

Child Care and Development Fund (CCDF) Plan For Delaware FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Department of Health and Social Services

Street Address: 1901 N. Dupont Highway

City: New Castle

State: Delaware

ZIP Code: 19720

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

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Tom

Lead Agency Official Last Name: Hall

Title: Acting Director

Phone Number: 302-255-9605

Email Address: thomas.hall@delaware.gov

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Belvie

CCDF Administrator Last Name: Herbert

Title of the CCDF Administrator: Social Service Senior Administrator

Phone Number: 302-255-9611

Email Address: Belvie.Herbert@delaware.gov

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

CCDF Co-Administrator First Name: Yvette

CCDF Co-Administrator Last Name: Sanchez-Fuentes

Title of the CCDF Co-Administrator: Associate Secretary, Early Childhood Support, Department of Education

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

Phone Number: 302-735-4154

Email Address: Yvette.sanchezfuentes@doe.k12.de.us

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

counties or workforce boards (98.16(i)(3)). Check one.

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

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

- A. State or territory

Identify the entity:

Department of Health and Social Services

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

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

- C. Other.

Describe:

ii. Sliding-fee scale is set by the:

- A. State or territory

Identify the entity:

Department of Health and Social Services

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

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

- C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

A. State or territory

Identify the entity:

Department of Health and Social Services

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

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

C. Other.

Describe:

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

Department of Education / Office of Early Learning / Office of Childcare Licensing

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

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

A. State or territory

Identify the entity:

Delaware Health and Social Services/Lead Agency. Currently, DE has a waiver to continue to work with our license exempt summer programs which are the only license exempt programs which participate in the childcare subsidy program. This waiver will expire in September 30, 2021 at the end of the current plan year. The state is working on licensing regulations specific to summer programs who choose to continue to accept POC families. These regulations will become final in the fall and in 2022 all providers who wish to accept POC families will need to be licensed including all summer camps.

At this time the only exempt providers are our summer camp providers. The lead agency requires summer camps to participate in the required CCDF training as well as take refresher courses annually. All staff are also required to have criminal background checks.

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

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

C. Other.

Describe:

Currently, there are a limited number of license exempt summer camps that operate during the summer months only. The state has a waiver in place that allows the state to use CCDF funding while licensing regulations are being developed. These regulations will be finalized by April 1, 2022.

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory

Identify the entity:

Department of Education / Office of Early Learning

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

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

C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services. Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

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

- CCDF Lead Agency
- TANF agency
- Local government agencies

- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

Children and Families First (CFF), a private agency administers the statewide resource and referral system and maintains the state's consumer education website. Through this contract CFF families can receive help finding childcare for children who need care during

non-traditional hours, children who have special needs, children who are English Language Learners and children who are infants and toddlers. A staff will work with the family until the need for childcare is resolved. CFF also maintains the state's consumer education website.

The Office of Childcare Licensing is now a part of the Department of Education/Office of Early Learning and monitors licensed providers (OCCL) The mission of OCCL is to ensure safeguards and enhance the quality of out of home care for children. OCCL develops, revises, interprets licensing regulations, trains providers regarding new/revised regulations. OCCL conducts announced and unannounced site visits, implements corrective action plans where warranted and conducts follow-up to ensure corrective action has been taken. OCCL also manages the parent complaint process.

The Department of Education/Office of Early Learning (OEL) administers the state's quality improvement activities including the state Quality Rating and Improvement System. Effective July 1, 2020, OEL began managing the majority of quality programming under CCDF. This includes 5 quality contracts including the resource and referral contract, scholarship/stipend contract, relative care contract, etc.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The lead agency contracts with Children and Families First, a private agency, to manage the state's resource and referral system. This agency also administers the Capacity Building grant which provides scholarships and technical assistance to providers who provide care for underserved populations such as infants and toddlers, children with special needs, children who are English language learners and children who need care during non-traditional hours. The contract outlines tasks to be performed, schedule for completing tasks, budget, monitoring and auditing procedures, and indicators or measures to assess performance. The lead agency has a Memorandum of Understanding with the Department of Services for Children, Youth and Their Families (DSCYF). Within DSCYF is the Office of Child Care Licensing (OCCL) which monitors providers for compliance with health and safety regulations and the Criminal History Unit which conducts the criminal background check process. Effective July 1, 2020 the OCCL moved to the Department of Education. The lead agency has a Memorandum of Understanding with both agencies that outlines tasks to be performed, schedule for completing tasks, budget, monitoring and auditing procedures, and indicators or measures to assess performance

The lead agency has a Memorandum of Understanding with the Department of Education/Office of Early Learning. This agency is responsible for professional development of early education professionals, early learning foundations, Early Head Start programming, etc. The MOU outlines tasks to be performed, schedule for completing tasks, budget, monitoring and auditing procedures, and indicators or measures to assess performance

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

lead agency also requires these agencies to submit Time and Effort reports detailing CCDF expenditures on hours worked in CCDF administration by other agencies.

The state has begun transitioning the CCDF program from the Department of Health and Social Services to the Department of Education. Effective July 1, 2020 most of the quality funding and activities have been transferred to the Department of Education. The new Associate Secretary at the Department of Education will act as the CCDF Co-Administrator and as such will share in leadership and decision making within the childcare subsidy program.

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

Assure by describing how the Lead Agency makes child care information systems systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

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

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

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

The lead agency has in effect policies that govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and childcare providers receiving CCDF funds. The policy is as follows: 1003 Keeping Client Information Confidential-7 CFR 272.1(c); 45 CFR 205.50, 31 Del Code §1101 this policy applies to all DSS and DMMA staff who have access to public assistance information and records. 1. Staff Safeguards Public Assistance Information Public assistance information and Delaware Page 8 of records may be used only for purposes directly connected with the administration of public assistance programs. All information gathered about individuals or families for public assistance purposes is considered confidential and will be safeguarded by DSS and DMMA. The Divisions will not release any information regarding an individual without the individual's written consent. Exceptions: 1. DSS may give the address of a cash assistance recipient to a law enforcement agency in certain situations. See DSSM 1003.2. 2. DSS may give information about food benefit applicants and recipients to a law enforcement agency in certain situations. See DSSM 1003.2.1. 3. General information about expenditures, numbers of clients served, and other statistical information is a matter of public record and is available to any interested party.

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

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

The lead agency ensures collaboration by facilitating an initial CCDF plan development meeting with all required contributors. The plan was also presented to the state advisory council which consists of representatives of the general assembly, community business leaders, higher education, head start, etc. Members of the state advisory council were apprised of the plan to integrate the state's early care and education strategic plan into the CCDF state plan and were given the opportunity to provide any comments or feedback. The lead agency facilitated monthly collaboration meetings with the workgroup which includes all required plan contributors. At these meetings the workgroup was apprised of the CCDF State Plan process, reminded contributors of their role in the development of the state plan, provided with an overview of each section of the plan and gave everyone the opportunity to provide feedback at each of the planning meetings. This plan cycle the state will be integrating the main goals of the state early care and education strategic plan with the CCDF State Plan and did seek TA in this endeavor. During collaboration meetings the workgroup was apprised of this endeavor, everyone

was provided with the crosswalk that was developed for the state which provided an overview of how the state's childcare subsidy policy, state strategic plan and CCDF Plan aligned and where there were discrepancies among the documents. Members of the workgroup were given several opportunities to provide feedback regarding integration of the strategic plan with the CCDF Plan and were provided with some discussion questions to assist in guiding the feedback process. While being developed the state plan was also made available via SharePoint which is a platform where anyone could go to view the plan and provide feedback in "real time."

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

The plan was presented to the state advisory council which consists of representatives of the general assembly, community business leaders, higher education, head start, etc. Members of the state advisory council were given a synopsis of the individual sections of the plan and were apprised of the plan to integrate the state's early care and education strategic plan into the CCDF state plan. They were then given the opportunity to provide any comments or feedback.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place. Currently the lead agency does not consult with any Indian tribes, however the lead agency did receive a suggestion to begin consulting with the Lenape tribe here in lower Delaware. The lead agency has taken the comment under advisement.

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

N/A

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

Reminder:

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

a) Date of the public hearing. 05/20/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 04/30/2021

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

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

Notice of the public hearing was published in a classified advertisement in the Delaware News Journal, the daily newspaper for the state, a notice was placed on the Provider Self Service portal which is the portal that all CCDF providers use to enter attendance, email blasts were sent to all licensed child care providers via the Child Care Subsidy listserv, the Office of Child Care Licensing listserv and the listservs of our partner agencies. The information was placed on the Department's website. [HTTP://intranet.dhss.state.de.us](http://intranet.dhss.state.de.us), as well as the state's consumer education website MychildDE at <https://www.mychildde.org> / The document will be available in Spanish and English.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The lead agency facilitated a virtual public hearing due to the ongoing pandemic and consequent state of emergency that prohibited large gatherings.

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

websites, notice of the plan was published in the states newspaper, the plan was shared through email blasts to all licensed providers as well as other stakeholders via the Office of Child Care Licensing, the child care subsidy listserv and the listservs of our partner agencies. Additionally, anyone who wished to have a copy was sent a soft copy via email.

f) **How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?** The public was given the opportunity to comment on the state plan at the public hearing which was held in May and the state advisory council meeting in May. The public was able to comment during those events but was also given time to submit comment via email to the CCDF Administrator. The comments will be reviewed, and, at the lead agency's discretion, the plan will be revised accordingly.

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

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

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

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

Working with advisory committees.

Describe:

The lead agency coordinates with the state advisory council, the Wilmington Early Care and Education Council, the Delaware Association for the Education of Young C, to children, Help Me Grow, etc to. ensure that the plan is made as widely available as possible. Each of these agencies are apprised of the plan development at their monthly meetings and provided with the various methods of accessing the plan. These groups were provided with an overview of the CCDF State Plan and the plan development timeline including when the plan would be made public, the date of the

public hearing and due date for public comments.

Working with child care resource and referral agencies.

Describe:

The lead agency works very closely with the state's resource and referral agency. This agency is also responsible maintaining the state's consumer education website and was provided with all details of the CCDF State Plan development so that it was posted on the consumer ed website as we proceeded with the development of the plan.

Providing translation in other languages.

Describe:

The plan will be posted on the lead agency website in Spanish.

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

Describe:

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

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

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

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

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

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

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

The lead agency coordinates with the State Advisory Council. The mission of the Delaware Early Childhood Council 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. Members of the council include members of General Assembly, members of the business community, members of Head Start, higher education, Delaware Association for the Education of Young Children, etc. An overview of the CCDF Plan was presented to the state advisory council or the Delaware Early Childhood Council. The goal of this coordination is to ensure that Delaware provides smooth transitions for children between programs or as they age into school; enhance and align the quality of services for infants and toddlers through school-age children; and link comprehensive services to children in child care or school-age settings. Currently Delaware is streamlining the state's early care and education governance infrastructure. The process began by transitioning the Office of Childcare Licensure into the Department of Education which was effective July 1, 2020. Also effective on this date was the transition of CCDF quality programming into the Department of Education. The state is also for the first time, intentionally integrating the goals of the state's early care and education strategic plan into the CCDF plan. The expectation is that in the future families will realize a more streamlined process for securing any and all of their early care and education needs. These needs will be supported and managed in a more coordinated process and will therefore alleviate the burden on parents who are now required to engage a variety of staff and agencies to receive the services and supports that they need to ensure the healthy development of their children.

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

The lead agency coordinates with the State Advisory Council. The mission of the Delaware Early Childhood Council 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. Members of the council include members of General Assembly, members of the business community,

members of Head Start, higher education, Delaware Association for the Education of Young Children, etc. An overview of the CCDF Plan was presented to the state advisory council or the Delaware Early Childhood Council. The goal of this coordination is to ensure that Delaware provides smooth transitions for children between programs or as they age into school; enhance and align the quality of services for infants and toddlers through school-age children; and link comprehensive services to children in child care or school-age settings. Currently the state is streamlining the state's early care and education governance infrastructure. The process began by transitioning the Office of Childcare Licesning into the Department of Education which was effective July 1, 2020. Also effective on this date was the transition of CCDF quality programming into the Department of Education. The state is also for the first time, intentionally integrating the goals of the state's early care and education strategic plan into the CCDF plan. The expectation is that in the future families will realize a more streamlined process for securing any and all of their early care and education needs. These needs will be supported and managed in a more coordinated process and therefore alleviate the burden on parents who now are required to engage a variety of staff and agencies to receive the services and supports that they need to ensure the healthy development of their children.

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

iii. [Indian tribe\(s\) and/or tribal organization\(s\), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe\(s\) was \(were\) consulted:](#)

The lead agency does not currently consult with any Indian tribes. The lead agency did receive a suggestion regarding consultation with the Lenape tribe here in lower DE. The lead agency has taken the suggestion under advisement.

[N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.](#)

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

[Describe the coordination goals, processes, and results:](#)

The lead agency, Department of Health and Social Services is responsible for programming for children with special needs from birth to three (Part C). The Department of Education is responsible for programming for children with special needs for ages three and up (Part B). The Department of Education assisted in drafting and revising the plan. The goal of coordination is to ensure comprehensive approach to addressing the needs of this population. This includes ensuring that parents are informed about children's developmental milestones, where to get help should they need it, screenings are being done as required, appropriate and timely referrals for services are made and children who require additional services are receiving them as needed in a timely manner. The goal is to ensure that parents are being provided with information so that they can make informed decisions about supports needed to ensure the healthy development of their children. Delaware would like to realize an increase in parent requests for screenings, as well as an increase in the percentage of screenings being done, etc.

[v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:](#)

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

[vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:](#)

The Lead agency is responsible for public health. The Division of Public Health includes a wide range of programs and services all aimed toward protecting and improving the health of the citizens of the state. Some of these services include health and wellness, emergency preparedness, screening and testing, etc. The goal of the division's immunization program is to prevent vaccine-preventable diseases by making sure

children and adults receive the vaccines they need. The program assures: All citizens of Delaware have access to vaccines; healthcare providers are aware of immunization standards of practice; the latest recommendations on vaccines are available to providers; and providers and the public have access to up-to-date answers to vaccine questions.

vii. State/territory agency responsible for employment services/workforce development.

Describe the coordination goals, processes, and results:

The lead agency is responsible for employment services/workforce development. The lead agency collaborates with the Delaware Workforce Development Board, which ensures the citizens of Delaware are provided with occupational training and employment service opportunities to help them achieve employment with livable wages. The board also collaborates with the business industry to provide the business industry with qualified workers to meet their employment needs. Due to the pandemic, many of the state's industries have seen a reduction in staff needed to operate at full capacity. This includes the childcare industry. To address this issue the lead agency along with the Department of Education has been meeting monthly with the Department of Labor to continue to think through and generate solutions. The state has held two job fairs so far and is currently planning one specifically for the childcare industry. The goal of this collaboration is to ensure the enhancement and alignment of quality services and to ensure accessibility of employment services and work development for low income families. The lead agency's Community Partners Support Unit is also instrumental in engaging the community on many levels including the development of employment opportunities for low-income individuals.

viii. State/territory agency responsible for public education, including Prekindergarten

(PreK). Describe the coordination goals, processes, and results:

The lead agency has a Memorandum of Agreement with the Dept of Education, Office of Early Learning which is the agency responsible for public education including PreK. The state uses CCDF Discretionary dollars to fund several positions at DOE including an Education Specialist, and Administrative Assistant. The Office of Early Learning now manages the CCDF Quality activities and the Infant/Toddler activities. The goals of this coordination is to ensure extended day or year of services for families; to ensure smooth transitions for children between programs or as they age into school; to enhance and align the quality of services for infants and toddlers through school-age children; to ensure linkage of comprehensive services to children in child care or school-age settings;

and to collaborate in developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings. As the state continues to streamline its early care and education system, the expectation is a more streamlined and comprehensive early care and education infrastructure for children and families.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

The lead agency has a Memorandum of Agreement with the Department of Education /Office of Early Learning which now houses the Office of Child Care Licensing. This change was effective July 1, 2020. The agreement ensures the coordination of activities under the Child Care and Development Fund, specifically the monitoring and health and safety inspections for all licensed providers. An additional part of that coordination includes the use of CCDF dollars to fund two full time positions at DSCYF. These positions include one Licensing Inspector and one Social Service Administrator. The goal of this coordination is to ensure the overall coordination and implementation of quality childcare services to children, providers and families by developing comprehensive health and safety standards and ensuring compliance with these standards.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

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

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

The lead agency has a Memorandum of Agreement with the Department of Education (DOE). This MOA coordinates activities implemented through CCDF. DOE is the agency that houses the McKinney-Vento coordinator. Through the University of Delaware, Institute for Excellence in Early Childhood Education the state has developed "Supporting Children When They Are Homeless," a free three-hour training offered online

through www.depnow.com. This course provides staff with an understanding of homelessness as defined by the McKinney-Vento act, an opportunity to be reflective about the impact on children and families, as well as gives them strategies and resources to assist families. The Department of Education also offers an online training for "Homeless Liaisons" in each local education agency to prepare them to train their school staff on identifying and serving homeless children and their families. The goal of this collaboration is to ensure alignment of quality services for children who are considered part of this vulnerable population.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

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

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

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

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

The lead agency has an MOU with the Department of Services for Children, Youth and Their families (DSCYF) to ensure coordination of activities under the Child Care and Development Fund. The Department of Services for Children, Youth and Their Families / Division of Prevention and Behavioral Health Services is the agency responsible for ensuring comprehensive and coordinated mental health services are accessible to early education programs. This agency is responsible for administering the Early Childhood Mental Health Consultation program. The goal of this collaboration is ensure enhancement and alignment of quality services and linkages to comprehensive mental

health services to children in early education settings.

xv. [Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:](#)

Effective July 1, 2020, most of the CCDF quality funding and activity transitioned over to the Department of Education who now manages the quality contracts once managed by the lead agency. One such contract is that with Children and Families First, a private agency, that provide the state's childcare resource and referral and consumer education services. The goal of this collaboration is to provide information and education to parents regarding childcare types, quality childcare, child development, etc. Parents can also access a 24-hour automated phone system and case management services for assistance in securing childcare for children with special needs, for children who need care during non-traditional hours, etc. The Department of Education also contracts with the University of Delaware to provide 28 hours of training to the state's relative care providers. The University provides the required 3 hours of annual health and safety training as well. The goal of this collaboration is to enhance and align the quality of services for children who need childcare and who may be a part of an underserved population.

xvi. [Statewide afterschool network or other coordinating entity for out-of-school time care \(if applicable\). Describe the coordination goals, processes, and results:](#)

The Delaware Afterschool Network (DEAN) serves to enhance out-of-school time opportunities for children and youth, particularly disadvantage youth. The goal is to ensure youth have access to high quality learning experiences before and after the school day. The lead agency has provided CCDF Discretionary funds as a match for the Charles Stewart Mott Foundation grant. The Delaware Afterschool Network (DEAN) endorses the goal that all school-age children be academically, socially, culturally, and physically healthy. DEAN, along with its public, private, and community partners, works to create a long-term policy voice for afterschool programs; advocate for policies that support high-quality programs; support the afterschool workforce; increase public awareness regarding afterschool programs; build bridges between schools and community-based organizations, and support family-centered practices.

The combined funds support the statewide afterschool network, DEAN which 1)

convenes quarterly stakeholders meetings for afterschool providers, partners, and champions 2) provides quality improvement training and technical assistance for school-age providers and partners 3) supports annual conference 4) supports data research and best practices for school-age programs and programming 5) represents and advocates for the afterschool workforce) 6) supports location and mapping of school-age afterschool and summer learning programs and 7) provides educational materials to local and national policymakers.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The lead agency is responsible for public health emergency management and response. The Office of Preparedness takes the lead and collaborates with partners and the community to develop, implement, and maintain a comprehensive program to prepare for, mitigate, respond to, and recover from public health threats and emergencies. The Delaware Emergency Management Agency (DEMA) is the state agency responsible for coordination of comprehensive emergency preparedness, training, response, recovery and mitigation services in order to save lives, protect Delaware's economic base and reduce the impact of emergencies. The lead agency has a designated liaison who coordinates with DEMA, the Department of Services for Children, Youth and Their Families and other agencies to develop the state childcare disaster plan. The goal of this collaboration is to develop, implement, and maintain a comprehensive program to prepare for, mitigate, respond to, and recover from public health threats and emergencies. The expectation is that the state's childcare program is able to continue to function efficiently during any emergency, that the emergency is managed in a coordinated manner and to ensure that there is no gap in services during any emergency.

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

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

i. [State/territory/local agencies with Early Head Start - Child Care Partnership grants.](#)

[Describe](#)

The lead agency collaborates with the Department of Education who is an Early Head Start-Child Care Partnership grantee. The purpose of this collaboration is to ensure the provision of full day/full year services for families; smooth transitions for children between programs or if they age into school at three, enhancement and alignment of quality services for infants and toddlers through the state, and linkage of comprehensive services to children in child care settings.

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

[Describe](#)

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

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

[Describe](#)

The lead agency provides developmental screenings and referral services for children ages birth to three. The lead agency also collaborates with the Department of Services for Children, Youth and Their Families and the Department of Education in the state's endeavor to address early childhood and school age developmental services. DSCYF provides mental health consultation services to families and childcare programs, and mental health services to school age youth. The Department of Education provides developmental services for children age 3 and older to ensure that they are screened

when necessary and have access to appropriate follow-up services to address developmental needs.

iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

The lead agency is responsible for the Maternal and Child Home Visitation program. Through this program expecting and new mothers are visited by nurse or parent support specialist to provide tips on care, breast-feeding, child growth and development, etc. Mothers will also be connected to community resources and services. The visits continue as the child grows to mitigate the challenges of parenting and to help mothers learn to help their children learn, grow and thrive.

v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

The lead agency provides developmental screenings and referral services for children ages birth to three while the Department of Education provides developmental screenings for children age three and up. Through these screenings, children are diagnosed and receive necessary follow-up. The goal of this collaboration is to ensure enhancement and alignment of quality services and linkages to comprehensive services for children in early education settings. The lead agency also offers screening and testing for HIV, newborns, tuberculosis, diagnostics, and treatment.

- vi. State/territory agency responsible for child welfare.

Describe

The lead agency collaborates with the Department of Services for Children, Youth and Their Families, which is the agency that provides and manages a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse. The goal of this collaboration is to ensure that timely, comprehensive, and coordinated services are accessible to all of Delaware's children.

- vii. Provider groups or associations.

Describe

- viii. Parent groups or organizations.

Describe

- ix. Other.

Describe

Optional Use of Combined Funds:

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

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

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

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

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

b) Which funds you will combine

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

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

The goal of combining funds is to not only ensure alignment of early care and education services; but also, to ensure that children receive timely, quality and

comprehensive services; and to avoid duplicity of services among various child serving agencies. Some of the services provided by combining funds includes full-day, full-year programming for working families through the EHS-CCP, smoothing transitions for children, enhancing and aligning quality of services through QRIS, linking comprehensive services to children in child care, and developing the supply of child care for vulnerable populations.

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

At the state level the lead agency will be combining funds by layering funds. For example with EHS-CC Partnership the lead agency will subsidize a portion of the day to ensure full day/ full year comprehensive services for children involved in the EHS-CC partnership. Also tiered reimbursement payments are layered onto childcare subsidy payments for those providers who participate in the state's Quality Rating and Improvement System and who have achieved a star level 3 or higher.

e) How are the funds tracked and method of oversight

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

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

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort

or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

State general funds.

- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
 - i. If checked, are those funds:
 - A. Donated directly to the State?
 - B. Donated to a separate entity(ies) designated to receive private donated funds?

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

N/A

- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

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

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

N/A

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

N/A

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

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

N/A

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

N/A

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

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

N/A

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

The Wilmington Early Care and Education Council (WECEC) is a local council by the city government whose mission is to ensure that all Wilmington children have access to an integrated early childhood system, which fosters collaboration among existing programs, and identifies gaps in current delivery systems for children birth through 8 years old. The program leverages existing service delivery systems and increases the supply and quality of childcare services through the following: provides a professional development center for parents and providers, provides career consultation, mentoring, technical assistance, scholarships, etc. Some of the goals of this partnership include strengthening governance and alignment of early childhood policies, programs and practices, integrating service delivery across agencies, enhancing the state's data collection system, establishing and coordinating a state-wide, cross sector early childhood professional development system, and improving the alignment and efficiency of the use of early childhood funding across agencies. The Delaware Association for the Education of Young Children (DeAEYC) is a private agency that the lead agency contracts with to administer the T.E.A.C.H. Program. The T.E.A.C.H. program provides scholarships for those working in licensed early care

and education or school age program. The nationally established T.E.A.C.H. program leverages existing service delivery systems to increase the supply and quality of child care services by: providing scholarship opportunities to early childhood educators, encouraging child care programs to support continuing education staff, providing increased compensation for staff who obtain higher education credentials, reducing staff turnover, providing a sequential higher education path and creating a model partnership for improving the quality of care that children receive.

Children and Families First (CFF) is a private agency that the lead agency contracts with to administer the CAPACITY Grant program. The program provides quality improvement and technical assistance strategies as well as financial resources to the early childhood and school age community to increase the supply of childcare in areas where it is limited including care for English language learners, children with special needs, infants and toddlers and children needing care during non-traditional hours. The project expands, enhances, and creates new care that is safe, healthy and appropriate by providing grants for professional development, educational materials, staff training, etc. It also includes technical assistance in the form of start-up and operational assistance, class management, business management, etc.

University of Delaware, is an institute of higher learning.

As a result of the pandemic many industries experienced a shortage of staff. As a result the lead agency coordinated with the Department of labor to host several job fairs statewide which childcare providers were able to participate in and one specifically for the childcare industry.

Although there were no new partnerships that formed as a result of the pandemic, the lead agency did work closely with many of the current public and private agencies it already partners with on some new initiatives.

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

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-

based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

Effective July 1, 2020, the lead agency relinquished all quality funding, activities and contracts to the Department of Education in an initial move toward alignment in the governance of early care and education in the state. Currently the lead agency has an MOU with the Department of Education that outlines the coordination of CCDF programming. The Department of Education now manages the state's resource and referral and consumer education program through a contract with Children and Families First (CFF). CFF is the private agency with the mission of helping all children facing adversity reach their full potential. This work is done through programming such as foster care and adoption, community schools, trauma intervention, Head Start, parent education, etc. CFF specifically provides families with information on a full range of child care options and works directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs. CFF is also charged with increasing the capacity of providers who serve children with special needs, children who are English language learners, children who need care during non-traditional hours, and children in the infant/toddler population. In addition, CFF collects data and provides information on the supply of and demand for childcare services in local areas. CFF also works to establish partnerships with public agencies and private entities, including faith-based and community-based childcare centers and family childcare home providers to increase the supply and quality of childcare services throughout the state.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes

If yes, describe the elements of the plan that were updated: Click or tap here to enter text.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

a. The plan was developed in collaboration with the following required entities:

i. State human services agency

ii. State emergency management agency

iii. State licensing agency

- iv. State health department or public health department
- v. Local and state child care resource and referral agencies
- vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

N/A

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key

purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

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

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

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

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

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

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

The lead agency provides translation services to families for whom English is not their primary language.

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

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA)

federally funded Parent Training and Information Centers

- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

2.2 Parental Complaint Process

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

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

Parents who have a complaint about a childcare provider may call the Office of Child Care Licensing or submit a complaint online. Parents are also able to call the lead agency's Child Care Subsidy Program or the department's Customer Relations Office to voice concerns.

The link to the Office of Child Care Licensing complaint process is as follows:

https://education.delaware.gov/families/occl/occl-forms/make_a_complaint_online/.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF

providers and licensed and license-exempt providers:

Complaints regarding regulatory concerns are screened by the Office of Child Care Licensing (OCCL). Within 48 hours OCCL would then conduct an on site investigation. If the complaint is substantiated, the provider is required to submit a corrective action plan. A licensing Specialist would then follow-up to ensure the complaint was resolved.

At this time all providers participating in the CCDF program are required to be licensed with the exception of our summer camp programs for which the state currently has a waiver in place. The lead agency would screen any complaints against these providers and if substantiated work with the provider regarding corrective action.

The state is finalizing licensing regulations for all summer camps that which to continue to accept childcare subsidy. These regulations will be final by the Fall and in place for summer 2022. Once these regulations are final all complaints will be managed by the Office of Child Care Licensing.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Records of substantiated parental complaints are maintained by the Office of Child Care Licensing through FOCUS an electronic database which was created in 1994. The lead agency has a Memorandum of Understanding with the Department of Education where the Office of Child Care Licensing is now located. The MOU details the coordination of the CCDF program and defines each agency's role in administering the program.

The Office of Child Care Licensing would also keep records for Non CCDF providers.

At this time the only license exempt providers who participate in the state's childcare subsidy program are our summer camp programs for which the state has a waiver. The lead agency maintains complaint records for these providers.

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

DE posts a summary of all the substantiated complaints for each Family Child Care Home, Large Family Child Care Home, and Child Care Center on the Office of Childcare Licensing's website. Using this link, [Search for Licensed Child Care in Delaware – Delaware Department of Education](#) A person must select the provider they would like to see information on.

Complaint information is posted for the last 5 years. This information can also be found on the state's consumer education website, MyChildDE.org.

<https://www.mychildde.org/families/child-care-options/concerns-in-child-care/>.

At this time information regarding license exempt summer camp providers is made available upon request.

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

[Make a Complaint Online – Delaware Department of Education](#)

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access

additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

MyChildDE, the state's consumer education website, was developed using the best navigation practices such as "previous" "next" and "home" buttons as well as other tools such as indicators of where the user is now and where the user has been within the site which makes it searchable and easy to navigate. The visually impaired will be able to switch text size and there is assistive technology such as a screen reader that can be used to have the information on the page read to them. Those who speak languages other than English will be able to use a dropdown tab to select their preferred language and the text on the page will be translated to the language selected. While developing the website readability and the use of plain language for target audiences was also considered. The website meets all federal requirements regarding access to consumers.

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

The website uses Google Translator which has a dropdown menu of various languages such as Arabic, Italian, Haitian Creole, French, German, Portuguese, Russian, Korean and Spanish, that an individual can use to translate the information on the page into their

preferred language.

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

MyChildDE, the state's comprehensive consumer education website, was developed to provide comparable access to data and information technology for people with disabilities to those without them. For the visually impaired, for example there is assistive technology such as a screen reader that will read the text on the page for them. The visually impaired will also be able to switch font sizes as needed.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

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

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

OCCL's website includes information regarding these topics on

<https://education.delaware.gov/families/occl/faqs/#t01> and

http://education.delaware.gov/families/occl/regulations_and_exemptions/

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

<http://education.delaware.gov/families/occl/faqs/#t04>

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<http://education.delaware.gov/families/occl/faqs/#t19>

<http://education.delaware.gov/families/occl/faqs/#t26>

<http://education.delaware.gov/families/occl/faqs/#t21>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

<http://education.delaware.gov/families/occl/faqs/#t27>

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

MychildDe <https://www.mychildde.org/child-care/looking-in-delaware/>; OCCL

https://education.delaware.gov/families/occl/child_care_search/ ;CFF/AccessCare

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

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

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers

v. Other.

Describe

N/A

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

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

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation

- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of

providers must be searchable by ZIP Code.

d. Other information included for:

i. All Licensed providers.

Describe

Anyone searching for childcare can do so through the consumer education website MyChildDE.org by clicking on a link.

ii. License-exempt CCDF center-based providers.

Describe

iii. License-exempt CCDF family child care providers.

Describe

iv. License-exempt, non-CCDF providers.

Describe

v. Relative CCDF providers.

Describe

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

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

i. Quality rating and improvement system

- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.
Describe

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

- i. Licensed CCDF providers.

Describe the quality information:

The Delaware Stars program is a voluntary Quality Rating and Improvement System. The program is available to all licensed childcare providers and reflects a program's pursuit of quality. Participating programs can progress from star levels 1 through 5, with 5 being the highest level of achievement. Quality information regarding a program includes scores achieved on a formal assessment which includes independent observation of the program's classroom or home environment, and verification that the program meets high quality standards in family and community partnerships, qualification and professional development, management and administration, and curriculum.

- ii. Licensed non-CCDF providers.

Describe the quality information:

The Delaware Stars program is a voluntary Quality Rating and Improvement System. The program is available to all licensed childcare providers and reflects a program's pursuit of quality. Participating programs can progress from star levels 1 through 5, with 5 being the highest level of achievement. Quality information regarding a program includes scores achieved on a formal assessment which includes independent observation of the program's classroom or home environment, and verification that the program meets high quality standards in family and community partnerships, qualification and professional development, management and administration, and curriculum.

iii. License-exempt center-based CCDF providers.

Describe the quality information:

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

All violations are posted on each inspection report and the total violations for each site are posted on the child care search.

- Corrective action plans taken by the state and/or child care provider.

Describe:

Each violation results in a corrective action plan. Corrective action plans are developed by licensing specialists and are time limited. Once the corrections are submitted to OCCL, the licensing specialist will mark each correction in licensing's database so that information will be displayed on the child care search as corrected.

- A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

[Search for Licensed Child Care in Delaware - Delaware Department of Education](#)

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

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

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

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

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

The general agency rule is that written communication should not exceed the reading comprehension level of the 6th grade. The lead agency strives to ensure that any and all written communication is such that it is able to be understood by the reader as easily, and completely as possible.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

Information posted on the website in error is removed from the site within 24 hours of detection by having the licensing specialist correct the information in the database which is uploaded to the child care search

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

-- removal of any violations from the website determined on appeal to be unfounded.

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

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

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

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

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

The Office of Child Care Licensing is the designated entity to which childcare

providers must submit reports of any serious injuries or deaths of children occurring in childcare. Data from the designated entity is obtained by the lead agency through an electronic file exchange.

ii. [The definition of "substantiated child abuse" used by the Lead Agency for this requirement.](#)

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

iii. [The definition of "serious injury" used by the Lead Agency for this requirement.](#)

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

b. [Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.](#)

- i. [the total number of serious injuries of children in care by provider category/licensing status](#)
- ii. [the total number of deaths of children in care by provider category/licensing status](#)
- iii. [the total number of substantiated instances of child abuse in child care settings](#)
- iv. [the total number of children in care by provider category/licensing status](#)

c. [Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.](#)

[Concerns in Child Care - My Child DE](#)

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

Children and Families First (CFF) a private agency manages the state's resource and referral system. CFF is also the agency responsible for maintaining the state's consumer education website. CFF also works with families to assist them in their childcare search particularly if they have a child with special needs or other challenging situations. Parents are able to search for childcare on the consumer education website as well. [Child Care Options - My Child DE](#)

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

MyChildDE, the state's consumer education website, has a "contact us" feature which parents can use to contact the lead agency, or other programs that can help the parent understand information included on the website. Parents can also access the consumer statement to get an understanding of specific information contained on the site. [CONTACT US - My Child DE](#)

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

[Home - My Child DE](#)

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

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

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

Temporary Assistance for Needy Families program:

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

Head Start and Early Head Start programs:

The lead agency as well as the Office of Early Learning through the Department of Education makes information regarding the names and locations of head start programs, eligibility requirements available to providers, the general public and parents through the agency websites. This information is also shared at provider

meetings, through community resource centers, community-based meetings, the media such as PSAs and newsletters as well as literature available at the lead agency's main campus. The lead agency makes this information available to a variety of audiences by ensuring translation services through a contracted vendor.

[Low Income Home Energy Assistance Program \(LIHEAP\):](#)

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

[Supplemental Nutrition Assistance Programs \(SNAP\) Program:](#)

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

[Women, Infants, and Children Program \(WIC\) program:](#)

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

information provided includes a definition fo the program, eligibility requirements and how to apply.

Child and Adult Care Food Program(CACFP):

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

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

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

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

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

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

This information is made available to parents, providers and the general public through MyChildDE, the state's consumer education website.

MyChildDE is divided into 3 major sections: FAMILIES, PROVIDERS and RESOURCES. The sections for FAMILIES and PROVIDERS have sub-sections tailored to each of these groups. The sub-sections have individual webpages with information written in plain language to highlight the needs of that group. Child Development is one of the sub-section topics that is repeated in both family and provider sections; they contain similar yet adjusted text. From those webpages, there are links to Delaware partner websites that are highlight national child development best practices. There is information about CDC developmental milestones with definitions and common ages (Delaware Thrives). There are also links to websites with information about developmental screenings and who can do them, including child care providers and parents, and what tools to use with Delaware related details (Delaware Readiness Teams). The RESOURCES section is an alphabetical list of most of the links throughout the MyChildDE website so that anyone in the general public can find

more information and links.

The information can also be obtained through CCDF implementing agencies including the Department of Education and the Department of Services for Children, Youth and Their Families. This information can also be found on the websites of Delaware Stars, Delaware211, and Delaware Thrives. On these sites parents, providers and the general public can find information regarding successful parent engagement, best practices and research concerning child development, how to access developmental screenings, etc. This information is also provided through community resource centers, community-based meetings, the media including PSAs and newsletters as well as literature available at local social service centers, pediatric doctor's offices and the lead agency's main campus. The lead agency as well as its partners uses translation services in an effort to ensure that the information is tailored to a variety of audiences.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

The lead agency has a statewide coordinated interagency early intervention program for children ages birth to 3. The program's mission is to enhance the development of infants and

toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of these young children. Information regarding social-emotional/behavioral and early childhood mental health of young children is shared with parents through many agencies including the Division of Prevention and Behavioral Health Services which provides prevention services, early intervention services and public behavioral healthcare to children and families statewide, The Department of Education, Children and Families First, the Parent Information Center, University of Delaware's Delaware Institute for Excellence in Early Childhood, Delaware Thrives, Delaware 211, etc. Some of the information shared includes stages of child development, kindergarten readiness, behavior and discipline, special education laws, etc. The state provides information via direct communication, one on one consultation, literature which can be found in local social service agencies, community centers, doctor's offices, newsletters, and websites of many agencies including the Department of Education, Children and Families First, the Parent Information Center, University of Delaware, Delaware Institute for Excellence in Early Childhood, Delaware Thrives, the Delaware Early Childhood Council. Some of the services offered include audiology, family training and counseling, occupational therapy, screenings/ assessments, referral for services, Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, and Early Childhood Mental Health Consultation, workshops at local schools and community centers, online resource centers, webinars, etc. The lead agency as well as its partners uses translation services in an effort to ensure that the information is tailored to a variety of audiences.

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

The lead agency in collaboration with the early learning community including the Office of Child Care Licensing, the Office of Early Learning, the Delaware Stars program, the state's Part C and Part B Coordinators, etc. developed the state's best practice statement regarding suspension and expulsion of children from early learning programs. The statement requires all programs receiving CCDF funds to develop and implement an expulsion policy and provides guidance regarding the components of a comprehensive policy. The Office of Child

Care Licensing has revised its regulations to include this initiative in the state's licensing regulations in an effort to heighten awareness and ensure compliance. The best practice statement was shared with parents, providers and the public via an awareness campaign which began with a keynote address on the topic at the state's annual early care and education conference. There was also a plenary session on the topic. Conferees also received literature about suspension and expulsion in their conference bags. Information about suspension and expulsion can also be found on MyChildDE, the state's consumer education website. The lead agency did seek TA to assist with us with the development of a comprehensive plan to address this issue and had been meeting monthly to proceed with this work. Through this TA the state met with Ohio and Arkansas to review their work and discuss their successes and challenges. to facilitate monthly suspension and expulsion planning meetings as we continue to develop comprehensive programming to address this concern. The lead agency will be revising an implementation memo that went out to all providers detailing this effort, the requirement for providers to have individual policies and available resources such as the early childhood mental health consultation program. The lead agency intends to also develop a memo for parents detailing this information. The lead agency is currently working with a vendor to develop an online suspension and expulsion training. The training will be available to providers by the fall of 2021.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during

CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

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

The lead agency provides statewide, coordinated, interagency early intervention services through Child Development Watch (CDW), for children ages birth to 3. Information regarding resources and services are provided literature, pamphlets, etc. that are available for the public at statewide CDW offices. The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of these young children. Services are designed to meet both the developmental needs of the child and the needs of the family. Some of the services available include visual services, audiology, speech-language therapy, psychological services, assistive technology, etc. The Department of Education provides these services for school age children. This information is made available at local offices statewide where services are provided, local libraries where social workers are present to assist parents, pediatric offices, the Parent Information Center, local social services offices, the websites of a variety of agencies including the Department of Education, and other websites including Delaware Thrives and Delaware 211.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). The lead agency is responsible for providing information on and referring families and childcare providers to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) under the Medicaid program. Information regarding EPSDT is provided at local libraries that now house social services offices, primary care physician offices, the

various websites of partner agencies such as Help Me Grow, Delaware Thrives, Delaware 211, etc. Once a child is eligible for Medicaid, their developmental screening with their primary care physician would be part of EPSDT. Developmental screening services include physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems.

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

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

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

The lead agency administers the childcare subsidy program and informs parents of a variety of resources and services at intake. The intake process is an integral part of the larger promotion of early childhood resources including information on developmental screenings. Developmental screenings occur at most physicians' offices and through child care providers who participate in the Delaware Stars program, as well as through Parents As Teachers, Help Me Grow, Head Start, and the Division of Family Services. There is a comprehensive referral network for children birth to three who are at risk for

cognitive and other developmental delays to be referred to Child Development Watch, and for children age 3 to 5 to be referred to their local school districts preschool programs for children with disabilities. Help Me Grow is also assisting with referrals and follow-up. Child Development Watch early intervention programs utilize a common referral form for ease of referral and receive electronic referrals with parent consent from all the Nemours physician satellite offices. There is a new effort in Delaware to promote awareness of Adverse Childhood Experiences and to connect staff and parents to available resources.

[e\) How child care providers receive this information through training and professional development.](#)

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

[f\) Provide the citation for this policy and procedure related to providing information on developmental screenings.](#)

The state law on developmental screening is Delaware Code, Title 16 Health and Safety. Chapter 2. Congenital Disabilities Program and Early Intervention Services. Subchapter II, Infants and Toddlers Early Intervention Program. There are also requirements in IDEA Part C and CAPTA for early identification of infants and toddlers who are high risk.

[2.6 Consumer Statement for Parents Receiving CCDF Funds](#)

[Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically \(such as referral to a consumer education website\) that contains specific information about the child care provider they select \(98.33 d\). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.](#)

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

The consumer statement is available electronically on MyChildDE, the state's consumer education website. At intake parents are provide with information regarding the state's resource and referral agency should they need assistance in securing childcare. Once a family has selected a provider they will need to research the health and safety record of the provider that they choose. This can be done through the state's consumer education website.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

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

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from Birth

(weeks/months/years)

through 12

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

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

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: A child under the age of 19 who has physical, emotional and/or developmental needs

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

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

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

i. "residing with":

Living in the home with a parent, guardian or caretaker

ii. "in loco parentis":

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

3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

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

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

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

iii. Define what is accepted as "Education" (including activities and any hour requirements):

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

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Delaware does not distinguish between "attending" and "job training". Attending means employment and training where there is a reasonable expectation that the training course will lead to a job within a foreseeable timeframe such as on the job training and apprenticeship or vocational skills program.

3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No,

If no, describe the additional work requirements.

N/A

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

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

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

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

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

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No

Yes

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

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

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

Any type of monetary payment that is of gain or benefit to a family. Some examples

include wages, social security pension, child support, public assistance, etc

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	4366	3711		
2	5709	4853		
3	7053	5995		
4	8395	7136		
5	9739	8278		

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

Income eligibility limits are statewide.

d. SMI source and year. 2018

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? October 1, 2019

g. Provide the citation or link, if available, for the income eligibility limits.
<http://www.dhss.delaware.gov/dss/childcr.html>

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

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

Family members certify that assets do not exceed \$1,000,000 by checking off on child care application.

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

No.

Yes.

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

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

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

Currently there are no additional eligibility conditions or priority rules.

b. eligibility redetermination.

Currently there are no additional eligibility conditions or priority rules.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

Describe:

3.1.7 Fluctuation in earnings.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.
- Other.

Describe:

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

- Applicant identity.
- Required at Initial Determination
- Required at Redetermination

Describe:

Driver's License

- Applicant's relationship to the child.
- Required at Initial Determination
- Required at Redetermination

Describe:

Driver's License

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

Required at Initial Determination

Required at Redetermination

Describe:

Driver's License

Work.

Required at Initial Determination

Required at Redetermination

Describe:

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

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

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

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Pay Stubs

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Self Attestation

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Current Bill

Other.

Required at Initial Determination

Required at Redetermination

Describe:

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

Time limit for making eligibility determinations

Describe length of time:

Track and monitor the eligibility determination process

Other.

Describe:

None

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

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

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent

who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

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

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

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

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

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

i. "Appropriate child care":

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

ii. "Reasonable distance":

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

iii. "Unsuitability of informal child care":

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

iv. "Affordable child care arrangements":

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

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

i. In writing

ii. Verbally

iii. Other.

Describe:

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

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

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

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

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	746.00	30.00	4%	2,128.00	192.00	9%
2	1,007.00	40.00	4%	2,874.00	259.00	9%
3	1,268.00	51.00	4%	3,620.00	326.00	9%
4	1,530.00	61.00	4%	4,368.00	393.00	9%
5	1,791.00	72.00	4%	5,114.00	460.00	9%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

New Castle County

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

c. What is the effective date of the sliding-fee scale(s)? 10/1/2020

d. Provide the link(s) to the sliding-fee scale:

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

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

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional fee is charged after certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

vii. Other.

Describe:

b. The fee is a percent of income and (check all that apply):

i. The fee is per child, with the same percentage applied for each child.

ii. The fee is per child, and a discounted percentage is applied for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional percentage is charged after certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

vii. Other.

Describe:

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

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

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

Describe:

c. Other.

Describe:

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

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

Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

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

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

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

- c. Families meeting other criteria established by the Lead Agency. Describe the policy.

11004.7 Determination of the Child Care Parent Fee and Fee Waiving Situations. DSS considers a family to have an excessive financial burden for the PN.OC program if the family's net income is below the Federal Poverty Level (FPL) prior to or after DSS deducts certain household expenses from the family's gross income.

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

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a

tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

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

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

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

- N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If

checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

N/A

B. Provide the citation for this policy or procedure.

N/A

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

A. Provide the income level for the second tier of eligibility for a family of three:

200 % of the Family Poverty Level

B. Describe how the second eligibility threshold:

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

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

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

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

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

The graduated phase out of assistance will allow lowincome families to experience moderate increases in without disrupting their care services by authorizing an additional 12 months of child care to enable the family to budget

accordingly taking into account the additional expense of child care

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

11004.13 Determining Graduated Phase-out for Child Care

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

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

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

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

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

Note:

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

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

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

b) "Families with very low incomes":

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

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

Prioritize for enrollment in child care services

Serve without placing on waiting list

Waive co-payments (on a case-by-case basis). As described in 3.2.4

Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

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

Prioritize for enrollment in child care services

Serve without placing on waiting list

Waive co-payments (on a case-by-case basis). As described in 3.2.4

Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

Prioritize for enrollment in child care services

Serve without placing on waiting list

Waive co-payments (on a case-by-case basis). As described in 3.2.4

Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

N/A

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

N/A

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

N/A

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

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

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

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

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

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

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

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

Note:

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

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

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

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

Provide the citation for this policy and procedure.

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

Children who are in foster care.

Delaware considers children in Foster Care to be homeless.

Provide the citation for this policy and procedure.

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

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

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

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

No.

Yes.

Describe:

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI). regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change

in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

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

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

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

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

Citation:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

Citation:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

Citation:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

Citation:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

- v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

Citation:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

Citation:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

Citation:

Policy # 11004.12.1 Continuing Child Care after Loss of Need

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

The Division of Social Services (DSS) Policy and Program Development Unit (PPDU) will be issuing policy briefs concerning program changes that are implemented as a result of the federal public health emergency declaration for the COVID-19 coronavirus outbreak. Case workers will follow the procedures in this policy brief when processing child care cases during Delaware's State of Emergency due to the COVID-19 outbreak. Case workers will NOT close child care cases if the following situations occur during the COVID-19 outbreak: • A parent/caretaker is unable to access child care services because they do not qualify for the Emergency Child Care Sites. • A parent/caretaker has been temporarily laid off due to the COVID-19 outbreak. • A parent/caretaker chooses to remove their child from their current site. For this situation, case workers will end the authorization, but will not close the child care unless the parent/caretaker provides a statement requesting to close their case.

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

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

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

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

No.

Yes.

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

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

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

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

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

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

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

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

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

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

3 Months

iv. Provide the citation for this policy or procedure.

11004.12.1 Continuing Child Care after Loss of Need

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the

next minimum 12-month redetermination. Check all that apply.

- i. Not applicable.
- ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

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

10 absences per month

B. Provide the citation for this policy or procedure:

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

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

Provide the citation for this policy or procedure:

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

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

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

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

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No

Yes

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

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

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

Describe:

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

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

Describe:

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

Describe:

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone
- ii. Email
- iii. Online forms
- iv. Extended submission hours
- v. Postal Mail
- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

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

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

Changes in need for childcare

- ii. Provide the citation for this policy or procedure.

11003.10 Changes in Need Or Income Parents/caretakers are required to report changes that affect either their need for child care or their income. Parents/caretakers

are to report these changes to their Case Manager within 10 days.

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

3.4.4 Prevent the disruption of employment, education, or job training activities.

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

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

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

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the

range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

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

The childcare certificate is issued to a parent before the parent has selected a provider. Information on the certificate includes: the child’s name and ID number, the service start and end date, the number of service days per week, the length of the service day (part day, full day, etc.) and any co-pay the parent must pay.

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

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

N/A

4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

The lead agency contracts with Children and Families First, a private agency who provides statewide resource and referral services to families who are searching for childcare. Families also have the option to visit MyChildDe website to explore provider options.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

The state currently has approximately 1003 licensed providers in the state with 811 that are active childcare subsidy providers; 359 Family Home and Large Family Home and 452 licensed centers.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

Based on provider feedback, payment rates and inability to charge additional fees such as credit card convenience fees, late pick up fees, etc. are barriers to participation. However, to incentivize providers to participate in the childcare subsidy program the state has implemented a variety of initiatives including the POC Plus program. Providers apply for the POC Plus program and must attend an orientation before charging families the difference between their private rate and the state reimbursement rate. The state's Quality Rating and Improvement System also offers tiered reimbursement based on a program's star level. Finally, providers are able to apply for the Capacity Building grant for providing care to children in underserved populations such as children with special needs and children who need care during non-traditional hours.

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

The Lead Agency has the following policy in place 11005.1 Parent/Caretaker Rights which states: 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.

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

No.

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

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

Describe:

In home care is restricted to care for a minimum of four (4) children in the home. The total number of children who are cared for in the home may not exceed a maximum of five children.

b. Restricted based on the provider meeting a minimum age requirement.

Describe:

The provider must be 21 years of age or older.

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

Describe:

In home care hours is restricted to care during non-traditional hours or hours not

offered by a licensed childcare facility .

- d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

The relative providing childcare must be related to the child by marriage, blood relation or court decree and must provide verification. The relative providing childcare must be related to the child in one of the following relationships: Great-Grandparent, Grandparent, Adult Sibling, Aunt, or Uncle.

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

Describe:

N/A

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

Describe:

N/A

- g. Other.

Describe:

N/A

4.1.6 Child care services available through grants or contracts.

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

- No. If no, skip to 4.1.7.
- Yes, in some jurisdictions but not statewide.

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

Yes, statewide. If yes, describe:

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

Through a contract with Children and Families First, a private agency, the lead agency provides capacity building grants to providers who provide care to underserved populations such as children who need care during non-traditional hours and children with special needs. This program is meant to build the capacity of and enhance the quality of available slots for these vulnerable and underserved populations.

At intake parents are provided with information regarding the various types of provider option. Parents are required to select a provider in order to proceed with the childcare authorization.

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

Through a vendor Children and Families First grants are awarded to providers who serve vulnerable populations such as infants and toddlers and children with special needs. As a part of the contract the vendor is responsible for outreach and promotion. There are currently two specialists and one program manager who implement the capacity building grant program. The program is promoted through targeted outreach centers in rural areas, early education conferences, announcements at council meetings, etc.

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

Delaware does not currently use a contract for slots model. This is an incentive that was begun within the state as a method to build the capacity of slots for infants and toddlers and stabilize payments pre-pandemic. As such it has been put on hold, but the interest remains among the early care and education community therefore the state intends to revisit the incentive in the future.

4.1.6 Child care services available through grants or contracts.

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

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

To increase the supply of care

To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

To increase the supply of care

To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with

diverse linguistic or cultural backgrounds:

- To increase the supply of care
- To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

- To increase the supply of care
- To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

- To increase the supply of care
- To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- To increase the supply of care
- To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- To increase the supply of care
- To increase the quality of care

Describe

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers.

In December 2018 Delaware was awarded the Preschool Development Grant Birth Through Five. This grant was designed to assist the state in strengthening its early childhood system and to that end ensure that all children are better prepared to enter

kindergarten. One of the requirements of the grant was to complete a statewide, comprehensive needs assessment to identify shortages in the supply of high-quality childcare that meet parents' needs and preferences. The state partnered with Ernst & Young Parthenon to complete this task. The needs assessment identified the state's insufficient supply of childcare options by location, age, groups served and hours of service. For example, although childcare centers offer 86% of the licensed slots, only 3% offer extended hours. It was further discovered that although Kent and Sussex Counties have only 38% of the state's birth through five programs; 47% of the state's birth through five population reside in these counties. Currently the state contracts with Children and Families First (CFF), a private agency that manages the statewide resource and referral system. CFF compiles data on the availability of slots in the state for children by age, nontraditional hours, special needs, etc. Proposed measures to track progress in support of equal access and parental choice would be to continue to collect data on availability of slots for infants and toddlers, the availability of extended/flexible hours of care and establish baselines.

b. In child care homes.

The above would be true for Family Childcare homes. However, to further support home-based providers the state is considering the implementation of Family Childcare Networks in an effort to stabilize this program option in the state. Pre-pandemic, home based providers in the state made up the majority of the state's childcare options. However, Delaware did experience a decline in the number of home-based providers by 53% since 2010 (i.e. from 1024 to 486 programs). Although centers provide care for most of the state's children, home based programs is an option care for low income families who often have unique needs such as the need for "one stop" care for a sibling group at differing age levels, the need for care during non-traditional hours, the need for care that is culturally preferable and finally a need for care that is affordable.

c. Other.

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

The Lead Agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during nontraditional hours and children with special needs. The state is also an Early Head Start/Child Care Partnership grantee and currently has 144 slots available to families in targeted high needs/underserved areas throughout the state.

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

The state is currently exploring ways to further support homebased providers and have been entertaining the idea of piloting a Family Childcare Network in an effort to stabilize this childcare option in the state.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

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

needs areas, children who are infants/toddlers, English Language Learners, who need care during nontraditional hours and children with special needs.

v. Recruitment of providers.

Describe:

The Lead Agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during nontraditional hours and children with special needs. Per the contract an essential deliverable is outreach. The agency conducts extensive outreach to recruit providers who specifically provide care to these underserved populations by visiting individual providers, collaborating with Delaware STARS TA's, and attending provider meetings.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

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

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

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

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

The Lead Agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children who are infants/toddlers. The lead agency is also an Early Head Start Childcare Partnership and currently has 144 slots reserved for infants and toddlers in underserved areas statewide.

ii. Family Child Care Networks.

Describe:

The state is currently exploring ways to further support homebased providers and have been entertaining the idea of piloting a Family Childcare Network in an effort to stabilize this childcare option in the state.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

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

v. Recruitment of providers.

Describe:

The Lead Agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during nontraditional hours and children with special needs. Per the contract an essential deliverable is outreach. The agency conducts extensive outreach to recruit providers who specifically provide care to these underserved populations by visiting individual providers, collaborating with Delaware STARS TA's, and attending provider meetings.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month.

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

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

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

- xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

The Lead Agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children who are diagnosed with a disability.

ii. Family Child Care Networks.

Describe:

The state is currently exploring ways to further support homebased providers and have been entertaining the idea of piloting a Family Childcare Network in an effort to stabilize this childcare option in the state.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

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

v. Recruitment of providers.

Describe:

The Lead Agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during nontraditional hours and children with special needs. Per the contract an essential deliverable is outreach. The agency conducts extensive outreach to recruit providers who specifically provide care to these underserved populations by visiting individual providers, collaborating with Delaware STARS TA's, and attending provider meetings.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

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

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

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

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

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

i. Grants and contracts (as discussed in 4.1.6).

Describe:

The Lead Agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children who need care during non-traditional hours.

ii. Family Child Care Networks.

Describe:

The state is currently exploring ways to further support homebased providers and have been entertaining the idea of piloting a Family Childcare Network in an effort to stabilize this childcare option in the state.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

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

v. Recruitment of providers.

Describe:

The Lead Agency contracts with Children and Families First, a private agency, to administer grants and technical assistance to providers who serve children in high needs areas, children who are infants/toddlers, English Language Learners, who need care during nontraditional hours and children with special needs. Per the contract an essential deliverable is outreach. The agency conducts extensive outreach to recruit providers who specifically provide care to these underserved populations by visiting individual providers, collaborating with STARS TA's, and attending provider meetings.

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

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

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

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

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

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

High needs areas are those that maintain a high concentration of low-income families and are identified by zip codes. High needs areas in Delaware include the following:

Wilmington River Area, Center City of Wilmington, Western Wilmington, Southern Kent,

Southern Dover, Georgetown area, Northern Sussex, Western Sussex, and Eastern Sussex.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

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

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3),

(f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c))). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

October 2020-January 2021

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

The Lead Agency met several times with the Delaware Early Childhood Council to discuss the parameters of the study. Stakeholders were concerned about the response rate from non CCDF providers. Based on feedback from the council, the study was conducted using a census method rather than the random sample method. Delaware attempted to interview all licensed providers in the state. Although the vendor was unable to interview all licensed providers, we did experience a 70% success rate of participation.

The Lead Agency consulted with the Delaware Early Childhood Council regarding a strategic communication plan to Delaware stakeholders prior to making the MRS public.

b) Local child care program administrators:

Local childcare program administrators are members of the state advisory council.

c) Local child care resource and referral agencies:

The local resource and referral agency is a part of the state advisory council, but is also instrumental in facilitating the local market rate study as it provides information regarding all licensed and unlicensed providers in the state for the researchers conducting the study.

d) Organizations representing caregivers, teachers, and directors:

Organizations such as the Delaware Association for the Education of Young Children and The Wilmington Early Care and Education Council which both represent caregivers, teachers and directors are also a part of the state advisory council.

e) Other. Describe:

N/A

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

The state used a census method to collect data rather than a sampling method to collect data. The vendor attempted contact with all licensed centers and home-based providers, therefore ensuring complete representation of the childcare market. The vendor was able to conduct interviews with 70% of these providers.

ii. Provide complete and current data:

Interviews were conducted with 70% of the licensed providers in the state. This included centers as well as family childcare providers. This information was collected by county, type of care and age of the children and unit of service.

iii. Use rigorous data collection procedures:

Providers were given a worksheet to complete in advance of the interview with the vendor. During the interview providers were asked about the number of children served, number of hours children were in their care, price per age group, pricing for children with special needs and any COVID-19 related expenses.

iv. Reflect geographic variations:

The state of Delaware consists of three counties. Historically childcare prices varied by county with New Castle county providers being higher for all market segments (i.e. type of care and age categories). This remains true of the current study. Licensed providers from each of the three counties were interviewed and the resulting data reflect the differences in the market prices for childcare by county.

v. Analyze data in a manner that captures other relevant differences:

The data was analyzed to capture estimates of the 75th percentiles of prices by age group and county, fulltime and part-time prices, family childcare and center prices, private and subsidy prices, prices for odd hour care and for children with special needs. For example, the researchers also conducted a differential analysis to determine if providers who were serving children with special needs charged higher prices overall than providers who had no children enrolled with special needs. To determine this, the researchers compared the prices charged by providers who had children with special needs enrolled, in relation to the prices charged by providers who

had no children enrolled with special needs. Therefore, the researchers sought to determine whether a price differential existed between the following two categories of providers: *Providers serving children that had been diagnosed with special needs and serving children that had not been diagnosed with special needs. (SNC) Providers who had no children enrolled that had been diagnosed with special needs (RC)* To determine if a statistically significant price difference existed between these two categories of providers, the researchers calculated the 75th percentile of prices, by cell, of these two groups (SNC, RC). If a statistically significant difference in price did exist, this would support the hypothesis that SNC providers were passing along (possible) additional costs for serving children with special needs to all of the children in their program. The researchers utilized the information collected from all of the providers to conduct this analysis. The result was that there is generally no statistically significant difference in prices between providers who serve children with special needs and those who do not. The final report details 75th percentiles of prices including comparisons of the distribution of prices charged by providers ("provider prices"), (2), the distribution of prices paid by Delaware families ("weighted" or purchase prices), (3) a study of the costs and prices associated with the care of children with special needs, and (4) the effects of the COVID-19 pandemic on prices charges and enrollments.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

The state performed a census of approximately 1000 licensed providers in the state. This is in contrast to previous studies where the vendor designed a sample of 50% of the providers in the state (about 500). The vendor attempted contact with all licensed centers and home-based providers, therefore ensuring complete representation of the childcare market. The vendor was able to conduct interviews with 70% of these providers. Although providers reported decreased enrollment, most reported that the pandemic did not cause them to change tuition prices.

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

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

The state conducted a local market rate survey of all licensed providers statewide using a census method rather than a sample of providers in the state.

b) Type of provider. Describe:

A survey was conducted of all licensed providers, this included centers and home-based providers.

c) Age of child. Describe:

Prices were collected for infants, toddlers, preschool and school age children.

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

N/A

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

The lead agency contracted with a vendor who conducted a statewide Cost of Care Study as well as a statewide Market Rate Study to collect and analyze data on the estimated cost of care as well as the extent of the gap between reimbursement rates and these estimated costs.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

The lead agency contracted with a vendor to conduct a statewide cost of care study. Providers were given a worksheet to complete prior to the interview and were asked specific questions regarding their operating costs as they relate to staffing, professional development, training, rent, cleaning, classroom supplies, equipment, etc. To conduct the interview the vendor used a survey instrument which requested more detailed information regarding cost drivers such as staff wages and benefits, number of directors, number of full time versus part time staff, staff turnover, health and safety regulations that contribute to higher operating costs, etc.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

Delaware has been using a Quality Rating and Improvement System since 2007 and is currently in the process of revising it. Taking the cost of higher quality into account is extremely important at this time and the state is intentionally focused on being able to support providers as they move through the star levels in their effort to become quality programs. The idea is to ensure that every child in the state has access to high quality early care and education. The survey instrument used to conduct the cost of care study took into account the star rating of the provider, an estimate of what it might cost to reach the next star level, what impact that next star level might have e.g. smaller teacher to child ratio, smaller group size, etc. The instrument also took into account whether the cost of meeting the requirements for the next star level exceeded the program's revenue from current tuition rates, whether the revenue currently collected from tuition fully covers the cost of delivering quality, how important the Star rating is to the program, etc.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

One of the goals of the cost of care study was to examine the extent of the gap between the cost of care being provided and the amount of revenue being collected from private and subsidy reimbursement. The vendor will collect and analyze this data through the use of the survey instrument which will take into account all operating costs in relation to revenue collected from private tuition and subsidy payments.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

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

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. February 25, 2021

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

The final report was shared in a meeting with the state advisory council and can be found on the lead agency website.

<https://dhss.delaware.gov/dhss/dss/files/2021DelawareChildCareMarketRateSurvey.pdf>

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

The results of the final report were shared with the state advisory council prior to making it public. The lead agency did receive comments regarding some outliers in terms of prices reported. These comments were discussed with the vendor who provided some possible rationales for these outliers. This data was reanalyzed, and the final report was revised accordingly prior to being made public.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the

highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate: 45.42

Full-time weekly base payment rate: 227.10

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 70%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

ii. Age of child in what type of licensed child care setting (All rates are full-time) -

Toddler (18 months) Center care:

Base payment rate:39.48

Full-time weekly base payment rate: 197.40

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 70%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:34.30

Full-time weekly base payment rate: 171.50

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 70%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:30.11

Full-time weekly base payment rate: 150.55

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 70%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:28.88

Full-time weekly base payment rate: 144.40

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 70%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:26.60

Full-time weekly base payment rate: 133.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 70%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:25.20

Full-time weekly base payment rate: 126.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 70%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:23.40

Full-time weekly base payment rate: 117.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 70%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

The daily rate multiplied by 5 equals weekly rate .

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-time care is defined as four (4) hours or more of care per day and paid full daily rate. Part-time is defined as under four (4) hours per day and payment is half of the daily full-time rate.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). July 2019

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

New Castle County

f. Provide the citation, or link, if available, to the payment rates

<https://dhss.delaware.gov/dhss/dss/childcr.html>

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

N/A

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

a. Geographic area.

Describe:

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

b. Type of provider.

Describe:

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

c. Age of child.

Describe:

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

d. Quality level.

Describe:

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

e. Other.

Describe:

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

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

pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No.

Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

Providers who care for children with special needs are reimbursed at a higher rate (3%)
Providers who participate in the state's QRIS are able to receive tiered reimbursement based on the star level they achieve. Providers must have reached a star level 3 in order to collect tiered reimbursement.

b. Differential rate for non-traditional hours.

Describe:

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

Describe:

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

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

Describe:

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

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

Describe:

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

Describe:

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

- g. Other differential rates or tiered rates.

Describe:

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

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Effective July 1, 2021 the state will be reimbursing providers at 70% of the 2021 Market Rate. The state also conducted a Cost of Care Study to determine the gap between reimbursement rates and the true cost of childcare and is developing a state specific cost of care estimator tool that can be used by providers to calculate the actual cost of providing care for each age group and star level as they strive to enhance the quality of their programming. The state is making a concerted effort to move toward an alternative methodology for rate setting and intends to seek approval from ACF for 2024.

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

Payment rates are set using the latest MRS information. Delaware chose to move forward with a 2021 Market Rate Study which was conducted in October 2020 through February 2021. The lead agency received a final report in 2021. The lead agency also

conducted a Cost of Care Study in 2021 to examine the gap between what the state reimburses and the actual cost of care. The state is also developing a state specific cost estimator tool that providers can use to determine the actual cost of care as they implement quality incentives that relate to their particular star level. Based on the 2021 MRS the majority of providers, both centers and family child care did not change their tuition rates due to the pandemic although they saw a decline in enrollment and lower revenues. Providers did realize increased costs due to the pandemic for these reasons as well as the need to abide by additional health and safety regulations as set forth by Delaware Public Health and licensing. These factors were not considerations in rate setting; however, the lead agency implemented many financial supports such as Enhanced Reimbursement and pay based on enrollment to support providers through the state of emergency. Once the state of emergency is lifted, many of the additional costs that providers incurred will no longer be a factor. Some examples are the cost of providing more staff due to smaller group size, the cost of specialized cleaning services or equipment, etc

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

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

Along with the MRS the lead agency also conducted a Cost of Care Study and is developing a cost estimator tool that providers will be able to use to determine the true cost of care particularly as it relates to the various star levels and the cost associated with achieving and maintaining them.

The state intends to move to an alternative method of rate setting based on the results of the Cost of Care study and will likely seek approval from ACF for 2024.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

N/A

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

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

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time

and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

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

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

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

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

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

Describe the policy or procedure.

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

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

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

Describe the policy or procedure.

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

Describe the policy or procedure.

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

Describe the policy or procedure.

11006.4.1 Paying for Absent Days and Holidays in Child Care. Providers are paid up to five (5) absent days.

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

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

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

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

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

Full time is defined as over four (4) hours of care per day. Part time is defined as under 4 hours of care per day .

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

Describe the policy or procedure.

Providers are required to waive registration fees.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution

process. Describe:

Providers who participate in the childcare subsidy program must attend an orientation where they are apprised of the program rules and regulations. Providers also sign a contract agreeing to these rules and regulations. Providers are reimbursed following the month of service and payment is based on the submission of an attendance record. Fees are paid based on attendance rather than enrollment, however during the COVID pandemic this payment practice was waived, and providers were paid based on enrollment. All fees are recorded by the provider on a program overview and reviewed by a Child Care Monitor.

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

Describe:

All changes to an authorized child such as switching from type of care, authorized days, and copayments will be updated in the Provider Self Service within twenty-four (24) hours. If the child is no longer eligible for the program, the child will not appear on the attendance record.

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

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

g. Other. Describe:

N/A

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

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

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

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

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

- a. Limit the maximum co-payment per family.

Describe: .

A family's copayment is based off a percentage of their gross income with no limits.

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

The maximum percentage applied to a family's gross income is 9%.

- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

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

- d. Other.

Describe:

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

- No

- Yes. If yes:

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

In Delaware, providers can become a POC Plus provider. This option was made available to providers to incentivize them to become childcare subsidy providers. This in turn provides low income families equal access to higher quality childcare programs.

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

Currently the Lead Agency does not have such data. However, the agency has revised the POC Plus policy and tracks all new providers who opt to become POC Plus to ensure they maintain equal shares of POC Plus and traditional slots.

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

The Lead Agency does not collect this type of data.

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

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

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

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

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

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

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

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

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

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

a. Center-based child care.

i. Identify the providers subject to licensing:

Early care and education and school-age centers provide care, education, protection, supervision, and guidance for 13 or more children, including children who are related to the licensee. This service is provided to an individual child for less than 24 hours

per day and children attend without a parent/guardian. A licensee receives payment for services provided. This definition includes, but is not limited to, full- and part-time childcare or daycare, early care and education, preschool, nursery school, before- or after-school care, school vacation or holiday care, and summer child care.

ii. Describe the licensing requirements:

The DELACARE: Regulations for Early Care and Education and School-Age Centers establish the requirements for licensed child care centers regarding health and safety standards, staffing requirements, and program operation.

iii. Provide the citation:

https://education.delaware.gov/families/occl/regulations_and_exemptions/

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family child care is a licensed child care service offered by a person or a corporate entity. A licensee provides this service for less than 24 hours per day and children attend without a parent/guardian. A licensee receives payment for services provided. There are two types of family childcare; a Level I may have a maximum of five or six children depending on their ages and a Level II may have a maximum of nine children depending on their ages. Children living in the home who do not attend kindergarten or a higher-grade count in these numbers. These regulations describe the ages of children allowed to be present in each type. A licensee provides care, education, protection, supervision, or guidance to children in the licensee's private home. Childcare provided only to a person's own children, grandchildren, nieces, nephews, or stepchildren does not require a family childcare license even if payment is received. Large family childcare is a licensed child care service offered by a person or corporate entity. A licensee provides this service for less than 24 hours per day and children attend without a parent/guardian. A licensee receives payment for services provided. A licensee may have a maximum of 12 children. The ages of the children will determine the number of staff needed. Children living in the home who do not attend kindergarten or a higher-grade count in these numbers. A licensee provides care, education, protection, supervision, or guidance to children in a private home or non-residential setting. Childcare provided only to a person's own children, grandchildren, nieces, nephews, or stepchildren does not require a large family childcare license

even if payment is received.

ii. Describe the licensing requirements:

The DELACARE: Regulations for Family and Large Family Child Care Homes establish the requirements for licensed family and large family child care homes regarding health and safety standards, staffing requirements, and program operation.

iii. Provide the citation:

https://education.delaware.gov/families/occl/regulations_and_exemptions/

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

N/A

ii. Describe the licensing requirements:

N/A

iii. Provide the citation:

N/A

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable

to the exemption:

Currently, there are five license exempt summer camps who receive CCDF funds. The Office of Child Care Licensing is currently drafting DELACARE: Regulations for Youth Camps. These are expected to be completed by September 2021 and will be enforced beginning in the summer of 2022. Therefore, there will be no license-exempt summer camps after 2021.

ii. Provide the citation to this policy:

These programs are exempt from licensure because they operate during the summer months, serve school-age children only, and receive a permit from the Division of Public Health DELACARE: Regulations for Early Care and Education and School-Age Centers regulation #4.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

These summer camp programs receive a pre-permitting visit and are given background checks by the Criminal History Unit in the Department of Services for Children, Youth and Their Families.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

N/A

ii. Provide the citation to this policy:

N/A

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

N/A

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

N/A There are no CCDF-eligible in home child care providers who are exempt from licensing requirements.

ii. Provide the citation to this policy:

N/A

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

N/A

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

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

b. Toddler. Describe:

Toddler means a child who is between the age of 12 months and less than 36 months of age.

c. Preschool. Describe:

Preschool-age child means a child three through five years of age who is not yet attending a kindergarten program. If a child is older than five years of age and is not yet attending a kindergarten program, that child shall be considered in the preschool-age group.

d. School-Age. Describe:

School-age child means a child who attends or has attended kindergarten or a higher grade.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1 staff to 4 infants.

B. Group size:

The maximum group size is 8.

ii. Toddler

A. Ratio:

1 staff to 6 toddlers for one-year-old children and 1 staff to 8 toddlers for two-year-old children.

B. Group size:

The maximum group size is 12 for one-year-old children and 16 for two-year-old children.

iii. Preschool

A. Ratio:

1 staff to 10 three-year-old children and 1 staff to 12 four year old and five year old children who have not yet entered kindergarten.

B. Group size:

The maximum group size for three-year-old children is 20 and 24 for children ages four and five.

iv. School-age

A. Ratio:

1 staff to 15 school-age children

B. Group size:

The maximum group size is 30.

v. Mixed-Age Groups (if applicable)

A. Ratio:

If an age group is mixed the staff-to-child ratio is for the youngest child present.

B. Group size:

If an age group is mixed the maximum group size is for the youngest child present.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

N/A

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

A Level I family home shall be licensed to provide child care for up to four children preschool-age or younger and for up to two additional school-age children that do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

1. No more than two of the six children may be under the age of 12 months; and
2. No more than six children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

Another option for a Level I family home is to provide child care for up to five children preschool-age and younger and no additional school-age children that do not live in the family home;

1. No more than two of the five children may be under the age of 12 months; and
2. No more than three of the five children may be under the age of 24 months

A Level II family home shall be licensed to provide child care for up to six children preschool-age or younger and for up to three additional school-age children who do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

1. No more than two of the nine children may be under the age of 12 months; and
2. No more than four of the nine children may be under the age of 24 months; and
3. No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

A large family child care provider may alone care for six children preschool-age or younger and three additional school-age children who do not live in the large family home and attend only for before school, after school, during school holidays, and

during school vacation;

1. No more than two of the nine children may be under the age of 12 months; and
2. No more than four of the nine children may be under the age of 24 months; and
3. No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

A large family provider and large family assistant or large family aide are present when there are seven or more preschool-age or younger children present.

1. No more than four of the 12 children are under the age of 12 months; and
2. No more than six of the 12 children are under the age of 24 months; and
3. No more than 12 children may be present at any time.

B. Group size:

A Level I family child care may have 5 or 6 children. A Level II family child care home may have 9 children. A large family child care home may have 12 children.

ii. Infant

A. Ratio:

In a level 1 or level II family child care home no more than 2 infants with one provider and no more than 4 infants in a large family child care home with one provider.

B. Group size:

They may be mixed with older children. A Level I family child care may have 5 or 6 children. A Level II family child care home may have 9 children. A large family child care home may have 12 children.

iii. Toddler

A. Ratio:

A level I family child care provider (FCCH) may choose to have 3 under two years of age, however they can only care for a maximum of five children. A level II FCCH may have no more than 4 under 24 months with one staff. A LFCCH may have no

more than 4 under 24 months with one staff and no more than 6 under 24 months with two staff.

B. Group size:

A Level I family child care may have 5 or 6 children. A Level II family child care home may have 9 children. A large family child care home may have 12 children.

iv. Preschool

A. Ratio:

A level 1 FCCH may have 6 preschool-age children to one provider, A level II family provider may have 6 preschool-age and 3 school-age children to one provider. A large family may have 6 preschool-age with one provider and 12 with two staff.

B. Group size:

A Level I family child care may have 5 or 6 children. A Level II family child care home may have 9 children. A large family child care home may have 12 children.

v. School-age

A. Ratio:

A level 1 FCCH may have 6 school-age children to one provider, A level II family provider may have 9 school-age to one provider. A large family may have 9 school-age kids with one provider and 12 with two staff.

B. Group size:

A Level I family child care may have 6 children. A Level II family child care home may have 9 children. A large family child care home may have 12 children.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

N/A

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

c. Licensed in-home care (care in the child's own home):

i. Mixed Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

N/A

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

An early childhood teacher must be at least 18 years of age and meet one of the following education and experience qualifications: Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a group setting. Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting. High school diploma or equivalent recognized by Delaware Department of Education in any area of study; and with at least 12 months of experience working

with children birth through second grade in a group setting and successful completion of one of the following: Nine credits of which three credits must be in early childhood education, child development, and positive behavior management; Valid Child Development Associate Credential, CDA; Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2) or equivalent such as training that has received the Council for professional Recognition's CDA Gold Standard; Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program; successful completion of the Delaware Department of Labor's Early Childhood Apprenticeship Program; A vocational or technical high school's three year program in early childhood education approved by Delaware's Department of Education; or Before 2007 of a one year early childhood diploma program from a two year college. An assistant teacher must be at least 18 years of age and have a high school diploma or equivalent recognized by Delaware Department of Education, six months of experience working with children birth through second grade in a group setting, and successful completion of one of the following: at least three credits in early childhood education and three credits in child development; Training for Early Care and Education 1 (TECE 1); or a traditional high school's career pathway program in early childhood education approved by Delaware's Department of Education. Staff working in school-age programs must be qualified as at least a School-Age Site assistant to be alone with children. They must be at least 20 years of age and meets the following education and experience qualifications: At least a high school diploma or equivalent recognized by the Delaware Department of Education, Successful completion of at least 12 college or university credits in recreation, elementary education, school-age care, or school-age administration, and 12 months of experience working with children kindergarten through sixth grade in a group setting. A School-Age Site Assistant must be at least 18 years of age and meets one of the following education and experience qualifications: High school diploma or equivalent recognized by Delaware Department of Education, Successful completion of three credits in recreation, elementary education, school-age care, or school-age administration or - 45 clock hours of quality-assured training related to the needs of the school- age children served; and Part-time employment for one school year from September to June providing education/care to children kindergarten through sixth grade in a group setting or - Full-time employment during the majority of one summer season (June through August) providing education/care to children kindergarten through sixth grade in a group setting. Or High school diploma or equivalent

recognized by Delaware Department of Education; Successful completion of at least 15-clock-hours of quality-assured training in school-age care within 12 months of employment; and Part-time employment from September to June for two school years or full-time employment for one school year providing education/care to children kindergarten through sixth grade in a group setting - or -Full-time employment during the majority of two summer seasons (June through August) providing education/care to children kindergarten through sixth grade in a group setting.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

A director is named an administrator in DE's licensing regulations. An administrator must have at least a bachelor's degree or associate degree from a regionally accredited college or university including at least 15 credits and at least three credits in each of the following areas child development/learning, environment/curriculum, social-emotional development, observation/assessment, and at least one three-hour early childhood elective of the student's choice.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

Summer Camps follow the Division of Public Health's staffing requirements. OCCL is creating regulations to license summer camps. They should be in place by September 2021.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

https://education.delaware.gov/wp-content/uploads/2020/11/occl_delacare-regulations-center_2020.pdf

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

A level 1 family child care provider must be at least 18 years old, have a high school diploma or its equivalent and must have one of the following: Sixty-clock-hours of

training with at least three-clock-hours in each of the following areas: child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; and management and administration related to running a child care; or three college/university credits from a regionally approved college or university in courses related to any of the following areas: child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; and management and administration related to running a child care; or be qualified as at least an early childhood assistant teacher as stated in DELACARE center regulations.

To become a level II provider, a family provider must also have 24 months of experience working with children in a group, or 3 months of supervised student teaching, or 24 months of being licensed as a level I without a substantiated complaint for serious health and safety violations or substantial non-compliance. To become a large family provider, a person must be at least 21 years old, have 24 months of experience working with children in a group and a high school diploma or equivalent, and complete one of the following:

- Training for Early Care and Education 1 and 2 or equivalent training as recognized by OCCL, such as within the Council for Professional Recognition's CDA Gold Standards Comprehensive certification.
 - A Child Development Associate Credential (CDA) that is kept valid/current.
 - Delaware Department of Labor's Early Childhood Apprenticeship Program.
 - A high school diploma from a vocational/technical high school's three-year program in early childhood education accepted by the department.
 - Nine college/university credits, including three in early childhood education, three in child development, and three in positive behavior management.
 - One-year early childhood diploma program from a two-year college.
 - An Associate degree from an accredited college or university and six college/university credits of child development or early childhood education; or
 - Qualified as at least an early childhood teacher as per DELACARE: Regulations for Early Care and Education and School-Age Centers (2020).
-
- Training for Early Care and Education 1 and 2 or equivalent training as recognized by OCCL, such as within the Council for Professional Recognition's CDA Gold StandardSM Comprehensive certification;
 - A Child Development Associate Credential (CDA) that is kept valid/current;

- Delaware Department of Labor's Early Childhood Apprenticeship Program;
- A high school diploma from a vocational/technical high school's three-year program in early childhood education accepted by the department;
- Nine college/university credits, including three in early childhood education, three in child development, and three in positive behavior management;
- One-year early childhood diploma program from a two-year college;
- An Associate degree from an accredited college or university and six college/university credits of child development or early childhood education; or
- Qualified as at least an early childhood teacher as per DELACARE: Regulations for Early Care and Education and School-Age Centers (2020).

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

N/A

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

https://education.delaware.gov/families/occl/careers_in_child_care/large_family_child_care_home_qualifications/

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

N/A

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and

ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to prevent and control infectious diseases by using the Standard Precautions, handwashing, and sanitation requirements that are located in family and large family child care homes licensing regulations #37, #38, #39, and #40, as well as excluding children when they are ill as stated in #41. In centers, regulation #58, #59, #60, and #61 describe the Standard Precautions, handwashing, and sanitation requirements, and #62 describes the reasons to exclude children when they are showing signs of illness. OCCL also has required additional sanitation requirements due to COVID-19. The required immunizations are included in the DELACARE Regulations for centers as well as in the family and large family regulations. Based on this information, OCCL has created "Health and Safety Training for Child Care Professionals" located at <https://depdnow.com/> that is required to meet pre-service for family and large family providers and orientation requirements for center staff members. The providers must follow licensing regulations.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

The requirements are the same for each type of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #37, #38, #39, #40, and #41 or DELACARE: Regulations for Early Care and Education and School-Age Centers #58, #59, #60, #61, and #62.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, #56, #69, and 70 or DELACARE: Regulations for Early Care and Education and School-Age Centers #32 and #33.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Family and large family providers must complete one hour of annual health and safety training. Center staff working more than 25 hours per week must complete two hours of annual; health and safety training and staff working less than 25 hours per week must complete one hour.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to prevent sudden infant death syndrome and to use the safe sleep practices that are listed in DELACARE: Regulations for Family and Large Family Child Care Homes and DELACARE: Regulations for Early Care and Education and School-Age Centers that are as follows: A licensee shall ensure cribs meet the current standards of CPSC or other safety authority recognized by OCCL. Cribs must not be stacked while in use. Cribs must not have gaps larger than 2 3/8 inches between the slats. Infants must sleep only in cribs, pack-and-plays, and playpens. The use of soft surfaces, such as soft mattresses, pillows, sofas, and waterbeds, are prohibited as infant sleep surfaces. A licensee shall ensure infants who fall asleep in car seats, swings, seats, or other equipment are immediately moved to cribs, pack-and-plays, or playpens. Cribs, pack-and-plays, and playpens must have top rails at least 20 inches above the mattresses. The mattress must be set at its lowest position. Latches on cribs, pack-and-plays, or playpens must be safe, secured, and hazard-free. Crib mattresses must be firm and tight fitting to the frame and covered with a tight-fitting bottom sheet only. Pillows, bibs, blankets, bumper pads, cloth diapers other than those worn by an infant, comforters, top sheets, quilts, sheepskin, stuffed toys, sleep positioning devices (except as described below), stuffed toys, and other items are prohibited in a crib, pack-and-play, and playpen. Infants may use pacifiers in a crib. Toys or objects attached to cribs, pack-and-plays, or playpens are prohibited. Swaddling of infants requires written parent/guardian permission. Blankets are prohibited for swaddling when laying an infant down to sleep. However, swaddle-blanket sleepers may be used. Infants must be placed on their backs when laid down to sleep as recommended by the American Academy of Pediatrics. OCCL allows an exception if the infant's health care provider documents that a physical or medical condition requires a different sleeping position or use of a sleep-positioning device. The health care provider must document the new sleep position or the device and how to use it. Based on this information, OCCL has created "Health and Safety Training for Child Care Professionals" located at <https://depdnow.com/> that is required to meet pre-service for family and large family providers and orientation requirements for center staff members.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed programs must follow these requirements.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

DELACARE: Regulations for Family and Large Family Homes #35 and DELACARE: Regulations for Early Care and Education and School-Age Centers #56.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, #56, #69, and 70 or DELACARE: Regulations for Early Care and Education and School-Age Centers #32 and #33.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Family and large family providers must complete one hour of annual health and safety training. Center staff working more than 25 hours per week must complete two hours of annual; health and safety training and staff working less than 25 hours per week must complete one hour.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All child care providers must be trained on the administration of medication regulations located in the Delacare Regulations. This training is included in "Health and Safety Training for Child Care Professionals" located at <https://depdnow.com/>. All licensed child care providers must have someone present who is certified to administer medication at all times. In order to become certified, the provider must complete OCCL's approved Administration of Medication training located on DEP now's website or self-study and pass an in-person test. In order to administer medication, licensed child care providers must have written parent/guardian consent on a Medication Administration Record. In addition to parental consent, the Medication Administration Record must contain the following information: the name and birth date of the child; medication allergies; doctor name and phone number; pharmacy name and phone number; name of medication; dosage (amount given); time or frequency (when given); route of administration, such as oral, eye, nose, mouth, topical, inhalation, injection; medication expiration date; end date (when to stop giving); reason for medication; and special directions.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

All licensed providers have the same standard. Certifications for administration of medication are valid for 5 years.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #42 or DELACARE: Regulations for Early Care and Education and School-Age Centers #63.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, #56, #69, and 70 or DELACARE: Regulations for Early Care and Education and School-Age Centers #30, #32 and #33.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Family and large family providers must complete one hour of annual health and safety training. Center staff working more than 25 hours per week must complete two hours of annual; health and safety training and staff working less than 25 hours per week must complete one hour.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All licensed providers must obtain children's health information including any known allergies before the child begins care. The administration of medication training includes information of how to handle emergencies due to food as well as allergic reactions and information on this topic is included in Health and Safety Training for Child Care Professionals" located at <https://depdnow.com/>.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

All licensed providers have the same standard.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

.Licensed providers must follow DELACARE: Regulations for Family and Large Family

Child Care Homes #20, #22, #23, and #42 or DELACARE: Regulations for Early Care and Education and School-Age Centers #40, #41 and #63.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, #56, #69, and 70 or DELACARE: Regulations for Early Care and Education and School-Age Centers #30, #32 and #33.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Family and large family providers must complete one hour of annual health and safety training. Center staff working more than 25 hours per week must complete two hours of annual; health and safety training and staff working less than 25 hours per week must complete one hour.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

For section iii, it is pre-service for family and large family providers and orientation for center staff.

For section iv, it is yes for family and large family providers and no for center staff.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The standard is ensuring as the child care provider (center, large family, and family) knowing the requirements of the DELACARE Regulations regarding the physical environment and safety that includes requirements to keep the building safe and in good repair, how to maintain the premises and outdoor area in a safe manner by using fenced areas that are hazard free and areas removed from vehicular traffic.

Information on these topics is included in Health and Safety Training for Child Care Professionals" located at <https://depdnow.com/>.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensing regulations require fencing for on-site outdoor playgrounds for centers and large family child care homes. Family child care homes only need a fenced in play area if there are danger in the area or it is a high traffic area. Center regulations require fall zone protection material whereas family and large family regulations do not.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed centers must follow DELACARE: Regulations for Early Care and Education and School-Age Centers #45- #69. Licensed family and large family homes must

follow DELACARE: Regulations for Family and Large Family Child Care Homes #27 - #48.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, #56, #69, and 70 or DELACARE: Regulations for Early Care and Education and School-Age Centers #30, #32 and #33.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Family and large family providers must complete one hour of annual health and safety training. Center staff working more than 25 hours per week must complete two hours of annual health and safety training and staff working less than 25 hours per week must complete one hour.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The standard is defined as the childcare provider (center, large family, and family) knowing the steps necessary to prevent shaken baby syndrome, abusive head trauma, and child maltreatment. Information on these topics is included in "Health and Safety Training for Child Care Professionals" located at <https://depdnow.com/>.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

All licensed providers have the same standard.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, and #69 or DELACARE: Regulations for Early Care and Education and School-Age Centers #32.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, and #69 or DELACARE: Regulations for Early Care and Education and School-Age Centers #32.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Family and large family providers must complete one hour of annual health and safety training. Center staff working more than 25 hours per week must complete two hours of annual health and safety training and staff working less than 25 hours per week must complete one hour.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with

disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The standard is that before OCCL issues a license, each child care provider (center, large family, and family) must create and submit an emergency plan containing each component listed in licensing regulations which includes procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Staff and substitutes must be trained on how to implement the plan during a man-made or natural disaster. Information regarding emergency preparedness and response planning is included in "Health and Safety Training for Child Care Professionals" located at <https://depdnow.com/>.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

All licensed providers have the same standard.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #45 or DELACARE: Regulations for Early Care and Education and School-Age Centers #7 and #66.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, #45, and #69 or DELACARE: Regulations for Early Care

and Education and School-Age Centers #32.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All licensed providers have the same standard.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to handle and store hazardous materials and dispose of

bio contaminants by following licensing regulations. Information regarding these topics is included in "Health and Safety Training for Child Care Professionals" located at <https://depdnow.com/>.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

All licensed providers have the same standard.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #27 or DELACARE: Regulations for Early Care and Education and School-Age Centers #45.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, #45, and #69 or DELACARE: Regulations for Early Care and Education and School-Age Centers #32.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All licensed providers have the same standard.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to properly transport children by following licensing regulations. Information regarding these topics is included in "Health and Safety Training for Child Care Professionals" located at <https://depdnow.com/>.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

When not using a transportation company, child care centers must have a driver that is at least 21 who has a valid driver's license and a comprehensive background check.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #46 and #47 or DELACARE: Regulations for Early Care and Education and School-Age Centers #67 and #68.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, #45, and #69 or DELACARE: Regulations for Early Care and Education and School-Age Centers #32.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Family and large family providers must complete one hour of annual health and safety training. Center staff working more than 25 hours per week must complete two hours of annual health and safety training and staff working less than 25 hours per week must complete one hour.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed

child care providers receive an email notification.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

OCCL accepts the American Red Cross, Heart Saver, and numerous other trainings to meet the requirements. CPR training must include "hands on" skills demonstration to be accepted. First aid and CPR must be relevant to the ages of children served. A pediatric certification is required for programs accepting young children.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

All licensed providers have the same standard.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #8, #15, #45, #56, #70 or DELACARE: Regulations for Early Care and Education and School-Age Centers #35.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #8, #15, #45, #56, #70 or DELACARE: Regulations for Early Care and Education and School-Age Centers #35. The providers must follow licensing regulations.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All providers (except for aides in child care centers) must have CPR and First aid certifications. Child care staff must have them within 2 months of hire and family and large family providers must have them before they are initially licensed. CPR and First aid certifications are checked to ensure they have not expired at each annual review of a facility.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

For section iii, it is preservice for family and large family providers and orientation for center staff excluding those who may never be alone with children.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention

and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The Office of Child Care Licensing requires all providers to complete Mandatory Reporting and Recognition of Child Abuse and Neglect or DEPD now's online training before they can work alone with children. Child care providers must be aware of their duty to report suspected child abuse or neglect to DE's Child Abuse and Neglect Report Line. They must know the signs and symptoms of child abuse and neglect and conduct daily health observations to look for these signs or symptoms. They must not allow anyone under investigation for abuse or neglect to work with children until the investigation is over and the person is cleared. The providers must follow licensing regulations.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Center staff must have an annual review of the training content. Center staff and large family providers must sign an acknowledgement that states they are aware that they are mandated reporters.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #15, and #69 or DELACARE: Regulations for Early Care and Education and School-Age Centers #35.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed providers must follow DELACARE: Regulations for Family and Large Family

Child Care Homes #7, #15, #45, and #69 or DELACARE: Regulations for Early Care and Education and School-Age Centers #32.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Child Care center staff must be trained annually.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #55, #56, #66, and #70 or DELACARE: Regulations for Early

Care and Education and School-Age Centers #27.

ii. Please enter 'NA' below

Licensed child care providers must complete annual training they may choose training in child development or other topics. Licensed family and large family provider must complete pre-service training in child development. In order to work alone with child, licensed child care center staff must complete training in child development.

iii. Please enter 'NA' below

The identified health and safety standards are in effect and enforced through monitoring because licensing specialists conduct unannounced annual full compliance reviews at each licensed facility and ensure that all licensing regulations are being followed. In addition, licensing specialists investigate complaints of regulation violations and monitor facilities that are placed on an enforcement action at least every other month by conducting an onsite visit.

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Licensed providers must follow DELACARE: Regulations for Family and Large Family Child Care Homes #7, #55, #56, #66, and #70 or DELACARE: Regulations for Early Care and Education and School-Age Centers #27.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed child care providers must complete annual training they may choose training in child development or other topics. Licensed family and large family provider must complete pre-service training in child development. In order to work alone with child, licensed child care center staff must complete training in child development.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

When licensing regulations change or additional trainings are created, all licensed child care providers receive an email notification.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

18 hours for staff who working 25 or more hours per week and 9 hours for staff working less than 25 hours per week

b. License-exempt child care centers:

There are no annual training requirements for license-exempt child care centers.

c. Licensed family child care homes:

12 hours for family child care and 15 hours for large family child care

d. License-exempt family child care homes:

N/A

e. Regulated or registered In-home child care:

Delaware does not have regulated or registered in-home child care.

f. Non-regulated or registered in-home child care:

Delaware does not have non-regulated or registered in-home child care.

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

Licensed family and large family providers and child care centers are required to follow DELACARE Regulations regarding food and nutrition. Providers may choose to complete training in this topic area to meet their annual training requirement. Training is required annually, but they may choose another topic if desired.

b. Access to physical activity:

Describe:

Licensed family and large family providers and child care centers are required to follow DELACARE Regulations regarding physical activity. Providers may choose to complete training in this topic area to meet their annual training requirement. Training is required annually, but they may choose another topic if desired.

c. Caring for children with special needs:

Describe:

Providers may choose to complete training in this topic area to meet their annual training requirement. Training is required annually, but they may choose another topic if desired.

d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

Providers may choose to complete training in this topic area to meet their annual training requirement. Training is required annually, but they may choose another topic if desired.

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

The Delaware Child Care Act is the law that supports the regulations of all child care facilities in the state. There are two sets of regulations that the Office of Child Care Licensing uses to monitor CCDF providers. They are DELACARE: Regulations for Early Care and Education and School-age Centers and DELACARE: Regulations for Family and Large Family Child Care Homes. Licensing specialists ensure corrective action is taken to remedy the non-compliance. If a provider is determined to have serious non-compliance, OCCL may place that provider on the enforcement action on Warning of Probation or Probation or may seek to revoke the license. Providers on an enforcement action receive additional technical assistance and monitoring visits.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

OCCL's licensing specialists review staff files at child care centers and large family homes to verify that trainings were completed at orientation and annually. Family child care home providers are required to submit initial health and safety training certificates to

OCCL before licensure and are required to submit health and safety training annually upon license renewal. Licensing specialists conduct unannounced full compliance reviews and investigate complaints regarding regulation violations.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Licensed providers must follow DELACARE: Regulations for Early Care and Education and School-age Centers and DELACARE: Regulations for Family and Large Family Child Care Homes. These regulations require a fire marshal inspection annually for centers and large family homes and an initial inspection for family child care homes. DELACARE Regulations for Early Care and Education and School-Age Centers #7, and #49 and DELACARE Regulations for Family and Large Family Child Care Homes # 7 and #61.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

All licensed facilities are required to have a pre-licensing visit to determine compliance with the regulations before a license is issued. Before a pre-licensing visit is conducted, the site must receive Fire Marshal approval.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

OCCL conducts an unannounced full compliance review annually and an unannounced monitoring visit is conducted when a complaint is lodged against the center. In addition, centers who are placed on an enforcement action receive a monitoring visit every other month.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

Unannounced visits are conducted at least once a year and to investigate complaints. Additional visits are made to facilities on an enforcement.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

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

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no

fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

All licensed facilities are required to have a pre-licensing visit to determine compliance with the regulations before a license is issued. Before a pre-licensing visit is conducted, the site must receive Fire Marshal approval.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

OCCL conducts an unannounced full compliance review annually and an unannounced monitoring visit is conducted when a complaint is lodged against the provider. In addition, providers who are placed on an enforcement action receive a monitoring visit every other month.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

Unannounced visits are conducted at least once a year and to investigate complaints. Additional visits are made to facilities on an enforcement.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Delacare: Regulations for Family and Large Family Child Care Homes

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

N/A

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own

home) providers.

N/A

C. Identify the frequency of unannounced inspections:

- 1. Once a year
- 2. More than once a year

Describe:

N/A

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

N/A

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements

described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

The fire marshal conducts prelicensure visits for all facility types (centers and family and large family child care homes). The fire marshal conducts annual inspections of all centers and large family child care homes. The fire marshal also conducts annual visits to certain family child care homes that operate within the City of Dover and the City of Wilmington. Public Health inspects some child care centers to issue a food establishment permit in cases where food will be transported to another location. Certified lead-risk assessors must approve each licensed facility.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

- a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Summer camps do not receive monitoring visits. Under the new regulations for Youth Camps, they will receive one pre-licensing visit and one monitoring visit.

- i. Provide the citation(s) for this policy or procedure

The regulations are currently being developed and will be in place for summer 2022.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

N/A

i. Provide the citation(s) for this policy or procedure

N/A

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

N/A

b. Provide the citation(s) for this policy or procedure.

N/A

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

N/A

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the states licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

OCCL's licensing specialists and supervisors must have at least a bachelor's degree in Early Education, Human Services, or a related field. They completed health and safety training in each of the required topics, monthly meetings are held regarding held to discuss the regulations and OCCL's procedures. New specialists must complete health and safety training during their orientation period. Before they conduct visits alone, they are thoroughly trained on licensing regulations and shadow licensing visits for at least 3 months. They must complete an inspection for each facility type under the direct observation of a supervisor and successfully complete the inspection before being permitted to conduct visits on their own.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Newly hired staff are required to complete these trainings as a part of their orientation within three months of hire. These training are appropriate to the age of children in care.

c. Provide the citation(s) for this policy or procedure.

This is an internal OCCL procedure.

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

The ratio is 1 specialist to 69 facilities.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

Per Delaware Code, the ratio allowed is 1 inspector to 150 facilities.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

For Early Care and Education and School-Age Centers regulation 28 C. and DELACARE Regulations for Family and Large Family Child Care Homes regulations 7, 13 E, and 69.

All other providers eligible to deliver CCDF Services

Citation:

Delaware Code, Title 31 §309

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

DELACARE Regulations for Early Care and Education and School-Age Centers regulation 28 C. and DELACARE Regulations for Family and Large Family Child Care Homes regulations 7, 13 E, and 69.

All other providers eligible to deliver CCDF Services

Citation:

Delaware Code, Title 31 §309

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

DELACARE Regulations for Early Care and Education and School-Age Centers regulation 28 C. and DELACARE Regulations for Family and Large Family Child Care Homes regulations 7, 13 E, and 69.

All other providers eligible to deliver CCDF Services

Citation:

Delaware Code, Title 31 §309. The Delaware child abuse and neglect check is completed for all individuals requesting a background check.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

DELACARE Regulations for Early Care and Education and School-Age Centers regulation 28 C. and DELACARE Regulations for Family and Large Family Child Care Homes regulations 7, 13 E, and 69.

All other providers eligible to deliver CCDF Services

Citation:

Delaware Code, Title 31 §309

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

DELACARE Regulations for Early Care and Education and School-Age Centers regulation 28 C. and DELACARE Regulations for Family and Large Family Child Care Homes regulations 7, 13 E, and 69.

All other providers eligible to deliver CCDF Services

Citation:

When Delaware SBI processes the person's fingerprints, SBI conducts the NCIC, NSOR check and forwards to the Criminal History Unit.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

DELACARE Regulations for Early Care and Education and School-Age Centers regulation 28 C. and DELACARE Regulations for Family and Large Family Child Care Homes regulations 7, 13 E, and 69.

All other providers eligible to deliver CCDF Services

Citation:

This check is not completed for relative care providers. Summer camps receiving CCDF funds complete the same comprehensive background check process that is completed by licensed child care providers.

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

DELACARE Regulations for Early Care and Education and School-Age Centers regulation 28 C. and DELACARE Regulations for Family and Large Family Child Care Homes regulations 7, 13 E, and 69.

All other providers eligible to deliver CCDF Services

Citation:

The sex offender registry check is completed by the Criminal History Unit for all individuals requesting a background check.

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

DELACARE Regulations for Early Care and Education and School-Age Centers regulation 28 C. and DELACARE Regulations for Family and Large Family Child Care Homes regulations 7, 13 E, and 69.

All other providers eligible to deliver CCDF Services

Citation:

This check is not completed for relative care providers.

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

- a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

All prospective childcare persons, including summer camps receiving CCDF funds, must be fingerprinted in Delaware by the State Police, State Bureau of Identification (SBI). The SBI forwards the Delaware criminal history fingerprint results to The Department of Services for Children, Youth and Their Families, Criminal History Unit. Delaware Code Title 31, Section 309 (c) (1). Once a person is fingerprinted, CHU conducts DE Child Protection Registry Checks and DE sex offender checks. The results are sent to the Criminal History Unit to review and make an eligibility determination. Delaware Code Title 31, Section 309 and DELACARE Regulations for Early Care and Education and School-Age Centers regulation 28 C and DELACARE Regulations for Family and Large Family

Child Care Homes regulations 7 and 13 E. This is regulated by the Office of Child Care Licensing (OCCL) and applies to all facilities and homes.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

No fees are charged.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

The Office of Child Care Licensing's regulations stipulate that a person is not to be left unsupervised until the background check results are received, and the person is determined eligible. DELACARE Regulations for Early Care and Education and School-Age Centers Regulation 28 C. DELACARE Regulations for Family and Large Family Child Care Homes Regulation 7 A. 3. a. The Delaware waiver renewal for section 45 CFR § 98.43(d)(4) of the Child Care and Development Fund Plan for FY 2019 - 2021 has been approved with an effective date of June 15, 2021 through September 30, 2021. During this waiver renewal period Delaware will discuss potential implementation strategies to ensure a child-serving entity is notified when the FBI fingerprinting check or a fingerprinting check of the state/territory criminal registry or repository in the state where the prospective staff member resides is completed and satisfactory results are received so that the prospective staff member can begin working on a provisional basis. Currently Delaware does not have a mechanism in place to notify child-serving entities that the results of the FBI fingerprinting check or a fingerprinting check of the state/territory criminal registry or repository in the state where the prospective staff member resides has been completed and provisional employment can begin.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Childcare staff currently residing or that have resided outside of Delaware within the last **5 years**, shall contact each state of residence and request an out-of-state child abuse and neglect search and an out-of-state criminal background search. The childcare staff shall provide the results of the out-of-state searches to the licensed childcare provider to provide to the Criminal History Unit. Childcare providers are given a resource list that explains who to contact in each state to obtain the background check. Out-of-state sex offender registry checks for current/previous state(s) of residence are completed the DSCYF Criminal History Unit.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

The operating system maintained by the Department of Services for Children, Youth and Their Families contains comprehensive background check dates and other information on all childcare providers. The Department of Education, Office of Child Care Licensing can query that system to determine how long a childcare person has been at a childcare and when the last background check was conducted. The Office of Child Care licensing is able to follow-up with the childcare to ensure the background checks are conducted every 5 years. This database includes child care providers who live out-of-state as well. Child care staff members are enrolled in a state-based rap back programs that reports subsequent criminal arrest in Delaware only. In addition, childcare persons who currently reside outside of Delaware, must contact their state of residence, and request a state criminal history search and child abuse and neglect checks. The results are sent to the Criminal History Unit to review and make an eligibility determination.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Under Delaware Code Title 31, Section 309, a background check is required each time a

person is hired/volunteering at a new employer. The comprehensive background check is conducted at that time, regardless of the number of separation days..

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://education.delaware.gov/families/occl/faqs/#t20>

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

All prospective childcare persons, including summer camps that receive CCDF funds, must be fingerprinted in Delaware by the State Police, State Bureau of Identification

(SBI). The SBI forwards the Delaware criminal history and national FBI fingerprint results, along with the NCIC, NSOR results to the Department of Services for Children, Youth and Their Families, Criminal History Unit. The Criminal History Unit conducts a Delaware child abuse and neglect search, completes all further investigation, and issues an eligibility determination. Delaware Code Title 31, Section 309 (c) (1).

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

The procedure is the same as noted above in 5.5.3 a.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

All prospective childcare persons must be fingerprinted in Delaware by the State Police, State Bureau of Identification (SBI). The SBI forwards the Delaware criminal history and national FBI fingerprint results, along with the NCIC, NSOR results to the Department of Services for Children, Youth and Their Families, Criminal History Unit. The Criminal History Unit conducts a Delaware child abuse and neglect search and any required out-of-state sex offender registry checks, reaches out to childcare provider for them to provide all other necessary out-of-state results. The Criminal History Unit completes all further investigation and issues an eligibility determination. Delaware Code Title 31, Section 309 (c) (1).

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

Approximately 95% of all checks are completed within the 45 days and eligibility determinations are provided. Pending an eligibility determination, a staff person must be under the supervision of another staff person who has completed the comprehensive background check and been determined eligible.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

Regardless of where person resides, all prospective childcare persons must be

fingerprinted in Delaware by the State Police, State Bureau of Identification (SBI). The Criminal History Unit conducts a Delaware child abuse and neglect search and any required out-of-state sex offender registry checks and reaches out to childcare providers for them to provide all other necessary out-of-state results. The Criminal History Unit and the Office of Child Care Licensing offer technical assistance to providers for childcare persons to request results.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

This is handled by the Delaware State Bureau of Identification. They have processes in place to respond to these requests. <https://dsp.delaware.gov/obtaining-a-certified-criminal-history/>. Fingerprints may be taken by your local police agency or any fingerprinting agency. All ten print fingerprint cards are acceptable. If the agency will not provide a card, you may print a FD-258 fingerprint card that is available on the Federal Bureau of Investigation website at www.fbi.gov - click stats & Services, then Identity History Summary Checks, then FD-258 Fingerprint Card. You may print the card on regular paper and present this to the agency for fingerprinting. **FOR STATE BACKGROUND:** A written authorization letter granting the Delaware State Police to conduct a background check on the individual must be signed by the individual. This does not need to be notarized. Send the authorization letter in along with a money order made payable to the Delaware State Police for \$52.00 along with your fingerprint card. The fingerprint card should be filled out entirely to include your name, any aliases, address, date of birth, social security, sex, race, height, weight, eye color, hair color and place of birth.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

There is an online Delaware Sex Offender Registry.

<https://sexoffender.dsp.delaware.gov/> Title 11, Section 4120 and 4121 of the Delaware Code requires the [Delaware State Police](#) to maintain a registry of sex

offenders available to the public via the Internet. The [State Bureau of Identification](#) is the sub-unit of the Delaware State Police responsible to provide this service with technical assistance from the Department of Technology and Information.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Department of Services for Children, Youth and Their Families, Criminal History Unit manages the Delaware Child Protection Registry Portal, which provides child abuse and neglect check results to childcare employers. The employer/childcare person registers on the Portal and completes a request to have a check completed. The results are available in the Portal to the requesting party within 15 days.

<https://childprotectionregistry.delaware.gov/>

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death

(OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://dsp.delaware.gov/obtaining-a-certified-criminal-history/>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://sexoffender.dsp.delaware.gov/>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email

- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://childprotectionregistry.delaware.gov/>

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

Delaware has state law (Title 31, Section 309) and policy pertaining to childcare persons, which contain other "prohibited" and "ineligible" convictions/child protection registry substantiations.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Eligibility notifications are sent by secure email. The childcare employer only receives an eligibility determination, no criminal history is included. Privacy of the background check details is ensured.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

All persons are provided an opportunity to request an appeal for further consideration.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

All childcare persons that are determined prohibited or ineligible are given an opportunity to challenge the accuracy or completeness of the background check report at the time the determination is made. All CCDBG appeal requirements are followed. The appeal opportunity is provided to the person by the Department of Services for Children, Youth and Their Families, Criminal History Unit in the written eligibility results of the background check, which are sent to the childcare person by U.S. postal mail. Instructions on how he/she can request an administrative review to challenge the accuracy or completeness of the results is provided and the information that made the person ineligible is highlighted.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

The entire appeal process is handled at the Department of Services, Criminal History Unit level.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

The entire appeal process is handled at the Department of Services, Criminal History Unit level.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

Relative care providers must participate in health and safety training on each of the required CCDF topics and must take an annual refresher. Relative care providers are also required to have criminal background checks as is anyone in the home over the age of 18.

- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

Relative care providers must participate in health and safety training on each of the required CCDF topics and must take an annual refresher. Relative care providers are also required to have criminal background checks as is anyone in the home over the age of 18.

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the

support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Delaware's Competencies for Early Childhood Professionals and for School-Age

Professionals are written as core knowledge and skills of what professionals should know

and be able to do for both early childhood and school-age positions, respectively:
<https://dieecpd.org/early-childhood-professional-competencies>.

Delaware's current timeline for adopting new competencies and therefore revising the career lattice is: September-December 2021: Lead meetings to consult literature review of competencies and adopt new competences for all professionals in licensed early childhood programs. Meetings will be held with the Delaware Early Childhood Council's Partnerships with Professionals Subcommittee and existing stakeholder groups that participated in the PDG B-5 needs assessment process; January 2022-June 2022: Determine gaps in Delaware pathway programs in meeting competencies. Establish 5 year plan of how to revise pathway content to fill in gaps with professional development trainers and institutes of higher education (IHEs) (i.e. test career pathways feasibility with IHE professors, trainers, and professionals). The state will begin executing its 5 year plan with IHE partners in July 2022. Once further details have been solidified, it will require a CCDF plan amendment.

ii. **Career pathways. Describe:**

Delaware's current career lattice reflects the educational requirements for center-based professionals only as they are written in the Office of Child Care Licensing's regulations: <https://dieecpd.org/static/uploads/files/career-lattice-chart-may-2012-final.pdf> . The career lattice does not define pathways for family child care professionals. There are no documents defining career pathways for early childhood professionals at this time or any visuals for professionals to track their progress along a stackable career pathway.

Over the next three years, the Department of Education will design a career lattice that illustrates the vertical and horizontal movement available to professionals within the broader early childhood field. The lattice will be written to include the roles of all early childhood professionals in licensed center-based and family childcare homes. Delaware will model their career lattice on National Association for the Education of Young Children's Power to the Profession framework, which indicates levels for early childhood educators. Each level will indicate the competencies that one must master through formal coursework, practice -based training and /or in-service learning before one can advance to the next level. The levels of the career lattice will indicate a career trajectory for professionals. Consequently, the lattice will delineate the multiple pathways for entry into the profession as well as the steps one can take to higher certifications. For example, the

state currently has career pathways starting in the vocational and comprehensive high schools that allow students to obtain their Child Development Associate credential and thus enter college with credits that lead to an Associate or bachelor's degree. Delaware aims to attract professionals to early childhood field by illustrating potential career progressions. Delaware's online professional registry will have a visual map of the formal coursework, practice-based training, and/or in-service learning that will allow professionals to enter the field. From there, professionals can use the map to plan and track their progress to higher levels on the career lattice or to move laterally into a new early childhood care and education setting. Once further details have been solidified, it will require a CCDF plan amendment.

iii. [Advisory structure. Describe:](#)

The Delaware Early Childhood Council (the Council) serves as the advisory structure for the state. The Council represents numerous early childhood and community agencies throughout the state, as per Delaware's legislative code. The Council meets every other month and is staffed by the Department of Education.

The mission of the Delaware Early Childhood Council (DECC) 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. The Delaware ECC was codified in 2007 in Title 14, Chapter 30 of the Delaware Code. It was amended June 2010 in HR 470 (Section 1 Amendment 1703(n) Title 14. [Delaware ECC By-Laws](#). In addition to any responsibilities assigned by the Governor through the Interagency Resource Management Committee (IRMC) as outlined in Delaware Code, the Delaware Early Childhood Council (DECC) shall make recommendations to the Governor, the General Assembly, and the IRMC that promote the appropriate coordination and effectiveness of early childhood state services and policies. The DECC is responsible for maintaining and expanding a statewide network of early care and education institutions that includes early childhood professionals, advocates, state program officers, private and nonprofit community institutions, and others who support the development and delivery of high quality early childhood services. The DECC requires specific members, as determined by [Title 14, Chapter 30 § 3003](#) of the Delaware Code. DECC members and the legislative designation they represent are listed on the current [Membership List](#).

The Council designed the state's five-year early childhood strategic plan "Strengthening Early Success: Building Our Future Together" from stakeholder-driven solutions directly from the Preschool Development Grant Birth through Five (PDG B-5) strategic planning process. The Council established four subcommittees to prioritize and to act on tasks, one for each of the plan's four framework goals: access to holistic services, access to high quality programs, partnerships with professionals, and navigate a simple system. Subcommittees are public committees of volunteer stakeholders staffed by government agency personnel. The Partnerships with Professionals Subcommittee will meet monthly to guide implementation of the state's professional development framework plans.

[iv. Articulation. Describe:](#)

Delaware's articulation agreements continue between the two- and four year Institutes of Higher Education (IHEs). Delaware's community college, Delaware Technical Community College, has articulation agreements with the state's four-year institutions.

[v. Workforce information. Describe:](#)

Currently, Delaware contracts with the University of Delaware's Institute for Excellence in Early Childhood (DIEEC) to provide an online registry of professional development to Delaware's licensed workforce. Registry and training evaluation information is analyzed by DIEEC and DDOE OEL staff to determine the professional development statewide needs for educators and administrators. Delaware is designing a registry/workforce profile system to upgrade its existing system found at:

<https://dieecpd.org/registry/calendar/competencies>. Until January 2022, professionals will continue to sign up for training through the DIEEC PD website. When sessions are complete, they are transferred onto a professionals' transcript.

Delaware is designing now, and will be adopting in January 2022, a new online registry/workforce profile system. Professionals will be asked to assist in naming this upgraded data system prior to January. In January 2022, early childhood professionals will be able to log into this new online system to create a "profile" as an early childhood professional. This profile will store their qualifications information, plan through their career path, their annual Professional Learning Plan and Transcript. The portal will include access to the statewide professional registry. Registering for and attending professional learning opportunities listed in the registry will populate onto their Professional Learning Transcript.

The registry/workforce profile system can record and thus report additional information on the workforce. This system has a Career Pathways Map that will illustrate pathways on Delaware's career lattice. After self-assessing their starting point, professionals can write short- and long-term goals for their career. Professionals will be able to plan the formal coursework, practice-based training, and/or in-service learning and track their progress through career lattice levels towards their goals.

The State's early childhood qualification system, called "Deeds Early Learning," connects to the K-12 certification system in the Department of Education. Deeds Early Learning captures data on center-based professionals through their licensure process. The registry/workforce profile system will capture data on family child care professionals' qualifications and has the potential to store and track qualification information on other roles, such as coaches and home visitors.

vi. Financing. Describe:

Delaware contracts with the University of Delaware's Institute for Excellence in Early Childhood (DIEEC) to provide training and resources to early childhood professionals. DIEEC's public trainings are offered for a nominal entry fee per person based on the length of the session. On-site trainings are offered statewide; often, center administrators select a training topic to be done for their entire staff. On-site trainings follow a cost structure based on the number hours and days of the training series (not per person). Many trainings in the state's professional registry are state-sponsored or sponsored by an outside organization. These are provided at no cost to professionals. External organizations that are approved to offer quality-assured training determine their own cost structure. Professional development offered online through the state-developed website <http://www.depdnow.com> is free. Delaware will continue free virtual trainings through the platforms developed during COVID-19 for professionals to increase access to training. Delaware will continue to vet and add online trainings offered by external organizations to its registry. Professionals can choose any of these types of virtual trainings that are free or of no cost to articulate to their Professional Learning Transcript.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Quality-assured professional learning hours can serve as annual licensing clock hours as required through regulations. The State acknowledges credit-bearing continuing education through regionally accredited higher education institutions (IHEs). Delaware encourages enrollment in credit bearing college courses by allowing college credit to count for required annual licensing hours. Delaware is transitioning to requiring a minimum of a CDA for entry into the field for center-based and family childcare professionals within the next three years. All of Delaware's IHEs accept a completed CDA credential for credits toward an early childhood Associate or bachelor's degree. The number of credits received, and the type of degree pathway depends on the IHE.

ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

The Department of Education and University of Delaware's Institute for Excellence in Early Childhood (DIEEC) offer different coaching models to reinforce applying online training content in the classroom. Practice based coaching is implemented to support early childhood professionals' use of effective practice using the Coaching Companion tool. As Delaware transitions to requiring a CDA as the minimum requirement for entry into the field, it will sponsor different types of coaching models to facilitate professionals' progress in obtaining a CDA.

The revision of Delaware's career lattice and shift to demonstration of competency-based mastery will require IHEs to revise their scope and sequence of coursework for the early childhood degrees. DOE OEL will work in Partnership with the Professionals Subcommittee members to facilitate changes to IHE's course content. Additionally, the state will negotiate funding for formats of course delivery to accommodate the working scholar. Delaware aims to develop coaching cohorts and practicum experiences with IHE partners. Once further details have been solidified, it will require a CCDF plan amendment.

iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The State created the framework plans described above as a result of the work between the State and the State's Advisory Council: the Delaware Early Childhood Council (DECC). DECC created a new five-year early childhood strategic plan "Strengthening Early Success: Building Our Future Together" following the work completed by the State for the Preschool Development Grant Birth through Five needs assessment and strategic planning process. The professional development framework is written directly from these stakeholder-driven efforts.

The DECC strategic plan and the State's implementation plans are described above. DECC's Partnerships with Professionals Subcommittee will monitor implementation of this reconceptualization of professional learning.

DECC members are early childhood professionals themselves, at all levels of the system. They share learning from the field on what topics and formats are needed for the workforce and work with state partners to identify in-person and online training from a variety of sources.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Quality and Diversity: Delaware's existing professional development framework supports the quality and diversity of professionals in licensed programs; however, professionals who are in Delaware Stars are incentivized to participate. Because Stars

is a voluntary program, this limits the reach of the state's professional development efforts. Thus, the state is pursuing changes that will increase the quality and diversity of its workforce. Once further details have been solidified, it will require a CCDF plan amendment. Specifically, the revised career lattice described in earlier sections will be for all professional roles within licensed programs. The career lattice will outline options for professionals already employed in a licensed facility to advance their qualifications. For example, scholars can apply for a scholarship for the required 120 hours of CDA coursework online with real time coaching in the classroom and a monthly cohort meeting for support on completing the credential portfolio. Through partnership with the Department of Labor, the state has an Early Childhood Apprenticeship program for over 13 years. The first-year apprentices successfully complete the 120-hour state developed training, "Training for Early Care and Education." The second-year apprentices successfully complete three 3-credit college courses. During the two-year commitment, apprentices receive on the job training with a mentor and then become a "journey person" upon completion. The state has 16 high schools that offer an early childhood career pathway. All high schools offer opportunities for articulated credit and many programs offer opportunities for dual enrollment, thereby affording students up to 12 credits upon graduation. The Career and Technical Education (CTE) Early Childhood Education high school curriculum aligns with the Early Learning Foundations, Competencies for Early Childhood Professionals, the Delaware Stars Standards, and the Office of Child Care Licensing Regulations.

Stability and Retention: Delaware is committed to financial incentive structures that allow our center administrator and family child care professionals to plan their budgets. Stable revenue streams keep workforce wages consistent. Delaware Stars early childhood programs that receive a tiered reimbursement financial incentive at a Star 3, 4, or 5 level use this to retain their staff by paying higher wages. Delaware has multiple scholarship opportunities. Capacity-building scholarships require employment at the same facility. Scholarships for CDA Credential completion follow the scholar; as a result, employers will need to incentivize retention of their high quality employees with higher wages. These scholarships are tied to state-designed pathways that allow scholars to obtain their CDA, Associate's or Bachelor's degrees and work simultaneously. Higher wages will incentivize career longevity. Delaware is legislatively required to study and develop a suggested wage scale to correlate to the

levels of its revised career lattice. A wage scale will recognize the workforce’s educational attainment with compensation, thus promoting retention. A wage scale common across all licensed programs will limit competition among private businesses and staff moving between programs for incremental raises. The career map tool in the registry/workforce profile system illustrates Delaware’s career advancement opportunities. This visual and the “Career Advisement Help Desk” assist professionals in planning their career towards higher qualifications and thus higher wages.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);
- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The state supports high-quality professional learning opportunities through a contract

between the Delaware Department of Education and the University of Delaware, the Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates the training, maintains a web-based list of offerings and a registry with transcripts for those who successfully complete these trainings. In addition, the Office of Child Care Licensing maintains Delaware successful completion of trainings not approved by DIEEC as a part of their regulatory process for required annual hours. In addition, the State contracts with DIEEC to develop and deliver linguistically and culturally responsive training directly to professionals through public (open to individuals) in-person or virtual training or on-site (scheduled for a group at a licensed facility) in-person and virtual training. Health and safety trainings to meet standards outlined in Section 5 are offered for free online through a state developed website: <http://www.depdnow.com/>. DIEEC offers foundation training on the development domains in the Early Learning Outcomes Framework. Consequently, DIEEC has multiple courses in its course catalog that educate professional on supporting children's social emotional development and behavior support models such as positive behavior support. Training is delineated by beginner, intermediary, and advanced levels. In FY22, the online registry will have advanced search functions to filter for topics, by professional competency, and for age level of children.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

N/A

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

The State will continue to develop strategies to recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language. DIEEC has contracted with Spanish-speaking facilitators to offer trainings statewide. Additionally, virtual options are available in Spanish as well. The Lead Agency contracts with several translation services and is able to assist clients whose primary languages are Spanish, Creole, Korean, etc. The services include Alina's Consulting and Environmental Services (this service is provided via phone), Para Plus Translation Services (in office), All World Language Consultation (provide sign language), Delaware Relay Service (for hearing impaired), and HP Enterprise Services (Spanish only-in office and over the phone). We are able to provide application interviews, employment and training interviews, childcare eligibility interviews, fair hearings, and written translation services.

b) who have disabilities

The state will continue to develop strategies to recruit professionals who have disabilities. DOE OEL is learning from its experience administering its CDA Credential coaching and scholarship program to better understand the barriers to access for professionals with limited English proficiency and professionals with disabilities.

DIEEC continues to design professional learning experiences accessible to all professionals. This includes making the professional registry and all online coursework ADA-compliant. Delaware plans to continue free virtual trainings through the platforms developed during COVID-19 for professionals to increase access to training.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

All early childhood professionals in licensed programs must have an annual Professional

Learning Plan. They are required to have 12-18 clock hours depending on their role. Thus, professional development requirements are not differentiated based on the children that are in their care. This is true whether they care for children receiving child care subsidies, including children of different age group; English-language learners; children with developmental delays and disabilities; and Native Americans, as applicable.

The Professional Learning Plan must include professional development goals for the upcoming year; these goals must include the required training topics specified by licensing regulations. Professionals must have training in at least three core areas specified by Office of Child Care Licensing Delaware Regulations in: child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; and management and administration. Delaware's registry/workforce profile system will allow professionals to create an online version of their annual Professional Learning Plan. This plan can also be printed and placed in their personnel file at their place of employment.

The state contracts with the University of Delaware's Institute for Excellence in Early Childhood (DIEEC) to provide trainings on these topics to professionals serving all ages in family child care or center settings. DIEEC coordinates and advertises training, on topics such as inclusion and dual language learning approaches, in a course catalog within the online professional registry. Training is differentiated for children of different age groups in the course catalog, such as for infant/toddler or school-age teachers. The online registry has advanced search functions to filter for topics, by professional competency, and for age level of children.

The statewide professional registry is managed by DIEEC. However, other outside organization partners can become sponsoring organizations and list their training in the registry through the state's quality assurance process. As a result, partners such as Cooperative Extension, Nemours, Prevent Child Abuse Delaware, Children's Beach House and Prevention & Behavioral Health also create trainings to meet the needs of Delaware's professionals.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

Through DIEEC, the State developed "Supporting Children When They Are Homeless," a free three-hour training offered online through <http://www.depdnow.com/>. This course provides staff with an understanding of homelessness as defined by the McKinney-Vento act, an opportunity to be reflective about the impact on children and families, as well as give them strategies and resources to assist families. The Department of Education also offers an online training for Homeless Liaisons in each local education agency to prepare them to train their staff on identifying and serving homeless children and their families.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

Through DIEEC, the State developed "Supporting Children When They Are Homeless," a free three-hour training offered online through <http://www.depdnow.com/>. All Lead Agency staff are able to access this training. This training provides staff with an understanding of homelessness as defined by the McKinneyVento Act, an opportunity to be reflective about the impact on children and families as well as give them strategies and resources to assist families. The Department of Education also offers an online training for Homeless Liaisons in each local education agency to prepare them to train their staff on identifying and servicing homeless children and their families.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers business practices.

In 2019, the National Center for Early Childhood Quality Assurance released a training series, "Strengthening Business Practices," consisting of four modules designed to build foundational knowledge of fiscal management and business practices. The technical assistance unit of the state's QRIS was trained to deliver the series. Building on these training modules, additional trainings were developed to supplement the identified topics and additional supports were developed through the QRIS to provide follow up support to providers who participate in the trainings. And each module is coupled with option for participating in the follow-up through individual coaching specific to the program, group TA with a cohort of peers, or self-study using additional provided resources.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

A series of business practice trainings are currently available through DIEEC's course catalog. Additionally, the Department of Education has contracted with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC) to develop more business-focused training options for administrators, which would also include a technical assistance and/or coaching component to the model. Both center and family child care providers at all levels in Delaware Stars receive technical assistance in this area. Furthermore, the State accepts credit-bearing business coursework through regionally accredited higher education institution for the state's Administrator Early Childhood Credential.

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

The state uses CCDF to fund its contract with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates training maintains a web-based list of offering and a registry with transcripts for those who successfully complete these trainings. Delaware's current course catalog can be found here:

https://dieecpd.org/static/uploads/files/combined_course_descriptions_Updated_3.12.2021.pdf.

There are numerous trainings that focus on social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity. DIEEC's state-developed training follows the Early Learning Foundations to teach the continuum of child development, such as enhancing emotional literacy. The state also promotes national models, such as Conscious

Discipline.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

The state uses CCDF to fund its contract with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates training maintains a web-based list of offering and a registry with transcripts for those who successfully complete these trainings. Delaware's current course catalog can be found here:

https://dieecpd.org/static/uploads/files/combined_course_descriptions_Updated_3.12.2021.pdf.

There are numerous trainings that are promoted on behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors. For example, DIEEC has state-developed training on Positive Behavior Support and also a generalized training to explain how these strategies are proactive methods to prevent suspension and expulsion.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

The state uses CCDF to fund its contract with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates training maintains a web-based list of offering and a registry with transcripts for those who successfully complete these trainings. Delaware's current course catalog can be found here:

https://dieecpd.org/static/uploads/files/combined_course_descriptions_Updated_3.12.2021.pdf.

There are numerous trainings on parent and family engagement in culturally and linguistically appropriate ways. For example, DIEEC has state-developed training on integrating parent and family voice into the design of a program and how to engage fathers, specifically.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

The state uses CCDF to fund its contract with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates training maintains a web-based list of offering and a registry with transcripts for those who successfully complete these trainings. Delaware's current course catalog can be found here:

https://dieecpd.org/static/uploads/files/combined_course_descriptions_Updated_3.12.2021.pdf.

There are numerous trainings the developmentally appropriate curriculum and assessment cycle. For example, Delaware promotes the use of Teaching Strategies GOLD portfolios for observational assessment. The training illustrates how professionals can observe for child-level objectives during their planned curricular activities, and how to adjust those activities upon reflection of their observations.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

The state uses CCDF to fund its contract with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates training maintains a web-based list of offering and a registry with transcripts for those who successfully complete these trainings. Delaware's current course catalog can be found here:

https://dieecpd.org/static/uploads/files/combined_course_descriptions_Updated_3.12.2021.pdf.

Delaware's training on accessing community resources and developing partnerships is supplemented by the mychildde.org website where professionals can find community resources in their area:

<https://www.mychildde.org/providers/provider-supports/>.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

The state uses CCDF to fund its contract with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates training maintains a web-based list of offering and a registry with transcripts for those who successfully complete these trainings. Delaware's current course catalog can be found here:

https://dieecpd.org/static/uploads/files/combined_course_descriptions_Updated_3.12.2021.pdf.

Delaware has a suite of business practice trainings that helps administrators use data to guide program evaluation to ensure continuous improvement. For example, "Strengthening Business Practice: Fiscal Management - Budgets, Planning, Projections, Financial Reports and Internal Controls for Administrators" discusses using financial projections to make budgetary decisions. This training is offered for center-based administrators and family child care, respectively, to acknowledge the difference in their business models.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

The state uses CCDF to fund its contract with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates training maintains a web-based list of offering and a registry with transcripts for those who successfully complete these trainings. Delaware's current course catalog can be found here:

https://dieecpd.org/static/uploads/files/combined_course_descriptions_Updated_3.12.2021.pdf.

There are numerous trainings on caring for children of families in geographic areas with significant concentrations of poverty and unemployment, because Delaware focuses its trainings on all children. Because children of families experiencing poverty may be under additional trauma, Delaware promotes multiple trauma-informed practice trainings to programs. For example, "The Impact of Early Trauma and Toxic Stress on Learning" defines and makes professionals aware of trauma and toxic stress, while "S.T.E.M. for STEM: A Trauma-Informed Approach" gives specific strategies for integrating a trauma-informed approach into daily activities.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and

developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

The state uses CCDF to fund its contract with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates training maintains a web-based list of offering and a registry with transcripts for those who successfully complete these trainings. Delaware's current course catalog can be found here:

https://dieecpd.org/static/uploads/files/combined_course_descriptions_Updated_3.12.2021.pdf.

There are numerous trainings on caring for and supporting the development of children with disabilities and developmental delays, because Delaware focuses its trainings on all children. Delaware also promotes training on the additional specialized skills required for caring and educating children with disabilities. For example, Delaware has quality-assured external organizations' virtual training on Autism and developed trainings such as "Engaging Infants, Toddlers, and Preschoolers through UDL and Embedded Social Interaction Opportunities in Inclusive Settings."

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

The state uses CCDF to fund its contract with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates training maintains a web-based list of offering and a registry with transcripts for those who successfully complete these trainings. Delaware's current course catalog can be found here:

https://dieecpd.org/static/uploads/files/combined_course_descriptions_Updated_3.12.2021.pdf.

[12.2021.pdf](#).

Delaware has an updated virtual suite of School-Age trainings. Additionally, Delaware developed virtual trainings on integrating school-age care into early childhood care programming due to the number of providers accepting school-age children when COVID-19 closed Delaware's schools.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

Not applicable.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

Describe:

N/a

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Delaware uses its current registry to track the coursework completion of professionals. The training registry collects data on training per competency area, the number of participants, and the number of training hours. This data is used to plan for the next cycle of professional development available to the workforce. Satisfaction evaluations are distributed to participants at the conclusion of each professional learning session. Evaluation for in-person, virtual and online trainings are delivered electronically. Evaluations measure satisfaction with instructors, content, knowledge acquired and overall workshop experience. 95% of state sponsored training events will result in increased participant knowledge of the training topics as measured by pre-knowledge and post-knowledge evaluations. These measurable indicators are used to improve instruction and implementation of training content.

In January 2022, the online data system to track the number of professionals with increased education levels as they move along the revised career lattice. At least 50% of Delaware's professionals will obtain a CDA by December 31, 2024. Professionals will be able to track their own training hours towards 18 annual licensing requirements in their online registry profile. They will also be able to track progress toward their overall career goals as they move up levels in the career lattice. For example, professionals will be able to list their college coursework toward an Associate degree and indicate completion. Once further details have been solidified, it will require a CCDF plan amendment.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Early Learning Foundations (<https://dieecpd.org/early-learning-foundations>) is a document intended to be a curriculum framework that provides an outline of the types of developmentally appropriate learning opportunities children need before they come to kindergarten. The Foundations are linked to the skill expectations children need as they enter kindergarten, and make explicit that every child is unique and is accepted for his/her differences in development, culture, home environment, and learning style. The Foundations document is organized into eight domains: Social and Emotional; Approaches to Learning; Language and Literacy; Mathematics; Science; My Family, My Community, My World; Creative Expression; Physical Development; and Health. Each domain begins with a brief summary of the key messages about development for that topic area followed by a chart containing the subdomains, learning opportunities, listing of actions children might do, and a listing of supportive practices. Delaware also supports Teaching Strategies *GOLD*® Objectives for Learning and Development through the sponsorship of online portfolios. Teaching Strategies *GOLD*® is a comprehensive assessment tool through a third party company based on the latest

developmental research, and it has been proven valid and reliable. *GOLD®* Objectives for Learning and Development's domains, objectives, and indicators that list widely held expectations for children from birth through age five are fully aligned with the Common Core State Standards, Delaware's Early Learning Foundations, and The Head Start Child Development and Early Learning Framework.

Delaware is adopting a new child-level outcomes framework. Once further details have been solidified, it will require a CCDF plan amendment. As described in other sections, the state is considering the adoption of The Head Start Early Learning Outcomes Framework: Ages Birth to Five (ELOF). The ELOF presents five research-based domains of early learning and development from birth to 5 years. The ELOF domains and pedagogical framework supports "whole" child needs, addressing physical, mental, emotional, cognitive, and behavioral needs of the child.

ii. [Developmentally appropriate.](#)

Delaware has crosswalks between the Early Learning Foundations, Common Core State Standards for K-12, Teaching Strategies *GOLD®* indicators, and the Head Start Child Development and Early Learning Framework to demonstrate alignment between the birth through five and K-12 guidelines. Professionals using Early Learning Foundations and Teaching Strategies *GOLD®* indicators of widely held expectations show the continuum of knowledge, skills, and behaviors that children from birth through age five are expected to develop.

When the early learning guidelines change, it will require a CCDF plan amendment. Looking ahead, the Head Start Early Learning Outcomes Framework: Ages Birth to Five (ELOF) presents five research-based domains of early learning and development from birth to 5 years. The ELOF domains and pedagogical framework supports "whole" child needs, addressing physical, mental, emotional, cognitive, and behavioral needs of the child. Guiding principles of the framework, include: "Each child is unique and can succeed"; "Learning occurs within the context of relationships"; "Families are children's first and most important caregivers, teachers, and advocates."

iii. [Culturally and linguistically appropriate.](#)

The Early Learning Foundations allude to culturally and linguistically appropriate practice in its description of activities.

When the early learning guidelines change, it will require a CCDF plan amendment. Looking ahead, the ELOF meets each child focus indicator by providing services and resources that are inclusive (e.g. Individualized Family Service Plans (IFSP) and Individualized Education Programs (IEP)), supports multilingual learning (e.g. Dual Language Learners Toolkit, Planned Language Approach (PLA)), and equitable (e.g. healthy gender development guide; multicultural principles; supporting children and families experiencing homelessness).

[iv. Aligned with kindergarten entry.](#)

Delaware has crosswalks between the Early Learning Foundations and the Common Core State Standards for K-12.

When the early learning guidelines change, it will require a CCDF plan amendment. Looking ahead, the ELOF is only for children from birth to five years; however, the ELOF has crosswalk documents that extend its continuum into the Common Core State Standards. The CCSS have been adopted by Delaware's K-12 public school system as its standards for English Language Arts and Mathematics. A correlational study conducted in 2011 by National Head Start Association and The Source for Learning, Inc. presents a road map for aligning the HS ELOF and Common Core State Standards for Kindergarten (CCSS-K) in Mathematics and English Language Arts. In addition, toolkits of support (e.g. transitional services, data sharing agreements) for the ELOFs already exist for Head Start, elementary schools, and home visiting services.

[v. Appropriate for all children from birth to kindergarten entry.](#)

Delaware's Early Learning Foundations differentiates between knowledge, skills, and behaviors for infants, toddlers, and preschool-aged children.

When the early learning guidelines change, it will require a CCDF plan amendment. Looking ahead, the ELOF meets each child focus indicator by providing services and resources that are inclusive (e.g. Individualized Family Service Plans (IFSP) and Individualized Education Programs (IEP)), supports multilingual learning (e.g. Dual Language Learners Toolkit, Planned Language Approach (PLA)), and equitable (e.g. healthy gender development guide; multicultural principles; supporting children and

families experiencing homelessness). The ELOFs promote individualizing for children who need more support in reaching widely held expectations. Using children's Individualized Family Service Plan (IFSP) and Individualized Education Program (IEP) goals is part of effective teaching, individualizing, and creating inclusive environments to support children's positive outcomes.

[vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

The Early Learning Foundations were developed by a cross-agency Advisory Revision Work Group. The Department of Education, Department of Health and Social Services, and the Department of Children, Youth, and their Families participated in researching and revising the Foundations, led by an expert facilitator. Future revisions to the Foundations will also be led by a cross-agency Work Group. The Department of Education (DOE) is specifically responsible for implementation by distributing hard copies of the document and posting it online; additionally, DOE has created training on using the Early Learning Foundations and *GOLD®* Objectives for Learning and Development in the classroom.

[b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.](#)

[i. Cognition, including language arts and mathematics.](#)

Infant/Toddler Domain: Cognition; Preschool Domains: Mathematics Developments and Scientific Reasoning. Infant/Toddler Domain: Language and Communication; Preschool Domains: Language and Communication and Literacy.

[ii. Social development.](#)

Infant/Toddler Domain: Social and Emotional; Preschool Domains: Social and Emotional.

[iii. Emotional development.](#)

Infant/Toddler Domain: Social and Emotional; Preschool Domains: Social and Emotional.

iv. Physical development.

Infant/Toddler Domain: Perceptual, Motor, and Physical Development; Preschool Domains: Perceptual, Motor, and Physical Development.

v. Approaches toward learning.

Approaches toward learning; Pre-school Domains" Perceptual, Motor, and Physical Development.

vi. Describe how other optional domains are included, if any:

N/A

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The current Early Learning Foundations (ELFs) provide a curricular guide for early childhood professionals. Learning opportunities are suggested to expose children to new learning concepts, thus having the opportunity to acquire new skills, practice those skills. The Early Learning Foundations were first created in 2003 and then revised in 2010. The Department of Education Office of Early Learning planned to revise the Early Learning Foundations and subsequently all alignments between Common Core State Standards for K-12, Teaching Strategies GOLD® Objectives for Learning and Development, and the Head Start Child Development and Early Learning Framework for publication by FY20. Since the creation of the ELFs in 2003 and revision in 2010, Delaware honed its approach to technical assistance and training on curriculum, assessment, and thus early learning guidelines. Delaware Stars provides a list of approved curriculum and assessment tools to guide lesson planning and observation assessment. As a result, the Early Learning Foundations as a curricular guide is no longer a purposeful document. Delaware has committed to adopting or adapting a child[1]level outcome document that illustrates the knowledge, skills and behaviors that are appropriate for birth through age 5. As development progresses, this document will cite how children build upon earlier skills and develop more complex skill sets. In FY20, the Department of Education conducted a formal literature review and comparison of state, national and international frameworks against 15 guiding principles uncovered during the Preschool Development Grant Birth through Five (PDG B-5) needs assessment process. COVID- 19 impacted the timeline of adoption: however, the state anticipates adopting new early learning and

developmental guidelines in FY21. As Delaware revises its professional development framework, impacting both Office of Child Care Licensing and Delaware Stars standards, it will adapt or adopt an early learning outcomes framework that aligns with the state's mission, vision, and guiding principles. Because the state plans to choose the leading national model in the memo, the Head Start Early Learning Outcomes Framework, the frequency of updates will parallel national updates. DOE requested technical assistance for a literature review of child-level outcomes frameworks that was completed in July 2020. The memo and rubrics have an in-depth review of other state, national and international frameworks using 15 priority considerations at the child-, family-, program- and system[1]level. Head Start's Early Learning Outcomes Framework (ELOF) demonstrates the highest level of alignment with the child-, family-, program- and system- level guiding principles Delaware identified as being of key importance: "Child Focus: Early Learning frameworks with a child-level focus includes six priority consideration: (1) a whole child approach across the domains of development< (i.e., including physical, mental, emotional, cognitive, and behavioral needs; (2) ensuring the inclusion of children with special developmental needs and (3) multilingual learners; and incorporating standards that address (4) race and culture, (5) socioeconomic status, and /or (6) gender in the curricula. Family Focus: There are two priority considerations related to the family focus: (1) engaging key family members in the learning process; and /or (2) including a dual-generation approach which combines child and parent interventions to disrupt the cycle of poverty. Program Focus: There are two priority considerations related to program focus. Robust early learning frameworks include consideration at the program level related to supporting the needs of child care providers with training, professional development, and ongoing coaching to help ensure fidelity of early learning framework implementation. Systems Focus: There are five priority considerations related to the system focus. Implementing a comprehensive set of early learning frameworks may include collaborating with other education partners, community organizations, state and local government, health systems, or other cross-cutting program-level initiatives. To support coordination, these entities have a set of implementation practices or policies that articulate collaborative relationships and expectations."

[d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.](#)

Out-of-school time standards are being revised as part of the Delaware Stars revision.

Delaware acknowledges the impact of professionals' education and caring for children during out of school time. As a result, Delaware's career lattice levels will include the roles of School-age Administrator, Coordinator, Assistant, Intern, Aide as well as Summer Camp Director and Summer Camp Counselor.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

<http://dieecpd.org/early-learning-foundations>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC) offers statewide training on the Early Learning Foundations (ELFs) to explain how professionals can use the ELFs in their practice. Professionals are taught to scaffold activities and interactions to build knowledge, skills, and appropriate behavior for children between birth and five. Training on both the Early Learning Foundations and its alignment to Teaching Strategies GOLD® Objectives for Learning and Development teaches how to read and use each document, how to observe and assess children in each developmental domain, and how this data can assist teachers in writing individualized activities. Training for administrators focuses on using child-level data to inform decisions on program structure.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Quality funds are not used to develop or maintain early learning and development guidelines.

Quality funds are used for training for professionals on how to implement the state's early learning and development guidelines. The online registry will track the number of trainings on the ELFs. DIEEC will also manage evaluations to track the satisfaction rating of participants attending. 95% of state sponsored training events will result in increased participant knowledge of the training topic as measured by pre-knowledge and post-knowledge evaluations. The registry will also track the number of professionals participating in ELF training and the hours per training. Rating assessment data will be analyzed to determine how professionals are integrating ELFs into their practice. Delaware is revising its list of acceptable tools for Delaware Stars verification, which will include measurements of professionals demonstrating competencies. Tools that measure teacher-child interactions will be determined for the Stars standards: Relationships with Children; Promoting Children's Learning; and Playful Learning Environments.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities

supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Delaware Stars is the State's Quality Rating and Improvement System (QRIS). The QRIS is currently under revision. Historically, the system has used the Environmental Rating Scales to score and rank programs. Additionally, this data is viewed in aggregate to look for trends. Programs are evaluated every three years.

In addition to the use of program data, the QRIS collects feedback from providers through a variety of methodologies, including surveys, interviews, Communities of Practice, etc. This information is received, recorded, and processed on an on-going basis.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

Assessments using the Environmental Rating Scales have not been completed due to the pandemic. Further, the QRIS is under revision.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.

b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.

c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Delaware's QRIS (Delaware Stars) is a voluntary, statewide program, serving providers in New Castle, Kent, and Sussex Counties. Delaware Stars is funded by the state of Delaware using state dollars and is administered by the University of Delaware, under contract with the Department of Education.

<https://delawarestars.udel.edu> At this time, there are no requirements for participation or rating for programs receiving subsidy. However, under the revision of the QRIS it is planned to make participation mandatory for all licensed providers.

d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

N/A

7.3.2 Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

Participation is voluntary

Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at

any level).

Participation in Delaware Stars is mandatory for providers who participate in the state-funded pre-kindergarten program (Early Childhood Assistance Program, ECAP). The state does not currently require participation for those receiving subsidy. However, the state is in the process of revising its QRIS and is proposing mandatory participation for providers receiving subsidy.

Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

N/A

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Delaware Stars is currently under revision. In the new system, Standards are high-level,

overarching concepts relevant to all providers, regardless of setting. Standards of delineated into key practices - these are practice's the state believes are imperative for high-quality programs. For each key practice, a "pathway" exists. Similar to rubrics, but not used for rating, pathways illustrate a progression toward high quality. Both key practices and pathways are setting-specific, allowing for differentiation that considers the unique aspects of each setting.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
 - d. Programs that meet all or part of state/territory school-age quality standards.

e. Other.

Describe:

N/A

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements

a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

b. Embeds licensing into the QRIS

c. State/territory license is a "rated" license

d. Other.

Describe:

N/A

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

Licensed center-based

License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

The state of Delaware funds the use of a developmental screener (Ages & Stages Questionnaire) and a formative assessment (Teaching Strategies GOLD) for enrolled programs.

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

As of February 2021, 74% of licensed center-based programs are participating in the state's QRIS, with 84% of participating programs rated at Star Level 3 or higher. Of family child care programs, 22% of licensed programs are participating in the QRIS, with 62% rated at Star Level 3 or higher. Holistically, Delaware will continue to evaluate progress through monitoring rates of programs participating in the state QRIS and rates of programs rated at higher star levels. Delaware's QRIS is in transition and the revised QRIS is on a path for full implementation in 2022. Theoretically, the revised QRIS model reduces standards, raises expectations, and emphasizes continuous quality improvement. Each standard has an identified set of key practices with a progression of indicators for working towards implementing each practice. Programs participating in the QRIS will identify standards and key practices to target for improvement and will utilize an approved set of evidence-based tools to inform the development of quality improvement plans. Early childhood professionals in child care programs and quality improvement specialists will use Delaware's new early childhood data system to create and monitor programs' quality improvement plans. With all relevant data housed in the state's new early childhood data system, Delaware will also evaluate its progress in improving the quality of child care programs through tracking rates of quality improvement plans that are completed and programs' progression of meeting indicators in working towards each key practice.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

Through the Capacity grant Early Education programs serving infants and toddlers are able to receive financial incentives and technical assistance to enhance or expand their programs. Grant awards will include, but are not limited to purchasing educational materials, professional development/staff training, classroom furnishings, or services that will improve efficiency in operations. The state is also an Early Head Start Child Care Partnership Grantee and currently has 150 slots available for our I/T. Through the second award the state targeted underserved area in Kent and Sussex

counties. The Department of Education and the Department of Health and Social Services have a memorandum of understanding that allows contracted slots for the Early Head Start Child Care Partnership.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

N/A

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

DIEEC offers infant and toddler specific training through in-person and online professional development. The state-sponsored Early Childhood Credentials for infant and toddler professionals identify infant and toddler-focused higher education coursework offered through Delaware's institutes of higher education.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

Delaware Stars programs can request the services of the Infant and Toddler (I&T) Specialty Technical Assistant through their assigned contact at Delaware Stars. The I&T Technical Assistants can provide on-site support on caring for and educating infants and toddlers through modeling, coaching, mentoring, and resource sharing with observation and feedback. Throughout FY19, DIEEC will build the registry infrastructure to support coaching and mentoring for quality assured clock hours.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

Per the state of Delaware Special Education Regulations (Title 14 Delaware Administrative Code, sections 922- 929) several categories of disabilities entitle children ages birth to three to a free and appropriate public education (birth mandate). These categories of eligibility are: Autism, Hearing Impairment, Visual Impairment including Blindness and Deaf-Blind. Local school districts are legally responsible to evaluate and determine eligibility for these specific categories only for the birth to three population. This entails close collaboration with Part C (DHSS) to ensure families are kept at the center of this process. Once eligibility is determined, families have an option to continue with the Part C Early Intervention system or to engage with the Early Childhood Special Education program at the school district (Part B) for supports and services which may be through an itinerant service delivery model in a community program, such as child care, at home or the child may attend a center based program at the school district. Department of Education (DOE) and Department of Health and Social Services (DHSS) staff meet regularly to coordinate statewide efforts to improve services to children birth to three. Both Part C (DHSS) and Part B (DOE) state staff participate on the Delaware Stars QRIS Revision team due to the cross-sector nature of Delaware Stars and the professional development system housed with DIEEC. Early Intervention Specialists can participate in all DIEEC trainings.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

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

- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

Licensing Regulations have separate sections for programs serving infants and toddlers related to areas such as feeding, diapering, health, and safety. Classroom ratios for infants and toddlers are lower than preschool and school-age ratios. Administrators of centers serving infants or toddlers must successfully complete clock hours of approved training in infant and toddler development and curriculum, and infant and toddler-specific Early Learning Foundations must be used to develop lesson plans.

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

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

- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

Licensing Regulations have separate sections for programs serving infants and toddlers related to areas such as feeding, diapering, health, and safety. Classroom ratios for infants and toddlers are lower than preschool and school-age ratios. Administrators of centers serving infants or toddlers must successfully complete clock hours of approved training in infant and toddler development and curriculum, and infant and toddler-specific Early Learning Foundations must be used to develop lesson plans.

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

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

- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

The Early Learning Foundations differentiate between infants and toddlers and preschoolers to outline developmentally appropriate learning opportunities based on age. For infants and toddler guidelines, children's skills have been divided into the domains of Social Emotional, Language and Literacy, Discoveries, and Physical Development and Health. The domains have been divided into four different growth periods: Young Infant (0-6 months), Older Infant (6- 12 months), Young Toddler (12- 24 months) and Older Toddler (24-36 months). This was done to illustrate the sequence of individual skills as children develop. Each domain begins with a brief summary of the key messages about development for that topic area followed by a chart containing the subdomains, learning opportunities, list of actions children might do, and a list of supportive practices

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

Families are able to access quality child care indicators on a variety of websites and through outreach activities. The Office of Child Care Licensing has information on all licensed programs; the Division of Social Services contracts with Children & Families First to conduct resource and referral activities for families, including consumer education. Through this contract the state facilitated the development of the state's comprehensive consumer education website MyChildDE where parents, providers and the general public can find transparent, easy to understand information regarding high quality infant/toddler care. Children & Families First manages Access Care, a free online referral program, and has a phone line to discuss care options with a child care specialist. The State partners with volunteer[1]based community teams, Delaware Readiness Teams, who organize family engagement activities and outreach; for example, teams host family activity nights with early learning programs and school districts, providing family resources such as QT30 activity booklets, designed to facilitate quality time with the child.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

Through the Department of Services for Children, Youth and Their Families, early care and education programs receive targeted services from Early Childhood Mental Health Consultants to assist them in addressing and supporting young children's social and emotional development. Some of the services offered include consultation, training, and coaching. Delaware currently has 14 Mental Health Consultants statewide.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

Through QRIS revision efforts between FY19 – FY21, the State will further evaluate standards that progress quality and determine the most effective assessment tools for the program-level and for the professional-level. Program standard and assessment revisions will continue to differentiate for programs serving infants and toddlers. At time of submission, the state plans to use a variety of evidence-based tools to collect baseline data on programs. This information will be used to develop quality improvement plans specific to the program. Supports, including training, technical assistance, coaching, financing, etc., will be provided to facilitate implementation of the Quality Improvement Plan.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit,

community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

Children and Families First (CFF) is the only organization that the lead agency contracts with to provide statewide resource and referral services. CFF provides parents in the state with consumer education information concerning the full range of childcare options (including faith-based and community-based childcare providers), analyzed by provider, including child care provided during nontraditional hours and through emergency child care centers, in their area. Staff members work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality. CFF collects data and provide information on the coordination of services and supports, including services under Part B, Section 619, and Part C of the Individuals with Disabilities Education Act. CFF also collects data and provides information on the supply of and demand for child care services in areas of the state and submits the information to the state.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The AccessCare database has an automatic system to send a follow up survey to families that staff analyze. Measures used are related to the QRIS: standards achieved across the four domains: Family& Community Partnerships; Qualifications and Professional Development; Management &Administration; and Learning Environment & Curriculum. In addition, each program participating in Delaware Stars must go through an outside evaluation using the Environment Rating Scale tools as they move from Stars 3 through 5. These scales include: ITERS-R, ECERS-R, FCCERS-R and SACERS, each developed and implemented based on the age group or type of care and education provided. The 2016 the Delaware Stars program was evaluated by the RAND Corporation which based its evaluation on the following research was conducted in four

thematic areas: rating and program quality, system and program quality improvement, ratings and child development outcomes and system performance. Based on these findings recommendations were made and the state is currently revising its Quality Rating and Improvement System.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

Through a Memorandum of Agreement with the Department of Services for Children, Youth and Their Families (DSCYF) and the Department of Education which now houses the Office of Child Care Licensing effective July 1, 2020, the lead agency uses CCDF quality funds to subsidize positions within the Office of Child Care Licensing and the DSCYF Criminal History Unit. The Office of Child Care Licensing performs regular monitoring visits of all licensed child care providers in order to ensure compliance with child care regulations, provides technical assistance to providers, investigates complaints of alleged non-compliance with regulations and allegations of unlicensed care, and conducts frequent monitoring visits of programs on an enforcement action. Providers who have a history of repeated non-compliance or with serious non-compliances which place children at risk, maybe placed on the enforcement action of warning of probation or probation or have their license revoked, suspended, or denied. The Criminal History Unit facilitates the criminal background check

process for the state's child care providers.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
 - Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other
- Describe:

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

All licensed child care facilities receive at least one monitoring visit per year to observe the facility's operation and confirm compliance with regulations. Noncompliance is cited and a corrective action plan is developed with dates by which the noncompliance must be corrected. Complaint investigations or regular monitoring visits that reveal significant or repeated non-compliance may result in the enforcement action of warning of probation, probation, license suspension, or license revocation. Increased monitoring visits and additional technical assistance will occur during the enforcement action period.

The revision of the QRIS provides an opportunity for aligned monitoring. While planning is still underway, the state intends to align monitoring systems wherever possible, providing a more streamlined and easy-to-navigate process for providers. Providers will be asked to submit annual reports between QRIS evaluations.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

As described in previous sections, program evaluation measures are used through the quality rating and improvement system, Delaware Stars. Programs must achieve standards across four domains: Family & Community Partnerships; Qualifications and Professional Development; Management & Administration; and Learning Environment & Curriculum. In addition, each program participating in Delaware Stars must go through an onsite evaluation of classroom environment, which includes teacher-child interactions, using the Environment Rating Scale tools as they move from Stars 3 through 5. These scales include: ITERS-R, ECERS-R, FCCERS-R and SACERS; the appropriate tools are chosen based on the age group or type of care and education provided.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The RAND Corporation conducted a validation study of the QRIS through 2016 that made recommendations for QRIS improvement based on child outcome and systems data. This

validation study coupled with other states' validation studies will inform the State's QRIS revision process between FY19-FY21. Findings that the State will consider include positive yet small effects in executive functioning skills for children in Star Level 5 programs, particularly center-based programs that met essential Stars' essential standards; moderate positive relationships between Management and Administration and Qualifications and Professional Development domains and children's cognitive skills. Part of the QRIS revision process will be identifying a third-party evaluator to assess the effects of any changes to the program standards, monitoring and assessment process, support for professionals, financial incentives, and consumer education that Delaware chooses to undertake.

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide
- i. Focused on child care centers
Describe:
- ii. Focused on family child care homes
Describe:
- e. No, but the state/territory is in the in the development phase of supporting accreditation.
- i. Focused on child care centers
Describe:
- ii. Focused on family child care homes
Describe:
- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

A crosswalk of Delaware Stars standards, NAEYC Early Childhood Program Standards and Head Start Program Performance Standards was completed when Delaware Stars underwent its latest revision in 2014. This standards crosswalk was updated in 2017 to reflect the revisions to the 2016 Head Start Program Performance Standards. Accredited programs were included in the RAND study published in 2016. The revised QRIS standards will again be compared to those mentioned above. As the state moves toward having all licensed providers participate in the QRIS, it will be able to collect data on the number of programs that are accredited, the number seeking accreditation, and the supports needed by those maintaining or seeking accreditation.

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

Regulations and Stars standards are organized by age and setting to guide best practice decisions for infants, toddlers, preschoolers, and school-aged children. DIEEC offers in-person and online training to support professionals' learning on a variety of topics, as described in previous sections. State-created crosswalks are available to assist teachers in using the Early Learning Foundations and alternative pathway guidelines such as the Head Start Early Learning Outcomes Framework with GOLD® Objectives for Learning and Development.

b. Preschoolers

Regulations and Stars standards are organized by age and setting to guide best practice decisions for infants, toddlers, preschoolers, and school-aged children. DIEEC offers in-person and online training to support professionals' learning on a variety of topics, as described in previous sections. State-created crosswalks are available to assist teachers in using the Early Learning Foundations and alternative pathway guidelines such as the Head Start Early Learning Outcomes Framework with GOLD® Objectives for Learning and Development.

c. and/or School-age children.

Regulations and Stars standards are organized by age and setting to guide best practice decisions for infants, toddlers, and preschoolers. DIEEC offers in-person and online training to support professionals' learning on a variety of topics, as described in previous sections. State-created crosswalks are available to assist teachers in using the Early Learning Foundations and alternative pathway guidelines such as the Head Start Early Learning Outcomes Framework with GOLD® Objectives for Learning and Development.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Program-level improvements are guided by Delaware Stars standards and alternative pathway standards such as NAEYC Early Childhood Program Standards and Head Start Program Performance Standards. These program standards are designed to frame teacher practice, and thus result in stronger positive child-level outcomes. The State tracks child-level outcome data for all Star 4 and 5 programs through the use of Teaching Strategies GOLD® portfolios. Through QRIS revision efforts between FY19 – FY21, the State will determine the viability and sustainability of an assessment tool to evaluate the impact of revised QRIS program standards on child outcomes.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

The state has implemented an Inclusion Specialist Pilot. Through this pilot the state would increase the quantity and quality of inclusive settings. Inclusion Specialists are required to complete the Inclusive Classroom Profile (ICP)- structured observation rating scale designed to assess the quality of provisions and daily practices that support the developmental needs of children with disabilities in early childhood settings. Inclusion Specialists will provide training on the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children and provide Practice Based Coaching (PBC) to a provider based on the results of the ICP.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

Providers enter attendance through an automated system. Payments are directly deposited into their private accounts within ten (10) business days.

- b. Fiscal oversight of grants and contracts

Describe:

The Lead Agency ensures the state and department procurement policies and procedures are adhered to and sets performance standards. Contracts are monitored through monthly reports requiring statistics, data, and monthly meetings with vendors. The Lead Agency also has quarterly meetings with fiscal staff to ensure that all staff involved in monitoring/administering grants and contracts are following procurement protocol. During this meeting any concerns regarding grants and contracts are discussed. Contracts are now audited by the Lead Agency on an annual basis.

- c. Tracking systems to ensure reasonable and allowable costs

Describe:

- d. Other

Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

- a. Conduct a risk assessment of policies and procedures

Describe:

The Lead Agency intends to conduct annual risk assessments of policies and

procedures, based on the CCDF Fraud Toolkit, provided by the National Center on Subsidy Innovation and Accountability (NCSIA). The use of this interactive tool will assist the Lead Agency understand the impact of current policies and procedures and make improvements based on the results of the assessment.

b. Establish checks and balances to ensure program integrity

Describe:

The Lead Agency intends to conduct annual risk assessments of policies and procedures, based on the CCDF Fraud Toolkit, provided by the National Center on Subsidy Innovation and Accountability (NCSIA). The use of this interactive tool will assist the Lead Agency understand the impact of current policies and procedures and make improvements based on the results of the assessment.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Supervisors regularly conduct case reviews to ensure accuracy of eligibility determinations.

d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

- i. Issue policy change notices.

Describe:

- ii. Issue policy manual.

Describe:

The Lead Agency publishes a policy manual that includes state and federal program requirements and integrity expectations for agency staff and childcare providers to reference.

- iii. Provide orientations.

Describe:

Licensed childcare providers who have been approved to serve children receiving CCDF funds receive an orientation from the Lead Agency. This orientation explains program requirements and integrity expectations.

- iv. Provide training.

Describe:

The lead agency conducts annual provider meetings to share updated policy information with providers. Providers are also made aware of policy changes or any other significant program changes via the childcare subsidy listserv as well as the listserv of our partner agencies, the consumer education website, etc

- v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Through annual site visits by the state Childcare Monitors, policy implementation is monitored. Providers who violate policy are given a warning, a corrective action plan and a follow-up visit to determine whether the issue has been resolved.

- vi. Meet regularly regarding the implementation of policies.

Describe:

The lead agency currently participates in monthly provider meetings to discuss any changes in childcare subsidy policy, to share updated policy guidelines and to address questions/concerns. Prior to the pandemic the lead agency facilitated annual provider meetings to discuss policy changes and intends to resume them when the state of emergency is lifted.

- vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices.

Describe:

Administrative Notices are published for Lead Agency staff as policies are changed. In addition to these notices, Lead Agency staff are notified of policy changes on a bi-weekly basis.

- ii. Train on policy change notices.

Describe:

The Lead Agency currently conducts "Roadshows" at each eligibility site to review subsidy policy and address questions and concerns of eligibility staff. Staff are also able to log onto an online training system to complete trainings at their leisure.

iii. Issue policy manuals.

Describe:

The Lead Agency's policy manual is available online for all Lead Agency staff members and any staff members in other agencies who administer the CCDF program for reference and review. This manual is updated on a regular basis.

iv. Train on policy manual.

Describe:

New Staff and experienced staff participate in the Lead Agency's training academy. Staff participate in training regarding how to review the policy manual, ensure eligibility determination is based on current policy and report to the Helpdesk if the system is not determining eligibility correctly. Staff submit all policy questions to the policy resource mailbox using a template that indicates the policy section reviewed and supervisor consulted prior to submitting the question.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The lead agency facilitates monthly meetings to discuss errors found by the Quality Control team. At these meetings policy application is discussed, and patterns of error are shared with eligibility staff.

vi. Meet regularly regarding the implementation of policies.

Describe:

The lead agency conducts annual "Roadshows" at eligibility team meetings statewide to review childcare subsidy policy and address questions/ concerns.

Childcare subsidy team members also participate in new worker training to ensure that new staff members are learning how to accurately apply childcare policy from the policy team and are able to address questions/concerns at that time.

vii. Other.

Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The Lead Agency intends to conduct annual risk assessments of internal controls, based on the CCDF Fraud Toolkit, provided by the National Center on Subsidy Innovation and Accountability (NCSIA). The use of this interactive tool will assist the Lead Agency understand the impact of current internal controls and make improvements based on the results of the assessment.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency uses several different data match programs. The Lead Agency matches with the Social Security Administration as well as income received through Social Security Assistance to verify citizenship. The federal hub verification was built into the eligibility system to verify citizenship and identity. The Lead Agency's audit and recovery management team uses several different data match programs to determine if fraud has been committed by comparing what the childcare provider has reported to the Lead Agency.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency uses the share/match system database to run system reports for Quality Control case reviews that are done in reporting and non-reporting years to flag errors. Internal errors are addressed by identifying patterns and facilitating necessary training. Provider errors are addressed by notifying providers with a written communication and recouping monies if necessary.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Childcare monitors conduct on site and virtual visits to review attendance and billing that has been submitted into the Provider Self Service portal by comparing them to physical attendance records during the visit. If a discrepancy is discovered, the childcare provider must resubmit attendance in the Provider Self Service portal, at which time a system recoument is generated.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Supervisors of eligibility staff are required to perform Supervisory Reviews of cases prior to eligibility determination. In doing so potential errors are detected before a family is determined eligible. The Lead Agency also has a Quality Control team that

reviews childcare cases in reporting and non-reporting years. The QC team meets with eligibility staff and the childcare policy administrator monthly to review errors and/or findings. These findings are discussed to determine if policy was accurately applied. Patterns of error are then discussed with eligibility staff.

v. Audit provider records.

Describe the activities and the results of these activities:

Childcare monitors will perform announced and unannounced visits to subsidy providers. During the review, the monitors will compare the provider's summary attendance report, daily attendance report, the provider contract with the parent. The provider will resubmit attendance if a discrepancy is discovered during the site visit an action plan will be written up and a child care monitor will revisit within 90 days to make sure they are in compliance with the POC contract.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

New staff and experienced staff participate in the Lead Agency's training academy. During the training, staff will review the policy manual and staff are trained to review the eligibility budget prior to confirming the benefits to ensure the correct benefits are issued.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of

the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency matches with the Social Security Administration as well as income received through Social Security Assistance to verify citizenship. The federal hub verification was built into the eligibility system to verify citizenship and identity. The Lead Agency's audit and recovery management team uses several different data match programs to determine if fraud has been committed by comparing what the childcare provider has reported to the Lead Agency.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency uses the share/match system database to run system reports for Quality Control case reviews that are done in reporting and non-reporting years to flag errors. Internal errors are addressed by identifying patterns and facilitating necessary training. Provider errors are addressed by notifying providers with a written communication and recouping monies if necessary.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Childcare monitors conduct on site and virtual visits to review summary attendance and billing records for 12 months that has been submitted into the provider self-service portal by comparing them to physical attendance records during the visit. If a discrepancy is discovered, an action plan is written up, an Orientation is requested within 30 days, the childcare provider must resubmit attendance in the provider self-service portal, at which time a system recoument is generated.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Supervisors of eligibility staff are required to perform Supervisor Reviews of cases prior to eligibility determination. In doing so potential errors are detected before a

family is determined eligible. The Lead Agency also has a Quality Control team that reviews childcare cases in reporting and non-reporting years. The QC team meets with eligibility staff and the childcare policy administrator monthly to review errors and/or findings. These findings are discussed to determine if policy was accurately applied. Patterns of error are then discussed with eligibility staff.

v. Audit provider records.

Describe the activities and the results of these activities:

Childcare monitors perform announced and unannounced visits to subsidy providers. During the review, the monitors will compare the provider's summary attendance, daily attendance, sign-in and sign-out sheet. The provider will resubmit attendance if a discrepancy is discovered during the site visit and a system generated recoupment will occur.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

New staff and experienced staff participate in the Lead Agency's training academy. During the training, staff will review the policy manual and staff are trained to review the eligibility budget prior to confirming the benefits to ensure the correct benefits are issued.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent

agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency matches with the Social Security Administration as well as income received through Social Security Assistance to verify citizenship. The federal hub verification was built into the eligibility system to verify citizenship and identity. The Lead Agency's audit and recovery management team uses several different data match programs to determine if fraud has been committed by comparing what the childcare provider has reported to the Lead Agency.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency uses the share/match system database to run system reports for Quality Control case reviews that are done in reporting and non-reporting years to flag errors. Internal errors are addressed by identifying patterns and facilitating necessary training. Provider errors are addressed by notifying providers with a written communication and recouping monies if necessary.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Childcare monitors conduct on site and virtual visits to review attendance and billing that has been submitted into the automated system by comparing them to physical attendance records during the visit. If a discrepancy is discovered, the childcare provider must resubmit attendance in the automated system, at which time a system recoument is generated.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Supervisors of eligibility staff are required to perform Supervisor Reviews of cases prior to eligibility determination. In doing so potential errors are detected before a family is determined eligible. The Lead Agency also has a Quality Control team that reviews childcare cases in reporting and non-reporting years. The QC team meets

with eligibility staff and the childcare policy administrator monthly to review errors and/or findings. These findings are discussed to determine if policy was accurately applied. Patterns of error are then discussed with eligibility staff.

v. Audit provider records.

Describe the activities and the results of these activities:

Childcare monitors perform announced and unannounced visits to subsidy providers. During the review, the monitors will compare the provider's summary attendance, daily attendance, sign-in and sign-out sheet. The provider will resubmit attendance if a discrepancy is discovered during the site visit and a system generated recoupment will occur.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

New staff and experienced staff participate in the Lead Agency's training academy. During the training, staff will review the policy manual and staff are trained to review the eligibility budget prior to confirming the benefits to ensure the correct benefits are issued.

vii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

The Department of Health and Social Services, the lead agency is responsible for pursuing fraud and overpayments.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

When an improper payment is discovered the provider is immediately notified in writing of the discovery, the amount of the improper payment and the recoupment process. Recovery is required after a minimum overpayment of \$1.00.

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The lead agency facilitates program integrity meetings where all state agencies maintaining federal grants meet to discuss provider fraud and respective internal program controls and ensure we are all aware of the fraud. The lead agency has the power to enforcement recoupment of misspent funds and does coordinate with the Department of Justice should the discovery of fraud lead to felony prosecution.

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

A recoupment process is built into the Lead Agency's billing system. When a provider is required to repay based on billing discrepancies discovered, the system will automatically establish a recoupment amount and recoupment is automated in increments on a monthly basis through the provider's account.

- iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

A recoupment process is built into the Lead Agency's billing system. When a provider

is required to repay based on billing discrepancies discovered, the system will automatically establish a recoupment amount and recoupment is automated in increments on a monthly basis through the provider's account until payment is paid in full.

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vi. Recover through other means.

Describe the activities and the results of these activities:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

Audit and Recovery Management Services (ARMS) identifies, investigates, and refers for criminal prosecution or civil litigation acts of fraud or error that caused an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

When an improper payment is discovered the provider is immediately notified in writing of the discovery, the amount of the improper payment and the recoupment process. Recovery is required after the minimum overpayment of \$1.00.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

A recoupment process is built into the Lead Agency's billing system. When a provider is required to repay based on billing discrepancies discovered, the system will automatically establish a recoupment amount and recoupment is automated in increments on a monthly basis through the provider's account.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

When a provider is required to repay based on billing discrepancies discovered, the system will automatically establish a recoupment amount and recoupment is automated in increments on a monthly basis through the provider's account until payment is paid in full.

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

Audit and Recovery Management Services (ARMS) identifies, investigates, and refers for criminal prosecution or civil litigation acts of fraud or error that caused an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

- ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. N/A. the Lead Agency does not recover misspent funds due to agency errors.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

When an improper payment is discovered the provider is immediately notified in writing of the discovery, the amount of the improper payment and the recoupment process. There is no minimum dollar amount, the recoupment is based on the error amount.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

A recoupment process is built into the Lead Agency's billing system. When a provider is required to repay based on billing discrepancies discovered, the system will automatically establish a recoupment amount and recoupment is automated in increments on a monthly basis through the provider's account.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

A recoupment process is built into the Lead Agency's billing system. When a provider is required to repay based on billing discrepancies discovered, the system will automatically establish a recoupment amount and recoupment is automated in increments on a monthly basis through the provider's account.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

Audit and Recovery Management Services (ARMS) identifies, investigates, and refers for criminal prosecution or civil litigation acts of fraud or error that caused an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Clients who are found to have committed an intentional program violation or fraud are disqualified. The recoupment process is conducted through ARMS. The Lead Agency provides an opportunity for a fair hearing to any individual who is dissatisfied with a decision of the Lead Agency (i.e., to deny, suspend, delay, reduce, terminate, or sanction a Division-issued benefit, etc.). The purpose of a fair hearing is to give all applicants and recipients an opportunity for an impartial, objective review of actions taken in programs administered by the Division. Every person is informed in writing at the time of application and at the time of any action affecting their benefits of their right to a fair hearing and the method by which they may request a hearing. They may appear for the hearing alone or may be represented by counsel or by another person at the hearing.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

Providers who are found to have committed an intentional program violation or fraud will be notified of the discovery in writing. The provider's license will be terminated, and all misspent funds will be recouped by the lead agency. Providers who are disqualified may request an Administrative Review with the Senior Administrator of the Lead Agency. If the provider's license is terminated the provider may request a Hearing, which is conducted by a Hearing Officer with the Office of Child Care Licensing.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

The lead agency will prosecute any child care subsidy providers who commits intentional fraud. In order to qualify for a felony prosecution, the theft must amount to at least \$1,500.00 (rules of Delaware Code) and the burden of proof must meet the level accepted by the Department of Justice (beyond a reasonable doubt).

d. Other.

Describe the activities and the results of these activities:

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered extraordinary circumstance waivers to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.