

Child Care and Development Fund (CCDF) Plan  
For

Delaware  
FFY 2012-2013

*Final*

**PART 1  
ADMINISTRATION**

**1.1 Contact Information**

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)

**1.1.1 Who is the Lead Agency designated to administer the CCDF program?** Identify the Lead Agency and Lead Agency's Chief Executive Officer designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals and disallowance notifications to the designated contact identified here. (658D(a), §98.10)

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

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

Name and Title of the Lead Agency's Chief Executive Officer: Elaine Archangelo, DSS 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://intranet.dhss.state.de.us/main/about.html>,

<http://intranet.dhss.state.de.us/dss/about.html>

**1.1.2 Who is the CCDF administrator?** Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. **If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.** (§§98.16(a) and (c)(1))

**a) Contact Information for CCDF Administrator:**

Name of CCDF Administrator: Barbara McCaffery

Title of CCDF Administrator: Social Service Senior Administrator

Address of CCDF Administrator: 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](mailto:barbara.mccaffery@state.de.us)

Web Address for Lead Agency (if any): <http://intranet.dhss.state.de.us/dss/about.html>

Phone Number for CCDF program information

(for the public) (if any): 302-255-9670

Web Address for CCDF program

(for the public) (if any): <http://dhss.delaware.gov/dhss/dss/childcr.html>

Web Address for CCDF program policy manual

(if any): <http://regulations.delaware.gov/AdminCode/title16/5000/5100/index.shtml#TopOfPage>

Web Address for CCDF program administrative rules

(if any): <http://regulations.delaware.gov/AdminCode/title16/5000/5100/index.shtml#TopOfPage>

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

Name of CCDF Co-Administrator:

Title of CCDF Co-Administrator:

Address of CCDF Co-Administrator:

Phone Number:

Fax Number:

E-Mail Address:

Description of the role of the Co-Administrator:

## **1.2 Estimated Funding**

### **1.2.1 What is your expected level of funding for the first year of the FY 2012 - FY 2013 plan period?**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2011 through September 30, 2012. (§98.13(a)).

FY 2012 Federal CCDF allocation (Discretionary, Mandatory and Matching): \$ 15,149,354

Federal TANF Transfer to CCDF: \$ 0

Direct Federal TANF Spending on Child Care: \$ 27,500,000

State CCDF Maintenance-of-Effort Funds: \$ 5,179,325

State Matching Funds: \$ 4,092,948

**Reminder** - Lead Agencies are reminded that not more than 5 percent of the aggregate CCDF funds, including federal funds and required State Matching funds, shall be

expended on administration costs (§98.52) once all FY2012 funds have been liquidated. State Maintenance-of-Effort funds are not subject to this limitation.

**1.2.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)? Check all that apply.**

Territories not required to meet CCDF Matching and MOE requirements should mark  N/A here

**Note:** The Lead Agency must check at least public and/or private funds as matching, even if pre-kindergarten (pre-k) funds also will be used.

Public funds to meet the CCDF Matching Fund requirement. Public funds may include any general revenue funds, county or other local public funds, State/Territory-specific funds (tobacco tax, lottery), or any other public funds.  
If checked, identify source of funds:

General Funds

If known, identify the estimated amount of public funds the Lead Agency will receive:

Private Donated Funds to meet the CCDF Matching Fund requirement. Only private received by the designated entities or by the Lead Agency may be counted for match purposes. ( 98.53(f))

If checked, are those funds:

donated directly to the State?

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

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

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

State expenditures for Pre-K programs to meet the CCDF Matching Funds requirement.

If checked, provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures ( not to exceed 30%):

If percentage is more than 10% of the Matching fund requirement, describe how the State will coordinate its pre-k and child care services:

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement:

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

State expenditures for Pre-K programs to meet the CCDF Maintenance of Effort (MOE) requirements.

If checked,

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

Estimated percentage of MOE Fund requirement that will be met with pre-k expenditures ( not to exceed 20%):

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

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for MOE Fund requirement:

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

**1.2.3 Describe the activities for which quality funds (including targeted quality funds for infants and toddlers, school-age children, and resource and referral) will be used in FY 2012.** In as much detail possible, list the activities that will be funded, the estimated amount of CCDF quality funds that will be used for each activity, and how these activities relate to the Lead Agency's overall goal of improving the quality of child care for low-income children.

Activity	Estimated Amount of CCDF Quality Funds (indicate if targeted funds will be used)	Purpose	Projected Impact and Anticipated Results
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1. Salary	1. 400, 638.65	1. To pay staff who work on quality activities.	1. Staff will ensure quality activities are taking place.
2. Child Mental Health Consultants	2. 300,000.00	2. To develop a mental health statewide system of care using best practices type treatments for very young children (birth to 5 yrs) and their families.	2. Improved provider practices when dealing with children who have experienced emotional distress.
3. Quality Expansion Set Aside Infant and Toddler	3. 408,849.00	3. Coordinate quality assured professional development activities	3. Improved credentialing of trainers and training content.
4. School Age set Aside (DOE)	4. 238,883.00	3. Support infant and toddler providers through technical assistance.	4. Training activities targeting school age providers.
5. DE Stars (DOE)	5. 200,000	4. Support school age quality activities for providers through professional development.	5. Provide assessment and rating to programs that will lead to designate a star level.
6. Capacity Building Grants (DSS)	6. 300,000	5. Manage operation of QRIS.	6. Increased supply of appropriate, affordable care to low income families.
7. Resource and Referral (DSS)	7. 49,939	6. Provides grants to licensed providers to improve quality in their programs.	7. Families will have access to quality and convenient and affordable child care.
8. Relative Caregiver (DSS)	8. 49,972	7. Assists families in finding affordable child care.	8. Relative Care Providers will be better equipped to care for children.
9. TEACH	9. 237,000	8. Train Relative Care Providers in theory and practice of Early Care.	9. Encourages a better educated workforce.
10. Market Rate	10. 130,000	9. Provide scholarships to qualified applicants in early care and education.	10. Collect information to assist in setting a provider rate.
11. Wilmington Resource Center	11. 35,000	10. Complete a Market Study of Child Care Providers	11. Expanded resources and opportunities to providers who serve an inner city community.
		11. Increase the supply of early care and education experiences in the city of Wilmington through scholarship opportunities and a Teachers Resource Center.	

**1.2.4 Will the Lead Agency distribute quality funds to counties or local entities?**

No, the Lead Agency will manage all quality funds directly

Yes, the Lead Agency will manage some quality funds directly and distribute a portion to local entities. Estimated amount or percentage to be distributed to localities

Department of Education and Department of Services for Children Youth and their Families. It is estimated Delaware will spend 6% in quality funds.

Yes, all quality funds will be distributed to local entities

Other.

Describe:

### **1.3 CCDF Program Integrity and Accountability**

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11(b)) Accountability measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

**1.3.1. Describe the strategies the Lead Agency will utilize to ensure effective internal controls are in place.** The description of internal controls may include, but is not limited to a description of processes to ensure sound fiscal management, to identify areas of risk or to establish regular evaluation of control activities.

Describe:

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

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.

DHSS also has a current Memorandum of Understanding (MOU) with two non-TANF State agencies to provide services and activities under the grant. An MOU exists with the Department of Services for Children, Youth, and Their Families (DSCYF) and the Department of Education (DOE) to improve the quality of child care. DSCYF is charged with establishing and enforcing the requirements and baseline standards for licensed child care providers in the State. In addition, DSCYF conducts criminal history record (federal and state) and child protection registry checks for license and license exempt providers for the protection of children. Additionally, DSCYF 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 Department of Education administers training activities for providers, Professional Development, a plan to coordinate training, development and maintenance of the Early Learning Foundations and early childhood education to create career development opportunities.

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.

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 lead agency utilizes reports such as the 800,801 and 696. Contractors are required to submit monthly, quarterly and or yearly reports.

The lead agency participates with an interagency fraud committee consisting of DOE, DSCYF and DHSS. This committee reviews provider fraud and preventative strategies. The lead agency meets regularly with the DHSS Audit and Recovery Management Services Unit (ARMS) to review fraudulent activities and prevention and recoupment strategies.

Internal control for subsidy funds include case reviews in the field for improper payments. Any improper payments issued to families will require the staff to complete an overpayment that is forwarded to ARMS. Any improper payments issued to providers are also collected via ARMS.

**1.3.2. Describe the processes the Lead Agency will use to monitor all sub-recipients.** Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. (98.11 (a) (3))

**Definition:** A sub-recipient (including a sub-contractor and or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such a program. OMB Circular A-133 Section 210 provides additional information on the characteristics of a **sub-recipient and vendor** ([http://www.whitehouse.gov/omb/circulars/a133\\_compliance\\_supplement\\_2010](http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010)). The description of monitoring may include, but is not limited to, a discussion of written agreements, fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified, and establishing performance indicators or measures related to improper payments.

Describe:

DHSS contracts with Children and Families First (CCF), the Child Care Resource and Referral Agency 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. As well as 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 Memorandum of Understanding (MOU) with two non-TANF State agencies to provide services and activities under the grant. An MOU exists with the Department of Services for Children,

Youth, and Their Families (DSCYF) and the Department of Education (DOE) to improve the quality of child care. DSCYF is charged with establishing and enforcing the requirements and baseline standards for licensed child care providers in the State. In addition, DSCYF conducts criminal history 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 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.

Contracts will be monitored by site visits to the vendor, requiring statistics and data as well as review of a check list that is unique to each vendor. Payments to vendors will not be made unless vendors are in compliance.

**1.3.3. Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart below.** Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process (98.100). Check which activities, if any, the Lead Agency has chosen to conduct.

Type of Activity	Identify Program Violations	Identify Administrative Error
Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid))	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Share/match data from other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Run system reports that flag errors (include types)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Review of attendance or billing records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Audit provider records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct quality control or quality assurance reviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conduct supervisory staff reviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct data mining to identify trends	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Train staff on policy and/or audits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

For any option the Lead Agency checked in the chart above other than none, please describe:

If the Lead Agency checked none, please describe what measures the Lead Agency has or plans to put in place to address program integrity:

**1.3.4. What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error? Check and describe in the chart below which strategies, if any, the Lead Agency will use for each of the following areas: Unintentional program violations (UPV), intentional program violations (IPV) and/or fraud, and administrative error as defined in your State/Territory. The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud (98.60(i)).**

Strategy	UPV	IPV and/or Fraud	Administrative Error
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<p>Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: \$ 1</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement). Describe: ARMS</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Recover through repayment plans</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Reduce payments in the subsequent months</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Recover through State/Territory tax intercepts</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Recover through other means. Describe:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Establish a unit to investigate and collect improper payments. Describe composition of unit: Audit and Recovery Management Services (ARMS). They are charged with investigation of alleged acts of fraud by clients and or service providers in any public welfare programs.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Other. Describe:</b> Interagency Fraud Committee - This committee is composed of the Department of Services for Children, Youth and Their Families (licensing), Department of Education (food program), and Delaware Health and Social Services( POC). This committee meets on a quarterly basis to share information on fraud prevention and to align some of our policies. For example, we are working on development of a single attendance sheet for provider use for all three departments.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For any option the Lead Agency checked in the chart above other than none, please describe:**

**1.3.5. What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?**

None

Disqualify client.

If checked, please describe, including a description of the appeal process for clients who are disqualified

Disqualify provider.

If checked, please describe, including a description of the appeal process for providers who are disqualified

A provider who is found to have committed an intentional program violation or fraud will be notified of same after discovery. The provider's license or contract will be terminated and misspent funds will be recouped. Providers who are disqualified may request an Administrative Review with the Social Service Senior Administrator. If the provider's license is terminated the, provider may request a hearing which is heard by a contracted hearing officer at the Office of Child Care Licensing.

Prosecute criminally

Other.

Describe.

**1.3.6 Based on responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below. Territories not required to complete the Error Rate Review should mark**

<b>Activities identified in ACF-402</b>	<b>Cause/Type of Error (if known)</b>	<b>Actions Taken or Planned</b>	<b>Completion Date (Actual or planned) (if known)</b>
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<p>The State plans to revise its child care policies to ensure a higher degree of accuracy in the Child Care Program. This includes policy for child care overpayments. The State also plans to update training procedures to align with the revised policy. DSS Operations managers will review areas identified through the QC review process as error prone and institute appropriate procedures to ameliorate or eliminate the errors. Staff will receive training as needed. Procedures will be developed to ensure accuracy and consistency in the application of child care policy. Operations supervisors will randomly review child care cases to ensure accuracy of authorizations and will share the results with staff. Delaware will also convene a workgroup to discuss lessons learned and steps to take to move us to accuracy. Child Care will be a standing item on Quarterly state wide Administration meetings. DSS will review audit findings for a history of provider fraud.</p>	<p>The most frequently identified causes of the improper authorizations for payment other than missing or insufficient documentation is Earned income budgeted incorrectly followed by Documentation used does not support number of hours authorized. Examples of earned income budgets that were processed incorrectly are bi-weekly pay entered as semi-monthly, reported income changes not removed timely, worker error in converting income when verification is an employer letter. Documentation needed to support the number of hours authorized is weekly or daily hours of employment or education/training, number of days of employment or education/training, proof of referral from Division of Family Services, proof of extent of medical incapacity.</p>	<p>DSS has updated its policy (DSSM §11003.9.1 Income and §11003.9.5 Making Income Determinations) to clarify the budgeting process for earned income. DSS also clarified what documentation is required to support the decision to authorize part time, full time care, etc. as well as when that documentation is required. DSSM §11004.2 Interviews and DSSM 11004.9 Authorizing Service were updated to achieve this goal. A procedure manual for Operational staff is currently in progress. This manual will give staff concrete direction on how and when to authorize hours of care. DSS has also updated the Case Comments template to include an area to indicate the amount of travel time added to the work or education/training time since the total determines the number of hours authorized. Refresher training was provided to staff by the Staff Development and Training Unit on the budgeting process and documentation requirements.</p>	<p>An online training was developed and made mandatory for all eligibility staff that addressed the issues identified as high probability for error. The training was completed by all staff in a 6 week period in the spring of 2011.</p>
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#### **1.4 Consultation in the Development of the CCDF Plan**

Lead Agencies are required to *consult* with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a),(b), §98.16(d)).

**Definition:** *Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments. (§§98.12(b), 98.14(a)(1))

##### **1.4.1 Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan (658D(b)(2), §§98.12(b), 98.14(b)).**

Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
<input checked="" type="checkbox"/> <p><b>Representatives of general purpose local government (required)</b></p> <p>This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.</p>	<p>The plan was presented to the Early Childhood Council where representatives from counties and local agencies, educational representatives were able to offer input. A representative from Public Health assisted in the development of the Plan.</p>
<p><b>For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan.</b></p>	
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public education</p> <p>This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p>	<p>Members from the higher education community attend the Early Childhood Council where the state asked for input on the Plan.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for programs for children with special needs</p> <p>This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</p>	<p>A member from Part C assisted in the Development of the Plan.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for licensing (if separate from the Lead Agency)</p>	<p>Members from the Office of Child Care Licensing assisted in the development of the Plan.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency with the Head Start Collaboration grant</p>	<p>Members of the Head Start agency were asked for input in the development of the Plan.</p>
<input checked="" type="checkbox"/> <p>Statewide Advisory Council authorized by the Head Start Act</p>	<p>The Plan was brought to the Early Childhood Council and asked for input from all members. They were also invited to attend the 3 Public Hearing.</p>

<input checked="" type="checkbox"/> Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services	Providers serving both early care and school age were invited to offer input into the Plan. A representative from the school age community attended the public hearings.
<input checked="" type="checkbox"/> State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	The state agency responsible for the CACFP is the Department of Education. DOE assisted in the development of the Plan.
<input checked="" type="checkbox"/> State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	The agency responsible for Home Visiting is Public Health and that agency assisted in the development of the Plan.
<input checked="" type="checkbox"/> State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)	Public Health and Child Mental Health assisted in the Development of the Plan.
<input checked="" type="checkbox"/> State/Territory agency responsible for child welfare	Department of Services for Children, Youth and their Families assisted in the Development of the Plan.
<input checked="" type="checkbox"/> State/Territory liaison for military child care programs or other military child care representatives	A representative from military child care was consulted and offered input into the Plan.
<input type="checkbox"/> State/Territory agency responsible for employment services/workforce development	
<input checked="" type="checkbox"/> State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)	Same agency as CCDF
<input type="checkbox"/>	Indian Tribes/Tribal Organizations  <input checked="" type="checkbox"/> N/A: No such entities exist within the boundaries of the State
<input checked="" type="checkbox"/> Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21	United Way, part of Review team.

<input checked="" type="checkbox"/> Provider groups, associations or labor organizations	Provider groups attend the Early Childhood Council meeting and were attended the public hearings.
<input type="checkbox"/> Parent groups or organizations	
<input checked="" type="checkbox"/> Local community organizations (child care resource and referral, Red Cross)	As a member of the Council, the resource and referral agency was part of Review team.
<input type="checkbox"/> Other	

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

a) Date(s) of notice of public hearing: 05/08/2011

Reminder - Must be at least 20 days prior to the date of the public hearing.

b) How was the public notified about the public hearing? Published in News Journal, dates were announced at Council meeting on 4/8/11, notices were handed out at a conference on 4/30/11.c)

Date(s) of public hearing(s): 05/25/2011

Reminder - Must be no earlier than 9 months before effective date of Plan (October 1, 2011).

d) Hearing site(s) Dover

e) How was the content of the Plan made available to the public in advance of the public hearing(s)? Classified advertisement of public hearings in newspaper and copies were made available at the Council meeting on May 13, 2011.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? The information will be reviewed and changes made (or not) based on analysis of information and program requirements.

**1.4.3. Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing.** For example, translating the public hearing notice into multiple languages, using a variety of sites or technology (e.g., video) for the public hearing, holding the hearing at times to accommodate parent and provider work schedules.

**1.4.3. Describe:**

One Public Hearing was held in each County so the public does not have to travel far. Hearings were held in the evenings to accommodate work schedules. Information at the Hearings will be in paper format and power point. In addition, copies of the CCDF plan were made available on paper or disk as well as posted to the DSS website.

**1.5. Coordination Activities to Support the Implementation of CCDF Services**

Lead Agencies are required to *coordinate* with other Federal, State, local, Tribal (if applicable) and private agencies providing child care and early childhood development services

**Definition** - *Coordination* involves child care and early childhood and school-age development services efforts to work across multiple entities, both public and private (such as in connection with a State Early Childhood Comprehensive System (SECCS) grant or the State Advisory Council funded under the Head Start Act of 2007). (658D(b)(1)(D), §§98.12(a), 98.14(a)(1))

**1.5.1. Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school-age services (§98.14(a)(1)).**

<b>Agency/Entity (check all that apply)</b>	<b>Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services</b>	<b>Describe the goals or results you are expecting from the coordination</b>  Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.
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<input checked="" type="checkbox"/>	<p><b>Representatives of general purpose local government (required)</b></p> <p>This may include, but is not limited to:  representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.</p>	<p>The lead agency works with Delaware Institute for Excellence in Early Childhood. (DIEEC) at the University of DE on Professional Development for providers and delivering quality assured training. In addition, they manage the Capacity Grant program.</p>	<p>Consistency in the quality assured trainings, ease in registering for trainings for providers, improved tracking of provider credentials. Improved data on professional development.</p>
<input checked="" type="checkbox"/>	<p><b>State/Territory agency responsible for public education (required)</b></p> <p>This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p>	<p>The lead agency collaborates with the Department of Education (DOE), Children and Families First (CFF) and Institutes of Higher Learning such as University of Delaware (UD), Wilmington University, Delaware Technical and Community College and Springfield College on T.E.A.C.H. Early Childhood, Capacity Grants, QRIS, and Professional Development.</p>	<p>We are expecting support and collaboration. We look forward to the other agencies lending their Expertise as subject matter experts on matters such as scholarship and professional development and building curriculum.</p>

<input checked="" type="checkbox"/>	<p>Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services <b>(required)</b></p>	<p><u>The Delaware Early Childhood Council will be notified of the CCDF Plan.</u></p>	<p><u>Input from the Council will be considered.</u></p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for public health <b>(required)</b></p> <p>This may include, but is not limited to, the agency responsible for immunizations and programs that promote children's emotional and mental health</p>	<p><u>Delaware Division of Public Health Delaware's Early Childhood Comprehensive System (ECCS) has developed an early childhood system benefitting all of Delaware's children, from birth through age five years, and their families. The ECCS project is focused on partnering with all Maternal and Child Health (MCH) state and local partners which target families with children who are at risk. ECCS ensures continued improvement in the health, safety and well being so children may benefit from the services and care. It also addresses disparities that exist within traditionally underserved populations such as Children with Special Health Care Needs, children with behavioral and mental health issues, and a growing Hispanic population. The project will use a multi-agency approach to bridge service and system gaps to improve outcomes for all Delaware's children. .</u></p>	<p><u>As ECCS recognizes the varying needs across the three Counties, ECCS is working to develop a systematic approach, working with its key early childhood partners. Both Public Health and the lead agency serve many of the same children, our goal is to provide a more seamless process to services.</u></p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for employment services / workforce development <b>(required)</b></p>	<p><u>Department of Education and Department for Children, Youth and their Families are responsible for the workforce development in the child care community. The lead agency will coordinate with those responsible for workforce development.</u></p>	<p><u>An improved workforce that has the education and skills it needs to provide quality child care.</u></p>

<input checked="" type="checkbox"/>	State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) (required)	The lead agency is the same agency that provides TANF.	Consistency in policy
<input type="checkbox"/>	Indian Tribes/Tribal Organizations (required) <input checked="" type="checkbox"/> N/A: No such entities exist within the boundaries of the State		

**For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery**

<input checked="" type="checkbox"/>	State/Territory agency responsible for licensing (if separate from the Lead Agency)	The lead agency coordinates with Department of Children, Youth and Their Families: Office of Child Care Licensing. (OCCL).	
<input checked="" type="checkbox"/>	State/Territory agency with the Head Start Collaboration grant	Head Start is located in DOE. Head Start is included in the planning for Professional Development and has a seat of the Child Care Council.	We share resources for staff and providers.
<input checked="" type="checkbox"/>	Statewide Advisory Council authorized by the Head Start Act	The lead agency is a member of the Child Care Council.	Shared resources and input.
<input checked="" type="checkbox"/>	State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	The CAFPP is in the DOE. CAFPP, OCCL and the lead agency participate on a Program Integrity Committee for fraud prevention.	Share knowledge and strive for consistency among the agencies.

<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for programs for children with special needs</p> <p>This may include, but is not limited to:</p> <p>State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</p>	<p><u>DE Birth to Three Early Intervention System, DMS of DHSS, is responsible for implementing Part C of IDEA. DE Dept. of Education is responsible for implementing special education for preschool programs for children with disabilities.</u></p> <p><u>DSS collaborates with these programs in several ways - training and access to child care for all children with special needs, purchase of care for eligible families of children with special needs, and professional development for fully including children with special needs.</u></p> <p><u>DSS collaborates to fund the professional development system, and the goal is to have child care providers complete training in TECE2 - working with families with children with special needs, Cara's Kit - adaptations to fully include children with special needs, and the Easter Seals and Head Start comprehensive training for working with children with special needs. A new credential is available for Inclusion.</u></p> <p><u>DSS collaborates with Division of Prevention and Health Services, Delaware Children's Dept.</u></p>	<p><u>The goal is to increase the number of child care providers working towards this inclusion. DSS also collaborates to focus capacity grants towards programs with children with disabilities. DE Part C Coordinator and DOE Part b/619 Preschool Coordinator are members of the child care capacity grant committee.</u></p> <p><u>Provide support for children with emotional and behavioral disturbances.</u></p>
<input type="checkbox"/>	<p>State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant</p>		
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for child welfare</p>	<p>DSCYF, Child Mental Health</p>	

<input checked="" type="checkbox"/>	State/Territory liaison for military child care programs or other military child care representatives	Delaware is one of 13 states participating in the DoD Military Child Care Liaison Project. The lead agency has met with the Liaison assigned to DE to assist in identifying current state efforts, priorities, and quality initiatives that impact the ability of military families to access high quality of installation child care services in their communities. The lead agency will collaborate with the Liaison to coordinate efforts in the planning and development of priorities and quality initiatives of mutual interest.	Increased awareness of the child care needs of military families, alignment of plans, goals and priorities of mutual interest. Opportunities to strengthen the quality of child care in the community and the professional development system. Opportunities to improve licensing requirements and efficient and effective oversight. Access to affordable, high quality, child care for military families in their community.
<input type="checkbox"/>	Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21		
<input checked="" type="checkbox"/>	Local community organizations (child care resource and referral, Red Cross)	CFF serves as the states resource and referral agency.	Children and Families First assists families in finding quality, affordable and convenient child care. They will assist families with children that may need odd hour or who may require special needs care. The goal is to increase the accessibility for children to quality child care.
<input checked="" type="checkbox"/>	Provider groups, associations or labor organizations	Wilmington Early Care and Education Council (WECEC) Northeast Providers Support Group Delaware Association of the Education of Young Children (DAEYC) The Delaware Family Child Care Alliance	The lead agency funds the Professional Development Center under WECEC. They in turn host the North east Providers Support Group. The Center provides resources and training opportunities to the providers in the City of Wilmington. DAEYC will continue to provide the early care and education community opportunities for professional development through T.E.A.C.H.
<input checked="" type="checkbox"/>	Parent groups or organizations	Family Voices	
<input type="checkbox"/>	Other		

**1.5.2. Does the State/Territory have a formal early childhood and/or school-age coordination plan?** Lead Agencies are not required to have an early childhood nor a school-age coordination plan, but the State/Territory may have such plans for other purposes, including fulfilling requirements of other programs.

Yes. If yes,

a)

Provide the name of the entity responsible for the coordination plan(s):  
Delaware Early Childhood Council.

b)

Describe the age groups addressed by the plan(s):

Birth to Eight

c)

Indicate whether this entity also operates as the State Advisory Council (as authorized under the Head Start Act of 2007):

Yes

No

d)

Provide a web address for the plan(s), if available:

[http://www.doe.k12.de.us/infosuites/students\\_family/earlychildhood/decc.shtml](http://www.doe.k12.de.us/infosuites/students_family/earlychildhood/decc.shtml)

No

**1.5.3. Does the State/Territory have a designated entity(ies) responsible for coordination across early childhood and school-age programs? (658D(b)(1)(D), §98.14(a)(1))** Check which entity(ies), if any, the State/Territory has chosen to designate.

State/Territory-wide early childhood and/or school-age cabinet/advisory council/task force/commission.

If yes, describe entity, age groups and the role of the Lead Agency

State Advisory Council (as described under the Head Start Act of 2007).

If yes, describe entity, age groups and the role of the Lead Agency

The Delaware Early Childhood Council was established by the Interagency Resource Management Committee (IRMC) serving the needs of children age birth to eight. The Council is comprised of representatives from the Child Care providers community, Parents, Head Start, Resource and Referral Agency, Child Health, Advocacy Organizations, Public School, Higher Education, and the business Community. The lead agency is represented by one voting member. Their role is to promote the development of a comprehensive and coordinated early childhood system, birth to eight, which provides the highest quality services and environment for Delaware's children and their families.

Local Coordination/Council

If yes, describe entity, age groups and the role of the Lead Agency

Other

Describe

None

**1.5.4 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? (§98.16(d))**

Yes .

If yes, **describe** these activities or planned activities, including the tangible results expected from the public-private partnership:

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).

Wilmington Early Care and Education Council-

(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. For example: the Council supports the Professional Development Center where providers and parents can join and find activities for children as well as resources for both parents and providers. WECEC also holds activities for Provider Appreciation Day. 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 Council created to guide the implementation of Delaware's strategic agenda for the improvement of early care and education, entitled *Early Success*. Seats on the Council are held by 2 center based providers, 1 family home provider, 1 parent, 1 representative from Head Start, 1 representative from a Resource and Referral agency, 2 advocates for children's health and well-being, 1 representative from higher education, 1 representative from the business community, 2 community members, 1 from DAEYC, 1 from General Assembly, the Director of Head Start Collaboration, 1 representative from DHSS, 1 from DSCYF, 1 from DOE, 1 Chairperson(choose by Governor), 1 Vice Chair(choose by Governor), 1 ex officio member, 1 Chair of the Family Support Coordinating Council, 1 Director of Delaware Institute for Excellence in Early Childhood. The Council 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. The Council provides support and guidance to the child care community. They have provided support to the Integrated Data Project and they allow for information and resource sharing.

#### 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 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.

#### Expanding Inclusive Early Intervention Opportunities-

(EIEIO) is a public/private collaborative that is a collaboration among child care, early intervention, special education, and head start to promote and ensure high quality inclusion for all children with disabilities and delays. The committee has developed materials, professional development, and alignment of meaningful learning experiences with Delaware's early learning standards.

#### T.E.A.C.H. Early Childhood –

The T.E.A.C.H. Early Childhood program is administered through the Delaware Association for the Education of Young Children. The committee consists of members from Department of Education, Department of Services for Children, Youth and their Families, Higher Education, Child Care Providers, and the lead agency. It provides scholarship opportunities for providers who are working toward achieving their Child Development Associate Credential (CDA), Associate Degree or Bachelor's Degree. The committee collaborates with the higher education community as well as the providers using the service. The goals for TEACH are to market the program and opportunities to the child care community, coordinate opportunities to a minimum of 5 CDA, 51 AA and 11 BA scholars.

#### Capacity Grants-

DSS funds a program for child care providers seeking either to expand or start-up services through the capacity building contract with the Delaware Institute for Excellence in Early Care through the University of Delaware. The Capacity Building program has also supported programs in the state's quality rating and improvement system pilot. The committee consists of a member from each of the following: DOE, DSCYF(OCCL), DHSS( part C coordinator POC), and a provider. The goal is to provider 40 competitive grants and 10 incentive grants to licensed child care providers to increase the supply of affordable child care.

No

## 1.6. Child Care Emergency Preparedness and Response Plan

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of temporary child care services after a disaster; and 5) rebuilding child care after a disaster. For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-XX) located on the Office of Child Care website at:

[http://www.acf.hhs.gov/programs/ccb/law/state\\_topic\\_emergency.htm](http://www.acf.hhs.gov/programs/ccb/law/state_topic_emergency.htm)

**1.6.1. Indicate which of the following best describes the current status of your 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.

**Developed.** A plan has been developed as of **[insert date]**: and put into operation as of **[insert date]**: , if available. Provide a web address for this plan, if available:

**Other.**

**Describe:**

### Coordination with other State agencies and key partners:

- Department of Health and Social Services (DHSS), Division of Public Health (DPH); Office of Emergency Health Preparedness (OEHP), Emergency Medical Services for Children (EMSC), Purchase of Care (POC)
- Department of Services for Children, Youth and their Families (DSCYF) – Division of Family Services (DFS) - Office of Child Care Licensing (OCCL),
- Department of Education (DOE)
- Delaware Emergency Management Agency (DEMA)
- New Castle County, Office of Emergency Preparedness

- City of Wilmington, Office of Emergency Management
- Kent County Emergency Management
- Sussex County Emergency Operations Center
- Retired and Senior Volunteer Program (RSVP)
- Citizen Corp
- American Red Cross – Delmarva Chapter
- University of Delaware
- Children and Families First

Various combinations of the above agencies have worked together since 2003 to develop or make emergency planning training and resources available for Delaware's licensed child care facilities. These trainings included:

06/18/03: *Preparing for the Unexpected – Presentation for Families and Communities*, American Red Cross presentation at the *Preventing Injury in the 21<sup>st</sup> Century Conferences* sponsored by Delaware SAFE KIDS Coalition and EMSC.

01/ 29 & 31 /04: *Emergency Planning – Preparing For Disasters Seminar*, Beryl Cheal, Disaster Training International

12/04/04: *Emergency Preparedness for Child Care Providers*, American Red Cross, New Castle County, Office of Emergency Management, DEMA, EMS, FWC and DHSS

05/22/07: *Helping Children Cope with Disasters*; DHSS, DPH and Johns Hopkins Center for Public Health Preparedness

09/09 through 06/10 – 16 workshops throughout the State – *Emergency Planning for Family Child Care Homes*; DEMA, RSVP, Citizen Corp and OCCL

Future plans for 2011 include:

Providing at least 5 sessions throughout the State of DE -*Developing Emergency Plans for CFF and LFCC*; DEMA, RSVP, Citizen Corp and OCCL

Developing and presenting a two part training for Centers – *Reviewing/Updating Your Emergency Plans (Part 1) and Helping Children Cope with Disasters (Part 2)*; DEMA, RSVP, Citizen Corp and OCCL

**Emergency preparedness regulatory requirements for child care providers:**

**Developed:**

**Adopted January 1, 2007:**

**Early Care and Education and School-Age Centers (Centers)**  
**(13 or more children)**

*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 failures or utility disruption, chemical or toxic spills, bomb threat, or terrorist attack.*

*1. 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.*

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.

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.

A. 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.

Adopted January 1, 2009:

Family Child Care(FCC) Home  
(1 to 6 children)

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 failures or utility disruption, chemical or toxic spills, bomb threat, or terrorist attack.

1. The emergency plan shall include procedures for training household member(s) and the Substitute, when applicable, about specific responsibilities during a disaster, accounting for all children, relocation process (if appropriate), and contacting appropriate emergency response agencies and parent(s)/guardian(s).

A licensee shall have a posted written evacuation plan or diagram showing how the Family Child Care Home will be evacuated during an emergency.

A. Monthly evacuation drills shall be practiced from all exit locations at varied times during hours of operation of the Family Child Care Home 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, who participated, the number of children who participated and the total amount of time necessary to evacuate the Family Child Care Home.

A licensee shall develop a written plan for procedures to shelter-in- place (staying indoors) at the Family Child Care Home for up to seventy-two (72) hours/three (3) days due to a natural or man-made disaster

A. This plan shall include a list of emergency supplies for the child care of children and others present including procedures for feeding children and others present during the extended stay at the Family Child Care Home.

Adopted January 1, 2009:

Large Family Child Care (LFCC) Homes  
(7-12 children)

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 failures or utility disruption, chemical or toxic spills, bomb threat, or terrorist attack.

1. The emergency plan shall include procedures for training staff members, and when applicable, household member(s) about specific responsibilities during a disaster, accounting for all children, relocation process (if appropriate), and contacting appropriate emergency response agencies and parent(s)/guardian(s).

A licensee shall have a posted written evacuation plan or diagram showing how the Large Family Child Care Home will be evacuated during an emergency.

A. Monthly evacuation drills shall be practiced from all exit locations at varied times during hours of operation of the Large Family Child Care Home 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, who participated, the number of children and staff who participated and the total amount of time necessary to evacuate the Large Family Child Care Home.

A licensee shall develop a written plan for procedures to shelter-in- place (staying indoors) at the Large Family Child Care Home for up to seventy-two (72) hours/three (3) days due to a natural or man-made disaster.

A. This plan shall include a list of emergency supplies for the child care of children and others present including procedures for feeding children and others present during the extended stay at the Large Family Child Care Home.

A licensee or staff member shall conduct monthly fire prevention inspections and post a copy of the latest inspection report in a conspicuous place at the Large Family Child Care Home.

### Planning (2010-2011):

#### Child Placing Agencies – Foster Care

OCCL is currently in the process of revising Child Placing Agency regulations and are proposing the following updated emergency planning information for foster care requirements:

#### PROPOSED - Evacuation Drill and Emergency Planning

A licensee shall ensure that a foster parent applicant develops an evacuation plan that includes showing a child, as appropriate to his or her age and developmental level, how to evacuate from a foster home in the event of a fire or emergency situation and conducts a practice drill at least twice a year.

A. Each drill shall be documented and include information on the date and time of day of the drill and the total amount of time necessary to evacuate a foster home.

A licensee shall ensure that a foster parent applicant creates and utilizes an emergency plan that includes:

A. A procedure for contacting any appropriate emergency response agency – fire, police and emergency medical assistance that includes a list of emergency phone numbers kept near a telephone;

B. Information from a reliable source such as local, State and Federal emergency management agency regarding safety and survival during various natural and man-made disasters and emergency situations;

i. A reliable source may include an agency such as American Red Cross, United States Department of Homeland Security, and Delaware Emergency Management Agency.

C. Emergency supplies for an extended stay in a foster home due to a disaster or emergency situation. The supplies shall consist of enough food, water and equipment to sustain a household for at least three (3) days or seventy-two (72) hours; and

- i. Food – canned goods and non-perishable food items;
- ii. Water – one (1) gallon of water per day per person for drinking and hygiene – washing and toilet water may come from sources such as bottled water, water remaining in hot water heater, or clean water stored in a tub or sink; and
- iii. Equipment – battery or crank radio, working flashlight, extra batteries, manual can opener, blankets, sleeping bags and first aid kit.

1.1.1.1D. If relocating due to disaster or emergency situation, a process to notify an Agency of a child's whereabouts as soon as such communication is established.

### **Provision of Temporary Child Care Services after a Disaster and Rebuilding Child Care after a Disaster**

Planning (2010-2011) – A draft has been created regarding specific *Delacare Rules* that can be waived or modified to make safe accommodations for providing child care during and after a disaster.

The draft document lists examples of rules and how the rules could potentially be adjusted depending on the particular circumstances of the event. At this time, the document is not meant to be a complete alternative listing as other rules and arrangements may be considered dependent upon the impact of the event, guidance received from appropriate authorities, and approval from OCCL. Also listed in the draft document are some best practice recommendations that facilities are encouraged to utilize for an even higher level of protection and accountability during a disaster or emergency event.

Draft of specific *Delacare Rules* that can be waived or modified to make safe accommodations for providing child care during and after a disaster is now in operations. Providers were notified on 8/24/11 of this.

**1.6.2. Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan. Check which elements, if any, the Lead Agency includes in the plan.**

- Planning for continuation of services to CCDF families
- Coordination with other State/Territory agencies and key partners
- Emergency preparedness regulatory requirements for child care providers
- Provision of temporary child care services after a disaster
- Rebuilding child care facilities and infrastructure after a disaster
- None

PART 2

CCDF SUBSIDY PROGRAM ADMINISTRATION

*Final Problem*

**2.1 Administration of the Program**

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b), §98.11(a))

*2.5.1*

**2.1.1. Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? Identify the level at which the following CCDF program rules and policies are established.**

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

State/Territory

Local entity.

If checked, provide the name(s) of the local entity:

Other.

Describe:

Sliding fee scale is set by the:

State/Territory

Local entity.

If checked, provide the name(s) of the local entity:

Other.

Describe:

Payment rates are set by the:

State/Territory

Local entity.

If checked, provide the name(s) of the local entity:

Other.

Describe:

**2.1.2. How is the CCDF program operated in your State/Territory?** In the table below, identify which agency(ies) performs these CCDF services and activities.

<b>Implementation of CCDF Services/Activities</b>
<b>Who determines eligibility?</b>
<b>Note:</b> If different for families receiving TANF benefits and families not receiving TANF benefits, please describe:

**Agency (Check all that apply)**

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe:

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

**Agency (Check all that apply)**

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

Off ice of Child Care Licensing and Dept of Education

CCDF and TANF agency are the same. Parents are directed to contact Children and Families First, the Resource and Referral agency, when seeking childcare. However, should families contact either the lead agency, OCCL or DOE, they are prepared to provide some assistance.

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations

Other.

Describe:

**Who issues payments?**

**Agency (Check all that apply)**

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe:

**Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)**

Payments are made to the providers unless the child is self arranged then payment is made to the parent. All payments are direct deposit.

**Other. List and describe:**

**2.2. Family Outreach and Application Process**

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)-(e). **Note** - For any information in questions 2.2.1 through 2.2.10 that differs or will differ for families receiving TANF, please describe in 2.2.11.

**2.2.1. By whom and how are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), §98.30(a)) Check all agencies and strategies that will be used in your State/Territory.**

- CCDF Lead Agency
- TANF offices
- Other government offices
- Child care resource and referral agencies
- Contractors
- Community-based organizations
- Public schools
- Internet

(provide website): <https://assist.dhss.delaware.gov/PGM/ASP/SC001.asp>

- Promotional materials
- Community outreach meetings, workshops or other in-person meetings
- Radio and/or television
- Print media
- Other.

Describe:

**2.2.2. How can parents apply for CCDF services? Check all application methods that your State/Territory has chosen to implement.**

- In person interview or orientation
- By mail
- By Phone/Fax
- Through the Internet

(provide website): <https://assist.dhss.delaware.gov/PGM/ASP/SC001.asp>

- By Email
- Other.

Describe:

**2.2.3. Describe how the Lead Agency provides consumer education to parents applying for CCDF assistance to promote informed choices about the quality of care provided by various providers.**

Lead Agencies must certify that the State/Territory 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)(G), §98.33).

For example, memorandums of understanding with resource and referral agencies to provide consumer education to families applying for CCDF assistance, providing parents with provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or informational brochures that address importance of quality and different care options available.

The lead agency has a contract with the Resource and Referral agency to provide consumer education and to assist families with hard to place children and odd hour care. In addition, the Office of Child Care Licensing provides information to families looking for quality child care. The lead agency itself also assists families with finding quality, affordable and convenient child care that fits the needs of the family.

**2.2.4. Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined in**

**your State/Territory.**

For example, methods used to promote upward movement in quality rating and improvement system, methods used to encourage high quality programs to participate in the subsidy program such as tiered reimbursement, or incentives used to support high quality programs in rural, suburban, urban, and low-income communities.

The QRIS (Stars) will target providers who serve low income children so that they may receive the greatest amount of Technical Assistance and resources in order to provide the highest quality care to the most at-risk children. In addition, Capacity grant funds are only awarded to those providers who accept low income children.

**2.2.5. How will the Lead Agency promote access to the CCDF subsidy program?**

Check the strategies that will be implemented by your State/Territory.

- Provide access to program office/workers such as by:
- Providing extended office hours
- Accepting applications at multiple office locations
- Providing a toll-free number for clients
- Other.

Describe:

- Using a simplified eligibility determination process such as by:
- Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)
- Developing a single application for multiple programs
- Developing web-based and/or phone-based application procedures
- Coordinating eligibility policies across programs.

List the program names: TANF, SNAP, Medicaid.

- Streamlining verification procedures, such as linking to other program data systems
- Providing information multi-lingually
- Including temporary periods of unemployment in eligibility criteria for new applicants (job search, seasonal unemployment).

Length of time:

- Other.

Describe:

- Other.

Describe:

None

**2.2.6. Describe the Lead Agencies policies to promote continuity of care for children and stability for families.** Check the strategies, if any, that your State/Territory has chosen to implement.

Provide CCDF assistance during periods of job search.

Length of time: 90 days

Establish two-tiered income eligibility to allow families to continue to receive child care subsidies if they experience an increase in income but still remain below 85% of State median income (SMI)

Synchronize review date across programs

List programs:

TANF, Food Stamps, Medicaid, and Child Care

Longer eligibility re-determination periods (e.g., 1 year).

Describe:

12 months

Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs.

Describe:

Extend periods of eligibility for school-age children under age 13 to cover the school year.

Describe:

Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment

Targeted case management to help families find and keep stable child care arrangements

Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility,

such as for children who turn 13 years of age during the middle of a program year

Other.

Describe:

None

**2.2.7. How will the Lead Agency provide outreach and services to eligible families with limited English proficiency?** Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Other.

Describe:

The Language Line is a service for individuals who's primary language is other than English. The language line can interpret for 25 different languages. The individual indicates what lanuage they speak and they are connected to an interpreter by phone.

None

**(Optional) If the Lead Agency checked any option above related to providing information or services in other non-English languages, please describe the languages offered :**

**2.2.8. How will the Lead Agency overcome language barriers with providers?** Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Other.

Describe:

None

(Optional) If the Lead Agency checked any option above related to providing information or services in other non-English languages, please describe the languages offered:

**2.2.9. Describe how the Lead Agency documents and verifies applicant information using the table below. (§98.20(a))**

Check the strategies that will be implemented by your State/Territory. Attach a copy of your parent application for the child care subsidy program(s) as Attachment 2.2.9 or provide a web address, if available:

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
<input checked="" type="checkbox"/> Applicant identity	Declarative as written on the application.
<input checked="" type="checkbox"/> Household composition	Declarative as written on the applicaiton.
<input checked="" type="checkbox"/> Applicant's relationship to the child	Declarative as written on the applicaiton.
<input checked="" type="checkbox"/> Child's information for determining eligibility (e.g., identity, age, etc.)	Declarative as written on the applicaiton.
<input checked="" type="checkbox"/> Work, Job Training or Educational Program	Wage stubs or letter from employer, training schedule
<input checked="" type="checkbox"/> Income	Wage stubs or letter from employer
<input checked="" type="checkbox"/> Other. Describe: DFS referral	DFS referral form

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

Time limit for making eligibility determinations.

Describe length of time no longer than 1 month. DSSM 11004.2.1

Track and monitor the eligibility determination process

Other.

Describe

None

**2.2.11. Are the policies, strategies or processes provided in questions 2.1.1. through 2.1.10 different for families receiving TANF? (658E(c)(2)(H) & (3)(D),**

Yes.

No.

---

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

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. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2) of the Social Security Act. In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency Division of Social Services

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

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

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

In writing

Verbally

Other.

Describe:

### **2.3. Eligibility Criteria for Child Care**

In order to be eligible for services, children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State's median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services. (658P(3), §98.20(a))

#### **2.3.1. How does the Lead Agency define the following eligibility terms?**

*residing with -*

- living in the home of the parent or caretaker

*in loco parentis -*

- adult acting in place of the parent

#### **2.3.2. Eligibility Criteria Based Upon Age**

a) The Lead Agency serves children from 0 weeks to 13 years (maximum age under age 13).

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

Yes, and the upper age is 18th birthday  
Provide the Lead Agency definition of *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.

No.

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

Yes, and the upper age is

No.

### 2.3.3. Eligibility Criteria Based Upon Work, Job Training or Educational Program

a) How does the Lead Agency define "working" for the purposes of eligibility? Provide a narrative description below, including allowable activities and if a minimum number of hours is required.

**Reminder** - Lead Agencies have the flexibility to include any work-related activities in its definition of working, including periods of job search and travel time. (§§98.16(f)(3), 98.20(b))  
*working-*

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 three months 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? (§§98.16(g)(5), 98.20(b))

Yes.

If yes, how does the Lead Agency define "attending job training or educational program" for the purposes of eligibility? Provide a narrative description below.

**Reminder** - Lead Agencies have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time.

*attending job training or educational program -*

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 associate's degree may be attained if it leads to a bachelor's degree. The completion of a second associate's degree can be authorized only if it has a significant chance of leading to employment.

No.

### 2.3.4. Eligibility Criteria 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, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a narrative description below.

**Reminder** - Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases. Lead Agencies may elect to include homeless children and other vulnerable populations in the definition of protective services.

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

*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.

No.

b) 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.

### 2.3.5. Income Eligibility Criteria

a) How does the Lead Agency define "income" for the purposes of eligibility? Provide the Lead Agency's definition of "income" for purposes of eligibility determination.  
(§§98.16(g)(5), 98.20(b))

*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

b) Which of the following sources of income, if any, will the Lead Agency exclude from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude, if any.

- Adoption subsidies
- Foster care payments
- Alimony received or paid
- Child support received
- Child support paid
- Federal nutrition programs
- Federal tax credits
- State/Territory tax credits
- Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance
- Medical expenses or health insurance related expenses
- Military housing or other allotment/bonuses
- Scholarships, education loans, grants, income from work study
- Social Security Income
- Supplemental Security Income (SSI)
- Veteran's benefits
- Unemployment Insurance
- Temporary Assistance for Needy Families (TANF)
- Worker Compensation
- Other types of income not listed above:

### 11003.9.1 Income

#### 1. Disregarded 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
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 used for household consumption;

13 all of the earned income of a child under age 18 who is a 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 Benefit Employment & Training (FB E&T) program or other job training programs;

15 all Vista income; and

16 all income derived as a Census taker.

Resources (such as cars, homes, savings accounts, life insurance, etc.) are not considered when determining financial eligibility or the parent fee.

None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.

Children under age 18

Children age 18 and over - still attending school

Teen parents living with parents

Unrelated members of household

All members of household except for parents/legal guardians

Other.

Describe:

None

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

**Reminder** - Income limits must be provided in terms of State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. (§98.20(a)(2)). FY 2011 poverty guidelines are available at <http://aspe.hhs.gov/poverty/11poverty.shtml>.

Family Size	(a) 100% of State Median Income (SMI)(\$/month)	(b) 85% of State Median Income (SMI)(\$/month) [Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	3622.75	3079.34	1,806.00	49
2	4737.44	4026.83	2,430.00	51

3	5852.14	4974.32	3,052.00	52
4	6,966.83	5921.81	3676.00	52
5	8081.52	6869.29	4,300.00	53

e) Will the Lead Agency have "tiered eligibility" (i.e., a separate income limit at re-determination to remain eligible for the CCDF program)?

Yes.

If yes, provide the requested information from the table in 2.3.5d and describe below:

**Note:** This information can be included in the table below.

No.

Family Size	(a)  100% of State Median Income (SMI) (\$/month)	(b)  85% of State Median Income (SMI) (\$/month)[Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c)  \$/month	(d)  % of SMI[Divide (c) by (a), multiply by 100]
1				
2				
3				
4				
5				

f) SMI Year 2012 and SMI Source Federal Register /Vol. 76, No. 74 /Monday, April 18, 2011 /Notices

g) These eligibility limits in column (c) became or will become effective on:  
10/1/2010

### 2.3.6. Eligibility Re-determination

a) What is the re-determination period upon initial authorization of CCDF services for most families?

- 6 months
- 12 months
- 24 months
- Other.

Describe:

Length of eligibility varies by county or other jurisdiction.

Describe:

b) Is the re-determination period the same for all CCDF eligible families?

Yes.

No. If no, check the categories of families for whom authorizations are different and describe the redetermination period for each.

Families enrolled in Head Start and/or Early Head Start Programs.

Re-determination period:

Families enrolled in pre-kindergarten programs.

Re-determination period:

Families receiving TANF.

Re-determination period:

Families who are very-low income, but not receiving TANF.

Re-determination period:

Other.

Describe:

c) Does the Lead Agency use a simplified process at re-determination?

Yes.

If yes, describe:

No.

### 2.3.7. Waiting Lists

Describe the Lead Agency's waiting list status. Select **ONE** of these options.

Lead Agency currently does not have a waiting list and:

- All eligible families *who apply* will be served under State/Territory eligibility rules
- Not all eligible families *who apply* will be served under State/Territory eligibility rules

Lead Agency has an active waiting list for:

- Any eligible family who applies when they cannot be served at the time of application
- Only certain eligible families.

Describe those families:

Waiting lists are a county/local decision.

Describe:

Other.

Describe:

### **2.3.8. Appeal Process for Eligibility Determinations**

Describe the process for families to appeal eligibility determinations:

Applicants and recipients can appeal a decision by DSS by requesting a Fair Hearing. See DSSM 5000.

A notice is issued to the applicant/recipient on every action taken on a case. The last page of the notice is a request for a fair hearing. If the applicant/recipient does not agree with the action taken on their case, they can complete the page and send it to DSS. A fair hearing will be scheduled at which time the applicant/recipient can present their side to an imparital hearing officer. A decision is then rendered in writing.

### **2.4. Sliding Fee Scale and Family Contribution**

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 (i.e., co-payment) to the cost of child care (658E(c)(3)(B) §98.42).

**2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1.**

The attached sliding fee scale was or will be effective as of: 10/1/10

**2.4.2. Will the attached sliding fee scale provided as Attachment 2.4.1. be used in all parts of the State/Territory?**

- Yes  
 No.

If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.2a, 2.4.2b**, etc.

**2.4.3. What income source and year will be used in creating the sliding fee scale? (658E(c)(3)(B)) Check only one option.**

- State Median Income,  
Year:  
 Federal Poverty Level,  
Year: 2010  
 Income source and year varies by geographic region.  
Describe income source and year:  
 Other.  
Describe income source and year:

**2.4.4. How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use. (§98.42(b))**

- Fee as dollar amount and  
 Fee is per child with the same fee for each child  
 Fee is per child and discounted fee for two or more children  
 No additional fee charged after certain number of children  
 Fee per family  
 Fee as percent of income and  
 Fee is per child with the same percentage applied for each child  
 Fee is per child and discounted percentage applied for two or more children  
 No additional percentage applied charged after certain number of children

Fee per family

Contribution schedule varies by geographic area.

Describe:

Other.

Describe:

**If the Lead Agency checked more than one of the options above, describe:**

**2.4.5. Will 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, shelter and utility expenses are considered when calculating the fee.

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:

- 1.rent, mortgage, lot rent;
- 2.any mandatory expenses required by the landlord or mortgage holder (e.g., homeowners insurance, property taxes, school taxes);
- 3.actual current monthly utility expenses (e.g., electric, gas, trash, water and sewer). Late fees and past due amounts are not included.
- 4.telephone expenses are capped at the same rate as the FS standard deduction for telephone bills;
- 5.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.

**2.4.6. 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)). Select ONE of these options.**

**Reminder** - Lead Agencies are reminded that the co-payments may be waived for only two circumstances - for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 2.3.4.a).

ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee.

The poverty level used by the Lead Agency for a family of 3 is: 3,05200

SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families:

The Lead Agency waives the fee for the following families:

DFS referrals and families with excessive financial burden.

## **2.5. Prioritizing Services for Eligible Children and Families**

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B), §98.44)

**2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes? (658E(c)(3)(B), §98.44)** Lead Agencies have the discretion to define *children with special needs* and *children in families with very low incomes*. Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA)). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs*.

Children with special needs

**Provide the Lead Agency definition of *Children with Special Needs*:**

Describe:

There is no wait list at the present so all children are served at time of request.

**11004.3.1 Service Priorities**

In addition to the eligibility questions in Section 11004.3, determine if the applicant meets a priority for service. If the applicant has a need, but is not a service priority, services may be delayed. Delay services by placing non-service priority applicants on a waiting list while authorizing service for those who are a priority. The following families qualify for priority service

TANF recipients who are Workfare mandatory and not working (Category 11);

1.TANF recipients who are working (Category 12);

2.Individuals receiving FS who are mandatory E&T participants (Category 21);

3.Families in Category 31 with the following need for service:

4.teen parents who attend high school or ABE or GED programs,

5.special needs parent/caretaker or child, and

6.homeless families as defined in Section 11003.7.2; and

7.families who meet the 40% of FPL criteria in Section 11004.7.

8.Protective children as referred by Family Services up to the number agreed upon between DSS and Family Services.

Parents/caretakers in the above circumstances will continue to receive child care services as long as they meet the service need and they continue to meet program requirements, e.g., they continue in Food Stamp Employment & Training (FS E&T).

Children in families with very low incomes

**Provide the Lead Agency definition of *Children in Families with Very Low Incomes*:**

Describe:

There is no wait list at the present so all children are served at time of request

How will the Lead Agency prioritize CCDF services for:	Eligibility Priority (Check only one)	Is there a time limit on the eligibility priority or guarantee?	Other Priority Rules

Children with special needs	<input type="checkbox"/> Priority over other CCDF-eligible families <input checked="" type="checkbox"/> Same priority as other CCDF-eligible families <input type="checkbox"/> Guaranteed subsidy eligibility <input type="checkbox"/> Other.	<input type="checkbox"/> Yes. The time limit is: <input type="text"/> <input checked="" type="checkbox"/> No	<input type="checkbox"/> Different eligibility thresholds. Describe: <input type="text"/> <input checked="" type="checkbox"/> Higher rates for providers caring for children with special needs requiring additional care <input type="checkbox"/> Prioritizes quality funds for providers serving these children <input type="checkbox"/> Other. Describe: <input type="text"/> Providers who care for children with Special Needs receive a 5% increase.
Children in families with very low incomes	<input type="checkbox"/> Priority over other CCDF-eligible families <input type="checkbox"/> Same priority as other CCDF-eligible families <input type="checkbox"/> Guaranteed subsidy eligibility <input checked="" type="checkbox"/> Other.	<input type="checkbox"/> Yes. The time limit is: <input type="text"/> <input checked="" type="checkbox"/> No	<input type="checkbox"/> Different eligibility thresholds. Describe: <input type="text"/> <input type="checkbox"/> Waiving co-payments for families with incomes at or below the Federal Poverty Level <input checked="" type="checkbox"/> Other. Describe: <input type="text"/> Waive copays for families whose net income is at or below 40% of FPL.

**2.5.2. How will CCDF funds be used to provide child care assistance to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF? (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))** **Reminder** - CCDF requires that not less than 70 percent of CCDF Mandatory and Matching funds be used to provide child care assistance for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF.

- Use priority rules to meet the needs of TANF families (describe in 2.5.1 or 2.5.3.)
  - Waive fees (co-payments) for some or all TANF families who are below poverty level
  - Coordinate with other entities (i.e. TANF office, other State/Territory agencies, and contractors)
  - Other.
- Describe:

**2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency. (658E(c)(3)(B), §98.16(g)(5), §98.20(b))**  
Reminder - Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

**Term(s) - Definition(s)**

Describe:

None

**2.6. Parental Choice In Relation to Certificates, Grants or Contracts**

The parent(s) of each eligible child who receives or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A), §98.15(a))

**2.6.1. Child Care Certificates**

a) When is the child care certificate (also referred to as voucher or authorization) issued to parents? (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

- Before parent has selected a provider
- After parent has selected a provider
- Other.

Describe:

b) How does the Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (§98.30(e)(2))

- Certificate form provides information about choice of providers
- Certificate is not linked to a specific provider so parents can choose provider of choice

- Consumer education materials (flyers, forms, brochures)
- Referral to child care resource and referral agencies
- Verbal communication at the time of application
- Public Services Announcement
- Agency

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

- Community outreach meetings, workshops, other in person activities
- Multiple points of communication throughout the eligibility and renew process
- Other.

Describe:

c) What information is included on the child care certificate? **Attach a copy of the child care certificate as Attachment 2.6.1. (658E(c)(2)(A)(iii))**

- Authorized provider(s)
- Authorized payment rate(s)
- Authorized hours
- Co-payment amount
- Authorization period
- Other.

Describe:

Paid absent days

d) What is the estimated proportion of services that will be available for child care services through certificates?

100%

## 2.6.2. Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)). **Note:** Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

Yes.

If yes, **describe** the type(s) of child care services available through grants or contracts, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts:

No.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following? Check the strategies, if any, that your State/Territory chooses to implement.

- Increase the supply of specific types of care
- Programs to serve children with special needs
- Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs
- Programs to serve infant/toddler
- School-age programs
- Center-based providers
- Family child care providers
- Group-home providers
- Programs that serve specific geographic areas
- Urban
- Rural
- Other.

Describe:

- Support programs in providing higher quality services
- Support programs in providing comprehensive services
- Serve underserved families.

Specify:

Other.  
Describe:

c) Are child care services provided through grants 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:

d) How are payment rates for child care services provided through grants/contracts determined?

N/A

e) What is the estimated proportion of direct services that will be available for child care services through grants/contracts?

0%

**2.6.3. How will the Lead Agency inform parents and providers of policies and 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)) Check the strategies that will be implemented by your State/Territory.**

- Signed declaration
- Parent Application
- Parent Orientation
- Provider Agreement
- Provider Orientation
- Other.

Describe:

#### **11005.1 Parent/Caretaker Rights**

1. 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).
2. 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.
  1. 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.
  2. 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.
3. 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.
4. Parent/caretakers have the right to appeal any denial and/or termination of child care services.

**2.6.4. The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. (§§98.16(g)(2), 98.30(e)(1)(iv)) Will the Lead Agency limit the use of in-home care in any way?**

No

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

Check all limits the Lead Agency will establish.

Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act

Restricted based on provider meeting a minimum age requirement

Restricted based on hours of care (certain number of hours, non-traditional work hours)

Restricted to care by relatives

Restricted to care for children with special needs or medical condition

Restricted to in-home providers that meet some basic health and safety requirements

Other.

Describe:

**2.6.5. 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 maintains a list of complaints. Complaints are made available to the public.

The OCCL child care search function on the OCCL website indicates the dates of all substantiated standards complaints for a three year period. It is important to note that the Office of Child Care Licensing's **website "SEARCH" provides only limited information on Licensed Providers**. More extensive information is available to the public through a **"FILE REVIEW"**. At a file review the public has the opportunity to review the Provider's history of compliance with *DELCARE Rules*, obtain specifics about "substantiated" complaints against a Provider and see if at any previous time a Provider was placed on a "Warning of Probation", "Probation", or had a license suspended, revoked or denied in Delaware. The Office of Child Care Licensing maintains a compliance file on each licensed facility. Each file includes copies of compliance reviews, applications for licensure, and reports of any complaints filed against the facility. These files are available for public review under the Parents Right to Know Act. **If you wish to review a file, you should contact one of the Licensing Offices to schedule a time to review the file.** You may contact the Office either by letter or telephone. You will be asked to put your request in writing prior to actually reviewing the file. Should you wish to have copies of documents in the record, there is a per page charge for the copying.

**2.7. Payment Rates for Child Care Services**

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

**2.7.1. Provide a copy of your payment rates as Attachment 2.7.1.**

The attached payment rates were or will be effective as of: 10/1/2006

**2.7.2. Are the attached payment rates provided in Attachment 2.7.1 used in all parts of the State/Territory?**

Yes.

No. If no, attach other payment rates and their effective date(s) as **Attachment 2.7.2a, 2.7.2b**, etc.

**2.7.3. Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?**

Policy on length of time for making payments.

Describe length of time:

Track and monitor the payment process

Other.

Describe:

None

**2.7.4. Market Rate Survey**

Lead Agencies must complete a local Market Rate Survey (MRS) no earlier than two years prior to the effective date of the Plan (no earlier than October 1, 2009). The MRS must be completed prior to the submission of the CCDF Plan (see Program Instruction CCDF-ACF-PI-2009-02 <http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pi2009-02/pi2009-02.htm> for more information on the MRS deadline).

a) Provide the month and year when the local Market Rate Survey(s) was completed (§98.43(b)(2)): 06/2011

b) Attach a copy of the **MRS instrument** and a **summary of the results** of the survey as **Attachment 2.7.4**. For Lead Agencies that use an administrative provider database, provide a copy of the intake form as the instrument. The summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

**2.7.5. Will the Lead Agency use the local Market Rate Survey identified in 2.7.4a (i.e., the most recent MRS) to set its payment rates?**

Yes

No.

If no, list the MRS year that the payment rate ceiling is based upon:

**2.7.6. At what percentile of the most recent local MRS are or will payment rates be set?** Provide the percentile for your payment rate ceiling in relation to the most recent survey and **describe**:

**Note:** Identify the percentile where payment rates fall according to the most recent local MRS (identified in 2.7.4a) regardless of whether or not you use the most recent survey to set rates. If the percentile(s) varies across categories of care (e.g., different for centers and family child care homes), regions or ages of children, provide the range of the highest and lowest percentile in relation to the most recent survey.

65% of the 2011 Market Rate

**2.7.7. Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies?** Check which types of tiered reimbursement, if any, the Lead Agency has chosen to implement.

Differential rate for nontraditional hours.

Describe:

Differential rate for children with special needs as defined by the State/Territory.

Describe:

Children with Special Needs receive a 5% rate increase.

Differential rate for infants and toddlers.

Describe:

Differential rate for school-age programs.

Describe:

Differential rate for higher quality as defined by the State/Territory.

Describe:

Star 3 will be paid at 80% of Market Rate, Star 4 at 90% and Star 5 at 100% of Market Rate.

Other differential rate.

Describe:

None.

**2.7.8. Will the Lead Agency allow providers to charge parents any additional fees?**

Check the policies, if any, the Lead Agency has chosen to establish regarding additional fees.

Providers are allowed to charge the difference between the maximum reimbursement rate and their private pay rate

Providers are allowed to charge registration fees

Providers are allowed to charge for transportation fees

Providers are allowed to charge for meals.

Providers are allowed to charge additional incidental fees such as field trips or supplies

Policies vary across region, counties and or geographic areas.

Describe:

No, providers may not charge parents any additional fees

Other.

Describe:

late pick up fee and returned check fee

None

**2.7.9. Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.**

CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. To demonstrate equal access, the Lead Agency shall provide at a minimum a summary of facts describing: (§98.43(a))

a) How a choice of the full range of providers, e.g., child care centers, family child care homes, group child care homes and in-home care, is made available (§98.43(a)(1)):

Parents have the right to choose the type of provider and the type of care for their children. When families come into the office to apply for 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 site search system that staff use to assist parents looking for particular types of care. In addition, DOE has a web site with a site map to assist parents.

b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2)):

Rates are adequate based on the fact that there is no lack of providers willing to accept the POC rates.

c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3)):

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access:

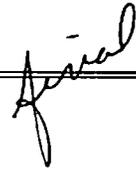
**2.7.10 Goals for the next Biennium -**

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency's goals for the administration of the CCDF subsidy program in the coming Biennium? For example, what progress does the State/Territory expect to make on continuing improved services to parents and providers, continuity of care for children, improving outreach to parents and providers, building or expanding information technology systems, or revising rate setting policies or practices):

Establish a tiered reimbursement system with no rise in co-pays for parents and maintain equal access to care (no waiting list). Providers will see these payments in November 2011 to be retroactive to 7/1/11  
2. Raise provider rates to 65% of Market Rate. Providers will see this increase in their November 2011 payment, effective 10/1/11.

PART 3

Health and Safety and Quality Improvement Activities



**3.1. Activities to Ensure the Health and Safety of Children in Child Care (Component #1)**

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i)). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF.

The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) Section 3.1 asks the State/Territory to identify and describe the components of both the licensing and CCDF health and safety requirements, indicate which providers are subject to the requirements, and describe compliance and enforcement activities. (658E(c)(2)(F), §98.41)

**3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing**

Lead Agencies shall certify that they have in effect licensing requirements applicable to

child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

**Definition:** Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.

a) Is the Lead Agency responsible for child care licensing? (§98.11(a))

Yes.

No.

Please identify the State or local (if applicable) entity/agency responsible for licensing:

Department of Services for Children Youth and Their Families

b) **Provide a brief overview** of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory. At a minimum, describe whether the State/Territory's licensing requirements serve as the CCDF health and safety requirements.

CCDF Health and Safety requirements mirror the licensing requirements.

c) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. Within each CCDF category of care, please identify which types of providers are exempt from licensing in your State/Territory in the chart below.

CCDF Category of Care	CCDF Definition (§98.2)	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?

Center-Based Child Care	Center-based child care providers are defined as a 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.	Describe which types of center-based settings are exempt from licensing in your State/Territory.  For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs <u>School-operated centers, summer camps, or State operated centers.</u>
Group Home Child Care  N/A. Check if your State/Territory does not have group home child care.  <input type="checkbox"/>	Group home child care provider is defined as 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.	Describe which types of group homes are exempt from licensing: <u>All are subject to licensing.</u>
Family Child Care	Family child care provider is defined as 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. <b>Reminder -</b> Do not check if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	Describe which types of family child care home providers are exempt from licensing: <u>All are subject to licensing unless caring for a Relative's children</u>
In-Home Care	In-home child care provider is defined as an individual who provides child care services in the child's own home. <b>Reminder -</b> Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	Describe which types of in-home child care providers are exempt from licensing: <u>All are exempt.</u>

**Note:** In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at <http://nrckids.org/> to verify the accuracy of your licensing regulations and provide any updates to the National Resource Center. **Check this box to indicate that the licensing requirements were submitted and verified at NRCKid's:**



d) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care\*.

\*Source: National Resource Center for Health and Safety in Child Care and Early Education. (2003) *Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards*, 2nd Ed. Health Resources and Services Administration, Maternal and Child Health Bureau. Available online: <http://nrckids.org/stepping>

Indicator	Center-Based Child Care	Group Home Child Care	Family Child Care	In-Home Care
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Do the licensing requirements include **child:staff ratios and group sizes**? If yes, specify age group, where appropriate:

<input checked="" type="checkbox"/> Child:staff ratio requirement:	<input checked="" type="checkbox"/> Child:staff ratio requirement:	<input checked="" type="checkbox"/> Child:staff ratio requirement:	<input type="checkbox"/> Child:staff ratio requirement:
birth-11 mos. 1:4; 1yr.-23 mos. 1:6; 2 yr.-35 mos. 1:8; 36 mos. - 47 mos. 1:10; 48 mos.-5 years or older 1:12; 5 ys or older or at least in K 1:15.	maximum 12 children; ratios determined by age of children and qualifications of staff.	maximum 6 children	
<input checked="" type="checkbox"/> Group size requirement:	<input checked="" type="checkbox"/> Group size requirement:	<input type="checkbox"/> Group size requirement:	<input type="checkbox"/> Group size requirement:
birth-11 mos. 8; 1yr.-23 mos. 12 ; 2 yr.-35 mos. 16 ; 36 mos. - 47 mos. 20; 48 mos.-5 years or older 24; 5 ys or older or at least in K 30.	Maximum of 12	Maximum of 6	
<input type="checkbox"/> No requirements.	<input type="checkbox"/> No requirements.	<input type="checkbox"/> No requirements.	<input checked="" type="checkbox"/> No requirements.

Do the licensing requirements identify specific experience and educational credentials for child care directors?	<input checked="" type="checkbox"/> High school/GED	<input checked="" type="checkbox"/> High school/GED	<input checked="" type="checkbox"/> High school/GED	<input type="checkbox"/> High school/GED
	<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)
	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential
	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree
	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree
	<input type="checkbox"/> No credential required for licensing	<input type="checkbox"/> No credential required for licensing	<input checked="" type="checkbox"/> No credential required for licensing	<input type="checkbox"/> No credential required for licensing
	<input checked="" type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other:
	At least Associates Degree	several options which include current CDA, Delaware	completion of ABCs of Family Child Care or 12 hr training approved by licensing or 3 clock hours in child development, ed. activities, positive behavior mgt., family/communities within 12 mos. of licensure.	47 hours of training

Do the licensing requirements identify specific experience and educational credentials for child care teachers?	<input checked="" type="checkbox"/> High school/GED	<input checked="" type="checkbox"/> High school/GED	<input checked="" type="checkbox"/> High school/GED	<input type="checkbox"/> High school/GED
	<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)	<input type="checkbox"/> Child Development Associate (CDA)
	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential	<input type="checkbox"/> State/ Territory Credential
	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree
	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree
	<input type="checkbox"/> No credential required for licensing	<input type="checkbox"/> No credential required for licensing	<input checked="" type="checkbox"/> No credential required for licensing	<input checked="" type="checkbox"/> No credential required for licensing
	<input checked="" type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
	several options which include current CDA, Delaware	60 clock hours of training with at least a minimum of three clock hours in each of the following core topic areas: child development, educational activities, positive behavior management, health, safety, nutrition, families/communities and professionalism		

Do the licensing requirements specify that directors and caregivers must attain a specific number of training hours per year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	At least 30 training hours required in first year	At least 30 training hours required in first year	At least 30 training hours required in first year	At least 30 training hours required in first year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	At least 24 training hours per year after first year	At least 24 training hours per year after first year	At least 24 training hours per year after first year	At least 24 training hours per year after first year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No training requirement	No training requirement	No training requirement	No training requirement	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other:	Other:	Other:	Other:	
18 hours	15 hours	12 hours	47 hours of training within first 18 months.	

e) Do you expect the licensing requirements for child care providers to change in FY2012-2013?

Describe:

No.

### 3.1.2. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements. (658E(c)(2)(F), §98.41)

a) Describe the Lead Agency's health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(i), §98.41(a)(1))

<b>For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.</b>				
<b>The Lead Agency requires:</b>	<b>Center-based child care providers</b>	<b>Family child care home providers</b>	<b>Group home child care providers</b>	<b>In-home child care providers</b>
<input checked="" type="checkbox"/> Physical exam or health statement for providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical exam or health statement for children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Tuberculosis check for providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tuberculosis check for children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Provider immunizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Child immunizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Hand-washing policy for providers and children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Diapering policy and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providers to submit a self-certification or complete health and safety checklist				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.				
Describe:				

b) Describe the Lead Agency's health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
<input checked="" type="checkbox"/> Fire inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Building inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Health inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Inaccessibility of toxic substances policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Safe sleep policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> Tobacco exposure reduction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Transportation policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Providers to submit a self-certification or complete health and safety checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Describe the Lead Agency's health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3))

<b>CCDF Categories of Care</b>	<b>Health and safety training requirements</b>	<b>Pre-Service</b>	<b>On-Going</b>
<b>Child Care Centers</b>	CPR (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	First Aid (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Training on infectious diseases (Child Care Centers)	N/A	N/A

	SIDS prevention (i.e., safe sleep) (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Medication administration (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Mandatory reporting of suspected abuse or neglect (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Child development (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Supervision of children (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Behavior management (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Nutrition (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Breastfeeding (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Physical activity (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Working with children with special needs or disabilities (Child Care Centers)	N/A	N/A
	Emergency preparedness and response (Child Care Centers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Other. (Child Care Centers) Describe: A description of the training will be forthcoming.	N/A	N/A
<b>Group Home Child Care</b>	CPR (Group Home Child Care)	A description of the training will be forthcoming.	A description of the training will be forthcoming.

	First Aid (Group Home Child Care)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Training on infectious diseases (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	SIDS prevention (i.e., safe sleep) (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	Medication administration (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	Mandatory reporting of suspected abuse or neglect (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	Child development (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	Supervision of children (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	Behavior management (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	Nutrition (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	Breastfeeding (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	Physical activity (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	Working with children with special needs or disabilities (Group Home Child Care)	A description of the training will be forthcoming.	N/A
	Emergency preparedness and response (Group Home Child Care)	A description of the training will be forthcoming.	N/A

	Other. (Group Home Child Care) Describe: annual training must be in core topic areas - child development, activity planning, family/community, behavior management, health, safety, nutrition, professionalism,	N/A	A description of the training will be forthcoming.
<b>Family Child Care Providers</b>	CPR (Family Child Care Providers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	First Aid (Family Child Care Providers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Training on infectious diseases (Family Child Care Providers)	N/A	N/A
	SIDS prevention (i.e., safe sleep) (Family Child Care Providers)	A description of the training will be forthcoming.	A description of the training will be forthcoming.
	Medication administration (Family Child Care Providers)	N/A	N/A
	Mandatory reporting of suspected abuse or neglect (Family Child Care Providers)	N/A	N/A
	Child development (Family Child Care Providers)	N/A	A description of the training will be forthcoming.
	Supervision of children (Family Child Care Providers)	N/A	N/A
	Behavior management (Family Child Care Providers)	N/A	A description of the training will be forthcoming.
	Nutrition (Family Child Care Providers)	N/A	A description of the training will be forthcoming.
	Breastfeeding (Family Child Care Providers)	N/A	N/A

	Physical activity (Family Child Care Providers)	N/A	N/A
	Working with children with special needs or disabilities (Family Child Care Providers)	N/A	N/A
	Emergency preparedness and response (Family Child Care Providers)	N/A	N/A
	Other. (Family Child Care Providers) Describe: within 12 months of licensure complete 3 clock hours in ed. activities for children, behavior management, families/communities, child development; every year 12 hours from core topic areas	N/A	A description of the training will be forthcoming.
<b>In-Home Child Care Providers</b>	CPR (In-Home Child Care Providers)	N/A	A description of the training will be forthcoming.
	First Aid (In-Home Child Care Providers)	N/A	A description of the training will be forthcoming.
	Training on infectious diseases (In-Home Child Care Providers)	N/A	A description of the training will be forthcoming.
	SIDS prevention (i.e., safe sleep) (In-Home Child Care Providers)	N/A	N/A
	Medication administration (In-Home Child Care Providers)	N/A	N/A
	Mandatory reporting of suspected abuse or neglect (In-Home Child Care Providers)	N/A	N/A
	Child development (In-Home Child Care Providers)	N/A	A description of the training will be forthcoming.

	Supervision of children (In-Home Child Care Providers)	N/A	N/A
	Behavior management (In-Home Child Care Providers)	N/A	A description of the training will be forthcoming.
	Nutrition (In-Home Child Care Providers)	N/A	A description of the training will be forthcoming.
	Breastfeeding (In-Home Child Care Providers)	N/A	N/A
	Physical activity (In-Home Child Care Providers)	N/A	N/A
	Working with children with special needs or disabilities (In-Home Child Care Providers)	N/A	N/A
	Emergency preparedness and response (In-Home Child Care Providers)	N/A	N/A
	Other. (In-Home Child Care Providers)	N/A	N/A
	Describe:		

d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers? (§98.41(A)(ii))(A)

All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.

Relative providers are NOT required to meet any health and safety requirements as described in 3.1.2a-c, as appropriate.

Relative providers are subject to certain requirements.

Describe the different requirements:

Child Development-15 hours, Understanding Children's Behavior-12 hours, Safety-3 hours, Health-3 hours, Nutrition-3hours, Language and Literacy-3 hours, Infant and Toddler CPR-4 hours, First Aid-4 hours

e) Provide a web address for the State/Territory's health and safety requirements, if available:

[http://www.kids.delaware.gov/occl/occl\\_resources.shtml#occlregs](http://www.kids.delaware.gov/occl/occl_resources.shtml#occlregs)

### 3.1.3 Enforcement of Licensing Requirements

Each Lead Agency is required to provide a detailed description of the State/Territory's licensing requirements and how its licensing requirements are effectively enforced. (658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

**Describe the State/Territory's policies for effective enforcement of the licensing requirements using questions 3.1.3a through 3.1.3e below.** This description includes whether and how the State/Territory uses visits (announced and unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include **announced** and/or **unannounced** visits in its policies as a way to effectively enforce the licensing requirements?

- Yes. If "Yes" please refer to the chart below and check all that apply.  
 No.

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
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<input checked="" type="checkbox"/> Center-Based Child Care	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: <u>Plan being developed to include one unannounced annual visit with implementation set for sometime 2011 or 2012; complaint investigation and monitor visits for corrective action or memorandum of agreement compliance are unannounced.</u>
<input checked="" type="checkbox"/> Group Home Child Care	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: <u>complaint investigation and monitor visits for corrective action or memorandum of agreement compliance are unannounced.</u>

<input checked="" type="checkbox"/> Family Child Care Home	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:	<input checked="" type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: <u>complaint investigation and</u> <u>monitor visits for corrective</u> <u>action or memorandum of</u> <u>agreement compliance are</u> <u>unannounced.</u>
<input type="checkbox"/> In-Home Child Care	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: <u>Relative Care Providers are</u> <u>visited by Child Care Monitors on</u> <u>an as needed basis</u>

b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

Yes. If "Yes" please refer to the chart below and check all that apply.

No.

<b>Licensing Procedures</b>	<b>Describe</b> which procedures are used by the State/Territory for enforcement of the licensing requirements.
-----------------------------	---

The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license.



Yes.

Describe:

Family attend information & orientation; Group attend orientation (set in Regulation); Center attend orientation set in Policy



No.



Other.

Describe:

Licensing staff has procedures in place to address violations found in an inspection.



Providers are required to submit plans to correct violations cited during inspections.



Licensing staff approve the plans of correction submitted by providers.



Licensing staff verify correction of violation.



Licensing staff provide technical assistance regarding how to comply with a regulation.



No procedures in place.



Other.

Describe:

Plans are developed jointly and monitored by licensng

Licensing staff has procedures in place to issue a negative sanction to a noncompliant facility.



Provisional or probationary license



License revocation or non-renewal



Injunctions through court



Emergency or immediate closure not through court action



Fines for regulatory violations



No procedures in place.



Other.

Describe:

Fines for regulatory violations (fines exist in Code but wording is such that they cannot be imposed.

Licensing has been working with Attorney Generals Office to develop language for a Bill that would correct the problem so a fine can be imposed)

The State/Territory has procedures in place to respond to illegally operating child care facilities.



Cease and desist action



Injunction



Emergency or immediate closure not through court action



Fines



No procedures in place.



Other.

Describe:

The State/Territory has procedures in place for providers to appeal licensing enforcement actions.	<input checked="" type="checkbox"/>
	Yes.
	Describe: Compliance Review jointly signed by Provider and Licensing advises that the Provider has five days to contest a citation; Applicant/Provider offered due process prior to implementation of a Warning of Probation, Probation, Revocation, Denial of a License
	<input type="checkbox"/>
	No.
<input type="checkbox"/>	
Other.	
Describe:	

c) Describe what types of licensing violations, if any, would make a provider ineligible to participate in CCDF:

Any violation that would endanger the health and safety of the children.

d) Does your State/Territory use **background checks** as a way to effectively enforce the licensing requirements?

Yes.

If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency. Please **also provide a brief overview** of the State/Territory's process for conducting background checks for child care. For example, describe what types of violations would make providers ineligible for CCDF, funding for background checks, and the process for providers to appeal background check findings.

Please refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency.

No.

CCDF Categories of Care	Types of Background Check	Frequency
-------------------------	---------------------------	-----------

<input checked="" type="checkbox"/> <b>Center-Based Child Care</b> Who is subject to background checks for center-based care? For example, director, teaching staff, non-teaching staff, volunteers: all staff, volunteers and those with direct access to children on a regular basis in the facility	<input checked="" type="checkbox"/> <b>Child Abuse Registry</b>	<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input type="checkbox"/> <b>Checks Conducted Annually</b> <input checked="" type="checkbox"/> <b>Other.</b> <b>Describe:</b> At time of renewal.
	<input checked="" type="checkbox"/> <b>State/Territory Criminal Background</b>	<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input type="checkbox"/> <b>Checks Conducted Annually</b> <input checked="" type="checkbox"/> <b>Other.</b> <b>Describe:</b> Reports on subsequent arrests and convictions are received for as long as Provider is licensed.
	<input checked="" type="checkbox"/> <b>FBI Criminal Background (e.g., fingerprint)</b>	<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input type="checkbox"/> <b>Checks Conducted Annually</b> <input type="checkbox"/> <b>Other.</b> <b>Describe:</b>
	<input checked="" type="checkbox"/> <b>Sex Offender Registry</b>	<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input type="checkbox"/> <b>Checks Conducted Annually</b> <input checked="" type="checkbox"/> <b>Other.</b> <b>Describe:</b> Upon suspicion.

<input checked="" type="checkbox"/> <b>Group Child Care Homes</b> Who is subject to background checks for group homes? For example, provider, non-provider residents of the home: all staff, volunteers and those with direct access to children on a regular basis in the facility; if home-based facility all household members, including temporary members	<input checked="" type="checkbox"/> <b>Child Abuse Registry</b>  <input checked="" type="checkbox"/> <b>State/Territory Criminal Background</b>  <input checked="" type="checkbox"/> <b>FBI Criminal Background (e.g., fingerprint)</b>  <input checked="" type="checkbox"/> <b>Sex Offender Registry</b>	<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input type="checkbox"/> <b>Checks Conducted Annually</b> <input checked="" type="checkbox"/> <b>Other.</b> Describe: Reports on subsequent arrests and convictions are received for as long as Provider is licensed.
		<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input checked="" type="checkbox"/> <b>Checks Conducted Annually</b> <input type="checkbox"/> <b>Other.</b> Describe:
		<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input type="checkbox"/> <b>Checks Conducted Annually</b> <input type="checkbox"/> <b>Other.</b> Describe:
		<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input type="checkbox"/> <b>Checks Conducted Annually</b> <input type="checkbox"/> <b>Other.</b> Describe:
		<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input type="checkbox"/> <b>Checks Conducted Annually</b> <input checked="" type="checkbox"/> <b>Other.</b> Describe: Upon suspicion.

<input checked="" type="checkbox"/> <b>Family Child Care Homes</b> Who is subject to background checks for family child care homes? For example, provider, non-provider residents of the home: all household members, included temporary members	<input checked="" type="checkbox"/> <b>Child Abuse Registry</b>	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Annually at time of renewal.
	<input checked="" type="checkbox"/> <b>State/Territory Criminal Background</b>	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Reports on subsequent arrests and convictions are received for as long as Provider is licensed
	<input checked="" type="checkbox"/> <b>FBI Criminal Background (e.g., fingerprint)</b>	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe:
	<input checked="" type="checkbox"/> <b>Sex Offender Registry</b>	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Upon suspicion.

<input checked="" type="checkbox"/> <b>In-Home Child Care Providers</b> Who is subject to background checks for in-home child care? For example, provider, non-provider residents of the home: all adults in home who are age 18 years and older.	<input checked="" type="checkbox"/> <b>Child Abuse Registry</b>	<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input checked="" type="checkbox"/> <b>Checks Conducted Annually</b> <input type="checkbox"/> <b>Other.</b> Describe:
	<input checked="" type="checkbox"/> <b>State/Territory Criminal Background</b>	<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input checked="" type="checkbox"/> <b>Checks Conducted Annually</b> <input type="checkbox"/> <b>Other.</b> Describe:
	<input checked="" type="checkbox"/> <b>FBI Criminal Background (e.g., fingerprint)</b>	<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input type="checkbox"/> <b>Checks Conducted Annually</b> <input checked="" type="checkbox"/> <b>Other.</b> Describe: Upon suspicion.
	<input checked="" type="checkbox"/> <b>Sex Offender Registry</b>	<input checked="" type="checkbox"/> <b>Initial Entrance into the System</b> <input type="checkbox"/> <b>Checks Conducted Annually</b> <input checked="" type="checkbox"/> <b>Other.</b> Describe: Upon suspicion.

e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing requirements are effectively enforced per the CCDF regulations? (658E(c)(2)(E), §98.40(a)(2)):

N/A

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other "search tools," about child care program licensing status and compliance records?

Yes.

Describe:

file reviews of hard copy file; online list of non-compliances for 3 years, substantiated standards complaints and enforcement actions. Includes information showing if non-compliances have been corrected.

No.

**3.1.4 Describe the State/Territory's policies for effective enforcement of the CCDF health and safety requirements.** For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described above for licensed providers, please describe the health and safety enforcement measures in place. Include in this description whether and how the State/Territory uses on-site visits (announced and unannounced) and background checks and any other enforcement policies and practices for the health and safety requirements.

Child Care Monitors use announced and unannounced visits, in addition to background checks.

**3.1.5 Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs?** Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and developmental disabilities..

Yes.

Describe

a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

Yes.

Describe

No

Other.

Describe

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?

Yes.

Describe

No

Other.

Describe

No

Other.

Describe

Currently under consideration.

### **3.1.6 Data & Performance Measures on Licensing and Health and Safety**

**Compliance** - What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have

access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) **Data on licensing and health and safety.** Indicate if the Lead Agency or another agency has access to data on:

Number of licensed programs.

Describe (optional):

Collected by OCCL.

Numbers of programs operating that are legally exempt from licensing.

Describe (optional):

The lead agency collects this information, but only for those accepting POC.

Number of programs whose licenses were suspended or revoked due to non-compliance.

Describe (optional):

Collected by OCCL.

Number of injuries and fatalities in child care as defined by the State/Territory.

Describe (optional):

Collected by OCCL.

Number of monitoring visits received by programs.

Describe (optional):

OCCL collects for licensing visits, lead agency collects for monitoring visits.

Caseload of licensing staff.

Describe (optional):

Collected by OCCL.

Number of programs revoked from CCDF due to non-compliance with health and safety requirements.

Describe (optional):

Collected by OCCL.

Other.

Describe:  
Specific non-compliances

None.

b) **Performance measurement.** What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements?

Data regarding non-compliance is available on public website and also shared when requested or as needed with Lead Agency; licensing agency and Lead Agency communicate, partner and share information on nearly a daily basis and formed an Integrity Committ

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to licensing and health and safety? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.  
Validation of standards.

**3.1.7 Goals for the next Biennium** - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section of 3.1. What are the Lead Agency's goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

No regulatory change planned until 2013; if staffing remains full plans is to impliment unannounced annual visit to Centers; pilot project to test use of technology for licensing monitoring to begin June 2011;

Pilot will test the use of notebook technology for conducting compliance reviews. Two units will be used in the project. A separate printer will also be used so that Licensing Specialists can provide a copy of the Compliance Review to the Licensee. At this point data entry of the compliance review will still be necessary. The OCCL data system is undergoing a revision but will not be ready until 2013 which would enable this information to be uploaded directly into the databank. The pilot only covers review for Center-based care. It has been limited because of the design costs involved to prepare the electronic form versions of each compliance review for the 5 types of care regulated. The designers did not have everything ready for testing so the pilot date has been delayed with expectation that is should begin sometime in September, 2011.

## 3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines include the expectations for what children should know (content) and be able to do (skills). The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These guidelines are voluntary in that States/Territory are not mandated to develop such guidelines or implement them in a specified manner.

**3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.**

- Birth-to-three
- Three-to-five
- Five years and older
- None. **Skip to 3.2.6.**

If yes, insert web addresses, where possible:

[http://www.doe.k12.de.us/infosuites/students\\_family/earlychildhood/default.shtml](http://www.doe.k12.de.us/infosuites/students_family/earlychildhood/default.shtml)

Which State/Territory agency is the lead for the early learning guidelines?

Delaware Department of Education

**3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development? Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.**

Domains	Birth-to-Three ELGs	Three-to-Five ELGs	Five and Older ELGs
Physical development and health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social and emotional development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approaches to learning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Logic and reasoning (e.g., problem-solving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Literacy knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mathematics knowledge and skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Science knowledge and skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Creative arts expression (e.g., music, art, drama)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social studies knowledge and skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
English language development (for dual language learners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List any domains not covered in the above: Discovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.2.3 To whom are the early learning guidelines disseminated and in what manner?**  
Check all audiences and methods that your State/Territory has chosen to use in the chart below.

	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents using child care more broadly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioners in child care centers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Providers in family child care homes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in Early Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in public Pre-K program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in elementary schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. List:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system?** Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

- To define the content of training required to meet licensing requirements
  - To define the content of training required for program quality improvement standards (e.g., QRIS standards)
  - To define the content of training required for the career lattice or professional credential
  - To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
  - To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
  - To develop State-/Territory -approved curricula
  - Other.
- List:

None.

**3.2.5 Are voluntary early learning guidelines aligned with into other parts of the child care system?** Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

- Cross-walked to align with Head Start Outcomes Framework
- Cross-walked to align with K-12 content standards
- Cross-walked to align with State/Territory pre-k standards
- Cross-walked with accreditation standards
- Other.

List:

None.

**3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions.** In this section, assessment is framed with two distinct purposes/tools - 1) ongoing assessment of children's progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

a) Are programs required to conduct ongoing assessments of children's progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?

Yes.

Describe:

Describe Licensed Centers are required by Delaware Child Care Center rules to have an organized system for documenting children's progress. This documentation process is to occur annually and be shared with parents. The rules do not indicate that the documentation process needs to be linked with the State's Early Learning Guidelines. These rules are not in place for children enrolled in Family Care. The Center rules state:

385. A licensee shall have an organized system for documenting the progress of individual children preschool-age and younger in relation to appropriate developmental and educational goals. This documentation shall be done annually and used to identify possible concerns, and activities and experiences that may benefit the child.

386. A licensee shall ensure that information gathered to document a child's progress is kept in the child's file and shared with the parent(s)/guardian(s) at a conference. With the parent(s)/guardian(s)' permission, information may also be shared with other professionals when referring the child for special services.

b-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children's needs?

Yes.

Describe:

No

Other.

Describe:

b-2) If yes, is information on child's progress reported to parents?

Yes.

Describe:

The Center rules require that Centers share the documentation of children's progress with parents.

No

Other.

Describe:

No

Other.  
Describe:

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children as they enter kindergarten?

Yes.

Describe:

c-1) If yes, do the tools cover the developmental domains identified in 3.2.2?

Yes.

Describe:

No

Other.  
Describe:

Under consideration

c-2) If yes, are the tools used on all children or samples of children?

All children.

Describe:

Samples of children.

Describe:

Other.

Describe:

c-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?

Yes.

Describe:

No

Other.  
Describe:

No

Other.  
Describe:

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?

Yes.

Describe:

No

Not applicable. State does not have an SLDS.

### 3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines (Click for additional instructions)

a) **Data on voluntary early learning guidelines.** Indicate if the Lead Agency or another agency has access to data on:

Number/percentage of child care providers trained on ELG's for preschool aged children.

Describe (optional):

The state child care administration office worked with the state's professional development center to offer training on the revised state's ELGs for preschool. Data on the number of individuals that participated in the training is maintained. The PD center maintains a training registry of all individuals that complete training through the Center. Department of Education has access to the data. The data is compiled and shared at the Professional Development subcommittee at the Early Childhood Council.

Number/percentage of child care providers trained on ELG's for infants and toddlers.  
Describe (optional):

The state's child care center rules require licensed child care centers to use the state's ELGs as the foundation for instructional planning. This rule does not apply to family child care nor Family, Friend and Neighbor Care. There were 2,485 providers trained on ELGs.

Number of programs using ELG's in planning for their work.  
Describe (optional):

Number of parents trained on or served in family support programs that use ELG's.  
Describe (optional):

Other.  
Describe:

None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures related to dissemination and implementation of the early learning guidelines?

The lead agency works directly with the Delaware Department of Education on the dissemination of the ELGs to providers. Each licensed setting (center and family) were mailed copies of the revised ELGs in early 2010. During the training offered to providers during the summer of 2010, over 2400 providers each received individual copies of both the preschool and infant/toddler ELGs.

c) **Evaluation.** What are the State/Territory's plans, if any, for evaluation related to early learning guidelines? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

There are not plans currently to evaluate the state's use of ELGs.

### 3.2.8 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency's goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines?

The use of the ELGs will become one of the integral elements in the state's quality rating and improvement system. The state will be expanding the QRIS over the next two years. A foundation for the QRIS will be the use of the ELGs for instructional planning. Included will be an emphasis on using performance based assessment measures that are linked to the state's ELGS.

There will be an emphasis for the state's professional development center (Delaware Institute for Excellence in Early Childhood) to create new PD opportunities focused on the implementation of the ELGs through effective instructional planning and implementation. There will be focus towards easier access to PD, including online training.

### **3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3) (Click for additional instructions)**

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community level entities.

The Delaware Department of Education has oversight of the Delaware Stars Quality Rating and Improvement System. The DDOE contracts with the University of Delaware Institute for Excellence in Early Childhood and Children and Families First community agency to administer the QRIS

#### **3.3.1 Element 1 - Program Standards**

**Definition** - For purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.

a) Does your State/Territory's have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

- Ratios and group size
- Health, nutrition and safety
- Learning environment and curriculum
- Staff/Provider qualifications and professional development
- Teacher/providers-child relationships
- Teacher/provider instructional practices
- Family partnerships and family strengthening
- Community relationships
- Administration and management
- Developmental screenings
- Child assessment for the purposes of individualizing instruction and/or targeting program improvement
- Cultural competence

Other.  
Describe:

None. If checked, **skip to 3.3.2.**

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

- Children with special needs as defined by your State/Territory
- Infants and toddlers
- School-age children
- Children who are dual language learners
- None

c) How do your State/Territory's quality standards link to State/Territory licensing requirements? Check any links between your State/Territory's quality standards and licensing requirements.

- Licensing is a pre-requisite for participation
- Licensing is the first tier of the quality levels
- State/Territory license is a "rated" license.
- Other.

Describe:

Not linked.

d) Do your State/Territory's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment, if any, between your State/Territory's quality standards and other standards.

- Programs that meet State/Territory pre-k standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)
- Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between Head Start and the quality improvement system)
- Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or an alternative pathway to meeting the standards)

Other.

Describe:

None.

### 3.3.2 Element 2 - Supports to Programs to Improve Quality

**Definition** - For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for programs to assist in meeting child care quality improvement standards.

a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, **skip to 3.3.3.**

None. **skip to 3.3.3.**

Types and Purposes of Support	Information or Written Materials	Training	On-Site Consultation
<input type="checkbox"/> Attaining and maintaining licensing compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Attaining and maintaining quality improvement standards beyond licensing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Attaining and maintaining accreditation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providing targeted technical assistance in specialized content areas:			
Health and safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infant/toddler care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School-age care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inclusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Teaching dual language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Business management practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Methods used to customize quality improvement supports to the needs of individual programs include:

- Program improvement plans
- Technical assistance on the use of program assessment tools

Other.

Describe:

c) Is technical assistance linked to entering the QRIS or targeted to help programs forward on QRIS?

Yes.

Describe:

programs are provided with technical assistance to allow them to move forward in QRIS

No

Other.

Describe:

### 3.3.3 Element 3 - Financial Incentives and Supports

**Definition** - For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, skip to 3.3.4.

None. skip to 3.3.4.

Types of Financial Incentives and Supports for Programs	Child Care Centers	Child Care Homes	License-Exempt Providers
<input type="checkbox"/> Grants to programs to meet or maintain licensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grants to programs to meet QRIS or similar quality level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> One-time awards or bonuses on completion of quality standard attainment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tiered reimbursement tied to quality for children receiving subsidy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-going, periodic grants or stipends tied to maintaining quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tax credits tied to meeting program quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3.3.4 - Element 4 - Quality Assurance and Monitoring

**Definition** - For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. **If none, skip to 3.3.5.**

None. skip to 3.3.5.

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers
<input checked="" type="checkbox"/> Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS) Describe, including frequency of assessments. <div style="border: 1px solid black; padding: 2px;">             Programs are assessed using the ERS when they are ready to verify a new Star Level Designation for Star 3 through Star 5.           </div>	<input checked="" type="checkbox"/> Infant/Toddler <input checked="" type="checkbox"/> Preschool <input checked="" type="checkbox"/> School-Age	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Classroom Assessment Scoring System (CLASS)  Describe, including frequency of assessments. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<input type="checkbox"/> Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes  Describe, including frequency of assessments. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs  Describe, including frequency of assessments. <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

Have a mechanism to track different quality assessments/monitoring activities to avoid

duplication

Include QRIS or other quality reviews as part of licensing enforcement

Have compliance monitoring in one sector (e.g., Head Start/Early Head Start, State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review

Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (e.g., QRIS) without further review

Other.

Describe:

None.

### 3.3.5 - Element 5 - Outreach and Consumer Education

**Definition** - For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.

a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

Yes. If yes, how is it used?

Resource and referral/consumer education services use with parents seeking care

Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting

Searchable database on the web

Voluntarily, visibly posted in programs

Mandatory to post visibly in programs

Used in marketing and public awareness campaigns

Other.

Describe:

Programs are welcomed to share with families any information regarding their involvement in QRIS.  
There are no specific materials made available at this time to assist programs with this.

No. If no, skip to 3.3.6.

b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.

Print

Radio

Television

Web

Telephone

Social Marketing

Other.

Describe:

QRIS is under revision.

None.

c) Describe any targeted outreach for culturally and linguistically diverse families.

none at this point.

### 3.3.6. Quality Rating and Improvement System (QRIS)

a) Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5, does your State/Territory have a quality rating and improvement system (QRIS) or similar quality improvement system in place?

Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating State/Territory-wide.



Participation is voluntary for:

all licensed programs



Participation is mandatory for:

Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating as a pilot or in a few localities but not State/Territory-wide.

No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.

State/Territory is in the development phase

State/Territory has no plans for development



Other.

Describe:

b) If yes to 3.3.6a, **CHECK** the types of providers eligible to participate in the QRIS:



Child care centers



Group child care homes



Family child care homes



In-home child care



License exempt providers



Early Head Start programs



Head Start programs



Pre-kindergarten programs



School-age programs



Other.

Describe:

**3.3.7. If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above,**

**please describe:**

Relative Care Providers must take 47 hours of training after the first 18 months of becoming a provider.

**3.3.8 Data & Performance Measures on Program Quality** (Click for additional instructions)

a) Data on program quality. Indicate if the Lead Agency or another agency has access to data on:



Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory.

Describe:

Information is available by program type, size, and County from DOE on programs in the QRIS program



Number of programs that move program quality levels annually (up or down).

Describe:

Participating QRIS programs. Collected by Delaware Dept. of Education



Program scores on program assessment instruments.

List instruments:

Those programs that are participating QRIS programs. ERS assessments are used to determine Star Level Designation.

Describe:

Data is collected by DE Institute for Excellence in Early Childhood (DIEEC)



Classroom scores on program assessment instruments.

List instruments:

Describe:



Qualifications for teachers or caregivers within each program.

Describe:

All center-based program staff qualifications are kept by either Licensing or DDOE



Number/Percentage of children receiving CCDF assistance in licensed care.

Describe:

Division. of Social Services collects this information.



Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory



Number/Percentage of programs receiving financial assistance to meet higher program standards.

Describe:

Information is available through Delaware Stars QRIS



Other.

Describe:



None.

**b) Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality?

Stars and Licensing requirements.

**c) Evaluation.** What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

Delaware Stars conducted an evaluation in 2009 and will plan to do another evaluation in 2-4 years.

### 3.3.9 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic

plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.3. What are the State/Territory's goals for the program quality improvement system in the coming biennium? What progress does the State/Territory expect to make across the five key elements for quality improvement systems?

Increase the number of programs participating in Delaware Stars Quality Rating and Improvement System. 2. Develop specialized technical assistance capacity for infant-toddler care and for management and administration of programs.

### **3.4 Pathways to Excellence for the Workforce - Professional Development Systems and Workforce Initiatives (Component #4)**

Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to five key elements for workforce systems:

- 1) Core Knowledge and Competencies
- 2) Career Pathways (or Career Lattice)
- 3) Professional Development Capacity
- 4) Access to Professional Development
- 5) Compensation, Benefits and Workforce Conditions

a) Describe which entities are involved in planning and administering the activities in Section 3.4, including State/Territory entities and local or community level entities.

DDOE has primary oversight and contracts with UD Institute for Excellence and the DAEYC to implement a variety of professional and workforce development activities. In addition, Early Childhood Mental Health provides training to providers.

#### **3.4.1 Workforce Element 1 - Core Knowledge and Competencies**

**Definition** - For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

Yes

No, the State/Territory has not developed core knowledge and competencies. **Skip to question 3.4.2.**

Other.  
Describe:

[www.doe.k12.de.us/programs/delfirst](http://www.doe.k12.de.us/programs/delfirst)

b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

Child growth, development and learning

Health, nutrition, and safety

Learning environment and curriculum

Interactions with children

Family and community relationships

Professionalism and leadership

Observation and assessment

Program planning and management

Diversity

Other.

Describe:

None.

c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

To define the content of training required to meet licensing requirements

To define the content of training required for program quality improvement standards (as reported in section 3.3)

To define the content of training required for the career lattice or credential

To correspond to the early learning guidelines

To define curriculum and degree requirements at institutions of higher education

Other.  
Describe:

None.

d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

Cross-walked with the Child Development Associate (CDA) competencies  
 Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, Head Start SOLAR staff skills indicators)  
 Cross-walked with apprenticeship competencies  
 Other.  
Describe:

None.

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.  
Describe:

These are embedded in the competencies document .

Providers working directly with children in family child care homes, including aides and assistants.  
Describe:

These are not separated out but embedded in the competencies document.

Administrators in centers (including educational coordinators, directors).  
Describe:

The business and management competencies necessary for the program administrator are separately listed but included in the general staff competencies document.

Technical assistance providers (including mentors, coaches, consultants, home

visitors, etc.).

Describe:

Delaware Institute for Excellence (DIEEC) as the state professional development services provider has developed these competencies separately from the general competencies for staff document.

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

DIEEC has develop competencies for trainers.

Other.

Describe:

None.

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

Birth-to-three

Three-to-five

Five and older

Other.

Describe:

None.

### 3.4.2 Workforce Element 2 - Career Pathways

**Definition** - For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

Yes.

Describe:

The Career Lattice has been developed but not yet officially adopted by the Dept. of Education and Early Care and Education Council Committee on Professional Development.

No, the State/Territory has not developed a career pathway. **Skip to question 3.4.3.**

b) Check for which roles, if any, the career pathway (or lattice) include qualifications, specializations or credentials.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

Applies to licensed programs only

Providers working directly with children in family child care homes, including aides and assistants.

Describe:

Administrators in centers (including educational coordinators, directors).

Describe:

The Career Lattice has been developed but not yet officially adopted

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

The Career Lattice has been developed but not yet officially adopted

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

The Career Lattice has been developed but not yet officially adopted

Other.

Describe:

None.

c) Does the career pathway (or lattice) include specializations or credentials, if any, for working with any of the following children?

Infants and toddlers

Preschoolers

School-age children

Dual language learners

Children with disabilities, children with developmental delays, and children with other special needs

Other.

Describe:

None.

d) In what ways, if any, is the career pathway (or lattice) used?

Voluntary guide and planning resource

Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13

Required placement for all practitioners working in programs that receive public funds to serve children birth to 13

Required placement for adult educators (i.e., those that provide training, education and/or technical assistance)

Required placement for participation in scholarship and/or other incentive and support programs

Required placement for participation in the QRIS or other quality improvement system

Other.

Describe:

None.

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice)?

Yes.

If yes, describe:

This applies only to trainers and technical assistants.

No.

### 3.4.3 Workforce Element 3 - Professional Development Capacity

**Definition** - For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children.

a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?

Yes.

If yes, describe:

Delaware has a two year associate degree program in early childhood available in each county and two public bachelor degree programs and one private university bachelor degree program. There is a need for more availability of online courses.

No.

b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both physical location and distance-based, degree level, etc.)?

Yes.

If yes, describe:

This is an ongoing effort by the UD Institute for Excellence in EC. There has been determined to be a need for more online training.

No.

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

- Standards set by the institution
- Standards set by the State/Territory higher education board
- Standards set by program accreditors
- Other.

Describe:

None.

d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?

Training approval process.

Describe:

Process is implemented by UD Institute for content approval and alignment with ELG and Competencies

Trainer approval process.

Describe:

process is implemented by UD Institute with 3 levels of approval and required professional development

Training and/or technical assistance evaluations.

Describe:

UD Institute conducts and collects evaluation for all activities offered.

Other.

Describe:

None.

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

Yes.

If yes, describe:

These agreements exist but may not be updated regularly

No.

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

Yes.

If yes, describe:

No.

#### 3.4.4 Workforce Element 4 - Access to Professional Development

**Definition** - For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.

a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?

Yes. If yes, for which sectors?

Child care

Head Start/Early Head Start

Pre-Kindergarten

Public schools

Early intervention/special education

Other.

Describe:

No.

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

Yes.

If yes, describe:

UD Institute offers online and paper calendars for easy access to statewide training information

No.

[www.dieec.udel.edu](http://www.dieec.udel.edu)

c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

Scholarships.

Describe:

T.E.A.C.H.

Free training and education.

Describe:

for In Home Relative Care Providers and for early childhood mental health consultants

Reimbursement for training and education expenses.

Describe:

For In Home Relative Care Provider who pay out of pocket for CPR.

Grants.

Describe:

QRIS participating programs have access to professional development grant funds. Capacity grants from Dept of Social Services may be used by programs to obtain professional development.

Loans.

Describe:

Loan forgiveness programs.

Describe:

Substitute pools.

Describe:

Release time.

Describe:

Other.

Describe:

None.

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?

Yes.

If yes, describe:

This service is just being established and will only be available on a limited basis to provide group advisement through informational meetings.

No.

e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce?

Yes.

If yes, describe:

This service is available to programs participating in the QRIS. In addition, Early Childhood Mental Health Consultants provide training to providers.

No.

### **3.4.5 Workforce Element 5 - Compensation, Benefits and Workforce**

**Conditions Definition** - For purposes of this section, rewards for education and training

refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

a) Does the State/Territory have a salary or wage scale for various professional roles?

Yes.

If yes, describe:

No.

b) Does the State/Territory provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?

Yes.

If yes, describe:

Only available through T.E.A.C.H. which offers a cash bonus to scholars completing coursework.

No.

c) Does the State/Territory provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?

Yes.

If yes, describe:

No.

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?

Yes.

If yes, describe:

No.

**3.4.6 Data & Performance Measures on the Child Care Workforce** - What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) Data on the child care workforce. Indicate if the Lead Agency or another agency has access to data on:

Data on the size of the child care workforce.  
Describe (optional):

This is derived from the data collected on qualifications as required for licensed programs

Data on the demographic characteristics of practitioners or providers working directly with children.  
Describe (optional):

Records of individual teachers or caregivers and their qualifications.  
Describe (optional):

DDOE provides formal review of qualifications for staff employed by licensed center programs. OCCL has limited data on Group and Family Child Care Providers

Retention rates.  
Describe (optional):

Records of individual professional development specialists and their qualifications.  
Describe (optional):

UD Institute collects data for approved trainers and technical assistants.

Qualifications of teachers or caregivers linked to the programs in which they teach.  
Describe (optional):

Number of scholarships awarded .  
Describe (optional):

T.E.A.C.H. collects and maintains this information. Wilmington Early Care and Education Council maintains data on scholarships awarded by that Council.

Number of individuals receiving bonuses or other financial rewards or incentives.  
Describe (optional):

Number of credentials and degrees conferred annually.  
Describe (optional):

Data on T/TA completion or attrition rates.  
Describe (optional):

Data on degree completion or attrition rates.  
Describe (optional):

Other.  
Describe:

None.

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

**Definition** - For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

DDOE collects data for all staff working in licensed center based programs

Providers working directly with children in family child care homes, including aides and assistants.

Describe:

Administrators in centers (including educational coordinators, directors).

Describe:

DDOE collects this data as part of the qualifications review for licensed program staff

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

UD Institute collects this information on approved technical assistants

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

UD Institute collects this on approved instructors.

Other.

Describe:

None.

b-2) Does the workforce data system apply to:

all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?

all practitioners working in programs that receive public funds to serve children birth to age 13?

No.

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

N/A

d) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

Delaware is planning to initiate a comprehensive workforce study through the Delaware Early Childhood Council to be done in 2012.

### 3.4.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.4. What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

Increase workforce access to quality assured online training. 2. Develop workforce recruitment strategies and offer career advisement.