rate Study. This includes descriptions of the sample design, the selection of the sample, the survey, and the interviews in the field. The next section describes the findings of the survey including the range of prices at the 75th percentile, the response rates, and the accuracy of the estimates of the price percentiles reported in the study. The section contains estimates of both prices charged by Delaware providers and prices paid by Delaware families. To discern price trends, the section compares 2009 prices with prices charged in 2007 as reported in the 2007 Delaware market rate study.

The final page of the report contains three tables presenting the 2009 75th percentile prices for the center and family child care markets. Table A contains the full-time daily prices at the 75th percentile for family child care for Kent, Sussex and New Castle counties. It also contains the minimum price reported in the county, the maximum price reported in the county, and the price observations used to determine the 75th percentile (n). Table B contains the family child care full-time daily prices at the 75th percentile for infant, toddler, and preschool care as well as part-day prices for school-age care. Table C contains the center full-time daily prices at the 75th percentile for infant, toddler, and preschool care as well as part-day prices for school-age care.

METHODOLOGY

Workplace Solutions implemented the survey to obtain prices for private-paying children actually in care at the time of the study. The researchers selected a representative sample of providers throughout Delaware and interviewed the sample providers by telephone. Utilizing the prices obtained through the interviews, researchers calculated the 75th percentiles of market prices for full-time infant, toddler, and preschool care and for part-day school-age care. Estimates of the accuracy of the 75th percentiles of 2009 market prices confirm that the Delaware market rate study achieved a high degree of precision.

The Sampling Frame

The sampling frame for the family child-care sample consisted of Delaware's Office of Child Care Licensing's data of licensed family child care and large family child care providers as of February 2009, merged with Children and Families First (CFF) data of licensed family child care and large family child care providers as of March 2009. The sampling frame for the center/school-age sample consisted of Delaware's Office of Child Care Licensing's data of licensed center/school-age providers as of February 2009, merged with Children and Families First data of licensed and exempt center/school-age providers as of March 2009. This comprehensive sampling frame allowed all providers in the state to have the opportunity to be selected for the rate study interview and reduced the likelihood of a non-representative sample. This also enabled the researchers to design the center sample by age category.

As part of the development of an accurate sampling frame, the Division, Workplace Solutions, and Children and Families First reviewed the center, school-age and family child care data to delete providers in categories that were outside the parameters of the study. These included providers that only served a niche in the child care market (drop-in care), were not open to the general public (employer-supported programs only for employees' children), were significantly subsidized by the federal government (Head Start), or did not provide child-care services for the targeted timeframe (nursery schools). After eliminating these programs from the sampling frame, the consultants then determined that the total number of providers eligible for the study (the sampling frame) was 1704 providers. This sampling frame included 385 licensed and exempt center/school-age providers and 1319 licensed family child care and large family child care providers.

The Sampling Plan

The researchers developed a Sampling Plan to select a stratified random sample of the providers eligible for the study. This was developed in order to determine the child care prices of various market segments in Delaware. The sample design built upon the design and results of the 2007 Delaware Child Care Market Rate Survey. The 2009 sampling plan targeted all licensed and exempt providers in the state that qualified for the study, and called for sampling 45% of the providers. The consultants planned the sample to equalize the accuracy with which the market percentiles are estimated for the center and for the family child care market segments.

The researchers designed the sample for full-time care for centers and family child-care providers and for part-day care for school-age care. The sample was segmented by:

- geographical region
- type of care
- age groupings for center care

Regions were the three counties in the state: Kent County, Sussex County, and New Castle County. The *types of care* were (1) center and school-age care and (2) family child care and large family child care. The *age-groupings* were infant, toddler, preschool and school-age.

The Selection of Providers

The economists selected providers at random from the sampling frame for each market segment. That is, they selected a separate random sample for each of the market segments or cells in the sample design, with each sample corresponding

in size to the Sampling Plan. In all, the sample contained 594 family child-care providers and 173 center/school-age providers.

| <u>FCC</u> | | <u>Center/School Age</u> | |
|------------|-----|--------------------------|-----|
| Sussex | 221 | Sussex | 32 |
| Kent | 152 | Kent | 33 |
| New Castle | 221 | New Castle | 108 |
| TOTAL: | 594 | TOTAL: | 173 |

The researchers selected a wide range of providers throughout the state for the sample. These included: family child care providers, large family child care providers, centers serving all age categories, centers serving only one age category, multi-site child care providers, centers that were part of a large national organization, free-standing school-age programs, school-age programs that were part of a multi-age program, for profit programs and non-profit programs. The researchers also selected providers for the sample that reported scarce types of care in 2007 (i.e., infant care, odd-hour care).

The Questionnaire

Workplace Solutions designed the questionnaire to collect comprehensive and accurate information about prices charged to private-paying parents. The consultants utilized two surveys for this study: one for the center/school-age market, a second for the family child care and large family child care market. The consultants designed the survey to incorporate changes in the licensing regulations. Thus for this 2009 study, toddlers were defined as 12 months up to 36 months (one and two year olds), and preschoolers started at 3 years of age.

The *center survey* asked providers to quote their prices for:

- Private-paying infants enrolled full time
- Private-paying toddlers enrolled full time
- Private-paying preschool-age children enrolled full time
- Private-paying school-age children enrolled part-day, for less than 4 hours-per-day

The *family child-care survey* asked providers to quote individual prices for private-paying children in their care, since some FCC providers do not have a set rate for their care.

Thus, the FCC survey was designed to collect:

- A price-per-child, for up to eight private-paying children enrolled full time
- A price for a private-paying school-age child or children enrolled for part-day care (< 4 hours per day)

Odd-hour Care and Special Needs Care: The Division requested that information also be collected for odd-hour care and for special-needs care. Odd-hour care is evening care, overnight care and weekend care. Thus, the survey was designed to collect prices for odd-hour care for private-paying children as well as enrollment and cost information for children with special-needs.

Both the center and the family child care survey were designed to be easy for the providers yet enable the researchers to address the complex pricing strategies of the Delaware provider community and the nuances of the market.

The Marketing Steps to Encourage Provider Participation

During the planning phase of the project, the Division and Workplace Solutions planned and implemented various strategies to encourage providers to participate in the study:

- All family child care providers and center-sample providers received an announcement letter from Elaine Archangelo, Director of the Division of Social Services. The Director's letter informed them of the forthcoming Market Rate telephone interview and encouraged providers to participate if contacted for the study.
- As part of the announcement letter, providers also received a simple worksheet to help them prepare for the interview.
- Children and Families First mailed a letter to provider advisory groups throughout the state. The letter informed them of the forthcoming market rate study and asked them to encourage their members to participate.
- The Division and Workplace Solutions planned and held Information Sessions for providers in different locations in the state. At these meetings Division Project Coordinator Barbara McCaffery and Workplace Solutions researchers Professor William Horrace and Marie Sweeney explained the purpose and scope of the rate study and answered providers' questions.
- The Division mailed an announcement letter to all licensed providers in the state to inform them of the forthcoming Information Sessions and to explain the child care rate study.

The Interviews

A professional telephone interview group, Opinion Dynamics, was selected to conduct interviews. This group also conducted interviews for previous Delaware Child Care Market Rate Studies. Project Manager Marie Sweeney also assisted with the interviews. Interviews were conducted over a five-week period in March and April. The interviewers attempted to contact and interview all of the providers in the sample including many of the back-up sample providers that were added to the sample (e.g., all FCC back-up providers in Kent and Sussex were ultimately added to the sample). Interviewers made up to ten "call attempts" to reach the sample provider and obtain a completed interview. In all, 1126 providers were called for the rate survey interviews.

RESULTS

The 2009 Delaware Child Care Market Rate Study results include: providers reporting 2,172 prices for private-paying children actually in their care; a very high provider response rate and low refusal rate; a high level of accuracy in the estimation of the 75th percentile prices.

The Response Rate

The Delaware response rates show that the providers were overwhelmingly willing to participate in the study. A 95% response rate was obtained for the center/school-age interviews. A 74% response rate was obtained for the family child care interviews. In all, 629 providers reported prices for private-paying children in their care. These very high response rates reflect both the ongoing efforts of the Division of Social Services to encourage provider participation in the rate survey and the gracious cooperation of child care providers. The refusal rates for the study were quite low: 7% of the family child care sample and 3% of the center/school-age sample.

The Analysis of the Data

The researchers converted prices obtained in the interviews into daily rates and then estimated the 75th percentiles of the distribution of daily prices for each market segment. The 75th percentile price is such that 75% of the prices are at or below the price and 25% are above.

The three tables at the end of this report present summary findings for all 24 market segments in the study. (See Tables A-C of this Executive Summary for the estimated 75th percentiles.) In all, the researchers submitted ten tables of findings as part of the full report.

Accuracy of the Study

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

For the infant, toddler and preschool market segments for both the center and family child care markets, the 95% confidence interval is typically about plus or minus 5% of the estimate. This range was higher for family child care for infants in Kent and Sussex counties. All of the Kent and Sussex family child care providers were ultimately included in the sample and called for the interview. There simply were not very many Kent and Sussex family child care providers who had private-paying infants in their care. Therefore, the researchers combined these two cells into one K&S infant cell. This is justified since both had the same 75th percentile price (\$25/day). These cells had also been combined in previous child care market rate studies. This improved the level of accuracy so that this cell is now in line with the other full-time cells.

For school-age care, the 95% confidence interval is typically about plus or minus 10% of the estimate. This is not because the confidence intervals are wider. It occurs because the prices are lower (this is not full-time care). The sampling design attempted to equalize accuracy in absolute terms, not percentage terms, across cells, so there is now a higher uncertainty in percentage terms when the prices are lower, as they are for school-age care.

For all of the market segments in the study, the level of accuracy achieved would be considered a more than acceptable high level of precision.

Range of Prices

Prices can vary widely in the state, by over 100% among different segments of the market. At the 75th percentile, results of the study reveal that the daily market prices for full time care range from \$23 to \$47. Part-day school-age prices range from \$10 to \$20.95.

Care is lower in price in family child care homes than in centers. For full-time toddler care in Kent County, at the 75th percentile it is \$25 in family child care and \$29 in center care. For full-time preschool care in Sussex County, at the 75th percentile it is \$23 in family child care and \$27 in center care.

75th Percentile Prices by County

Prices can also vary by geographic region in Delaware. For center and family child care, prices are highest for New Castle County and lower for Kent County and Sussex County. Prices in New Castle County are higher for all types of care

and market segments. Prices at the 75th percentile are very similar or the same for Kent and Sussex market segments.

For center care, Sussex has the lowest priced care at the 75th percentile and New Castle the highest. However, the Sussex and Kent center prices are very similar. At the 75th percentile, New Castle prices are significantly higher: more than 50% higher than the Sussex prices for infant care and for school-age care.

For family child care, Kent and Sussex prices are the same or very similar. As with center care, New Castle prices at the 75th percentile are higher for all market segments. However the price disparity between New Castle and Kent/Sussex counties is less for family child care than for center care.

75th Percentile Prices by Age of Children

The 75th percentile prices for full-time care in centers decreases as the age of the child increases. This is true for all three counties. For example, for center infant care in Kent the 75th percentile price is \$32 per day and the preschool price is \$28 per day. This is also true for family child care in New Castle County (infant care is \$32 per day and preschool care is \$30 per day). However for family child care in Kent County this is not the case. Prices at the 75th percentile for Kent County family child care are the same for infant, toddlers and preschool-age children (\$25/day). Thus the age of the child does not seem to be a factor in the pricing of full-time family child care in Kent.

School-age Children

For this study, school-age providers reported only prices for part-day care for less than four-hours per day. In all, the researchers obtained 282 prices for part-day school-age care from providers who had private-paying school-age children in their care. At the 75th percentile, school-age care in centers is higher priced than in family child care homes. For example, Kent part-day school-age care in centers is \$14 compared to \$10 in family child care.

Family Child Care

In all, 464 family child care providers participated in this study and reported 1662 prices for private-paying infant through school-age care. At the 75th percentile, full-time FCC daily prices range from \$23 to \$32 depending on the age category and the county. Part-day school-age prices at the 75th percentile range from \$10 to \$15 for care for less than four hours per day.

Center Child Care

In all, 165 child-care centers and school-age providers participated in the rate

study interviews and reported 510 prices for private-paying children. These providers reported private prices for full-time care for infants, toddlers, and preschoolers and part-day care for school-age children. Full-time daily prices at the 75th percentile range from \$27 to \$47, depending on the age category and the county. Part-day school-age prices at the 75th percentile range from \$13 to \$20.95 for care of less than four hours per day.

Prices Paid by Delaware's Families

The prices estimates reported to this point are calculated from the prices charged by providers. The Division requested that the researchers also calculate prices that reflect actual child care *purchases* being made by families in Delaware. That is the prices paid by Delaware families. To obtain these prices, the researchers weighted the 75th percentile prices by the number of private-paying children reported for each age category. Thus, if a provider reported that they had a private-paying toddler in their care, the price was weighted by the number of private-paying toddlers in the provider's program. These prices are referred to as "weighted" prices and reflect all market transactions by private-paying parents.

For center care, these weighted prices tend to be somewhat higher than the "per provider" prices for full-time care. As an example, the daily price at the 75th percentile charged by New Castle center providers for toddler care is \$41; weighted per private-paying children it is \$46. For part-day school-age care in centers, the weighted prices are lower than the provider prices or are the same. For FCC providers, the weighted prices are the same or very similar to the provider prices.

Odd-Hour Care

FCC providers reported 26 prices for odd-hour care they had recently provided for private-paying children. The 75th percentile price for odd-hour care for New Castle County is \$9.00/hour; for Kent/Sussex Counties it is \$9.50/hour.

Special-Needs Care

In all, 24% of providers interviewed indicated that they were serving a child or children with special-needs in their program. Of the center providers, 62% reported that they were serving a child or children with special needs. For family child care providers, only 10% reported that they were currently providing services to a child with special needs.

In all, 85% of the providers in the study who were serving a child or children with special needs reported that there were no additional costs incurred to serve these children. Thus, the majority of providers who were serving children with

special needs reported that there were no additional costs for them to serve these children.

The Division requested that the researchers also conduct a differential analysis to determine if providers who were serving children with special needs charged higher prices than providers who had no children enrolled with special needs. This is to determine if providers who have children enrolled with special needs pass along possible higher costs for serving these children to all of the children in their care. To determine this, the economists compared the prices charged by providers who had children enrolled with special needs in relation to the prices charged by providers who had no children enrolled with special needs.

To make these comparisons the researchers defined ten cells: Kent full time, New Castle full time, Sussex full time, Kent and Sussex (combined) school age, and New Castle school age. This was done both for centers and for family child care. When the researchers compared the prices actually charged by providers that do and do not serve children with special needs, they found no clear pattern. In six of the cells providers that served children with special needs charged higher prices, and in four they charged lower prices. These differences were never large and in only one case (Kent centers, full time) was the difference statistically significant. Thus it does not appear to be the case that Delaware providers who serve children with special needs charge higher prices than other providers to offset any higher costs associated with serving children with special needs.

Thus the majority of providers who had children with special needs enrolled reported that there were no additional costs to have these children in their program. In addition, the differential analysis did not seem to support the hypothesis that these providers were passing along possible higher costs to their total enrollment of children.

Change in Prices Since the 2007 Market Rate Study

Note: Percentage changes quoted in this section are for the two-year period between 2007 and 2009. They are not percentage changes on an annual basis.

The 75th percentile prices increased between 2007 and 2009 for 19 of the 24 market segments (cells). Overall, there has been a 6% increase in prices since 2007 (averaging the changes in prices of all 24 cells). In those market segments for which the price increased since the 2007 study, the increase ranged from 3% to 17%. In two of the market segments prices remained the same as in 2007; in three prices actually decreased.

The preschool-age category had the greatest average price increase for both centers and family child care (11% for centers and 9% for FCC). It is interesting to note that school-age care also had the greatest average increase in price for centers (11%) but actually had a decrease in the overall average price for family child care.

Center Change in Prices

For center care, overall there has been a 7% average increase in price at the 75th percentile since the 2007 study (averaging the change in all 12 center cells). Kent County had an overall 11% average increase for center care, Sussex County had an overall 8% average increase, and New Castle County had an overall 4% average increase.

In all there was an increase in 10 of the 12 market segments. For one market segment the price at the 75th percentile remained the same as in 2007 (Sussex school age). For one market segment, the 75th percentile price decreased slightly (New Castle toddlers: -2%). At the 75th percentile, the 2009 range of price changes for center care is: -2% (NC toddlers) to 17% (Kent school-age and Sussex preschool). Thus these two cells (Kent SA and Sussex PS) had the largest price increases among the 12 center cells. The smallest increase was for New Castle preschool (3%).

School-age and preschool had the largest overall average age-category increase in the center market (11%), toddlers had an overall average increase of 6%, and infants had an overall average increase of 5%.

FCC Change in Prices

For FCC care, overall there was a 5% average increase in prices at the 75th percentile since 2007 (averaging the change in all 12 FCC cells). Sussex County had the largest overall increase for family child care among the three counties (7%), averaging the changes in prices at the 75th percentile in infant, toddler, preschool and school-age care. New Castle had an overall average increase of 6% and Kent had an overall average increase of 2%.

In all there was an increase in 9 of the 12 FCC market segments. The largest increase in the 75th percentile price among the 12 cells was for Sussex preschool (15%). The cells with the smallest increase were Kent preschool (4%) and Kent toddlers (4%).

Preschool had the largest overall average age-category increase in the FCC market (9%); infants and toddlers had a 5% overall average increase. School-age actually had an overall average decrease in price since the 2007 study: the Sussex school-age price change was -6%; Kent school-age was -2%. Only the New Castle school-age price increased since the 2007 study (7%).

Observation: It is interesting to note that the average overall price increase between 2007 and 2009 is 6% while the average overall price increase between 2005 and 2007 was 11%.

GENERAL FINDINGS OF THE 2009 STUDY

- The daily market prices for full time care at the 75th percentile range from \$23 to \$47; part-day school-age prices range from \$10 to \$20.95.
- At the 75th percentile, the daily market prices for full-time family child care range from \$23 to \$32.
- At the 75th percentile, the daily market prices for full-time center care range from \$27 to \$47.
- Prices in center care are higher than prices in FCC in all 12 market segments.
- Full-time prices are generally highest for infant care and lowest for preschool care. (Only part-day school-age prices were reported.)
- At the 75th percentile, prices in New Castle County are significantly higher than prices in Sussex County and Kent County.
- The 75th percentile price for FCC odd-hour care for New Castle is \$9/hour. For Kent/Sussex it is \$9.50/hour.
- In all, 24% of the providers interviewed were serving a child or children with special-needs. The majority reported that there were no additional costs to their program to serve these children.
- 2009 prices at the 75th percentile were higher than 2007 prices at the 75th percentile for 19 of the 24 market segments. The overall average increase in price since the 2007 study was 6% (averaging the change in all 24 cells). For center care, Kent County had the largest overall average price increase (11%); Sussex County had the largest overall average price increase (7%) for FCC.

SYNOPSIS OF RESULTS

- Prices are generally higher for center care, for younger children, and in New Castle County. Prices are generally lower for family child care, for older children, and in Sussex and Kent counties.

Detailed Findings (Tables A, B, C)

Tables A, B and C below provide detailed information regarding full-time infant, toddler and preschool daily prices and part-day prices for school-age care. The tables contain, for each cell: 1.) cell definition; 2.) population size N, estimated population of providers of this type of care; 3.) n, number of private-price observations utilized to develop the percentiles; 4.) the maximum price reported for the cell; 5.) the minimum price reported for the cell; 5.) the 75th percentile prices (75% ile).

2009 Delaware Child Care Market Rate Study

Table A. Family Child Care - 75thile Prices

| County | N | n | Max | Min | 75 th ile |
|-------------|----|-----|-------|-------|----------------------|
| Kent, ITP | ** | 176 | 37.50 | 15.00 | 25.00 |
| NC, ITP | ** | 386 | 50.00 | 11.00 | 30.00 |
| Sussex, ITP | ** | 236 | 32.00 | 10.00 | 25.00 |

Table B. Family Child Care by Age - 75thile Prices

| County | Type | N | n | Max | Min | 75 th ile |
|---------------|------|----|-----|-------|-------|----------------------|
| Kent & Sussex | INF | ** | 64 | 37.50 | 12.00 | 25.00 |
| Kent | TOD | ** | 75 | 33.75 | 16.00 | 25.00 |
| Kent | PS | ** | 72 | 33.75 | 15.00 | 25.00 |
| Kent | SA | ** | 39 | 16.00 | 5.00 | 10.00 |
| New Castle | INF | ** | 83 | 45.00 | 11.00 | 32.00 |
| New Castle | TOD | ** | 161 | 50.00 | 18.00 | 31.38 |
| New Castle | PS | ** | 142 | 41.25 | 16.00 | 30.00 |
| New Castle | SA | ** | 77 | 50.00 | 2.00 | 15.00 |
| Kent & Sussex | INF | ** | 64 | 37.50 | 12.00 | 25.00 |
| Sussex | TOD | ** | 107 | 32.00 | 12.00 | 25.00 |
| Sussex | PS | ** | 94 | 30.00 | 10.00 | 23.00 |
| Sussex | SA | ** | 63 | 35.00 | 4.00 | 11.25 |

Table C. Child Care Centers - 75thile Prices

| County | Type | N | n | Max | Min | 75 th ile |
|------------|------|-----|----|-------|-------|----------------------|
| Kent | INF | 26 | 20 | 49.00 | 22.00 | 32.00 |
| Kent | TOD | 36 | 32 | 49.00 | 20.00 | 29.00 |
| Kent | PS | 57 | 32 | 35.00 | 19.00 | 28.00 |
| Kent | SA | 46 | 22 | 21.00 | 4.75 | 14.00 |
| New Castle | INF | 117 | 72 | 72.22 | 20.00 | 47.00 |
| New Castle | TOD | 160 | 84 | 72.22 | 24.35 | 41.00 |
| New Castle | PS | 247 | 96 | 70.84 | 15.00 | 36.11 |
| New Castle | SA | 229 | 61 | 30.40 | 7.40 | 20.95 |
| Sussex | INF | 30 | 21 | 37.00 | 19.00 | 30.00 |
| Sussex | TOD | 38 | 23 | 32.00 | 19.00 | 28.25 |
| Sussex | PS | 56 | 27 | 30.00 | 17.00 | 27.00 |
| Sussex | SA | 51 | 20 | 20.00 | 8.00 | 13.00 |

Prices are daily, full time private-paying rates except for School Age (SA), which is part day (less than 4 hours per day.) ITP = Infant, Toddler and Preschool Child Care. INF = Infant Child Care, TOD = Toddler Child Care, PS = Preschool Child Care, SA = School-age Child Care. n = number of private-price observations utilized to develop the 75th percentiles. N = estimated population of providers of this type of care.

** Population size treated as unknown.

Delaware 2009 Child Care Rate Study

Table 1. Family Child Care Daily Rates - 75%ile and Confidence Intervals

| | | | | | | | Parametric | Non-Parametric |
|---------|----|-----|-------|-------|--------|---------|------------------|------------------|
| Region | N | n | Max | Min | 75%ile | Std Err | Conf. Int. | Conf. Int. |
| K, ITP | ** | 176 | 37.50 | 15.00 | 25.00 | 0.3955 | [24.22, 25.78] | [25.00, 25.00] |
| NC, ITP | ** | 386 | 50.00 | 11.00 | 30.00 | 0.2597 | [29.49, 30.51] | [30.00, 31.63] |
| S, ITP | ** | 236 | 32.00 | 10.00 | 25.00 | 0.5101 | [24.00, 26.00] | [24.00, 25.00] |

Table 2. Family Child Care Daily Rates Per Age - 75%ile & Confidence Intervals

| | | | | | | | | Parametric | Non-Parametric |
|--------|------|----|-----|-------|-------|--------|---------|------------------|------------------|
| Region | Type | N | n | Max | Min | 75%ile | Std Err | Conf. Int. | Conf. Int. |
| K&S | INF | ** | 64 | 37.50 | 12.00 | 25.00 | 0.7277 | [23.57, 26.43] | [25.00, 28.00] |
| K | TOD | ** | 75 | 33.75 | 16.00 | 25.00 | 0.6460 | [23.73, 26.27] | [24.00, 25.00] |
| K | PS | ** | 72 | 33.75 | 15.00 | 25.00 | 0.7068 | [23.61, 26.39] | [24.00, 25.00] |
| K | SA | ** | 39 | 16.00 | 5.00 | 10.00 | 0.4844 | [9.05, 10.95] | [10.00, 12.00] |
| NC | INF | ** | 83 | 45.00 | 11.00 | 32.00 | 0.5328 | [30.96, 33.04] | [30.40, 32.00] |
| NC | TOD | ** | 161 | 50.00 | 18.00 | 31.38 | 0.5006 | [30.39, 32.36] | [30.00, 32.00] |
| NC | PS | ** | 142 | 41.25 | 16.00 | 30.00 | 0.5880 | [28.85, 31.15] | [29.00, 30.00] |
| NC | SA | ** | 77 | 50.00 | 2.00 | 15.00 | 0.6785 | [13.67, 16.33] | [14.00, 16.00] |
| K&S | INF | ** | 64 | 37.50 | 12.00 | 25.00 | 0.7277 | [23.57, 26.43] | [25.00, 28.00] |
| S | TOD | ** | 107 | 32.00 | 12.00 | 25.00 | 0.7175 | [23.59, 26.41] | [24.00, 25.00] |
| S | PS | ** | 94 | 30.00 | 10.00 | 23.00 | 0.6917 | [21.64, 24.36] | [22.00, 24.50] |
| S | SA | ** | 63 | 35.00 | 4.00 | 11.25 | 0.5841 | [10.11, 12.39] | [10.00, 13.00] |

Prices are daily, full time rates except for School age (SA) which is part-day care (less than 4 hours per day).

** Population size treated as unknown.

Tables contain only prices for private paying children (no Purchase of Care prices or Purchase of Care Plus prices).

We recommend use of non-parametric confidence intervals for $n < 40$, and the use of the parametric confidence intervals based on standard errors for $n \geq 40$.

INF = Infant Family Child Care, TOD = Toddler Family Child Care, PS = Preschool Family Child Care, SA = School age Family Child Care

ITP = Infant, Toddler, and Preschool Child Care.

K&S: Since the 75%ile prices were identical for Kent and Sussex infants, these cells were combined to improve their accuracy (standard error).

n = number of prices, based on the median price per age category from FCC providers.

K = Kent County, NC = New Castle County, S = Sussex County.

Delaware 2009 Child Care Rate Study

Table 3. Child Care Centers Daily Rates - 75%ile and Confidence Intervals

| Region | Type | N | n | Max | Min | 75%ile | Std Err | Parametric Conf. Int. | Non-Parametric Conf. Int. |
|--------|------|-----|----|-------|-------|--------|---------|--------------------------|------------------------------|
| K | I | 26 | 20 | 49.00 | 22.00 | 32.00 | 1.0113 | [30.02, 33.98] | [31.00, 41.00] |
| K | T | 36 | 32 | 49.00 | 20.00 | 29.00 | 0.4016 | [28.21, 29.79] | [28.35, 32.00] |
| K | PS | 57 | 32 | 35.00 | 19.00 | 28.00 | 0.8496 | [26.33, 29.67] | [27.00, 30.20] |
| K | SA | 46 | 22 | 21.00 | 4.75 | 14.00 | 0.7486 | [12.53, 15.47] | [13.00, 17.00] |
| NC | I | 117 | 72 | 72.22 | 20.00 | 47.00 | 0.9801 | [45.08, 48.92] | [45.00, 50.00] |
| NC | T | 160 | 84 | 72.22 | 24.35 | 41.00 | 1.0260 | [38.99, 43.01] | [40.00, 43.00] |
| NC | PS | 247 | 96 | 70.84 | 15.00 | 36.11 | 0.8683 | [34.41, 37.81] | [34.67, 39.72] |
| NC | SA | 229 | 61 | 30.40 | 7.40 | 20.95 | 0.9873 | [19.01, 22.89] | [20.00, 22.00] |
| S | I | 30 | 21 | 37.00 | 19.00 | 30.00 | 0.4793 | [29.06, 30.94] | [30.00, 35.00] |
| S | T | 38 | 23 | 32.00 | 19.00 | 28.25 | 0.8330 | [26.62, 29.88] | [28.00, 31.00] |
| S | PS | 56 | 27 | 30.00 | 17.00 | 27.00 | 1.0342 | [24.97, 28.03] | [26.00, 28.00] |
| S | SA | 51 | 20 | 20.00 | 8.00 | 13.00 | 0.7884 | [11.45, 14.55] | [12.00, 15.00] |

Prices are daily, full time rates except for School age (SA) which is part-day care (less than 4 hours per day).

Tables contain only prices for private paying children (no Purchase of Care prices or Purchase of Care Plus prices).

We recommend use of non-parametric confidence intervals for $n < 40$, and the use of the parametric confidence intervals based on standard errors for $n \geq 40$.

I = Infant Child Care Centers, T = Toddler Child Care Centers, PS = Preschool Child Care Centers, SA = School age Child Care Centers.

K = Kent County, NC = New Castle County, S = Sussex County.

N = number of providers in the Delaware sampling frame providing this care; n = number of prices obtained from survey respondents.

Delaware 2009 Child Care Rate Study

Table 4. Family Child Care, Odd Hour Care - 75thile and Confidence Intervals

| | | | | | | | Parametric | Non-Parametric |
|--------|----|----|-------|------|----------------------|---------|-----------------|-----------------|
| Region | N | n | Max | Min | 75 th ile | Std Err | Conf. Int. | Conf. Int. |
| K&S | ** | 21 | 20.00 | 2.00 | 9.50 | 1.5732 | [6.42, 12.58] | [5.00, 13.00] |
| NC | ** | 5 | 10.00 | 4.00 | 9.00 | 1.9829 | [5.11, 12.89] | [5.00, ***] |

Prices are hourly rates

** Population size treated as unknown.

**** Non-parametric upper bound undefined. 97.5% lower bound is \$5.00/hour.

Table contains only prices for private paying children (no Purchase of Care prices or Purchase of Care Plus prices).

There were insufficient center odd-hour care prices reported to determine a 75th percentile, so all observations are for odd-hour care reported by family child care providers.

We recommend use of non-parametric confidence intervals for $n < 40$, and the use of the parametric confidence intervals based on standard errors for $n \geq 40$.

K = Kent County, NC = New Castle County, S = Sussex County.

n = number of prices obtained from survey respondents.

Delaware 2009 Child Care Rate Study

Table 5. Centers, Special Needs Care, and Costs by County

| Cell | Number of Providers Responding To Survey Question | Number of SNC Providers | Are there any additional costs to you in caring for these SNC children? | | Average Higher Cost of SNC (Estimated) |
|------------|---|-------------------------|---|----------|--|
| | | | No | Yes | |
| K, CTR | 33 | 21 (64%) | 18 (86%) | 3 (14%) | 12% |
| NC, CTR | 101 | 63 (62%) | 53 (84%) | 10 (16%) | 26% |
| S, CTR | 30 | 17 (57%) | 11 (69%) | 5 (31%) | 18% |
| Total, CTR | 164 | 101 (62%) | 83 (82%) | 18 (18%) | 21% |

Table 6. Family Child Care, Special Needs Care, and Costs by County

| Cell | Number of Providers Responding to Survey Question | Number of SNC Providers | Are there any additional costs to you in caring for these SNC children? | | Average Higher Cost of SNC (Estimated) |
|------------|---|-------------------------|---|---------|--|
| | | | No | Yes | |
| K, FCC | 107 | 8 (7%) | 8 (100%) | 0 (0%) | 0% |
| NC, FCC | 209 | 26 (12%) | 22 (85%) | 4 (15%) | 10% |
| S, FCC | 148 | 13 (9%) | 13 (100%) | 0 (0%) | 0% |
| Total, FCC | 464 | 47 (10%) | 43 (91%) | 4 (9%) | 10% |

K = Kent County, NC = New Castle County, S = Sussex County.
 FCC = Family Child Care, CTR = Child Care Centers.

SNC = special needs care;

Special Needs Care (SNC) providers = Answered "yes" to serving children with special needs. Note: Some providers did not respond to the special needs questions.

Note: A small number of providers did not respond to the question "are there any additional costs to you in caring for these SNC children." Therefore, the sum of respondents answering "Yes" or "No" may not equal the entry in the "Number of SNC Providers" column in the tables.

Average Higher Cost of SNC (Estimated) = providers who reported serving children with special needs and who reported that it did cost their program more to serve these children, then estimated their percentage of a higher cost for serving these children.

Delaware 2009 Child Care Rate Study

Table 7. Special Needs Care - 75%ile and Confidence Intervals

| Cell | Type | N | n | Max | Min | 75%ile | Std Err | Parametric | Non-Parametric |
|--------------|------|----|-----|-------|-------|--------|---------|------------------|------------------|
| | | | | | | | | Conf. Int. | Conf. Int. |
| K, ITP, SNC | CTR | ** | 56 | 49.00 | 20.00 | 31.40 | 1.2312 | [28.99, 33.81] | [30.00, 33.20] |
| K, ITP, RC | CTR | ** | 28 | 32.00 | 19.00 | 27.00 | 1.1315 | [24.78, 29.22] | [27.00, 30.00] |
| NC, ITP, SNC | CTR | ** | 162 | 71.02 | 15.00 | 42.66 | 1.1566 | [40.40, 44.93] | [40.00, 44.00] |
| NC, ITP, RC | CTR | ** | 87 | 72.22 | 23.00 | 41.25 | 1.4948 | [38.32, 44.18] | [38.00, 45.00] |
| S, ITP, SNC | CTR | ** | 35 | 36.00 | 19.00 | 29.85 | 1.3741 | [27.16, 32.45] | [28.00, 31.00] |
| S, ITP, RC | CTR | ** | 36 | 37.00 | 17.00 | 29.00 | 1.1928 | [26.66, 31.34] | [28.00, 30.00] |
| K&S, SA, SNC | CTR | ** | 29 | 21.00 | 4.75 | 14.00 | 0.9604 | [12.12, 15.88] | [12.00, 17.00] |
| K&S, SA, RC | CTR | ** | 13 | 20.00 | 9.00 | 13.00 | 1.1471 | [10.75, 15.25] | [12.00, 17.00] |
| NC, SA, SNC | CTR | ** | 38 | 28.68 | 11.00 | 20.80 | 1.2897 | [18.27, 23.32] | [18.00, 22.00] |
| NC, SA, RC | CTR | ** | 22 | 30.40 | 7.40 | 21.00 | 1.8095 | [17.45, 24.55] | [18.00, 25.00] |
| K, ITP, SNC | FCC | ** | 10 | 26.00 | 19.00 | 24.50 | 1.9275 | [20.72, 28.28] | [20.00, ***] |
| K, ITP, RC | FCC | ** | 166 | 37.50 | 15.00 | 25.00 | 0.4088 | [24.20, 25.80] | [24.50, 25.00] |
| NC, ITP, SNC | FCC | ** | 50 | 40.00 | 18.00 | 30.63 | 0.8102 | [29.04, 32.21] | [30.00, 33.00] |
| NC, ITP, RC | FCC | ** | 336 | 50.00 | 11.00 | 30.00 | 0.2830 | [29.45, 30.55] | [30.00, 31.63] |
| S, ITP, SNC | FCC | ** | 22 | 26.00 | 16.00 | 24.00 | 1.4137 | [21.23, 26.77] | [21.00, 25.00] |
| S, ITP, RC | FCC | ** | 214 | 32.00 | 10.00 | 25.00 | 0.5546 | [23.91, 26.09] | [24.00, 25.00] |
| K&S, SA, SNC | FCC | ** | 11 | 11.00 | 5.00 | 9.25 | 0.6863 | [7.91, 10.59] | [8.00, ***] |
| K&S, SA, RC | FCC | ** | 91 | 35.00 | 4.00 | 11.25 | 0.4341 | [10.40, 12.10] | [10.00, 13.00] |
| NC, SA, SNC | FCC | ** | 9 | 30.00 | 7.50 | 18.00 | 4.1510 | [9.86, 26.14] | [15.00, ***] |
| NC, SA, RC | FCC | ** | 68 | 50.00 | 2.00 | 15.00 | 0.7185 | [13.59, 16.41] | [13.00, 15.00] |

** Population size treated as unknown.

**** Non-parametric upper bound undefined. 97.5% lower bound provided.

Prices are daily, full time rates except for School age (SA) which is part day care (less than 4 hours per day). Tables contain only prices for private paying children (no Purchase of Care prices or Purchase of Care Plus prices).

K = Kent County, NC = New Castle County, S = Sussex County, SNC = Special Needs Care, RC = Regular Care, FCC = Family Child Care, CTR = Child Care Centers. ITP = Infants, Toddlers, and Preschool Child Care; SA = School Age Child Care.

Special Needs Care (SNC) program = Answered "yes" to serving children with special needs. Regular Care (RC) program = Answered "no" to serving children with special needs.

We recommend use of non-parametric confidence intervals for $n < 40$, and the use of the parametric confidence intervals based on standard errors for $n \geq 40$.

Note: A small numbers providers did not respond to the special needs questions. Therefore, the county-wide totals here may not equal the county-wide totals reported elsewhere in this report.

Delaware 2009 Child Care Rate Study

Table 8. Special Needs Care Differentials and Conversion Factors

| Cell Definition | SNC Differential | SNC Conversion Factor * | Statistically Significant? *** |
|-----------------|------------------|-------------------------|--------------------------------|
| K, ITP, CTR | 4.40 | 1.1630 | Y |
| NC, ITP, CTR | 1.41 | 1.0342 | N |
| S, ITP, CTR | 0.85 | 1.0293 | N |
| K&S, SA, CTR | 1.00 | 1.0769 | N |
| NC, SA, CTR | -0.20 | 0.9905 | N |
| K, ITP, FCC | -0.50 | 0.9800 | N |
| NC, ITP, FCC | 0.63 | 1.0210 | N |
| S, ITP, FCC | -1.00 | 0.9600 | N |
| K&S, SA, FCC | -2.00 | 0.8222 | N |
| NC, SA, FCC | 3.00 | 1.2000 | N |

* SNC differential is SNC price minus RC price. SNC conversion is SNC price divided by RC price. To convert RC prices to SNC prices, multiply RC price by the conversion factor. For example, if the RC 75thile price in K, ITP Center care is \$27.00, then the SNC price is $\$27.00 \times 1.1630 = \31.40 .

*** Asymptotically normal test statistics (95% level) indicate that the SNC differential was always insignificant except for center infant-toddler-preschool care in Kent county.

K = Kent County, NC = New Castle County, S = Sussex County, SNC = Special Needs Care, RC = Regular Care, FCC = Family Child Care, CTR = Child Care Centers. ITP = Infants, Toddlers, and Preschool Child Care; SA = School Age Child Care

Special Needs Care program = Answered "yes" to serving children with special needs.

Regular Care program = Answered "no" to serving children with special needs.

Note: Some providers did not respond to the special needs questions.

Delaware 2009 Child Care Rate Study

Table 9. Family Child Care - Per Provider and Weighted 75%ile Prices

| Region | Type | Per Provider | Weighted* |
|--------|------|--------------|-----------|
| | | 75%ile | 75%ile |
| K&S | I | 25.00 | 25.00 |
| K | T | 25.00 | 25.00 |
| K | PS | 25.00 | 25.00 |
| K | SA | 10.00 | 10.75 |
| NC | I | 32.00 | 32.00 |
| NC | T | 31.38 | 32.00 |
| NC | PS | 30.00 | 30.00 |
| NC | SA | 15.00 | 15.00 |
| K&S | I | 25.00 | 25.00 |
| S | T | 25.00 | 25.00 |
| S | PS | 23.00 | 23.00 |
| S | SA | 11.25 | 11.75 |

Table 10. Child Care Centers - Per Provider and Weighted 75%ile Prices

| Region | Type | Per Provider | Weighted* |
|--------|------|--------------|-----------|
| | | 75%ile | 75%ile |
| K | I | 32.00 | 36.00 |
| K | T | 29.00 | 33.00 |
| K | PS | 28.00 | 30.40 |
| K | SA | 14.00 | 13.00 |
| NC | I | 47.00 | 51.00 |
| NC | T | 41.00 | 46.00 |
| NC | PS | 36.11 | 39.91 |
| NC | SA | 20.95 | 20.80 |
| S | I | 30.00 | 35.35 |
| S | T | 28.25 | 31.00 |
| S | PS | 27.00 | 28.00 |
| S | SA | 13.00 | 13.00 |

* Weighted by the number of private-paying children in the cell

Infant, toddler and preschool-age prices are for full-time care, for 30 hours or more per week. School-age are prices for part-day care, for less than 4 hours per day.

K&S = Kent and Sussex cells combined.

ATTACHMENT 3.5.1

CHILD DAY CARE PROGRAM

CHILD DAY CARE SLIDING FEE SCALE
EFFECTIVE OCTOBER 1, 2009

Income Limits Per Family Size

| Family Size | Monthly Income |
|------------------------|----------------|
| 1 | \$1,806 |
| 2 | \$2,430 |
| 3 | \$3,052 |
| 4 | \$3,676 |
| 5 | \$4,300 |
| 6 | \$4,922 |
| 7 | \$5,546 |
| 8 | \$6,170 |
| Each Additional Person | \$624 |

PERCENT OF COST OF CARE PAID BY PARENTS

MONTHLY INCOME RANGE

| INCOME POVERTY RANGE | MONTHLY INCOME RANGE | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0%-36% | 36%-45% | 45%-55% | 55%-65% | 65%-75% | 75%-85% | 85%-95% | 95%-100% | 100%-105% | 105%-115% | 115%-120% | 120%-125% | 125%-135% | 135%-145% | 145%-155% | 155%-160% | 160%-170% | 170%-180% | 180%-190% | 190%-200% |
| FAMILY SIZE | 1% | 5% | 7% | 8% | 10% | 12% | 14% | 16% | 21% | 23% | 25% | 30% | 32% | 44% | 46% | 48% | 50% | 60% | 70% | 80% |
| 1 | \$0.00 \$325.00 | \$325.01 \$406.00 | \$406.01 \$497.00 | \$497.01 \$587.00 | \$587.01 \$677.00 | \$677.01 \$768.00 | \$768.01 \$858.00 | \$858.01 \$903.00 | \$903.01 \$948.00 | \$948.01 \$1,038.00 | \$1,038.01 \$1,084.00 | \$1,084.01 \$1,129.00 | \$1,129.01 \$1,219.00 | \$1,219.01 \$1,309.00 | \$1,309.01 \$1,400.00 | \$1,400.01 \$1,445.00 | \$1,445.01 \$1,535.00 | \$1,535.01 \$1,625.00 | \$1,625.01 \$1,716.00 | \$1,716.01 \$1,806.00 |
| 2 | \$0.00 \$437.00 | \$437.01 \$547.00 | \$547.01 \$668.00 | \$668.01 \$790.00 | \$790.01 \$911.00 | \$911.01 \$1,033.00 | \$1,033.01 \$1,154.00 | \$1,154.01 \$1,215.00 | \$1,215.01 \$1,276.00 | \$1,276.01 \$1,397.00 | \$1,397.01 \$1,458.00 | \$1,458.01 \$1,519.00 | \$1,519.01 \$1,640.00 | \$1,640.01 \$1,762.00 | \$1,762.01 \$1,882.00 | \$1,882.01 \$1,944.00 | \$1,944.01 \$2,066.00 | \$2,066.01 \$2,187.00 | \$2,187.01 \$2,309.00 | \$2,309.01 \$2,430.00 |
| 3 | \$0.00 \$549.00 | \$549.01 \$687.00 | \$687.01 \$839.00 | \$839.01 \$992.00 | \$992.01 \$1,145.00 | \$1,145.01 \$1,297.00 | \$1,297.01 \$1,450.00 | \$1,450.01 \$1,526.00 | \$1,526.01 \$1,602.00 | \$1,602.01 \$1,755.00 | \$1,755.01 \$1,831.00 | \$1,831.01 \$1,908.00 | \$1,908.01 \$2,060.00 | \$2,060.01 \$2,213.00 | \$2,213.01 \$2,365.00 | \$2,365.01 \$2,442.00 | \$2,442.01 \$2,594.00 | \$2,594.01 \$2,747.00 | \$2,747.01 \$2,899.00 | \$2,899.01 \$3,052.00 |
| 4 | \$0.00 \$662.00 | \$662.01 \$827.00 | \$827.01 \$1,011.00 | \$1,011.01 \$1,195.00 | \$1,195.01 \$1,379.00 | \$1,379.01 \$1,562.00 | \$1,562.01 \$1,746.00 | \$1,746.01 \$1,838.00 | \$1,838.01 \$1,930.00 | \$1,930.01 \$2,114.00 | \$2,114.01 \$2,206.00 | \$2,206.01 \$2,298.00 | \$2,298.01 \$2,481.00 | \$2,481.01 \$2,665.00 | \$2,665.01 \$2,849.00 | \$2,849.01 \$2,941.00 | \$2,941.01 \$3,125.00 | \$3,125.01 \$3,308.00 | \$3,308.01 \$3,492.00 | \$3,492.01 \$3,676.00 |
| 5 | \$0.00 \$774.00 | \$774.01 \$968.00 | \$968.01 \$1,183.00 | \$1,183.01 \$1,398.00 | \$1,398.01 \$1,613.00 | \$1,613.01 \$1,828.00 | \$1,828.01 \$2,043.00 | \$2,043.01 \$2,150.00 | \$2,150.01 \$2,258.00 | \$2,258.01 \$2,473.00 | \$2,473.01 \$2,580.00 | \$2,580.01 \$2,688.00 | \$2,688.01 \$2,903.00 | \$2,903.01 \$3,118.00 | \$3,118.01 \$3,332.00 | \$3,332.01 \$3,440.00 | \$3,440.01 \$3,655.00 | \$3,655.01 \$3,870.00 | \$3,870.01 \$4,085.00 | \$4,085.01 \$4,300.00 |
| 6 | \$0.00 \$886.00 | \$886.01 \$1,107.00 | \$1,107.01 \$1,354.00 | \$1,354.01 \$1,600.00 | \$1,600.01 \$1,846.00 | \$1,846.01 \$2,092.00 | \$2,092.01 \$2,338.00 | \$2,338.01 \$2,461.00 | \$2,461.01 \$2,584.00 | \$2,584.01 \$2,830.00 | \$2,830.01 \$2,953.00 | \$2,953.01 \$3,076.00 | \$3,076.01 \$3,322.00 | \$3,322.01 \$3,568.00 | \$3,568.01 \$3,815.00 | \$3,815.01 \$3,938.00 | \$3,938.01 \$4,184.00 | \$4,184.01 \$4,430.00 | \$4,430.01 \$4,676.00 | \$4,676.01 \$4,922.00 |
| 7 | \$0.00 \$998.00 | \$998.01 \$1,248.00 | \$1,248.01 \$1,525.00 | \$1,525.01 \$1,802.00 | \$1,802.01 \$2,080.00 | \$2,080.01 \$2,357.00 | \$2,357.01 \$2,634.00 | \$2,634.01 \$2,773.00 | \$2,773.01 \$2,912.00 | \$2,912.01 \$3,189.00 | \$3,189.01 \$3,328.00 | \$3,328.01 \$3,466.00 | \$3,466.01 \$3,744.00 | \$3,744.01 \$4,021.00 | \$4,021.01 \$4,298.00 | \$4,298.01 \$4,437.00 | \$4,437.01 \$4,714.00 | \$4,714.01 \$4,991.00 | \$4,991.01 \$5,269.00 | \$5,269.01 \$5,546.00 |
| 8 | \$0.00 \$1,111.00 | \$1,111.01 \$1,388.00 | \$1,388.01 \$1,697.00 | \$1,697.01 \$2,005.00 | \$2,005.01 \$2,314.00 | \$2,314.01 \$2,622.00 | \$2,622.01 \$2,931.00 | \$2,931.01 \$3,085.00 | \$3,085.01 \$3,239.00 | \$3,239.01 \$3,548.00 | \$3,548.01 \$3,702.00 | \$3,702.01 \$3,856.00 | \$3,856.01 \$4,165.00 | \$4,165.01 \$4,473.00 | \$4,473.01 \$4,781.00 | \$4,781.01 \$4,936.00 | \$4,936.01 \$5,245.00 | \$5,245.01 \$5,553.00 | \$5,553.01 \$5,862.00 | \$5,862.01 \$6,170.00 |

| POVERTY | | 12 |
|---------|---------|---------|
| 1 | \$903 | \$696 |
| 2 | \$1,215 | \$938 |
| 3 | \$1,526 | \$1,180 |
| 4 | \$1,838 | \$1,421 |
| 5 | \$2,150 | \$1,663 |
| 6 | \$2,461 | \$1,904 |
| 7 | \$2,773 | \$2,146 |
| 8 | \$3,085 | \$2,388 |
| | 624 | 624 |

ATTACHMENT 4.1.1

| | | |
|---|--|--|
|  | DELAWARE HEALTH AND SOCIAL SERVICES DIVISION OF SOCIAL SERVICES | APPLICATION FOR CHILD CARE ASSISTANCE |
|---|--|--|

Complete and sign this application form to apply for child care assistance. Eligibility is based on income and type of need for services. We need proof of family income and need for child care.

Please answer all questions on this application. If you are eligible, service cannot start until you select a child care provider. If you need assistance choosing a provider, please let us know.

Last Name _____ First Name _____ M.I. _____

Street Address _____ Apt. No. _____

Development _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

Do you get cash assistance, food benefits or medical assistance? ___ If yes, what is your case number? _____

| | |
|--|--|
| Tell us why you need child care. If both parents are in the home, both must have a need. Check below all that apply. | What time(s) of day do you need child care services? If care is needed for more than one shift, please attach proof. |
| <ul style="list-style-type: none"><input type="checkbox"/> Work<input type="checkbox"/> Employment & Training work program (Workfare, Employment Connections, DOL)<input type="checkbox"/> School/ training (some restrictions apply)<input type="checkbox"/> Division of Family Services referral<input type="checkbox"/> Special need of child<input type="checkbox"/> Parent/ caretaker health condition | <ul style="list-style-type: none"><input type="checkbox"/> Daytime (6 a.m. to 6 p.m.)<input type="checkbox"/> Evening (3 p.m. to 11 p.m.)<input type="checkbox"/> Overnight (11 p.m. to 7 a.m.)<input type="checkbox"/> Other |

SHELTER & UTILITIES

What are your shelter expenses per month? Please attach proof. Rent ____ Mortgage____ Mobile Home/Lot Rent

What are your utility expenses per month? Please attach proof. Electric _____ Gas_____ Oil _____ Propane ____
Kerosene_____ Wood _____

HOUSEHOLD MEMBERS

Please list **everyone** in the household below.

| Name | Date of birth | Are you a U.S. citizen? | Sex | Race | SSN | Relationship to you |
|------|---------------|--|-----|------|-----|---------------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | SELF |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

EARNED INCOME

Is anyone in the household working? List name, employer and monthly gross income (income before taxes) for each person working. Please attach proof of all income received in the last 30 days.

| Name | Employer | Monthly gross income |
|------|----------|----------------------|
| | | |
| | | |

OTHER INCOME

Does anyone in the household receive income from other sources like Social Security, SSI, child support, Unemployment compensation, Veteran's benefits, pension, roomer or cash from someone else? List name, source of income and amount before deductions for each person. Please attach proof of all income received in the last 30 days.

| Name | Source(s) of income | Monthly amount before deductions |
|------|---------------------|----------------------------------|
| | | |

CHILD CARE INFORMATION

Please list names of children needing child care, selected child care providers and how much care is needed below. If provider has more than one site, please specify which site. Under type of care, please enter one of the following: before school, after school, before & after, or not in school.

| Child | Provider name and address | Hrs/ day | Days/ week | Type of care |
|-------|---------------------------|----------|------------|--------------|
| | | | | |
| | | | | |
| | | | | |

Answer the questions below if a parent of any child listed above does not live in your home.

| Child's Name | Absent Parent's Name | Absent Parent's Date of Birth | Absent Parent's Social Security # | Absent Parent's | Absent Parent's Employer |
|--------------|----------------------|-------------------------------|-----------------------------------|-----------------|--------------------------|
| | | | | | |
| | | | | | |

RIGHTS AND RESPONSIBILITIES

PRIVACY ACT/SOCIAL SECURITY NUMBERS

Federal laws require the collection of information on the application, including Social Security Numbers (SSN). Failure to provide this information, including the SSN of each household member you are applying for, may result in the denial of benefits to your household or to a household member. You must give us the Social Security Numbers (SSN) for all household members for whom you are requesting child care assistance. The Division of Social Services will ask for the SSN of anyone whose income is used to determine eligibility although it is not required. Non-lawful aliens are not required to give a SSN.

We will use the SSN to determine initial and ongoing eligibility, check the identity of household members, prevent duplicate participation and help us make mass changes. We will also use the SSN to check information you give us against information we have in our records and against other federal, state and local government agency computer matching systems. This may mean that we will need to contact household employers, banks, or other parties. If you receive benefits you are not entitled to, the information on this application, including the SSN of each household applicant may be referred to state/federal agencies, as well as private collection agencies, for claims collections. This information will also be used to monitor compliance with program regulations and for program management. **If you give us false information on purpose, legal action may be taken against you.**

COOPERATION WITH SPECIAL REVIEWS

I will cooperate fully with all state and federal personnel, such as Quality Control and Audit and Recovery Management Services, in any special review of my case. **I understand that if I fail to cooperate, my case may be closed.**

APPEAL/FAIR HEARING RIGHTS

I understand that I, or my representative, may appeal to DSS or the U.S. Department of Health and Human Services if I am not satisfied with any decision made by the local office, or if I feel that I have been discriminated against because of race, color, national origin, sex, religious creed, age, disability, political beliefs, or retaliation. As part of the appeal process, I understand that I have a right to a fair hearing and that I may be represented at a hearing by any attorney or any other person I choose. If I am not satisfied with the decision on my fair hearing, I understand that I may request a judicial review in Superior Court in the County where I live. I also understand that I must file a request for a judicial review within thirty days of the date of my fair hearing decision.

DISCLOSURE OF INFORMATION

All information and documentation gathered for determining your Child Care eligibility or other program related use is confidential. Each program provides safeguards, restricting the use and disclosure of information about you to purposes directly connected with the administration of the program.

Disclosure of information concerning your Child Care eligibility to anyone not authorized to receive the information is a violation of state and federal law. The failure of any authorized source to safeguard the confidential nature of your information may result in legal action.

While the Child Care program will keep your eligibility information confidential, these provisions do not affect your right to give specific written consent to release information to other persons or sources.

PARENT/GUARDIAN RESPONSIBILITIES

As a participant in the DSS Child Care Subsidy Program, I understand the following:

1. That I may be required to pay a portion of the cost of my child's child care expense. The fee is based on my household income and family size. (Your worker will advise you of the amount of your fee, or if you have to pay a fee.)
2. That if my child is absent DSS will pay my child care provider from between one to five absent days.
3. That I must report within ten days changes that affect either my need for subsidized child care or income. I must report all changes that affect me, my spouse and my child(ren).

Some of the changes I must report are:

Getting a job, losing a job, changing jobs, taking a second job, no longer working at a second job, receiving child support, receiving VA benefits, receiving an increase or decrease in wages of \$75 or more a month, receiving an increase or decrease in public assistance, child support, Social Security or VA benefits of \$75 or more a month, enrollment in an education or training class, completion of training, no longer needing special needs child care, or changes to marital status, family size or address.

4. That I must cooperate with the Division of Child Support Enforcement (DCSE). I understand that if I do not cooperate and I do not have good cause to not cooperate, my child care subsidy case will close.
5. As a participant in the DSS Child Care Subsidy Program, I further understand:
 - That the information I give to qualify for child care will be subject to verification by federal, state and local officials. If it is found inaccurate, I can be subject to criminal prosecution for knowingly providing false information.
 - That if I do not have documents to verify needed information, I agree to give the name of a person or organization that DSS may contact to obtain verification and that I authorize DHSS personnel to verify any statement I make regarding my application for child care.
 - That if I plan to change my child care provider within the authorization period indicated that I will notify my worker at least five days before moving my child so that a new authorization can be processed.
 - That I will notify my current provider of my intent to move my child at least five care days before moving my child(ren).
 - That I may be responsible for payment to my child care provider at the provider's private fee if my child attends when he/ she has not been approved for service by DSS.
 - That my provider may charge me a late pickup fee, late payment fee, field trip fees, and a provider co-pay.
 - That I will be required to reimburse DSS for payment made for my child(ren) if I continue to use child care when I am not eligible to receive the service.
 - That I may experience a disruption in my child care service if I fail to respond to DSS Attendance Quality Control inquires.
6. That in consideration for payment made by DSS, I hereby release DSS from any claim or cause of action and agree that I will not hold DSS liable for any injury, illness or disease resulting to my child(ren) that may arise out of or during the course of service.

CERTIFICATION OF UNDERSTANDING AND ACCURACY OF APPLICATION ANSWERS

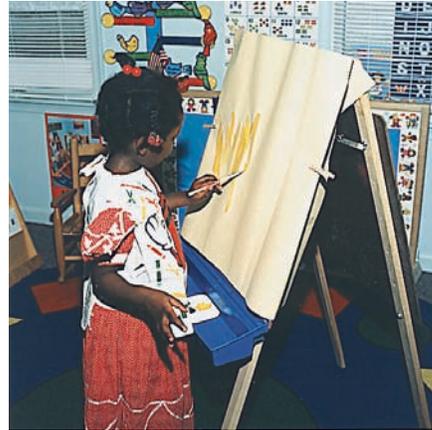
I understand the questions on this application and the penalty for hiding or giving false information. I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge. I understand and agree to provide documents to prove what I have said. I understand and agree that DHSS may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

Worker Signature _____ Date _____

Worker Signature _____ Date _____

ATTACHMENT 5.2.1.

DELAWARE Early Learning Foundations for School Success



Delaware Department of Education

© March 2003



**For more information on this document, please contact: Dr. Jim Lesko, Delaware
Department of Education, P.O. Box 1402, Dover, DE 19903. By phone: 302-739-4667.
By email: jlesko@doe.k12.de.us**

Delaware Early Learning Foundations for School Success

Dear Early Educator:

Having children come to school ready to be successful is an important aspect to early education services. The State of Delaware is committed to supporting early education for young children. The Delaware Department of Education has been actively involved in providing early education services to children ages infancy through kindergarten entry. The Interagency Resource Management Committee established the Office of Early Care and Education in the Department in 2002 with the intent to support the implementation of Early Success, a plan established to support the development of a quality early care and education system throughout the state. Within the plan are eight goals guiding the quality enhancement process. One of those goals is to, “employ a wide range of proven approaches for achieving quality” (Early Success, April 2000). Research has demonstrated that high quality early education does have a positive impact on children’s later school achievement. To impact quality, it is important to address two critical components: 1) curriculum instruction, and 2) professional development.

The decision was made to first address the issue of curriculum instruction. To begin this process, it was necessary to first identify instructional outcomes. The question was asked: What is it that is expected developmentally of a child, after completing one year of preschool education prior to kindergarten? Considerable time and effort was made by the Advisory and focus groups towards identifying those outcomes. Broad input was received to identify developmentally appropriate skills that would support a child’s success. Careful consideration was also given to linking the Foundations with Delaware’s K-12 standards and kindergarten performance indicators. Using this input, the Advisory and focus groups adapted and revised the skills, reformatting them using a curricular perspective. So, rather than have a listing of “readiness skills” the Foundations document is a curricular planning guide that can be used by early educators. The focus of the Foundations is to provide a structure and guide for planning instructional experiences that are essential to facilitate children’s development to reach the instructional outcomes targeted.

Much appreciation needs to go to the Advisory Work Group and the individual county-level focus group members for their contributions to this effort. A significant amount of time and effort was put towards this project by each participant. Appreciation also goes to those individuals that responded with helpful and constructive feedback during the comment period. Finally, thank you to Dr. Catherine Scott-Little for her untiring coordination of effort and editing of documents. In each case, it was evident that careful consideration went into suggestions towards the development of the Foundations document. It is the intent of this work to ensure that Delaware’s children are ready to begin school with the skills they need to be successful.

Dr. Jim J. Lesko
Education Associate, Early Childhood Education
Exceptional Children and Early Childhood Education

Delaware Early Learning Foundations for School Success

Introduction

Purpose of the Work

Recognizing that children's earliest years are critical, the state of Delaware has joined together to define what types of experiences children should ideally have before they enter kindergarten. A statewide committee with representatives from the early care and education community, schools, higher education, family literacy programs, policy makers, and parents, met during 2002 to develop a description of the types of abilities and characteristics children should have the opportunity to develop before they start school. The intention of this work is to help parents, early care and education providers, and others provide developmentally appropriate experiences that promote children's success in school and beyond.

Delaware Preschool Readiness Work Group

Mission Statement

The work of this committee is to create a framework for learning opportunities that provides information to parents and educators to support each child's developmental growth.

Process for Developing the Document

The Work Group initially examined a variety of materials from other programs and states, in order to develop the draft *Early Learning Foundations for School Success* document. Among the materials reviewed were materials from the National Education Goals Panel, the Head Start Child Outcomes Framework, the state of Connecticut's Preschool Curricular Goals and Benchmarks and similar documents from other states, the Delaware Kindergarten Performance Indicators, the Work Sampling assessment being used in kindergarten, and results from a recent survey of kindergarten teachers in Delaware. The objective was to develop recommendations for early learning experiences to promote school readiness based on the most current thinking among researchers, leading child development experts, and educators from Delaware.

Four focus groups across the state were convened to review the recommendations from the committee. Held in Kent County/Dover, Wilmington/New Castle, Newark, and Georgetown/Sussex County, the four focus groups provided an opportunity for broad review of the statewide group's work. Each focus group included preschool teachers, kindergarten teachers, special education teachers, family child care providers, early care and education administrators, higher education representatives, and parents. The focus groups provided feedback on the first draft and then met again to provide feedback on the second draft of the document.

The committee's recommendations were also made available for public comments. To solicit public comments, the draft Foundations document was mailed to groups with an interest in early childhood issues, and presented at a variety of meetings and conferences across the state. Numerous early care and education providers, as well as others interested in the well-being of young children, took the opportunity to provide input. The committee carefully considered comments from the focus groups and the public comments when developing the Foundations document.

Plans for how the Document will be Used

The goal of the statewide workgroup is to produce a document that can be used as a guide by parents, preschool teachers, family child care providers, and others. The intent is to outline the types of learning experiences children ideally should have before they come to kindergarten. The committee anticipates that additional documents will be needed to translate this *Early Learning Foundations for School Success* into curriculum aides and resources that parents and others can easily use to guide the daily experiences they provide for preschool-aged children. This document is just the first step—coming to agreement on the types of experiences that are important for young children to experience prior to kindergarten. Further work, such as additional documents and professional development, will be needed to ensure that the purpose of the document is fulfilled.

Organization of the Document

The Foundations document is organized into two parts: 1) a statement of guiding principles and 2) the Early Learning Foundations. The committee felt that it was important to state the assumptions or principles that have guided the development of this document, as well as the principles intended to guide the use of the document. These are outlined in the “Guiding Principles” section.

The Foundations document is organized by seven developmental domains:

- Language development
- Mathematics
- Science
- Creative arts
- Emotional and social development
- Approaches to learning
- Physical health and development

These domains correspond to domains included in the Head Start Child Outcome Framework and also represent areas of development the committee felt were important for children’s success. Under each domain are several developmental areas that further define important elements of the domain. Within each developmental area, the committee has outlined the types of learning experiences children should have to promote success.

Summary

The Foundations document is intended to be used as an instructional guide for early childhood educators. As individuals plan annual and short-term lesson plans for preschool-age children, the Foundations can be used to assist in the development of instructional activities. Using the Literacy developmental area as an example, an educator would plan daily and longer-term classroom experiences that would promote the development of kindergarten readiness skills that would allow a child to: “Listen with interest to a story” or “Begin(s) to write the letters of their first name.”

The skills listed in the document are not intended to be used as a readiness checklist. Nor is it expected that every child entering kindergarten will be able to demonstrate each of the skills listed in the Foundation document. It is hoped that early educators will use the Foundations and the information contained within, as they plan their daily, weekly, and year long classroom activities.

Delaware Early Learning Foundations for School Success

Guiding Principles

- All children are learners.
- Children learn through play.
- All children who turn five on or before August 31 are eligible to attend kindergarten.
- All age-eligible children may enroll in kindergarten regardless of their developmental level or prior experiences.
- Every child is unique and is accepted for his/her differences in development, culture, home environment, and learning style.
- Schools will be accessible and ready to meet the individual physical and developmental needs of all children.
- Parents/families are the child's first teachers—they play a key role in preparing children for success in school through being involved in their child's education from birth.
- Quality early learning experiences are essential to prepare a child for success in school.
- The learning opportunities provided need to be developmentally appropriate for preschool-age children.
- A developmentally appropriate learning environment fosters kindergarten readiness.
- It takes partnerships among families, early care and education providers, schools, health care providers, and other community resources to promote children's development and school success.

Delaware Early Learning Foundations for School Success

| Language Development | |
|-----------------------------|---|
| Developmental Area | Prior to entering kindergarten, parents and programs will provide learning experiences for children that allow them to: |
| <i>Language</i> | L 1 Communicate so that they will be understood by peers and adults |
| | L 2 When speaking, show an attempt to use volume appropriate to the situation |
| | L 3 Communicate using multiple word phrases to respond to questions, describe ideas, and express feelings, needs and wants |
| | L 4 Use language to enter into a play situation |
| | L 5 Engage in conversation by making statements or asking questions |
| | L 6 Make up and/or retell stories and describe experiences |
| | L 7 Respond to their names, requests for action or information |
| | L 8 Demonstrate understanding of messages in conversation by listening and responding appropriately |
| | L 9 Show interest in playing with language |
| | L 10 Begin to develop familiarity with listening to, identifying, recognizing, and discriminating sounds in words |
| | L 11 Follow two or three-step directions |
| <i>Literacy</i> | L 12 Show an interest in books and/or engage in reading related activities |
| | L 13 Listen with interest to a story |
| | L 14 Hold a book upright, turn pages from the front of the book to the back, and scan pages |
| | L 15 Recognize common sounds at the beginning of words |
| | L 16 Show increasing awareness of print, familiar signs, and labels |
| | L 17 Use scribbles, symbols, or drawings to express experiences through pictures, dictation, and play |
| | L 18 Experiment with a variety of writing tools and materials |
| | L 19 Begin to recognize, name, or identify some letters of the alphabet |
| | L 20 Recognize their first name in print written with the first letter in upper-case letter, followed by lower case letters |
| | L 21 Become aware that there are differences in upper and lower case letters |
| | L 22 Begin to write the letters of their first name |
| | L 23 Begin to answer questions related to a story that has been read or told to him/her |

Mathematics

| Developmental Area | Prior to entering kindergarten, parents and programs will provide learning experiences for children that allow them to: | |
|--|--|--|
| <i>Number and Operations</i> | M 1 | Begin to develop an awareness of numbers and counting as a means for understanding quantity |
| | M 2 | Develop the ability to count in sequence and recognize numerals 0 to 10 |
| | M 3 | Begin to make use of one-to-one correspondence when counting objects |
| | M 4 | Begin to use language to compare numbers of objects |
| | M 5 | Develop the ability to determine quantity or “how many” |
| | M 6 | Develop an awareness of broad concepts of time that are part of the daily routine |
| | M 7 | Begin to understand numbers and number concepts as they relate to everyday life |
| <i>Geometry and Spatial Sense</i> | M 8 | Begin to recognize, name, describe, and compare common shapes |
| | M 9 | Progress in their ability to put together and take apart puzzles |
| | M 10 | Begin to understand geometric concepts through block play |
| | M 11 | Begin to develop the concept of same and different |
| | M 12 | Show growth in matching and sorting according to attributes such as color, shape or size |
| | M 13 | Build an understanding of directionality, order, and positional terms |
| <i>Patterns and Measurement</i> | M 14 | Begin to recognize, copy, and extend simple patterns with a variety of materials |
| | M 15 | Show the ability to put objects in a series according to one or two attributes such as shape or size |
| | M 16 | Begin to use non-standard and standard measures |
| | M 17 | Recognize and name measurable attributes such as weight, volume, and length |
| | M 18 | Begin to compare and sort according to those attributes |
| | M 19 | Begin to recognize and name common colors |

Science

| Developmental Area | Prior to entering kindergarten, parents and programs will provide learning experiences for children that allow them to: | |
|--|--|---|
| <i>Scientific Skills & Methods</i> | S 1 | Begin to use the five senses (hearing, smelling, tasting, seeing, and touching) to gather information and explore the environment |
| | S 2 | Begin to use simple measuring devices and concepts to gather information, investigate materials and observe processes and relationships |
| | S 3 | Begin to participate in simple investigations to test observations, discuss and draw conclusions, and form generalizations |
| | S 4 | Begin to collect, describe and record information through a variety of means, such as discussion, drawings, maps, graphs, and charts |
| | S 5 | Begin to observe and discuss differences and similarities among objects |
| | S 6 | Develop an understanding of drawings, graphs, and charts and maps as a way of recording observations |
| | S 7 | Begin to explore the environment through hands-on activities using simple scientific tools such as magnifying glasses, measuring devices, and their five senses |
| | S 8 | Begin to make predictions, explanations and generalizations |
| <i>Scientific Knowledge</i> | S 9 | Observe, describe and discuss the natural world, materials, living and non-living things, natural processes, weather and seasonal changes. |
| | S 10 | Expand knowledge of and respect for their body |
| | S 11 | Expand knowledge of and respect for the environment |
| | S 12 | Develop an awareness of ideas and language related to time such as daily routines and order of events |
| | S 13 | Show awareness and beginning understanding of changes in materials and cause-effect relationships such as freezing/melting, color mixing, and/or cooking |

Creative Arts

| Developmental Area | Prior to entering kindergarten, parents and programs will provide learning experiences for children that allow them to: |
|-----------------------------|---|
| <i>Music</i> | CA 1 Participate in a variety of music activities |
| | CA 2 Develop awareness of different musical instruments, tones patterns/rhythms, and tempo |
| | CA 3 Imitate and recall patterns, songs, rhythms, and rhymes |
| | CA 4 Be exposed to music from a variety of cultures |
| <i>Art</i> | CA 5 Show interest in using different art media (such as play dough, paint, etc.) and materials in a variety of ways for creative expression and representation |
| | CA 6 Plan and create their own drawings, paintings, models, and other art creations |
| | CA 7 Share experiences, ideas, and thoughts about artistic creations |
| | CA 8 Use a variety of art materials and activities for sensory experiences, exploration, creative expression, and representation |
| | CA 9 Express interest in and show respect for the creative work of others |
| | CA 10 Express experiences and feelings through a variety of artistic processes and creations |
| <i>Movement</i> | CA 11 Express through movement what is felt and heard in various patterns of beat and rhythm in music |
| | CA 12 Demonstrate an awareness of different musical tempos, patterns, and beats through movement |
| | CA 13 Gain awareness of different cultures through experiences with a variety of music and movement activities |
| | CA 14 Experience and use movement to reinforce learning in all curricular areas |
| <i>Dramatic Play</i> | CA 15 Participate in a variety of dramatic play activities |
| | CA 16 Show creativity and imagination in using materials and in assuming different roles in pretend play situations |

Emotional and Social Development

| Developmental Area | Prior to entering kindergarten, parents and programs will provide learning experiences for children that allow them to: |
|--|--|
| <i>Self-Concept</i> | ES 1 Develop and express a positive awareness of self in terms of specific abilities, characteristics, and preferences |
| | ES 2 Develop increasing independence in a range of activities, routines, and tasks |
| | ES 3 Demonstrate satisfaction when completing a task or solving a problem |
| | ES 4 Maintain individuality or a positive sense of self within a group |
| <i>Self-Control</i> | ES 5 Express feelings, needs, and opinions appropriately without harming themselves, others, or property |
| | ES 6 Begin to understand how their actions affect others and begin to accept the consequences of their actions |
| | ES 7 Follow simple rules and routines |
| | ES 8 Begin to use materials purposefully, safely, and respectfully |
| | ES 9 Attempt to solve a problem in a positive manner |
| <i>Cooperation</i> | ES 10 Begin to use compromise, negotiation, and discussion in working, playing and resolving conflicts with peers |
| | ES 11 Begin to demonstrate the ability to give and take during peer interactions by helping, sharing, and discussing |
| | ES 12 Demonstrate the ability to take turns in games or using materials |
| | ES 13 Be a helpful member in a group or household through sharing tasks or chores |
| <i>Social Relationships</i> | ES 14 Accept guidance and directions from a range of familiar adults |
| | ES 15 Show ability to develop friendships with peers |
| | ES 16 Express empathy and care for others |
| | ES 17 Feel secure and comfortable communicating with familiar adults |
| | ES 18 Begin to demonstrate positive social skills, i.e., please, thank you, etc. |
| <i>Knowledge of Families and Communities</i> | ES19 Begin to identify their own gender, family, and culture |
| | ES 20 Develop an understanding of similarities and respect for differences among people, such as gender, race, special needs, culture, language, and family structures |
| | ES 21 Develop awareness of community helpers |
| | ES 22 Show an awareness of home, classroom, school, and community |
| | ES 23 Demonstrate appropriate caution in unfamiliar and/or potentially dangerous situations |

Approaches to Learning

| Developmental Area | Prior to entering kindergarten, parents and programs will provide learning experiences for children that allow them to: | |
|---|--|---|
| <i>Initiative and Curiosity</i> | AL 1 | Participate in a variety of tasks and activities using all five senses |
| | AL 2 | Make independent choices within the limits set by adults |
| | AL 3 | Approach tasks and activities with flexibility, imagination, inventiveness, and confidence |
| | AL 4 | Show eagerness and curiosity to learn about and discuss a variety of topics, ideas, and tasks |
| <i>Engagement and Persistence</i> | AL 5 | Begin to develop the ability to focus and complete a variety of tasks, activities, projects, and experiences |
| | AL 6 | Begin to develop a plan for play and follow through |
| | AL 7 | Begin to develop the ability to concentrate despite distractions and interruptions |
| | AL 8 | Begin to demonstrate the ability to follow a sequence of steps to create a finished project |
| <i>Reasoning and Problem Solving</i> | AL 9 | Begin to develop the ability to recognize and solve problems through active exploration, including trial and error and interactions and discussions with peers and adults |
| | AL 10 | Develop the ability to classify, compare and contrast objects, events, and experiences |
| | AL 11 | Demonstrate the ability to sequence events |

Physical Health and Development

| Developmental Area | Prior to entering kindergarten, parents and programs will provide learning experiences for children that allow them to: |
|------------------------------------|---|
| <i>Fine Motor Skills</i> | PHD 1 Develop strength, dexterity and control needed to use tools and materials such as scissors, paper punch, stapler, hammer, play dough, and other manipulative materials |
| | PHD 2 Develop hand-eye coordination in building with blocks, putting together puzzles, reproducing shapes and patterns, stringing beads, and using scissors |
| | PHD 3 Show beginning control in the use of writing, drawing, and art tools including pencils, markers, chalk, paint brushes, and various types of technology |
| <i>Gross Motor Skills</i> | PHD 4 Develop an awareness of their body, control and balance in walking, climbing, running, jumping, hopping, skipping, marching, galloping, riding a tricycle, and creative movement |
| | PHD 5 Develop the ability to coordinate movements in throwing, catching, kicking, bouncing balls, and using the slide and swing |
| <i>Health Status and Practices</i> | PHD 6 Progress in physical growth, strength, stamina, and flexibility |
| | PHD 7 Participate actively in play, outdoor activities, and forms of exercise that enhance physical fitness |
| | PHD 8 Begin to show growing awareness of nutrition and independence in hygiene, nutrition and personal care when eating, dressing, washing hands, brushing teeth and toileting |
| | PHD 9 Build awareness and ability to follow basic health and safety rules such as fire safety, traffic and pedestrian safety; and responding appropriately to potentially harmful objects, substances, and activities |

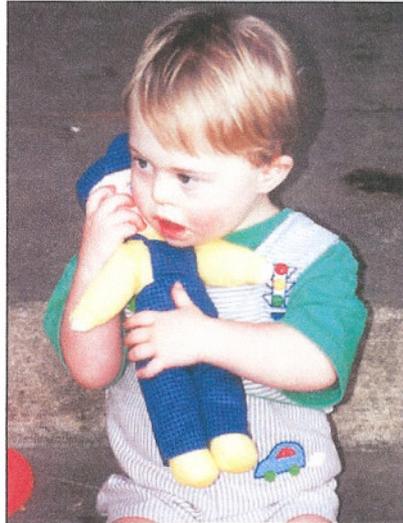
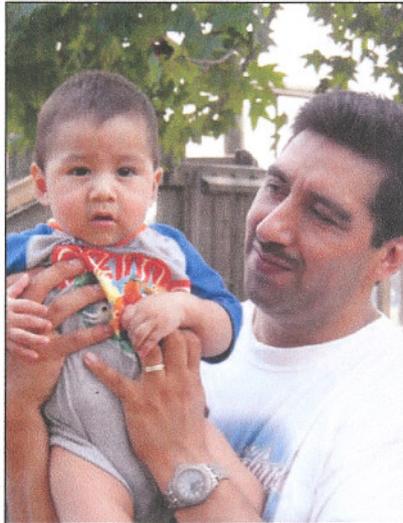
Delaware Early Learning Foundations for School Success Advisory Work Group

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| Nancy Hawpe, Co-Chair | School Administration | Milford School District |
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| Barbara Sheppard | Higher Education Institution | Delaware Technical and Community College |
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| Rep. Pam Maier | Legislator | Legislature |
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| Janet Lopez | English As Second Language Child Care Director | Latin American Community Center La Fiesta Early Childhood Dev. Ctr. |
| Tammy Little | Parent | Parent of Preschooler |
| Faye Pleasanton | Parent | Parent early elementary school-age child |
| Tracy Kuhn | Corporate Child Care | Director – MBNA Great Expectations II |
| Deanna Speir | Corporate Child Care | Tutor Time-Administration |
| Cindy DiPinto | Governor’s Office | Governor’s Office |
| Lynn Jezyk | Office of Child Care Licensing | Delaware Office of Child Care Licensing |
| Terry Schooley | Kids Count/Delaware School District Board of Education Member | University of Delaware |
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| Ruth Steinbrunner | Higher Education | Ann Athey | Higher Education |
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DELAWARE
Infant and Toddler
Early Learning Foundations:
A Curriculum Framework



Delaware Department of Education

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Infant and Toddler Early Learning Foundations

Our youngest children are a precious resource. So much happens to them during their early years. What occurs around and to them at this time has a powerful effect on their growth and development. Our responsibility as adults is to provide a nurturing, safe and exciting setting that supports children's overall development. We need to do this through a process that is interactive, supported by caring and responsive parents, family and caregivers within a setting that is respectful and responsive to young children.

The Delaware Infant and Toddler Early Learning foundations can be found on the following pages. The Delaware Infant and Toddler Advisory Group worked for more than a year identifying a broad framework of outcomes for infants and toddlers. To begin this process, the question was asked: What is it that is expected developmentally of children at three age points: infancy (0-9 months), early toddler (9-18 months), and late toddler (18-36 months)? The Advisory Group gave considerable time and effort, and followed up with regionally based focus groups towards answering that question. Broad input was received to identify developmentally appropriate outcomes that build upon each other in the support of a child's growth and development.

This document has two purposes. The first is a broad picture of what happens to children as they develop in several critical areas. It is crucial to understand that development does not occur in isolation but rather as a result of the interactive and responsive nature of what happens between the infant/toddler and the adults in the environment. Second, this document is intended to serve as a periodic check point for adults who are involved with young children to make sure appropriate activities are made available that support children's growth and development. For those individuals in early care and education settings, the document can be used as a broad curricular guide for planning experiences for infants and toddlers.

It is important to remember that responsiveness and relationships to and with infants and toddlers are vital to what happens as we support their development. Within the activities that happen as a result of everyday routines, it is the interactions that occur and how we respond with our words, actions, gestures and emotions that are so critical to helping children grow and develop. It is the everyday activities that become the teachable moments. How we respond and support children's development within these activities is the crux of what is crucial to remember.

We recognize that children need high quality experiences to support their development. Within the world of children, it is the adults who can plan for and/or take advantage of those experiences to further children's knowledge and growth. We hope you find this document helpful as you plan for, interact, respond and develop supportive and learning relationships with our youngest children.

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INTRODUCTION

Children grow and develop as whole human beings, with each of their unique skills and abilities developing in tandem. Children's language skills improve and become more complex as their motor skills mature. They become much more social human beings as they become better at responding to others using gestures and words. Their cognitive skills become stronger as they are better able to move and problem solve and experience new-ideas and activities. All of this is important as you look at and use the Infant and Toddler Foundations.

It is important to understand that children develop their multiple abilities (language, motor, discovery, social/emotional, and personal), often at the same time, and within and during the many activities they experience daily. Remember that during the early years young children develop their skills in an integrated way during the course of the day. Adults are supporting children's development during the activities that happen daily. Meal time, diapering, reading stories, play time, quiet time, outside, grocery shopping, and other experiences that occur daily become natural opportunities to support learning and development.

As you look through the Infant and Toddler Early Learning Foundations, you will see that children's abilities outlined in this document have been divided into the domains of Language. Social and Emotional. Motor, and Cognitive. This was done to help the reader see the sequence of individual abilities as they develop and mature. This was also done to assist caregivers with understanding the broad array of abilities children develop as they move from infancy to becoming a toddler, to preschool. By dividing the skills by domain there is no intent that these skills would or should be taught individually. Instead, the division of skills is intended to assist caregivers and educators with a framework for planning activities.

You will notice that each domain is divided into three parts: "baby may," "toddler may" and "child may." It is intended that these three divisions give some indication as to when one might see these abilities. However, the age divisions are intended to be a range or time period within which one can begin to expect to see these skills emerge in children. On the right hand side of each section, you will see brief suggestions of activities to help facilitate each skill. This is meant only as examples for what should be the many ways someone can help a child develop those particular abilities.

The fifth section of the Infant and Toddler Early Learning Foundations is devoted to the well-being of the child and parent/caregiver. Adults prominent in the lives of children are their first teachers. It is important for adults to have a good understanding of the key issues to supporting children's healthy development. It is also important for the adults to take good care of themselves so they are at their best when interacting with their children. As such, this section was included so that adults can be ready to be effective supporters of their children's development.

Infant/Toddler Framework Language Domain

Language is a very important ability. Language development involves two key areas: how children understand what is said, and the ways children use to communicate their ideas, questions, comments, requests, and feelings. Much of what a child learns in language is a result of interaction between the child and the adults and peers in their lives. Language development does not occur in a vacuum but happens from the ongoing give and take, turn-taking, and responsive interactions that occur on a daily basis. Where it says, "caregiver can" does not mean the adult must always initiate interaction. It is as important to often follow the child's cues when supporting interaction. Sometimes quiet time is just as important for some children. Some children take time to respond to requests either using words or through actions; so patience is needed and sometimes waiting is necessary.

| Bain may... | Caregiver can.. |
|--|---|
| LB I Demonstrate enjoyment through facial/body movements to the sounds of words in books | Read simple, colorful books everyday, with baby in lap or next to you. Talk about the pictures on the page. Point to and label them with the baby. |
| LB2 Demonstrate enjoyment through facial-body movements to songs and music | Sing songs/fingerplays and play a variety of music for the baby. |
| Toddler may... | Caregiver can... |
| LT1 Demonstrate understanding of familiar words | Use familiar words frequently (e.g., mommy, daddy, doggie, and bottle). |
| LT2 Follow one step directions in play | Play games and sing songs that use gestures and words that involve one-step directions and encourage the toddler to respond, (e.g., "Give me (an object in her hand.)" "Wave bye-bye." "Give me a kiss/hug." "Show me your nose." |
| LT3 Demonstrate understanding of "no" by stopping what he is doing some of the time | Use "no" when safety is a concern. Then encourage toddler to do what is wanted by providing an alternative action (redirect the toddler's actions) and explain very simply why he should change his behavior. |
| LT4 Point to body parts when asked | Point to and name body parts in play and song. Ask toddler, "Where is your nose?" Encourage him to touch his nose. |
| LT5 Use physical movements and gestures to express wants and needs | Use simple gestures/sign language that the toddler can imitate, and provide the correct label, (e.g., Wave bye-bye and hi/hello, shake head no, nod yes, and point to objects.) |

| Toddler may... | Caregiver can.... |
|---|--|
| LT6 Use simple sounds to express thoughts, wants and needs | Use simple speech sounds and model words that the toddler can imitate. Provide the real word (e.g.. "Uh-oh. moo. baa. dada. mama. ball, bottle. and blanket"). |
| LT7 Touch or identify pictures in a book when asked | Name pictures for the toddler to identify ("Show me the dog"), and give the name of the picture the toddler points to. |
| LT8 Become an active reading partner by listening to books for a short period of time | Encourage the toddler to choose favorite books. Provide books with items familiar to her. Make a special book of her favorite people and real things to "read" each day. |
| LT9 Touch or identify familiar items when asked | Label clothing while putting them on and taking them off. Ask the toddler. "Where is your shoe?" |
| LT10 find familiar objects not in sight | Ask the toddler to get a single item that may be in another part of the room. |
| LT11 Use the same "words" consistently to express wants, needs, and thought's | Continue to label everything seen and done throughout the day. Listen to the words the toddler is using and show pleasure and excitement at her attempts to speak. Use correct pronunciation. It is not necessary to correct toddler's pronunciation at this time. |
| LT12 Use animal and other familiar sounds in play Child mav. | Listen for the beginning sounds of words. Overemphasize these sounds in conversation (e.g.. "b" in ball, "p" in pig. "m" in more, 'V' in yes). Caregiver can... |
| LCI Ask simple questions using words or change in voice | Answer the question that the child asks, in addition, continue to ask simple questions of the child. |
| LC2 Use words beginning with a variety of sounds | Listen for the beginning sounds of words. Overemphasize these sounds in conversation (e.g., "b" in ball, "p" in pig, "m" in more, "y" in yes. |
| LC3 Choose familiar objects upon request | Ask the child to choose a spoon from a variety of items. Allow enough time for him to respond. |
| LC4 Follow a two-step direction | Ask the child to follow directions. For example, "Get the ball and put it in the box." Play "Simon Says" type games. |

| Child may | Caregiver can.... |
|---|---|
| LC5 Imitate and use two and three word phrases | Model two word phrases when the child is interested in an object, food, or toy. Such as "more milk." "ball please,*' and "thank-you mama". |
| LC6 Refer to self by name | Use the child's name frequently. Use the child's name to identify him and his possessions. |
| LC7 Use pronouns occasionally | Model the use of pronouns, such as me, mine, my, your, him, and she. |
| LCS Respond to simple questions | Ask the child to indicate where something is, or what it does. Allow time for her to respond, then provide the answer if she needs some help. |
| LC9 Identify familiar objects and their use | Talk to the child about what to do with objects (e.g., drink with a cup, put a shoe on your foot, clean your teeth with a toothbrush, wash your hands with soap and water). |
| LC10 Demonstrate understanding of an increasing number of words and phrases | Talk with the child in complete sentences about things he does throughout the day and use new words. |
| LCI1 Use action words | Emphasize verbs to label actions (e.g., running, jumping, throwing, drinking). |
| LCI2 Use more words in phrases/sentences | Expand the phrases the child says (e.g., "big ball" to "big blue ball"; "daddy go" to "daddy's going to work"). |
| LCI3 Use words that describe objects and actions | Talk about objects and actions using descriptive words. For example, red shoe, runs fast, fuzzy blanket, round ball. |
| LCI4 Answer questions with "yes" or "no" | Ask the child yes/no questions throughout the day. Acknowledge his answer and respect his right to say "no". |
| LCI5 Use plurals | Use the plural "s" ending when speaking about more than one (e.g., two ducks). |
| LCI6 State first and last name | Encourage the child to use her full name. Teach the child her full name in song, rhymes or stories. |

| Child may... | Caregiver can.... |
|--|---|
| <p>LC17 Use words to communicate feelings that describe physical experience</p> <p>LC18 Increasingly use language understood by others</p> <p>LC19 Recite phrases from familiar stories, rhymes and songs</p> <p>LC20 Recall and talk about familiar characters and events</p> <p>LC21 Recognize that words and symbols have meaning</p> <p>LC22 Ask "why" and other questions</p> | <p>Talk about how the child is feeling throughout the day (e.g.. hungry. tired, hot, warm, thirsty, full, etc.).</p> <p>Speak to child using correct pronunciation and gestures that match what is being said.</p> <p>Sing songs and rhymes and tell stories frequently.</p> <p>Ask the child simple questions and give time for her to form answers.</p> <p>Point out signs and symbols in the environment (e.g.. stop sign means stop, green light means go, store signs, characters, and logos).</p> <p>Answer the child's questions and ask some in return.</p> |

Infant/Toddler Framework Social Emotional and Attachment Domain

Children's social and emotional skills impact their view of the world around them, how they feel about themselves, and the satisfaction that comes to them from the interactions they have with adults and peers (Zero to Three, 2013). There are seven critical social and emotional skills that develop when children are young: a sense of confidence, curiosity and the safety with which to explore, the internal desire to have an impact and make things happen, self control, the ability to engage in interaction with others, the capacity to communicate, and the ability to cooperate and balance one's needs with those of others. The social and emotional development of young children is a process whereby they learn the values and behaviors that are okay and about becoming a competent and confident person (Creative Curriculum, 2002). It is important to remember that children develop these social and emotional abilities as a result of their daily interactions with adults and their peers. While children are born with unique temperaments, their behavior is shaped by the positive (and negative) experiences and interactions that happen to them. The positive social and emotional support you provide will make a big difference.

| | Baby may... | Caregiver can... |
|-----|---|--|
| SB1 | Express a variety of emotions and feelings to communicate basic needs | Use words or facial expressions to respond to baby's expressions of emotions. |
| SB2 | Cry, Smile, coo | Initiate and/or respond to baby's expression of emotions. |
| SB3 | Make eye contact while interacting with caregiver in daily routines | Maintain eye contact while interacting with baby during daily caregiving routines such as diapering and feeding. |
| SB4 | Begin to discover own body- | Position baby to allow him to find his hands and feet. Play pat-a-cake: position mirror to allow baby to see himself. |
| SB5 | Learn to comfort self | Assure basic needs are met. Support efforts such as using soft music, positioning, thumb or pacifiers, or soothing setting. |
| SB6 | Maintain eye contact and mutual gazing with caregiver | Provide a comfortable position in order to encourage continuing eye contact. |
| SB7 | Signal for caregiver's assistance by crying and squealing | Recognize baby's signals by responding quickly to her cues for attention. |
| SB8 | Show a preference for interactions with familiar adults | Provide baby with a small number of primary caregivers. |
| SB9 | Initiate interaction with caregiver through eye contact and smiling | Acknowledge baby by smiling back and interacting, (e.g., picking-up baby, stroking, responding with facial expressions and words). |

Baby may.**Caregiver can.**

| | | |
|-------|--|---|
| SB 10 | Take part in back and forth interactions with caregiver | Acknowledge baby's interactions and continue to respond back and forth, taking turns as long as the baby continues to participate, (e.g., peek-a-boo. or make squealing noises or laughing to encourage baby to imitate.) |
| SB 11 | Be aware of familiar adults as they move around the room | Maintain vocal contact with baby from a short distance as you move around, providing assurance you are still close by. |
| SB 12 | Show awareness of unfamiliar adults | Recognize baby's reactions and reassure her you are there for her. |
| SB 13 | Initiate interactions with caregiver | Respond positively in a variety of ways (e.g., talking, playing). |
| SB 14 | Imitate actions and sounds of caregivers and peers | Use a variety of interactions to encourage imitation (sounds, gestures, games). Examples can include washing hands and brushing teeth. |
| SB 15 | Respond to own name (smiles, eye contact, turns head) | Use baby's name often when interacting (songs, conversation, rhymes). |
| SB 16 | Show preference for favorite toys and objects | Maintain a consistency of familiar toys and objects while you introduce new ones. |
| SB 17 | Be comforted by familiar routines and environment | Provide a flexible but predictable schedule, keeping in mind that young infants have their own individual schedules. |
| SB 18 | Entertain self for short periods of time | Provide a supervised setting with safe boundaries to allow the baby to play and explore independently. |
| SB 19 | Recognize and express a range of emotions | Acknowledge and label feelings and emotions that the baby is experiencing. |
| SB 20 | Show interest in others | Provide experiences to be with and observe others (children, adults, and pets). For example, seat children so they face each other. |

Toddler may...**Caregiver can...**

| | | |
|-----|--|--|
| ST1 | Show anxiety when around unfamiliar people | Recognize the toddlers feelings and provide comfort with words and physical touch. |
| ST2 | Demonstrate separation anxiety | Talk about absences before leaving and assure toddler you will return. Be sure to make quick, but defined separations. |

| Toddler may... | Caregiver can.... |
|---|--|
| ST3 Check in with caregiver while exploring | Be available and reassure toddler of your presence. |
| ST4 Anticipate and follow routines | Provide a consistent and predictable order of daily activities. |
| ST5 Demonstrate a sense of accomplishment | Provide simple activities that can be completed (knob puzzles, daily routines) and acknowledge their accomplishment. |
| ST6 Understand the connection between own behavior and the reaction of others | Support with opportunities to explore, allow to work through dilemmas, and reinforce relationship between behavior and reaction. For example, laugh when child initiates a game, "peek-a-boo," respond to toddler's cry for food or diaper change. |
| ST7 Initiate social interaction with others | Provide toys, space and unstructured time to play with others. |
| ST8 Play side-by-side with others | Provide experiences and respond to initiations by making available materials and time for toddlers to play next to each other. |
| Child may... | Caregiver can... |
| SCI Demonstrate self-control and assert independence | Encourage use of words to communicate feelings and needs, offer choices and play "taking turn" games. |
| SC2 Recognize and react to others' feelings | Include books, puppets, dramatic play, and role playing to allow her to share her feelings. |
| SC3 Seek praise from familiar adults | Provide frequent and specific feedback. |
| SC4 Form attachments to one or two children in peer group | Provide opportunities for small group play to encourage friendships. |
| SC5 Explore with others | Provide free play time during which child will have an opportunity to explore with others. |
| SC6 Enjoy interacting with others | Promote cooperative play by modeling sharing and helping others in group activities. |
| SC7 Express awareness of similarities and differences between self and others | Provide multicultural, diverse materials (books, dolls, music, and dramatic play), role play and talk about the similarities and differences. |

Infant/Toddler Framework Motor Development

Children demonstrate some of their most dramatic development in the area of motor skills during the first year of life, from the involuntary movements of infancy to the coordinated (though still clumsy) purposeful movements of toddler-hood, most children become highly mobile during this time period. Opportunities for children to be active, moving around and manipulating materials are very important. Motor development is a skill that progresses as a result of many opportunities for practice. Being active is also important for good health. The more exercise and movement a young child has, the less likely they will be to develop weight issues as they get older. It is important to remember that with movement can come injuries. So, remember to keep the areas that children will use safe and keep them within your line of sight at all times.

| Baby may... | Caregiver can... |
|--|--|
| MB1 Control own body beginning with the head and back and progressing to the arms and legs | Provide head support when lifting and holding. Promote play while on stomach and sides using pillow or rolled towel to prop up. |
| MB2 Move left and right arms and legs randomly, not with conscious control, equally | Place alert baby on mat or rug in safe part of the room to allow her to move without getting hurt, providing tummy time. |
| MB3 Begin with hands tightly fist to gradually opening | Gently touch and stroke baby's hands. |
| MB4 Follow or find a stationary or moving object | Hold objects, or position mobiles about 12 inches away from baby's face, and slowly move from one side to the other. |
| MB5 Begin to look at own hand(s), toys or objects while playing with them | Provide soft and noisy toys and encourage the baby to look at them. |
| MB6 Grasp whatever is put into hands | Provide toys that baby can easily grasp. |
| MB7 Begin to have control of arm movements | Provide a variety of washable toys that baby can reach for, look at and bat at, such as an overhead gym. |
| MBS Begin to reach for and hold own bottle | Hold baby and offer bottle just close enough so the baby can reach for it. Bring baby's hands to bottle as adult holds. |
| MB9 Gradually sit independently | Prop baby against soft cushions. Provide play activity in front of the baby. Provide floor play between adult legs with a book or activity center. |
| MB10 Claps hands together for play | Play games such as "Pat-a-Cake." |

Baby may

- MB11 Consistently use hand(s) for object exploration
- MB 12 Transfer objects from one hand to another
- MB 13 Roll back and forth
- MB 14 Begin to scoot, roll, inchworm, or crawl
- MB 15 Begin to pull up on sturdy objects

Caregiver can....

- Provide toys that baby can easily grasp and put in his mouth.
- Provide toys for the baby that is safe and easy to grasp and move from one hand to another, such as rings and boxes.
- Provide time on the floor for safe movement, and include opportunities to be on his side.
- Provide baby with toys to encourage movement to reach them.
Provide stationary surfaces so baby can push off and pull on.
Provide lots of floor time.
Put baby on hands and knees with a toy slightly out of reach as a stimulus.
Put baby on his stomach over adult's legs.
Create an obstacle course with soft pillows and furniture.
- Provide sturdy furniture and open arms to encourage baby to move towards you.

Toddler may

- MT1 Begin to take steps sideways while holding onto something (cruising)
- MT2 Begin to explore textures with hands
- MT3 Begin to feed finger foods to self
- MT4 Begin to roll and toss objects
- MT5 Begin to hold onto a cup with a lid
- MT6 Begin to pinch thumb and finger
- MT7 Begin to turn pages in sturdy (board) book

Caregiver can.

- Provide sturdy furniture and open arms to encourage a toddler to move toward you or an object.
- Provide soft food, such as mashed potatoes or pudding. It's ok to be messy!
- Provide pieces of appropriate size finger foods such as fruit or Cheerios to encourage three finger pinch.
- Provide small objects capable of being rolled and tossed safely. Use objects such as beanbags and soft balls.
- Provide toddler with a cup with a lid with a small amount of water inside first.
- Provide peg puzzles and manipulative to sort.
- Hold toddler while he holds a board book with sturdy pages and turns the pages himself.

| | Toddler may, | Caregiver can. |
|-------|---|--|
| MT8 | Walk short distances with both hands held, then with one | Provide push toys to hold onto. Provide toys that roll so that toddler will walk to retrieve. Hold toddlers hand at their chest level and walk slowly on a variety of surfaces. |
| MT9 | Walk by self* | Provide safe places for toddler to move about. |
| MT10 | Begin to Iced self with a spoon | Provide foods that can be easily eaten with a spoon. |
| MT11 | Climb into an adult lap, or on furniture and up and down stairs | Begin to provide opportunities to move on even and uneven surfaces, and up and down a step. Encourage toddler to climb into lap by staying seated when attempts are made. Encourage toddler to sit on step and scoot up and down stairs. Provide sturdy, low furniture for child to climb into. |
| MT12 | Begin to hold crayon in palm of hand and make dots on paper | Provide toddler with thick crayons and large pieces of blank paper. |
| MT13 | Begin to add and empty objects from containers | Provide toddler with washable, light containers and small objects and activities for filling and dumping. |
| MTU | Begin to stack a few large objects | Provide large, lightweight objects that can be stacked. |
| MT15 | Walk with one fool in front of the other | Put a line of tape on the floor and guide. |
| MT16 | Kick balls short distances | Provide toddler with large rubber balls to kick. Encourage toddler to kick in a particular direction. |
| MT 17 | Begin to remove loose clothing and shoes | Allow toddler time and opportunity to begin to remove clothes during daily dressing routines. |
| MT18 | Begin to run, awkwardly, and has difficulty stopping | Encourage toddler to run towards a waiting adult until she gains control of her stopping ability. |

| Child may... | Caregiver can.... |
|---|--|
| MCI Begin to jump | Encourage child to imitate the movements of an animal. Provide child with mats or pillows to jump on or into. Encourage child to jump over a line taped or drawn on the floor. Play musical games that involve jumping to rhymes and rhythms. |
| MC2 Begin to throw balls with aim | Provide child with light balls that easily fit in his hands. Encourage child to throw with one hand while stepping forward. |
| MC3 Begin to use mature finger grasp with thumb and first two fingers | Provide child with crayons for scribbling and large paper and sit with him to talk about what he is making. Provide child with easel and small pieces of chalk or crayons. Provide small square toys to pinch. Sing songs with child that involve moving fingers to the rhythm of the song. |
| MCA Attempt to snip paper with scissors | Provide child with safety scissors and paper to cut. |
| MC5 Begin to complete simple puzzle and blocks | Provide child with one piece puzzles and blocks for building complex structures (walls, roads, houses, city. etc.). |
| MC6 Hold an object stable with one hand while using the other to perform a task | Provide containers small enough for child to hold with one hand and objects that will fit inside. Provide a large piece of paper and crayons or markers to allow child to perfect their art/writing work. |
| MC7 Use a fork | Provide child with fork and food that can be pierced. |
| MC8 Use a cup | Provide child with a partially filled open cup. |
| MC9 Begin to put on own shirt, pants, shoes, and jacket | Provide child with clothes that are loose enough and simple to put on. Allow time for child to dress without being rushed. |

Infant/Toddler Framework Cognitive/Discovery Domain

Children's cognitive and discovery skills come about as a result of the development of other skill areas that build upon each other as children acquire new abilities. As children develop their motoric abilities, they are able to move about more freely and use their hands and feet to explore and learn. This new found skill in exploration opens new worlds to children as they interact with new materials and settings. Children's language provides children with the opportunities to ask questions, comment on ideas they have developed, and store information as they learn new words and build new understandings about their world. The development of children's social and emotional skills provides them with the confidence to explore and the ability to engage in and interact with materials and people. Children's cognitive development is really the culmination of the integration of all the other skills. What is so very important are children's opportunities to experience new activities and to be able to take an active role in their learning.

| Baby may... | Caregiver can... |
|---|--|
| CB1 Respond to touch, sounds, smells, light and voices. and focus on contrasts. black/white, red/white, faces | Provide indoor and outdoor experiences with people and materials that stimulate all five senses. Provide objects or books with high visual contrast, including bright, contrasting colors, and black and white illustrations. |
| CB2 Gather information through mouthing, grasping, and reaching | Provide baby with different objects to mouth, explore and track with eyes, including cloth and vinyl books, mobiles and rattles. |
| CB3 Follow moving objects with eyes | Play games by moving objects within 12 inches of eyes. Provide mirrors at eye level so baby can follow objects with his eyes. |
| CB4 Tell the difference between familiar and unfamiliar people | Provide faces to look at in real or picture form. Pictures need to be simple snapshots or homemade family album. |
| CB5 Realize ability to make things happen (e.g.. hits or kicks mobile and makes it move) | Provide soil balls, rattles, mobiles, crib gyms and busy boxes. |
| CB6 Apply previous knowledge to new situations | Provide a variety of toys that make things happen when the baby uses them, such as rattles to make noise and balls to be kicked. |
| CB7 Use play to explore and to build increased understanding of objects and materials in the environment | Provide a variety of toys to promote exploration. Offer tummy time. |
| CB8 Uncover toy that has been hidden | Play hide and seek and peek-a-boo with toys and people. |

Toddler may...**Caregiver can....**

CT1 Gain an understanding of basic concepts such as color, size, and shape

Provide pots and pans, plastic containers and lids, measuring cups that nest, simple stacking rings and simple puzzles.

CT2 Discover how objects fit in space

Provide dump and fill activities, offer a variety of objects such as buckets with balls or soft blocks and shape sorting boxes.

(T3 Use objects as tools to make things happen

Provide musical instruments such as drum or xylophone, busy boxes, baskets to carry objects, or household items to make noise.

CT4 Use people to make things happen

Name objects in a storybook or photographs as toddler points to them, (.let bottle, toy or cup at a toddlers request.

CT5 Show increased short and long-term memory and increased attention

Routinely offer familiar books, toys, songs, and fingerplays. Offer interactive books, stories, and games using lots of expressive tones and gestures.

C'T6 Use play to explore things that go together

Encourage toddler to find matching items like shoes and socks. cups and plates, hat and mittens.

CT7 Anticipate familiar routines

Offer opportunities to role play daily routines such as feeding, dressing, cooking, and using the telephone.

CT8 Use readily available materials as a substitute for actual objects

Provide and encourage use of boxes, paper plates, spools, ribbons, and other everyday items for play.

Child may**Caregiver can...**

CCI Use play and daily routines to explore sorting, classifying, and understanding the concept of numbers

Label areas in the environment with pictures so child can match items to pictures.
Incorporate counting at mealtime with table setting.
Provide blocks of a variety of colors and shapes to sort by color or shape.

CC2 Use skills already mastered in new, imaginative ways

Introduce more challenging puzzles.
Provide telephones, dolls, puppets, and other props for creative play.
Provide substitutions for actual items, tissue for diapers, box for baby bed, chairs for train, dress-ups.

CC3 Solve more complex problems

Encourage child to make predictions by asking "why" or "what if" questions. Arrange obstacle course for children.

Infant/Toddler Framework Well Being of Child and Parent/Caregivers

Adults, both parents* and caregivers, are children's first teachers, it is important for adults to be healthy so that they can adequately support the development of the children for whom they are responsible. There are also key child development-related issues that parents and caregivers need to know about and understand if children are to develop to their best potential. Concepts such as children's health, hygiene, nutrition, and social involvement are important supporting mechanisms in their development. These broader supporting influences help to set the stage for all the learning that happens. Healthy children are not distracted by the issues that can interfere with learning (e.g., hunger, pain, illness). It is equally important that adults are healthy, as this allows them to give their undivided attention to the children. Healthy adults are also not distracted by the issues that interfere with their giving attention that children need. A positive well being of all involved is important for the growth and development of children.

| Parent/Caregiver Focus | Parent/Caregiver response and support |
|---|---|
| W1 Understanding and getting to know your baby | Look for cues regarding child's unique personality, temperament, personal preferences and enjoy your child as a person. |
| W2 You are key in your child's life; what you do matters | Provide appropriate stimulation that is responsive to the child's needs, temperament and ability. |
| W3 Taking care of yourself | Sleep, good nutrition, plenty of non-alcoholic liquids (especially if breastfeeding), taking breaks, getting exercise. Manage your stress positively: ask for help, take the time to find support, resources, and information in ways that work for you. Find others who can support you in being the best parent you can be. Find people to help reinforce your strengths and help you to grow. Set a routine - take time for yourself and others. |
| W4 Keep your expectations realistic, children develop at their own pace | Be patient! Relax and enjoy your child's stage of development. |
| W5 Taking care of your child's health care needs | <i>Health Care</i> Have a health care provider for both routine well child and other health care needs. Have your doctor/health care provider monitor your child's growth and development. Use your doctor/health care provider as a source of information for your child's health care. |

* Parent = primary caregiver in the family setting, and may include grandparent and other adult caregiver.

Not all may be applicable to a child care provider.

| Parent/Caregiver Focus | Parent/Caregiver response and support <i>Health Care (continued)</i> |
|---|---|
| <p>W6 Taking care of your child's health care needs (continued)</p> | <p>Call your child's doctor/health care provider with your concerns and questions. Provide the opportunity for the appropriate amount of rest and sleep. Get regular immunizations including American Academy of Pediatrics" (AAP) recommendations at appropriate ages. Check with your health care provider since recommendations change. Obtain screenings and follow up results including newborn screening, hearing, vision, lead, and anemia. Keep up-to-date on current health issues important to children and families. Coordinate and follow-up with referrals to specialists, if needed. Have a dentist for your child.</p> |
| <p>W7 Taking care of your child's hygiene/sanitation needs</p> | <p>Use proper hand-washing methods for caregivers and child. Keep children clean by regular bathing. Use proper diaper changing techniques with attention to rashes or skin irritation. Teach toileting and hand washing at the appropriate age and ability as indicated by the toddler. Prevent the spread of germs and illness by cleaning/sanitizing toys, equipment, and other items used by children. Practice good dental and gum care with your child from birth.</p> |

Parent/Caregiver Focus

Parent/Caregiver response and support

W8 Taking care of your child

Nutrition

Feed your child so that he/she grows and develops.
Breastfeed your child through the first year of life, ideally. If not, your child should receive iron-fortified based formula.
Do not give cow's milk during the first year of a child's life.
Always hold your child when bottle feeding.
Offering water if a child is thirsty is highly recommended.
Watch for difficulties in sucking, swallowing, reflux and digestion (including bowel movements and urination).
Respond to the child's cues/signs of hunger, fullness, food preferences and changes in appetite.
Introduce new foods one at a time with awareness of the possibility of food allergies.
Progress to solids then finger foods and cup according to health provider's recommendation.
Provide well-balanced meals, limiting non-nutritious foods. Keep mealtime positive.
Keep presenting foods, especially for picky eaters; eventually they will try it.

W9 Helping your child learn and develop

Routines

Play is the work of children - they learn through play.
Allow child to safely explore their environment, even if it means they may get a bit messy.
Respect their play time and let them concentrate on what they are doing.
Read and tell stories to your child each day.
Sing, play with sounds, and dance.
Talk, describing what you are doing and where you are going.
Offer options - "You can color on this paper, but not on the wall".
Establish a routine.
Offer guidance consistently.
Be patient when child attempts to perform a task independently.

| Parent/Caregiver Focus | Parent/Caregiver response and support <i>Routines (continued)</i> |
|---|--|
| <p>W10 Helping your child learn and develop (continued)</p> <p>W11 Learning to trust and connect with others relationship building</p> <p>W12 Learning to know and trust his/herself get his-her needs met. comfort him herself</p> <p>W13 Learning to trust the world around him/her feeling safe in his/her environment</p> | <p>Do not expect sharing, but model and encourage.</p> <p>Listen to your child.</p> <p>Physical holding, rocking, massaging, swaddling.</p> <p>Language talking, singing, music, reading, listening for feelings.</p> <p>The child needs to know and be involved with (both) parent(s).</p> <p>All supportive adults should work in partnership.</p> <p>Children need to know they are loved.</p> <p>Be spontaneous and have fun - play and exercise is good for you and your child.</p> <p>In addition to daily care giving routines, make time each day for the infant to have time alone with you and be truly engaged with you. A positive partnership (respect and valuing each other, mutual trust) between parents and child care providers enhances the child's growth and development.</p> <p>Watch for child's cues in a responsive, consistent and predictable manner.</p> <p>Help child feel competent by responding to the needs he communicates.</p> <p>Read your child's cues signals and appropriately respond to hunger, pain, over-stimulation, and other comfort needs. Respond to crying in a calm and reassuring manner such as cuddling, gentle rocking and or soft talking or singing.</p> <p>Protect from violence, abusive behavior and endangering environments.</p> <p>Choose people you trust to care for your children. Your child's safety depends on your careful choice of caregivers.</p> <p>Safety</p> <p>Use safe equipment such as approved cribs and car seats and be aware of unsafe walkers or recalled equipment. Follow recommendations from the Consumer Product Safety Commission.</p> |

Parent/Caregiver

Parent/Caregiver response and support

Focus

Safety (continued)

W14 Learning to trust the world
around him/her - feeling safe in
his/her environment (continued)

Use recommended techniques to reduce the risk of SIDS such as always placing infants on their back to sleep. Keep your infant's crib clear of all items such as pillows, blankets, and stuffed animals. Child proof environments accessible to children such as providing appropriate barriers (gates and electrical receptacle covers, according to AAP), eliminating choking and strangulation hazards (small items, balloons, and cords), and preventing access to poisonous substances and materials (medication, cleaning supplies, and *some* plants). Provide supervision at all times, such as never leaving a child alone in a tub, in a car, near water, or *on* a changing table. Handle a child safely by supporting a newborn's head. Never shake any child. Provide a safe environment by having a smoke-free home/facility. using smoke and carbon monoxide detectors, having evacuation plans and drills and checking for lead and radon levels in the home/facility. Get training in infant and child CPR and first aid. Minimize exposure to sunlight and use sunscreen appropriately.

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ITERS*** Observer

Family Service Coordinator/Nurse

Early Interventionist

New Castle County Coordinator

Child Care Rule Maker

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Early Childhood Education Faculty

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*Delaware Department of Health and Social Services

** Department of Services for Children, Youth and their Families

***Infant-Toddler Environment Rating Scale

ATTACHMENT 5.2.3

ATTACHMENT 5.2.4

ATTACHMENT 5.2.5

6-29-06

A PLAN FOR DELAWARE'S SYSTEM OF PROFESSIONAL DEVELOPMENT FOR EARLY CARE AND EDUCATION

Delaware, like many other states, is responding to the increased national attention being paid to the importance of the early learning years. But, unlike many other states, Delaware has been demonstrating a strong commitment to early care and education for several years. Since 1998 Delaware has been working to implement the state's plan for creating a quality early care and education system - *Early Success*. In 2001 the Governor established the Early Care and Education Council with responsibility for providing oversight for the implementation and update of *Early Success*. The updated plan offers the following equation for realizing a high quality early learning system:

Ready Families + Ready Early Care & Education + Ready Communities + Ready Schools = Ready Children

Delaware has also demonstrated an understanding of the significant role that professional development plays in providing quality early care and education. In 1989 Delaware was the first state in the nation to institute a career development system for the early childhood field - Delaware First...Again. Professional development was an integral component of the original *Early Success* plan and is embedded in the "Ready Early Care and Education" portion of the current plan.

WHY FOCUS ON PROFESSIONAL DEVELOPMENT?

Today we have a significant body of research that tells us about the connections between young children's development and learning, quality early childhood programs, and the educational level of early care and education professionals.

1. We have a greater understanding of the importance of the early learning years, particularly the significance of early brain development (Begley, 2000; Shonkoff & Phillips, 2000; Shore, 1998). We know that the positive relationships and social interactions of the early years have an impact on children's development (Shonkoff & Phillips, 2000).
2. We know that high quality early care and education has a positive impact on young children's learning, their school readiness and future school achievement (Bowman & Burns, 2001; Schweinhart, 1993). We know that quality programs provide developmentally appropriate learning experiences and support children's social emotional development. However, large-scale research studies have told us that program quality is mediocre, at best (Cost, Quality, & Child Outcomes Study, 1995, 1999). The Delaware Early Care and Education Baseline Quality Study has raised questions about the quality of the state's early childhood programs (Gamel-McCormick, Buell, Amsden, & Fahey, 2003).
3. We also know that the early care and education professional is the key to quality programming. Training and education give those adults the tools to provide higher quality programs (Kagan, 1997). Professionals with formal education and recent specialized training, particularly at the college level, are better able to provide quality experiences for young children (Shonkoff & Phillips, 2000). A recent national report about early childhood education stresses the importance of nurturing the professional development of the workforce (Jacobson, 2002). Recent research tells us that the qualifications of the

early care and education workforce have declined nationally (Herzenberg, Price & Bradley, 2005). The Delaware Early Care and Education Baseline Quality Study reports that the educational level of the teachers in Delaware's programs is below the national average (Gamel-McCormick, Buell, Amsden, & Fahey, 2003).

So...we focus on professional development because we know that the well-educated professional has a significant impact on the quality level of early childhood programs and, consequently, on the positive growth, development, and learning of young children.

CHANGE: A CHALLENGE AND AN OPPORTUNITY

Nationally, there is a movement to have states create comprehensive, coordinated, cross-sector professional development systems. There are several clearly recognizable sectors, or subsystems, in early care and education. The National Child Care Information Center (NCCIC) prepared a paper for the state, reporting the following: in Delaware the subsystems are child care - both centers and family child care, Head Start, nursery school, prekindergarten/preschool, public school kindergarten, nonpublic school kindergarten, early intervention, and preschool special education. Each subsystem has a similar basic set of roles—assistant/aide, teacher, director/principal, and educator/trainer. Each sector also has unique professional roles. Presently each subsystem has a set of personnel qualifications, different pathways for achieving them, and different delivery systems for preparation and continuing education. A cross-sector approach to professional development brings together the various subsystems and creates one system that aims to:

- Align the content among sectors so that a consistent core is delivered via the various preparation and continuing education opportunities,
- Create links among the professional qualifications, connecting credentials, and defining pathways among them,
- Examine the professional development delivery pathways in the subsystems, eliminating overlapping efforts, reducing complexity and barriers, and filling any gaps.

Delaware is poised to create a paradigm shift for the professional development of those working with young children, birth through five. This shift will integrate the early care and education professional development system with the K-12 system. The state is making changes to support the creation of a comprehensive, coordinated, cross-sector professional development system to be managed in the Department of Education (DOE). Currently, three departments have responsibility for the early childhood programs that serve young children and their families, and for the professional development of the staff who work in those programs:

- > Department of Services for Children, Youth, and Their Families (DSCYF)
- > Department of Education (DOE)
- > Department of Health and Social Services (DHSS)

The aim is for the departments to work together to create that comprehensive, coordinated cross-sector professional development system. Delaware First, whose sole charge has been professional development system-building for community-based child care, is transitioning from DSCYF to DOE, bringing its expertise and joining the early childhood team. Delaware First also brings a nationally-recognized professional development system framework that can be used to provide direction for the system-building effort.

Working to create this integrated professional development system will require collaboration. The new system will ask each sector to bring its strengths to the system-building effort and to make changes in order to better support the professionals who work with young children and their families. This collaborative effort will create a unified, single source for professional development opportunities. This is a tremendous opportunity to improve the professional development system, and, consequently, the quality of early care and education programs.

WHAT DOES DELAWARE FIRST BRING TO THIS COLLABORATIVE EFFORT?

As mentioned above Delaware First...Again was launched in 1989 by the Office of Child Care Licensing to create a statewide career development system for the early childhood workforce. This project, which was to be implemented over a ten-year period, was designed by a group of leaders from state government, higher education, and the early childhood community with facilitation from a team of national consultants. The objective was to strengthen early care and education programs by enhancing the quality of professional development experiences. At the time, the project was recognized for being a national leader in professional development.

Since 1989, Delaware First has served as a unifying force for bringing together members of the early childhood community in the state to work collaboratively on building the system. The project has a well-established relationship with the National Child Care Information Center (NCCIC) and an understanding of current research and best practice in relation to early childhood professional development. Delaware First has continued to build the system, developing and implementing many of the system components described in the nationally-recognized, professional development system framework described below.

In addition, Delaware First brings quality money from the federal Child Care Development Fund and, along with those funds, a requirement for developing a professional development plan for the state. So, charged with that responsibility, Delaware First is prepared to take a leadership role in the system development work.

BUILDING THE SYSTEM

GUIDING PRINCIPLES

The goal is to build a comprehensive, coordinated professional development. The system must:

- > Utilize a common framework in all sectors of the system to guide the development and delivery of professional development opportunities
- > Align all training and education with Delaware's Early Learning Foundations and Infant and Toddler Early Learning Foundations
- > Align all training and education with knowledge and competency standards for early care and education professionals
- > Provide a continuum of training and education opportunities that meets the diverse needs of all early care and education professionals
- > Provide training and education that supports research-based best practice for promoting young children's growth, development, and learning
- > Recognize the professional development accomplishments of the early care and education workforce

- > Develop early care and education leaders who can support and mentor the professional development of staff
- > Make connections with the professional development system for professionals working in after school programs and the K-12 system.

A PROFESSIONAL DEVELOPMENT SYSTEM FRAMEWORK

The National Child Care Information Center (NCCIC) has created a framework that identifies components of a professional development system. NCCIC, a service of the federal Child Care Bureau, is a national clearinghouse and technical assistance center linking parents, providers, policy-makers, researchers, and the public to Early Care and Education information. It identifies five overarching elements of a professional development system for Early Care and Education: Funding; Core Professional Knowledge; Qualifications and Credentials; Quality Assurances; and Access and Outreach. Within each of these overarching elements are more detailed components. This framework is being used by many states across the country as they tackle the task of building a professional development system for early care and education.



National Child Care Information Center. *Elements of a Professional Development System for Early Care and Education: A Simplified Framework*. Accessed June 2006 on the World Wide Web at <http://nccic.org/poptopics/pdsystem.pdf>

DELAWARE'S PROFESSIONAL DEVELOPMENT PLAN

Early Success has a vision: "Early care and education programs will be staffed by professionals educated and skilled in supporting the growth, development and learning of young children."

And, as stated in *Early Success*: Delaware will have established a comprehensive, coordinated, cross-sector system of professional development that: (1) has explicit criteria for all adults working with

young children; (2) requires all adults to hold licenses; (3) provides ongoing, cumulative, and credit-bearing training and education opportunities; and (4) assures that the content of all training and preparation efforts is designed to meet the needs of diverse children and families as well as the diverse needs of the members of this growing field.

There are several disturbing issues facing early care and education in Delaware. The current workforce is diverse in its levels of skill and knowledge, with a significant portion of those adults having literacy challenges. Many have little or no training specific to early childhood education. In addition, early care and education is a low wage profession, which creates turnover issues for programs and children. The professional development system must address these issues in order to attract and retain competent, qualified professionals. It must support and recognize the professional development accomplishments of those adults.

The professional development plan outlined below uses the NCCIC model as the organizing framework and incorporates all portions of the professional development section of *Early Success*. The shaded boxes contain goals for the five elements of the NCCIC model. The clear boxes provide the NCCIC definitions for the components of each element. For each component there are objectives and strategies for achieving those objectives.

I. FUNDING: The professional development system will include funding mechanisms that enable the system to support and recognize the professional development of early care and education professionals.

1.1: Scholarships for professional development, courses, degrees

Objective 1.1: Offer a range of scholarship opportunities to allow early care and education professionals to participate in higher education.

Strategies to achieve objective and status of those strategies:

- > T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® must be fully funded to assist early child professionals in meeting licensing requirements and quality initiatives. T.E.A.CH. is a scholarship program specifically designed for early care and education. It supports the participant in achieving a Child Development Associate credential, Associate's degree or Bachelor's degree. It provides tuition, travel, release time and compensation to the scholar, and supports the employer by requiring the scholar to make a commitment to remain in the field. Many early care and education providers return to college part-time while working full time. Consequently, many traditional scholarship programs are not accessible to early childhood professionals. **[Established/ requires expansion]**
- > Continue to provide the Department of Labor's Early Childhood Apprenticeship Program. Ensure that the program continues to use the mentor model and the Delaware First Competencies. Apprenticeship is a proven method for increasing the education and skill level in a profession. Apprenticeship also increases the compensation of the participant and improves stability of the workforce for employers. Need to strengthen the collaborative effort between Department of

Labor and early childhood to promote the program. **I Established/ requires expansion 1**

- > Encourage high school students in the early childhood career tracks to participate in the Delaware SEED (Student Excellence Equals Degree) scholarship program. Delaware SEED provides tuition for full time students enrolled at Delaware Technical and Community College provided they enroll for the fall immediately after their high school graduation. **[Established!]**

1.2 Compensation/retention initiatives: Strategies for increasing compensation to retain qualified personnel and linking increases in qualifications to increases in compensation.

Objective 1.2: Explore means to enhance compensation, benefits and employment conditions for staff of early care and education programs to encourage those who obtain an early childhood education degree to seek employment in Delaware's early care and education programs.

Strategies to achieve objective and status of those strategies:

- > T.E.A.C.H. and Apprenticeship include a compensation mechanism in their programs. **[Established/ requires expansion]**
- > A wages and benefit support program, like W.A.G.E.S.®, needs to be adopted to improve recruitment and retention of qualified professionals to the field. **[To be developed]**
- > An essential issue for the early care and education workforce is access to health insurance. **[To be developed]**

1.3 Program quality awards

Tiered reimbursement: increased payment rates based on quality in the State's child care subsidy system.

Tiered quality rewards: direct payments based on quality not tied to State child care subsidies.

Objective 1.3: Implement a tiered quality rating system that will provide recognition and financial rewards to programs that achieve established levels of quality, funds that could be used to support and recognize professional development.

Strategies to achieve objective and status of those strategies:

- > Delaware Stars for *Early Success* has been developed and is now ready for implementation. Delaware Stars includes a plan for quality rewards. The Stars initiative is working to make tiered subsidy reimbursement a piece of the system. Strategic supports will be required to assist programs in reaching the higher levels of quality which would allow them to receive financial rewards. **(Developed/ requires implementation)**

II. CORE PROFESSIONAL KNOWLEDGE: In Delaware all career planning and training/education for early care and education professionals will be guided by a core body of knowledge and core competencies.

II.1 Core body of knowledge/core competencies: The range of knowledge and observable skills that adults working with young children need to facilitate child learning and development, linked to early learning guidelines.

Objective **II. 1:** Provide early care and education professionals and trainers/instructors with a core body of knowledge and competencies that professionals will use to guide professional development planning and trainers/instructors will use to develop and deliver training.

Strategies to achieve objective and status of those strategies:

- > Develop core knowledge and competencies: Delaware First has developed core knowledge and core competencies, outlined in *Delaware Core Knowledge and Competencies for Early Care and Education Professionals*. The document details the knowledge and competencies needed at various job levels by those staff working directly with groups of children and for individuals responsible for the overall philosophy and direction of the program - management and administrators. The knowledge and competencies have been aligned with Delaware's Early Learning Foundations and Infant and Toddler Early Learning Foundations. The document includes an assessment tool that can be used in the professional development planning process. Currently, other sectors of the system are developing additional knowledge and competencies for staff working in support positions who do not have direct responsibility for children's development and learning. **[Developed/requires revision]**
- > Develop and implement a plan to widely distribute *Delaware's Core Knowledge and Competencies for Early Care and Education Professionals* to the early care and education community. The document is currently being shared in TECE 1 and TECE 2 classes. The document needs to be a part of a plan for career advising. **[To be developed]**

II.2 Career Lattice: Levels of mastery connected to a progression of direct service roles in the field (Teachers, directors and administrators, family child care providers and operators, etc.).

Objective II.2: Provide the early care and education community with a career lattice that can be used to guide career planning. The career lattice will be organized so as to provide information about levels in the education pathway and job opportunities available at those education levels across sectors of the early care and education system.

Strategies to achieve objective and status of those strategies:

- > Delaware First facilitated the development of a career lattice, *Delaware Career Framework for Early Childhood Professionals*. All sectors of the early care and education community were involved in the process and approved the final product. The career lattice written document is in the process of being developed. It will

need to be shared widely with early care and education professionals.

[Developed/requires expansion]

Develop and implement a plan to widely distribute *Delaware Career Framework for Early Childhood Professionals* to the early care and education community. The document is currently being shared in TECE 1 and TECE 2 classes. The document needs to be a part of a plan for career advising. **[To be developed]**

III. QUALIFICATIONS AND CREDENTIALS: Delaware's professional development system will require specific education for all adults who work with young children, recognize professionals who have achieved specialized knowledge, and develop connections between levels in the educational system.

III.1 Pre-service requirements: Minimum qualifications that staff are required to have prior to assuming their position.

1. *Child care licensing regulations*
2. *Public School regulations*
3. *Early childhood special education requirements*
4. *Head Start/Early Head Start Performance Standards regarding staff*

Objective III.1: Establish minimum qualifications that professionals are required to have prior to employment in early care and education programs.

Strategies to achieve objective and status of those strategies:

- > Continue to work with the appropriate state entities to establish a system of individual licensure for adults working in early care and education programs. Delaware First has developed a proposal for such licensure. **[To be developed]**
- > Child care regulations need to include preservice requirements for all positions in early care and education programs. Current child care regulations establish preservice requirements only for center directors. The Office of Child Care Licensing is in the process of revising the center regulations. The proposed regulations include preservice requirements for all positions. When family child care regulation are revised they need to include increased preservice requirements. **[In development/expansion required]**
- > Delaware's Head Start programs follow state licensing regulations. The federal government has established higher preservice qualifications for Head Start staff. **[Developed]**
- > Delaware's State Board of Education has adopted teacher certification requirements. **[Developed]**

III.2 Continuing education requirements: Ongoing training staff members are required to obtain to remain in their position.

Objective III.2: Establish requirements for continuing education.

Strategies to achieve objective and status of those strategies:

Child care licensing regulations currently include requirements for continuing education - 12-15 clock hours annually. The proposed center regulations will increase continuing education to require 18 annual hours. Hours should be increased for family child care when regulations are revised. **[In development/expansion required]**

Head Start programs follow licensing regulations. **[In development/expansion required]**

When the Delaware Stars criteria are reviewed after Phase 1 implementation a new category needs to be added that addresses requirements for ongoing professional development. **[To be developed]**

Explore the possibility of requiring and offering specific training based on needs identified by the state. **[To be developed]**

- o All early care and education early childhood professionals will be trained in the Early Learning Foundations. **(Established/ requires expansion!**
- o Early care and education programs will have access to professional development opportunities related to improvement of staff competence to support social emotional development of young children. **(Established/ requires expansion]**

III.3 Credentials: A document certifying that an individual has met a defined set of requirements set forth by the grantor of the credential, usually related to skills and knowledge and may include demonstrations of competence.

Objective III.3: Create a system of credentials for recognition of specialized knowledge and experience required for specific early learning roles. Credentials shall include recognition for directors, infant and toddler teachers, early literacy and school age teachers.

Strategies to achieve objective and status of those strategies:

- > A process must be established for the credentials/certificates to be awarded by a state-level body with recognized authority and/or credibility. As part of the process, programs must be approved to offer the training/education for the credentials/certificates. **[To be developed]**
- > Director Certificate: Coursework for a Director's Certificate has been developed by Delaware Technical and Community College in collaboration with Delaware First. The courses have been offered. **[Established; requires expansion]**
- > An Infant and Toddler Certificate is currently being developed as a collaborative effort of Delaware First, the Delaware Early Childhood Center, and Family and Workplace Connection. **[In planning]**
- > A School Age Certificate is currently under development. This effort is being spearheaded by Family and Workplace Connection and the Delaware After School Alliance. **[In planning]**
- > The Council for Professional Recognition issues a national credential called the Child Development Associate (CDA). Head Start is required by federal regulation to employ a percentage of staff with, at least, this beginning credential. Delaware First's foundational training curriculum, TECE 1 & TECE 2 (see below), prepares staff to apply for this credential. **[Developed]**

III.4 Pathways leading to qualifications, degrees, and credentials

1. *Articulation agreements among levels of higher education*
2. *Training Registries: A database that tracks all completed personnel training*
3. *Credit-bearing workshops and training series (CEU's and college credit)*
4. *Credit for prior learning: Systems used by most institutions of higher education for granting credit for learning acquired through life and/or work experiences.*

Objective III.4: Create formal connections between levels in the established training/ education system that support early care and education professionals in achieving qualifications, degrees, and credentials

Strategies to achieve objective and status of those strategies:

- > Articulation agreements are in place between Delaware Technical and Community College and several of Delaware's four-year institutions - University of Delaware, Delaware State University, and Wilmington College. The agreements need to be reviewed and updated on a regular basis. | **Developed**
- > Delaware First operates the Personnel Registry, which helps early care and education professionals track their individual education and professional development. Currently the system tracks all training and education, which is proving to be an overwhelming task. The system needs to be revised to track only the training and education that leads to qualifications, credentials, and/or degrees. **[Developed; needs revision]**
- > Delaware First has established a foundational two-part, 120-hour state training curriculum, Training for Early Care and Education (TECE) 1 and TECE 2. It is offered regularly in the community. There have been efforts to work with Delaware Technical and Community College to establish an agreement that would allow participants to receive credit for this training. A process for establishing such an arrangement must be accomplished. **[Developed; requires expansion]**
- > TECE 1 and TECE 2 are being offered at Vo-Tech early childhood programs with the opportunity for Tech Prep credits. Articulation agreements need to be established. **[Established; requires expansion]**
- > Many school districts are offering an early care and education career path through their Family and Consumer Science teachers. The opportunity exists for some students to receive Tech Prep credits at Delaware colleges. All programs offering career paths need to establish articulation agreements with colleges. **[Established/requires expansion]**
- > Delaware's higher education institutions have credit for prior learning processes in place, although those processes are not often used by early care and education professionals. **[Developed; requires expansion]**

IV. QUALITY ASSURANCES: Delaware's professional development system will include procedures that assure the delivery of quality training and education.

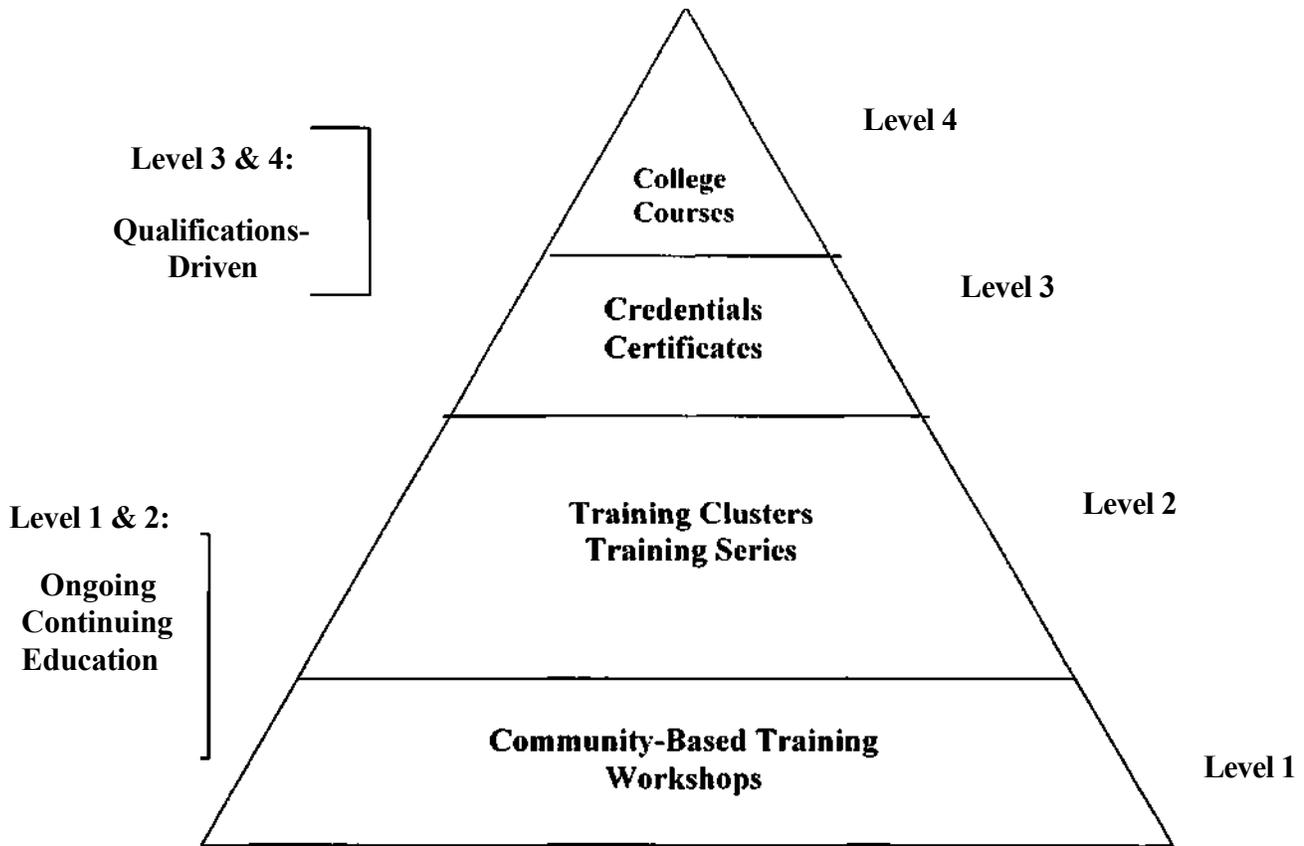
IV.1 Training approval: Set of standards that training must meet, usually linked to core knowledge and to principles of adult learning.

Objective IV.1: Establish a process for approving training that includes the development of a tiered training framework.

Strategies to achieve objective and status of those strategies:

- > Create a four-level tiered framework for training and education opportunities:
[In planning]

TRAINING APPROVAL FRAMEWORK



| Level 1 | Level 2 | Level 3 |
|--|---|---|
| <ul style="list-style-type: none"> ✓ Curriculum related to Early Learning Foundations or Standards ✓ Approved Trainer ✓ No monitoring | <ul style="list-style-type: none"> ✓ Curriculum aligned with Early Learning Foundations and Program Standards ✓ Certified Trainer ✓ Assessment of learning or reflective practice ✓ Interactive ✓ Sponsored by agency/organization | <ul style="list-style-type: none"> ✓ Curriculum aligned with Early Learning Foundations and Program Standards ✓ Certified Trainer ✓ Formal assessment of learning ✓ Interactive ✓ Sponsored by |

Create a new training approval process that is tied to the tiered framework, core knowledge and competencies, and the Early Learning Foundations. Delaware First would approve training at Levels 3 and 4. Delaware First currently has a training approval process in place that needs to be revamped. **(Developed; new process in planning]**

IV.2 Trainer approval (standards and registries): Set of standards and qualifications for individuals who offer training; registries: database of trainers and their qualifications and standards met.

Objective IV.2: Establish a process for approving trainers that sets standards and includes criteria for trainer qualifications.

Strategies to achieve objective and status of those strategies:

- > Create a tiered Trainer Credential that coordinates with a tiered training system as mentioned above. The credential needs to establish education and experience requirements and demonstration of competence. The system would identify the training levels and topics for which a trainer is qualified. Delaware First is currently working with Family and Workplace Connection to develop a model for such a credential. **[In planning]**
- > Create a trainer registry that identifies trainer qualifications, their credential level, and specific training topics they are approved to deliver. **[To be developed]**

IV.3 Evaluation processes: Built into each element and/or component - an iterative process. Evaluations benefit from beginning analysis to provide ongoing benchmarks for outcome assessment.

Objective IV.3: Establish procedures to conduct an annual assessment of the professional development system.

Strategies to achieve objective and status of those strategies:

- > Delaware First conducts some evaluation of consumer satisfaction of system components, particularly training delivery. **[Developed; needs expansion]**
- > Establish a plan for conducting a process evaluation of the comprehensive, coordinated professional development system as it is implemented. **[To be developed]**
- > Begin discussions about implementation of outcomes assessment. **[To be developed]**

V. ACCESS AND OUTREACH: Delaware's professional development system will provide supports that encourage adults who work with young children to plan for their personal and professional development and to take advantage of the system's opportunities.

V.1 Online database of training and education opportunities

1. *Training calendars*: Published lists of trainings for personnel, which generally include short descriptions, locations, dates, and times of training sessions.
2. *Directory of college degree programs*.
3. *Training registries*

Objective V.1: Provide early care and education professionals with information about approved training and education opportunities.

Strategies to achieve objective and status of those strategies:

- > Delaware First funds a quarterly printed training calendar, *Provider Pursuits*, and web-based listing of some training. Family and Workplace Connection provides the service. *Provider Pursuits* is mailed to all licensed providers. **[Developed; requires expansion]**
- > *Provider Pursuits* and career advising materials provide listings of Delaware early childhood education college degree programs. **[Developed]**
- > Explore the possibility of developing a web-based listing of approved training offered by the various sectors of the system. **[To be developed]**

V.2 Career and personal development:

1. *Career development advising*: Process of informing individuals about entry and continuing education requirements for professional roles in the ECE field and supporting the individual to assess current qualifications, identify education resources, and plan his/her own career advancement with attention to population's cultural and linguistic frameworks.
2. *Mentoring and coaching programs*
3. *Peer support groups*
4. *Internships, assistantships, apprenticeships*
5. *Leadership development*

Objective V.2: Provide supports the help professionals assess and plan for their career and personal development.

Strategies to achieve objective and status of those strategies:

- > Career advisement needs to be available to staff of early care and education programs through the resource centers. Delaware has a network of five resource centers funded by Delaware First and operated by Family and Workplace Connection. Career advising materials have been developed and resource center staff can provide limited career advising. Delaware needs to create a more formalized approach to career advising. Discussions are currently taking place. **[Established/ requires expansion]**
- > Address the barrier to professional development stemming from low literacy levels. Delaware First must develop a means to support early care and education staff with low literacy levels **so** they can develop the core competencies for teachers. **[In planning]**
- > Explore possibilities for increasing mentoring opportunities.

- o Delaware First has sponsored a 6-year project in infant toddler care that utilized mentoring. Consequently, a model has been developed that could be used to guide new mentoring projects. **[To be developed]**
- o Apprenticeship requires on-the-job training through mentoring. **(Developed; needs expansion)** Explore the possibility of providing support to peer support groups. Delaware First has provided informal support to director support groups. **[Developed, needs expansion]**
- > Continue to provide the Department of Labor's Early Childhood Apprenticeship Program. Ensure that the program continues to use the mentor model and the Delaware First Competencies. Apprenticeship is a proven method for increasing the education and skill level in a profession. Apprenticeship also increases the compensation of the participant and improves stability of the workforce for employers. Need to strengthen the collaborative effort between Department of Labor and early childhood to promote the program. **[Established/ requires expansion]**
- > Develop leadership in early care and education in Delaware through mentoring and leadership training programs. A leadership academy must be established to support the development of a cadre of professionals who can assume leadership roles and advocate for early care and education. **[In planning]**

V.3 Multiple professional development delivery methods

1. *Distance learning*
2. *Courses as modularized workshops*: credit-bearing courses that are deconstructed into a set of related workshops.
3. *On-site delivery*
4. *Mobile units*
5. *Hotlines, help desks*
6. *Technical assistance*

Objective V.3 Implement multiple delivery methods that allow the working adult to take advantage of professional development opportunities.

Strategies to achieve objective and status of those strategies:

- > Increase the number of professional development opportunities that can be accessed through distance learning. Work with Delaware Technical and Community College to explore the possibility of offering more online courses. They currently offer the Director Certificate courses online. **[Developed; needs expansion]**
- > Work with Delaware Technical and Community College to explore the possibility of offering modularized workshops for credit. Tech prep credit for TECE 1 and TECE 2 begin to approach the aim of this delivery method. **[To be developed]**
- > Explore the possibility of pairing training and technical assistance. The Partners in Excellence (PIE) project provides an example of a comprehensive program that includes evidence-based training modules and ongoing technical assistance. **[Established/ requires expansion]**

V.4 Public engagement efforts/initiatives

Objective V.4 Develop and deliver a clear public message about the connection between professional development and quality early care and education.

Strategies to achieve objective and status of those strategies:

- r- Continue Delaware First representation on the Early Care and Education Council and other pertinent groups to ensure that the importance of professional development is included in the work to build public will. [**Developed; needs expansion**]
- > Continue Delaware First participation in quality initiatives statewide, such as Delaware Stars to ensure that the importance of professional development is included in the work to build public will. [**Developed; needs expansion**]
- > Develop and disseminate written materials about the connection between professional development and quality early care and education. [**To be developed**]
- > Develop and implement a plan to engage the early care and education workforce in delivering a clear message about the importance of the work they do. [**To be developed**]

COMMUNICATION AND DISSEMINATION

If we are to be successful in engaging early care and educational professionals in taking advantage of opportunities in a new comprehensive, coordinated, cross-sector professional development system it is critical to have a strategic plan for communication and dissemination. When the state is ready to rollout the new system we must:

- > Create and disseminate user-friendly written materials that describe the system
- > Plan and implement a series of informational meetings for individuals who have significant roles in the system - higher education, state employees, trainers, policy makers, flinders, consultants
- > Place information about the system in all appropriate newsletters, particularly *Provider Pursuits*
- > Place information about the system on appropriate websites
- > Plan and implement a series of information sessions across the state, connecting with meetings of existing groups
- > Make presentations about the system at conferences

Delaware First Documents

The following Delaware First documents provide greater detail about the professional development system.

- Delaware Core Knowledge and Competencies for Early Care and Education Professionals

6-29-06

- Delaware Core Knowledge and Competencies for Early Care and Education Professionals: Self-Assessment
- Delaware Career Framework for Early Childhood Professionals
- Training for Early Care and Education (TECE) 1: Training Objectives
- Training for Early Care and Education (TECE) 2: Training Objectives
- Proposal for Individual Licensure
- Proposed Training Approval Framework
- Alignment documents
 - o TECE 1 and Core Knowledge and Competencies
 - o TECE 2 and Core Knowledge and Competencies (to be completed Summer, 2006)
 - o TECE 1 and Environment Rating Scales: ECERS, FDCRS, ITERS & SACERS
 - o TECE 2 and Environment Rating Scales: ECERS, FDCRS, ITERS & SACERS (to be completed Summer, 2006)
 - o TECE 1 and Delaware Early Learning Foundations
 - o TECE 2 and Delaware Early Learning Foundations (to be completed Summer, 2006)
 - o TECE 1 and Delaware Infant and Toddler Early Learning Foundations (to be completed Summer, 2006)
 - o TECE 2 and Delaware Infant and Toddler Early Learning Foundations (to be completed Summer, 2006)