OMB Control No: 0970-0114

Expiration date: 03/31/2027

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 150 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C. 9858.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0114 and the expiration date is 03/31/2027. If you have any comments on this collection of information, please contact ACF's Office of Child Care.



**Child Care and Development Fund (CCDF) Plan**
**for**
**State/Territory Delaware**

**FFY 2025 – 2027**

**Version: Initial Plan**

**Plan Status: Approved as of 2024-11-09 00:37:10 GMT**

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

# Table of Contents

**Overview** ..... **4**

**1 CCDF Program Administration** ..... **6**
1.1 CCDF Leadership ..... 6
1.2 CCDF Policy Decision Authority ..... 7
1.3 Consultation in the Development of the CCDF Plan ..... 10

**2 Child and Family Eligibility and Enrollment and Continuity of Care** ..... **12**
2.1 Reducing Barriers to Family Enrollment and Redetermination ..... 12
2.2 Eligible Children and Families ..... 14
2.3 Prioritizing Services for Vulnerable Children and Families ..... 23
2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities ..... 25
2.5 Promoting Continuity of Care ..... 26

**3 Child Care Affordability** ..... **31**
3.1 Family Co-payments ..... 31
3.2 Calculation of Co-Payment ..... 33
3.3 Waiving Family Co-payment ..... 34

**4 Parental Choice, Equal Access, Payment Rates, and Payment Practices** ..... **35**
4.1 Access to Full Range of Provider Options ..... 35
4.2 Assess Market Rates and Analyze the Cost of Child Care ..... 36
4.3 Adequate Payment Rates ..... 40
4.4 Payment Practices to Providers ..... 44
4.5 Supply Building ..... 46

**5 Health and Safety of Child Care Settings** ..... **49**
5.1 Licensing Requirements ..... 50
5.2 Ratios, Group Size, and Qualifications for CCDF Providers ..... 51
5.3 Health and Safety Standards for CCDF Providers ..... 54
5.4 Pre-Service or Orientation Training on Health and Safety Standards ..... 65
5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements ..... 67
5.6 Ongoing Health and Safety Training ..... 72
5.7 Comprehensive Background Checks ..... 73
5.8 Exemptions for Relative Providers ..... 84

**6 Support for a Skilled, Qualified, and Compensated Child Care Workforce** ..... **84**
6.1 Supporting the Child Care Workforce ..... 84
6.2 Professional Development Framework ..... 86
6.3 Ongoing Training and Professional Development ..... 88
6.4 Early Learning and Developmental Guidelines ..... 89

**7 Quality Improvement Activities** ..... **90**
7.1 Quality Activities Needs Assessment ..... 91
7.2 Use of Quality Set-Aside Funds ..... 91

**8 Lead Agency Coordination and Partnerships to Support Service Delivery....93**
8.1 Coordination with Partners to Expand Accessibility and Continuity of Care....93
8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds....95
8.3 Coordination with Child Care Resource and Referral Systems....97
8.4 Public-Private Partnerships....98
8.5 Disaster Preparedness and Response Plan....99

**9 Family Outreach and Consumer Education....100**
9.1 Parental Complaint Process....100
9.2 Consumer Education Website....101
9.3 Increasing Engagement and Access to Information....106
9.4 Providing Information on Developmental Screenings....108

**10 Program Integrity and Accountability....109**
10.1 Effective Internal Controls....109
10.2 Fraud Investigation, Payment Recovery, and Sanctions....112

**Appendix 1: Lead Agency Implementation Plan....117**
Appendix 1: Form....118

## Overview

### *Introduction*

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

### *Organization of Plan*

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

### *Completing the Plan*

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

*Review and Amendment Process*

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

*Appendix 1: Implementation Plan*

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

*CCDF Plan Submission*

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

# 1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

## 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.

### 1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **Department of Health and Social Services**

   ii. Street Address: **1901 N. Dupont Highway**

   iii. City: **New Castle**

   iv. State: **Delaware**

   v. ZIP Code: **19720**

   vi. Web Address for Lead Agency: **https://www.dhss.delaware.gov/dhss/**

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Tom**

   ii. Lead Agency Official Last Name: **Hall**

   iii. Title: **Director**

   iv. Phone Number: **302-255-9605**

   v. Email Address: **tom.hall@delaware.gov**

### 1.1.2 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. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

a. CCDF Administrator contact information:

   i. CCDF Administrator First Name: **Jacqueline**

ii. CCDF Administrator Last Name: **Bensel**

iii. Title of the CCDF Administrator: **Senior Administrator**

iv. Phone Number: **302-875-8420**

v. Email Address: **jacqueline.bensel@delaware.gov**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name: **Caitlin**

ii. CCDF Co-Administrator Last Name: **Gleason**

iii. Title of the CCDF Co-Administrator: **Associate Secretary**

iv. Phone Number: **(302) 735-4154**

v. Email Address: **caitlin.gleason@doe.k12.de.us**

vi. Description of the Role of the Co-Administrator: **The CCDF Co-Administrator manages the quality initiatives of the CCDF Plan FY25-FY27. Caitlin Gleason, the CCDF co-administrator, is the Associate Secretary, Early Childhood Support in the Department of Education. The Early Childhood Support (ECS) Team is comprised of three workgroups, described below. The ECS team creates the conditions for all children, birth to age five, to grow, develop, and learn through positive experiences with their families, adults, and peers that prepare them for success in school and life. We support all families and their children, birth through five, by providing equitable access to high-quality, dual-generational care and education programs and services. Major Workgroups within Early Childhood Support: Office of Child Care Licensing (OCCL) purpose is to ensure safeguards and enhance quality of out-of-home care for children in Delaware. This office promulgates regulations, issues licenses, investigates complaints of regulation non-compliance and unlicensed care, and monitors multiple early care and education programs, including: • family child care homes • large family child care homes • early care and education and school-age centers which includes early education programs (younger than kindergarten) in public and private schools • residential child care facilities and day treatment programs • child placing agencies and • summer youth camps that receive Purchase of Care subsidies. Office of Early Learning (OEL) is responsible for developing and administering Delaware's Early Childhood Education (ECE) Quality Improvement System (QIS), which focuses on Continuous Quality Improvement (CQI), the State Funded Early Care and Education Program (SFECEP), formerly known in the ECE community as ECAP and Redding, and the DEEDS educator credentialing system for ECE staff in licensed child care programs. In this way, OEL is responsible for supporting high-quality early childhood professionals. The Office of Early Learning (OEL) informs, manages, and funds contracts with the Delaware Institute for Excellence in Early Childhood (DIEEC) and the Early Childhood Innovation Center (ECIC). The DIEEC provides technical assistance, professional development, and coaching for members of the Early Care and Education (ECE) workforce. The ECIC provides scholarships, career counseling, and CDA Cohort support, among other ECE workforce supports. OEL facilitates kindergarten registration, supports the implementation of the kindergarten Early Learner Survey (ELS), and connects**

**families to local districts when they are requesting early admission to kindergarten. OEL oversees the Head Start Collaboration Office, administers the federal Early Childhood Head Start Partnership grant, manages the state funded Parents as Teachers program, and collaborates and funds other state agencies and partners to provide Early Childhood Mental Health (ECMH) services. Office of Early Childhood Intervention (OECI) purpose is to ensure full implementation of the Individuals with Disabilities Education Act (IDEA) under Part C and Part B, (section 619) through comprehensive policies and procedures. This includes access to child find and early childhood intervention for all eligible children ages birth through five with identified disabilities and their families by leveraging equitable supports, services, and community resources.**

## 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. 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 Entity establishing CCDF program rules

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.

Check one of the following:

a. **[x]** All program rules and policies are set or established by the State or Territory. (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:

      **[ ]** State or Territory.

      **[ ]** Local entity (e.g., counties, workforce boards, early learning coalitions).

      **[ ]** Other. Identify the entity and describe the policies the entity can set:

   ii. Sliding-fee scale is set by the:

      **[ ]** State or Territory.

      **[ ]** Local entity (e.g., counties, workforce boards, early learning coalitions).

      **[ ]** Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

iv. Licensing standards and processes are set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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 Entities implementing CCDF services

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

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|---|---|---|---|---|---|
| Who conducts eligibility determinations? | [x] | [ ] | [ ] | [ ] | [ ] Describe: |
| Who assists parents in locating child care (consumer education)? | [ ] | [ ] | [ ] | [x] | [ ] Describe: |
| Who issues payments? | [x] | [ ] | [ ] | [ ] | [ ] Describe: |
| Who monitors licensed providers? | [ ] | [ ] | [x] | [ ] | [ ] Describe: |

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|---|---|---|---|---|---|
| Who monitors license-exempt providers? | [x] | [ ] | [ ] | [ ] | [ ] Describe: |
| Who operates the quality improvement activities? | [ ] | [ ] | [x] | [ ] | [ ] Describe: |

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. 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.

a. Tasks to be performed.

[x] Yes. If yes, describe: **MOUs and contracts outline work to meet the requirements of the CCDF plan. In some cases, contracts and MOUs may meet federal requirements with federal CCDF funding. In some cases, contracts and MOU may meet federal requirements with state funding. MOUs are in place between the Department of Health and Social Services and Department of Education; the Department of Services for Children, Youth, and their Families and Department of Education; and the Department of Health and Social Services and Department of Services for Children, Youth, and their Families.**

**The processes used to monitor partnering contractors and other agencies are outlined in each written agreement. MOUs and contracts use a general Department-level template that follows our state's procurement law. For example, the Early Childhood Support team in the Department of Education will use the template and then create a program-specific Appendix A Scope of Work and Appendix B budget. We include the following information:**
**• Tasks to be performed: The Early Childhood Support team's DOE Contract Appendix A Scope of Work calls this "activities." Activities are listed under objectives.**
**• Schedule for completing tasks: The Early Childhood Support team's DOE Contract Appendix A Scope of Work calls this "timeline." This timeline must be within the state fiscal year from July 1st to June 30th of the following year.**
**• Budget which itemizes categorical expenditures in accordance with CCDF requirements. The Early Childhood Support team's DOE Contract Appendix B outlines the total yearly budget and monthly reporting requirements. It delineates monthly payments that can be invoiced after meeting reporting requirements.**
**• Indicators or measures to assess performance of those agencies: The Early Childhood Support team's DOE Contract Appendix A Scope of Work calls this "deliverables." Each activity has at least one deliverable.**

**The lead agency has Memorandums of Understanding or contracts with partnering agencies that**

assist with the administration of the CCDF program and detail tasks to be performed. MOUs are in place between the Department of Health and Social Services and Department of Education; the Department of Services for Children, Youth, and their Families and Department of Education; and the Department of Health and Social Services and Department of Services for Children, Youth, and their Families. Below is excerpts from MOUs to illustrate the type of tasks outlined in our MOUS:

1. The Department of Health and Social Services will:

- Provide Child Care and Development Grant funds to DSCYF pursuant to this Agreement for categories of expenditures, which DSCYF will oversee.
- Produce the CCDF budget in consultation with DSCYF, and submit documents and amendments to the State Clearinghouse Committee (Clearinghouse).
- Budget audit costs from the administrative portion of the Grant and arrange for an audit of grant expenditures.
- DHSS will prepare a report on the use of CCDF funds and transmit the report to the federal Department of Health and Human Services.
- Assure compliance with appropriate federal regulations.
- Assure that all expenditures and budgeted positions are in accordance with Clearinghouse approved plans and budgets.
- Ensure that DHSS's work on behalf of young children is consistent with the recommendations of Early Success.

2. The Department of Services for Children, Youth and Their Families will:

- Provide DFMS documents and other information necessary to process payments from DHSS to DSCYF.
- Provide fiscal information about its portion of the budget by June 1st to support the annual grant application.
- Attend Clearinghouse meetings and public hearings as necessary.
- Participate in the audit process. DCYF assumes all responsibility for any disallowance or audit exceptions relative to funds paid to DSCYF by DHSS, including restitution.
- Submit an expenditure report to DHSS no later than 30 days after the end of each quarter, and a final report reflecting year end adjustments and total expenditures not later than 60 days after the end of the federal fiscal year.
- Assure that all expenditures and budgeted positions are in accordance with Clearinghouse approved plans and budgets.
- Ensure that DSCYF's work on behalf of young children is consistent with the recommendations of Early Success, particularly in the areas of professional development and program licensure

Two examples below illustrate the work of our CCR&R partner and our professional development and QIS partner as written in contracts.
Children & Families First
Statement of Purpose: To facilitate access to quality, affordable child care statewide, the Vendor will provide resource and referral services to three different types of clients based on the intensity of their needs:
1. General public  families in search of child care;

2. Purchase of Care (POC) clients  eligibility as defined by Delaware's Child Care Development Fund (CCDF) Plan FY25-FY27; and
3. When appropriate, child care professionals.
The Vendor will publicize its resource and referral service, maintain a database of licensed programs and those in the quality improvement system (QIS) to provide referral services as needed, and provide information to families and professionals through the state's consumer education website MyChildDE.
Activity as an Example: 3.1 Provide toll-free telephone assistance to families requesting information about child care programs, quality care, and child development.
Timeline: 7/1/2024-6/30/2025
Part of 3.1's Deliverable as an Example: Collect information from families on their child care needs. Send information about available programs and services to families seeking care.

UD - DIEEC - PD Stars DIEEC's goal is to inform and implement a rigorous continuous quality improvement system to support early care and education programs and professionals in achieving and maintaining Delaware's identified quality indicators. The quality improvement system offers tiered technical assistance and professional learning opportunities for all Delaware early care and education programs and professionals.
First Activity as an Example: 1.1 Implement ongoing effective universal communication strategies with Delaware's early childhood program & professional audiences in support of ensuring program and professional awareness of available supports, including:
- REACH monthly newsletters
- Website postings
- Social media postings
- What's Up Wednesday weekly recaps
- Email blasts using DIEEC listserv
- Print resources

Timeline: 7/1/2024-6/30/2025

Part of this Activity 1.1's Deliverable as an Example:
A minimum of 50 What's Up Wednesday weekly recaps targeting licensed family and large family child care programs developed and distributed in both English and Spanish.

Monitoring occurs yearly on an ongoing basis. Program Managers on each team manage contractors through weekly or monthly meetings. Monitoring occurs by reading monthly reports and invoices and following up in those meetings. All contractors may be required to submit additional documentation or can be subject to unannounced or announced visits by Program Managers. Specific forms of monitoring activities are outlined in contract deliverables. As a result, contracted partners are monitored monthly through monthly invoice and report monitoring. They are monitored at least once yearly through visits and approval of final deliverables outlined in their Appendix A Scope of Work. Invoices will not be paid if a contractor does not meet contract activity and deliverable requirements within the designated timeline.

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: **The lead agency has Memorandums of Understanding or contracts with partnering agencies that assist with the administration of the CCDF program which details a schedule for completing tasks to be performed.**

**Below is an example of the task completion schedule for the Market Rate Survey Contract:**

**General consultation (Nov 2023)**
**Information Sessions (Nov 2023)**
**Review of surveys (Nov 2023)**
**Final Surveys to DSS (Nov 2023)**
**Survey to interviewers (Nov 2023)**
**Databases obtained, cleaned**
**FCC: (Nov 2023)**
**Center: (Nov 2023)**
**Census frame to interviewers**
**FCC: (Nov 2023)**
**Center: (Nov 2023)**
**Announcement letters sent**
**FCC: (Dec 2023)**
**Center: (Dec 2023)**
**CATI set-up & debugged**
**(Dec 2023))**
**Training of interviewers**
**(Dec 2023)**
**Interviews Conducted**
**FCC: (Jan 2023)**
**Ctr: (Feb 2023)**
**Data Analyzed**
**FCC: (Mar 2023)**
**Ctr: (Mar 2023)**
**Final Report**
**(March 2023)**

**Timelines of contracts must be within the state fiscal year from July 1st to June 30th of the following year. Timelines of MOUs may be multi-year; the CCDF MOUs are three year MOUs based on the cycle of CCDF funding.**

**Monitoring occurs yearly on an ongoing basis. Program Managers on each team manage contractors through weekly or monthly meetings. Monitoring occurs by reading monthly reports and invoices and following up in those meetings. All contractors may be required to submit additional documentation or can be subject to unannounced or announced visits by Program Managers. Specific forms of monitoring activities are outlined in contract deliverables. As a result, contracted partners are monitored monthly through monthly invoice and report monitoring. They are monitored at least once yearly through visits and approval of final deliverables outlined in**

**their Appendix A Scope of Work. Invoices will not be paid if a contractor does not meet contract activity and deliverable requirements within the designated timeline.**

**[ ]** No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

**[x]** Yes. If yes, describe: **The lead agency has Memorandums of Understanding or contracts with partnering agencies that assist with the administration of the CCDF program which details a line-item budget as it relates to the tasks to be performed.**

**[ ]** No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

**[x]** Yes. If yes, describe: **Indicators include completion of tasks as described in the statement of work and in the timeframe described**

**[ ]** No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **In addition to the required CCDF reporting, agencies involved in the administration of the CCDF program also submit monthly invoices that detail completed tasks and associated expenditures or progress reports upon request. CCDF administering agencies submit Time and Effort reports twice per year detailing hours worked in CCDF administration.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

**[x]** Yes.

**[ ]** No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

**[x]** Yes.

**[ ]** No. If no, describe:

## 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

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

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

### 1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The lead agency initially sent out a survey in January 2024 to the early care and education community to solicit volunteers to assist with the development of the state plan. We then worked with a vendor, Social Contract, who assisted with the development of a comprehensive stakeholder engagement process and stakeholder engagement activities to be done virtually and in person. Stakeholder engagement sessions were held the week of March 25-29 and May 20-24.**
**The stakeholder engagement groups included representatives from the local government, child care programs, and community organizations. These initial meetings focused on workforce development and health safety aspects of CCDF.**

**To solicit feedback from families, a family survey was developed that asked families about their experiences in accessing services and things they would like to see change. Surveys were given to providers in March 2024 who then gave them to families. Families were also asked to provide an email if they wanted to participate in focus groups to be held in person and/or virtually. We received 118 responses. Additional stakeholder engagement meetings focused on the childcare subsidy will be held in June. Policy and strategy revisions based on these meetings will be reflected in plan amendments.**

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **Public comment was requested on the written plan through State Advisory Council email blast on May 17, 2024. An initial draft of this CCDF State Plan, the "Early Childhood System of Today," was presented to the State Advisory Council on May 21, 2024 for feedback. The lead agency first sent out a survey in January to the early care and education community through the State Advisory Council to solicit volunteers to assist with the development of the state plan. Stakeholder engagement sessions were held the**

**week of March 25-29, May 20-24, and in June to brainstorm improvements and innovations for a plan amendment that reflects the design of Delaware's Early Childhood System of Tomorrow.**

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **Delaware does not have any federally recognized tribes.**

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The lead agency initially sent out a survey in January 2024 to the early care and education community to solicit volunteers to assist with the development of the state plan. We then worked with a vendor, Social Contract, who assisted with the development of a comprehensive stakeholder engagement process and stakeholder engagement activities to be done virtually and in person. Stakeholder engagement sessions were held the week of March 25-29 and May 20-24. The stakeholder engagement groups included representatives from the local government, child care programs, and community organizations. These initial meetings focused on workforce development and health safety aspects of CCDF.**

**To solicit feedback from families, a family survey was developed that asked families about their experiences in accessing services and things they would like to see change. Surveys were given to providers in March 2024 who then gave them to families. Families were also asked to provide an email if they wanted to participate in focus groups to be held in person and/or virtually. We received 118 responses. Additional stakeholder engagement meetings focused on the childcare subsidy will be held in June. Policy and strategy revisions based on these meetings will be reflected in plan amendments.**

1.3.2 Public hearing process

Lead Agencies must 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.

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.

i. Date of the public hearing: **6/6/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **5/17/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

**[x]** Yes.

**[ ]** No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**The public hearing was**

announced on the state's consumer education website MyChildDE: https://www.mychildde.org/first-draft-of-the-child-care-development-fund-ccdf-state-plan-fy-25-fy-27/

The website also shared a survey where people could input public comments. Announcements were made about this process at the Delaware Early Childhood Council meeting on May 21, 2024.

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **Public hearings were held virtually in order to be inclusive of all geographic regions within the state.**

vi. Describe 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.): **The plan was made available on the state's consumer education website MyChildDE: https://www.mychildde.org/first-draft-of-the-child-care-development-fund-ccdf-state-plan-fy-25-fy-27/**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Delaware has drafted an "Early Childhood System of Today plan that the state is submitting for July 1, 2024. The public was given the opportunity to comment on the state plan at state advisory council meeting in May and the public hearing which was held in June. The public was able to comment during those events but was also given time to submit comment via email to the CCDF Administrator and through a survey link for each section. The comments were reviewed, and at the lead agency's discretion, the plan will be revised accordingly for a future plan amendment.**

**The themes and solutions brainstormed through Delaware's stakeholder engagement process in 2024 will be integrated into a plan amendment that will describe our state's early childhood processes that integrate the CCDBG final rule released in March 2024 and the priorities of a new state Governor. This version of our plan will be known as the Early Childhood System of Tomorrow. This timeline allows Delaware to integrate the CCDF Plan FY25-FY27 with the strategic planning initiative of the Preschool Development Grant Birth through Five Renewal Grant.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **https://www.mychildde.org/**

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

i. **[x]** Working with advisory committees. Describe: **The lead agency coordinates**

**with the state advisory council, the Wilmington Early Care and Education Council, and Help Me Grow 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.**

ii. **[x]** Working with child care resource and referral agencies. Describe: **The lead agency collaborates closely with the state's resource and referral agency, which oversees the state's consumer education website. This agency not only maintains the comprehensive consumer education website, but also ensures that all pertinent details regarding the development of the CCDF State Plan are promptly posted on the website.**

iii. **[x]** Providing translation in other languages. Describe: **The plan will be made available in Spanish.**

iv. **[x]** Sharing through social media (e.g., Facebook, Instagram, email). Describe: **All members of the Delaware Early Childhood Council and Office of Child Care Licensing licensed program email listservs received links to the draft plan and survey. These listservs also received notice of the public hearing.**

v. **[x]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). 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 between DOE, DHSS, DSCYF and their contracted partners.**

vi. **[x]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **The Delaware Afterschool Network participated in the development of the state plan. The Delaware Afterschool Network and YMCA provided comments on the draft plan.**

vii. **[x]** Direct communication with the child care workforce. Describe: **The child care workforce is apprised of the plan process via provider calls every other month. Providers were also included in the stakeholder engagement meetings held March and May.**

**All members of the Delaware Early Childhood Council and Office of Child Care Licensing licensed program email listservs received links to the draft plan and survey. These listservs also received notice of the public hearing.**

viii. **[ ]** Other. Describe:

## 2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy

applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

## 2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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, Lead Agencies 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).

### 2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

i. **[x]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **Delaware's Presumptive Eligibility Policy dictates that a family may be determined eligible before providing all required documentation. Families may be authorized for up to 3 months of child care.**
**Anyone who applies for childcare and shows proof of need can be determined presumptively eligible.**

ii. **[ ]** Leveraging eligibility from other public assistance programs. Describe:

iii. **[x]** Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **Delaware's 12-month eligibility policy dictates that all eligible children must receive a 12-month authorization. When a new child is added to an existing case the new child will receive a 12-month authorization which might extend the authorizations for the existing children. Any family who shows proof of need can be presumptively eligible for child care subsidy.**

iv. **[ ]** Self-assessment screening tools for families. Describe:

v. **[ ]** Extended office hours (evenings and/or weekends).

vi. **[x]** Consultation available via phone.

vii. **[ ]** Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations:

viii. **[ ]** None.

b. Does the Lead Agency use an online subsidy application?

**[x]** Yes.

**[ ]** No. If no, describe why an online application is impracticable.

c. Does the Lead Agency use different policies for families receiving TANF assistance?

**[ ]** Yes. If yes, describe the policies:

**[x]** No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/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. **[x]** Online documentation submission.

v. **[ ]** Cross-program redeterminations.

vi. **[ ]** Extended office hours (evenings and/or weekends).

vii. **[x]** Consultation available via phone.

viii. **[ ]** Leveraging eligibility from other public assistance programs.

ix. **[ ]** Other. Describe:

b. Does the Lead Agency use different policies for families receiving TANF assistance?

**[ ]** Yes. If yes, describe the policies:

**[x]** No.

## 2.2 Eligible Children and Families

At eligibility determination or redetermination, 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 (SMI) for a family of the same size and whose family assets do not exceed $1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program

(which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

**[x]** Yes.

**[ ]** No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

*Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

**[ ]** No.

**[x]** Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **19.00**

ii. 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 and is incapable of self-care.**

c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

**[ ]** No.

**[x]** Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

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.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

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

a. Identify which of the following activities are included in your definition of "working" by checking the boxes below:

   i. **[x]** An activity for which a wage or salary is paid.

   ii. **[x]** Being self-employed.

   iii. **[ ]** During a time of emergency or disaster, partnering in essential services.

   iv. **[ ]** Participating in unpaid activities like student teaching, internships, or practicums.

   v. **[ ]** Time for meals or breaks.

   vi. **[x]** Time for travel.

   vii. **[x]** Seeking employment or job search.

   viii. **[ ]** Other. Describe:

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

   i. **[x]** Vocational/technical job skills training.

   ii. **[x]** Apprenticeship or internship program or other on-the-job training.

   iii. **[ ]** English as a Second Language training.

   iv. **[ ]** Adult Basic Education preparation.

   v. **[x]** Participation in employment service activities.

   vi. **[ ]** Time for meals and breaks.

   vii. **[x]** Time for travel.

   viii. **[ ]** Hours required for associated activities such as study groups, lab experiences.

   ix. **[ ]** Time for outside class study or completion of homework.

   x. **[ ]** Other. Describe:

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

   i. **[x]** Adult High School Diploma or GED.

   ii. **[ ]** Certificate programs (12-18 credit hours).

   iii. **[x]** One-year diploma (36 credit hours).

   iv. **[x]** Two-year degree.

   v. **[x]** Four-year degree.

   vi. **[x]** Travel to and from classrooms, labs, or study groups.

   vii. **[ ]** Study time.

   viii. **[ ]** Hours required for associated activities such as study groups, lab experiences.

ix. [ ] Time for outside class study or completion of homework.

x. [ ] Applicable meal and break times.

xi. [ ] Other. Describe:

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

[ ] No.

[x] Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

[x] Work. Describe: **20 hours**

[x] Job training. Describe: **20 hours**

[ ] Education. Describe:

[ ] Combination of allowable activities. Describe:

[ ] Other. Describe:

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

[x] Yes.

[ ] No. If no, describe the additional work requirements:

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive protective services?"

Note: 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 Lead Agency's protective services definition.

[ ] No. If no, skip to question 2.2.3.

[x] Yes. If yes, answer the questions below:

Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

[ ] Children in foster care.

[ ] Children in kinship care.

[ ] Children who are in families under court supervision.

[x] Children who are in families receiving supports or otherwise engaged with a child welfare agency.

[ ] Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

[ ] Children whose family members are deemed essential workers under a

governor-declared state of emergency.

**[ ]** Children experiencing homelessness.

**[ ]** Children whose family has been affected by a natural disaster.

**[ ]** Other. Describe:

g. 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?

**[ ]** No.

**[x]** Yes.

h. 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.

**[x]** Yes.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

**[x]** No.

**[ ]** Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

**[x]** There is a statewide limit with no local variation.

**[ ]** There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

**[ ]** Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

**[ ]** Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

| Family Size | 100% of SMI ($/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) $ |
|---|---|---|---|
| 1 | 5241.73 | 43.00 | 2248.00 |
| 2 | 6854.57 | 44.00 | 3041.00 |

| Family Size | 100% of SMI ($/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) $ |
|---|---|---|---|
| 3 | 8467.41 | 46.00 | 3833.00 |
| 4 | 10080.25 | 46.00 | 4625.00 |
| 5 | 11693.09 | 47.00 | 5419.00 |

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

**[x]** Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

**[ ]** Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

**[ ]** No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

| Family Size | 100% of SMI ($/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) $ |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

ii. Region/locality with the lowest eligibility limit:

| Family Size | 100% of SMI ($/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) $ |
|---|---|---|---|
| 1 | | | |
| 2 | | | |

| Family Size | 100% of SMI ($/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) $ |
|---|---|---|---|
| 3 | | | |
| 4 | | | |
| 5 | | | |

iii. Region/locality that is most populous:

| Family Size | 100% of SMI ($/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) $ |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

**[ ]** Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

**[ ]** Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

**[ ]** No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? Check all that apply:

i. **[x]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[x]** Workers' compensation.

iv. **[x]** Spousal support, child support.

v. **[x]** Survivor and retirement benefits.

vi. **[x]** Rent for room within the family's residence.

vii. **[x]** Pensions or annuities.

viii. **[x]** Inheritance.

ix. **[x]** Public assistance.

x. **[ ]** Other. Describe:

d. What is the effective date for these income eligibility limits? **October 1, 2023**

e. 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, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?
**[x]** LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**

**[ ]** Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits.
**https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2024-02-federal-poverty-guidelines-and-state-median-income-estimates**

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

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

i. **[x]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **If a family's income fluctuates, the lead agency will average the last three to six months of the family's income and exclude temporary income (such as overtime, bonus, or holiday pay) for eligibility determination.**

ii. **[ ]** Request earning statements that are most representative of the family's monthly income.

iii. **[ ]** Deduct temporary or irregular increases in wages from the family's standard income level.

iv. **[ ]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed $1,000,000?

**[x]** Yes.

**[ ]** No. If no, describe:

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?

**[x]** No.

**[ ]** Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

a. **[ ]** Eligibility determination? If checked, describe:

b. **[ ]** Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

| Required at Initial Determination | Required at Redetermination | Description |
|---|---|---|
| **[x]** | **[ ]** | Applicant identity. Describe how you verify: **Drivers' license<br>Proof of employment<br>Proof of income** |
| **[x]** | **[ ]** | Applicant's relationship to the child. Describe how you verify: **Birth record** |
| **[x]** | **[ ]** | Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **Birth record** |
| **[x]** | **[x]** | Work. Describe how you verify: **Pay advice or statement from employer with work days, hours and wages** |
| **[x]** | **[x]** | Job training or educational program. Describe how you verify: **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.** |
| **[x]** | **[x]** | Family income. Describe how you verify: **Pay advice** |
| **[x]** | **[ ]** | Household composition. Describe how you verify: **Self-attestation** |
| **[x]** | **[ ]** | Applicant residence. Describe how you verify: **Current bill** |
| **[ ]** | **[ ]** | Other. Describe how you verify: **N/A** |

### 2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

a. Identify the TANF agency that established these criteria or definitions: **The Department of Health and Social Services/Division of Social Services is the TANF agency that established these criteria.**

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 childcare 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. **[x]** In writing

   ii. **[ ]** Verbally

   iii. **[ ]** Other. Describe:

## 2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

### 2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **Children with special needs are a diverse group of children who have a wider range of needs than their typical peers. These needs may be physical,**

**developmental, emotional, or behavioral. Children with special needs may require additional support and services to learn and thrive. *Note: Children with special needs is often used synonymously as children with disabilities who are eligible under the IDEA programs, however we believe that children with special needs is a broader term as described above.**

**For Purchase of Care subsidy, the definition is 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.**

e. "Families with very low incomes." **Families whose household income is less than 185% of the Federal Poverty Level.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a. Complete the table below to indicate how the identified populations are prioritized.

| Population Prioritized | Prioritize for enrollment in child care services | Serve without placing on waiting list | Waive co-payments as described in 3.3.1 | Pay higher rate for access to higher quality care | Use grants or contracts to reserve spots | Other |
|---|---|---|---|---|---|---|
| Children with special needs | **[ ]** | **[ ]** | **[ ]** | **[x]** | **[ ]** | **[ ]** Describe: |
| Families with very low incomes | **[ ]** | **[ ]** | **[x]** | **[ ]** | **[ ]** | **[ ]** Describe: |
| Children experiencing homelessness, as defined by CCDF | **[ ]** | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** Describe: |
| (Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** Describe: |

a. Does the Lead Agency define any other priority groups?

**[x]** No.

**[ ]** Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services:

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness 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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility 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 childcare 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. Some strategies that the lead agency use to allow CCDF enrollment of children experiencing homelessness is to incorporate training on homelessness for providers so that awareness is heightened, and the appropriate questions can be asked if homelessness is suspected. The lead agency also incorporates policy around homelessness and grace periods in new worker training to ensure that workers are applying it as appropriately.**

b. Describe the grace period for each population below and how it allows them 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.

   i. Provide the policy for a grace period for:

      Children experiencing homelessness: **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. Children who are in foster care: The state currently provides a grace period to comply with immunization requirements for homeless families. In Delaware, foster children are considered homeless.**

      Children who are in foster care: **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. The state currently provides a grace period to comply with immunization requirements for homeless families. In Delaware, foster children are considered homeless.**

   ii. Does the Lead Agency certify that the length of the grace period was established

in consultation with the State, Territorial, or Tribal public health agency?

**[x]** Yes.

**[ ]** No. If no, describe:

c. 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: **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 reauthorized 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.**

## 2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

### 2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. **[x]** Website in languages other than English.

iv. **[x]** Lead Agency accepts applications at local community-based locations.

v. **[ ]** Bilingual caseworkers or translators available.

vi. **[ ]** Bilingual outreach workers.

vii. **[x]** Partnerships with community-based organizations.

viii. **[x]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. **[x]** Home visiting programs.

x. **[ ]** Other. Describe:

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

i. **[ ]** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. **[x]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. **[ ]** Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. **[ ]** Ensuring accessibility of environments and activities for all children.

v. **[x]** Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. **[x]** 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.

vii. **[x]** Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. **[x]** Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. **[ ]** Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. **[x]** Lead Agency accepts applications at local community-based locations.

ii. **[x]** 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. Describe:

b. 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.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **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.depdnow.com. This course provides child care subsidy providers 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 a part of this vulnerable population.**

**Members of the ECE workforce in DE are currently encouraged to utilize iPD, the free professional development platform available through the Office of Head Start. This platform offers nine 30 minute modules , and upon completion of the modules, a Certificate of Completion is provided to the user. DOE has and will continue to provide information about the Homelessness modules through this platform to ECE programs via email, at State Funded meetings, on Provider calls, and on Delaware Early Childhood Council (DECC) meetings.**

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The state now uses the federal McKinney Vento definition of homelessness and eligibility workers are now trained to ask the appropriate questions to determine a family's housing status. The state also provides outreach to families who may be unhoused by providing case management services in libraries and through community partners throughout the state. State technical assistants point child care professionals to resources on ECKLC website: "Supporting Children and Families Experiencing Homelessness." https://eclkc.ohs.acf.hhs.gov/family-support-well-being/article/supporting-children-families-experiencing-homelessness**

**Members of the ECE workforce in DE are currently encouraged to utilize iPD, the free professional development platform available through the Office of Head Start. This platform offers nine 30 minute modules , and upon completion of the modules, a Certificate of Completion is provided to the user. DOE has and will continue to provide information about the Homelessness modules through this platform to ECE programs via email, at State Funded meetings, on Provider calls, and on Delaware Early Childhood Council (DECC) meetings.**

## 2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

### 2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **All applicants and recipients are continuously eligible for childcare services for twelve months. This means the applicants and recipients remain eligible for childcare services unless: child moves out of or is removed from the parent/caretaker's home, the child moves out of state, or the child is deceased.**

### 2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- 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 Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

**[x]** Yes.

**[ ]** No. If no, describe:

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. 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.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

**[x]** Yes.

**[ ]** No. If no, describe:

c. Are the policies different for redetermination?

**[x]** No.

**[ ]** Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. **[x]** Yes. The Lead Agency does consider seeking employment (engaging in a job

search) as an eligible activity at initial eligibility determination. If yes, describe: **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.**

ii. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. **[ ]** No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

**[x]** Yes. The Lead Agency continues assistance.

**[ ]** No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. **[ ]** Not applicable.

ii. **[x]** 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.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **11004.12 Closing Child Care Cases**
**Excessive unexplained absence is defined as 10 or more unexplained absences within the month.**

iii. **[x]** A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **11004.12 Closing Child Care Cases**
**This policy applies when DSS ends childcare eligibility and authorization for services.**

**1. DSS will close childcare cases prior to redetermination or during graduated phase-out due to:**

**A permanent change in the child's residency**

iv. **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **11004.12 Closing Child Care Cases**
**This policy applies when DSS ends childcare eligibility and authorization for service**

**1. DSS will close childcare cases prior to redetermination or during graduated phase-out due to:**
**Substantiated fraud or intentional program violations.**
**The lead agency defines fraud/intentional program violations as knowingly providing false information which leads to an erroneous eligibility determination.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

**[x]** Yes.

**[ ]** No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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:

(i) 85 percent of SMI for a family of the same size; or,

(ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
   (A) Takes into account the typical household budget of a family with a low income
   (B) Provides justification that the second eligibility threshold is:
      *(1)* Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
      *(2)* Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

a. **[ ]** Not applicable. 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 question 3.1.1.)

b. **[ ]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:

   i. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

   ii. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

c. **[x]** 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. If checked, provide the following information:

   i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three: **200**

   ii. Describe how the second eligibility threshold 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 pay without disrupting their care services by authorizing an additional 12 months of childcare to enable the family to budget accordingly taking into account the additional expense of child care.**

iii. Describe how the second eligibility threshold 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 pay without disrupting their care services by authorizing an additional 12 months of childcare to enable the family to budget accordingly taking into account the additional expense of child care.**

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption: **The graduated phase out of assistance will allow low-income families to experience moderate increases in pay without disrupting their care services by authorizing an additional 12 months of childcare to enable the family to budget accordingly taking into account the additional expense of child care.**

v. **[x]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **Families will be required to report any additional increases in salary or decreases so that co-pays are adjusted accordingly.**

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

# 3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead

Agency improves access for children and families in economically and/or socially marginalized communities.

## 3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

### 3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **7**

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

**[x]** Yes.

**[ ]** No. If no, describe:

### 3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a. Is the sliding fee scale set statewide?

**[x]** Yes.

**[ ]** No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

| | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| Family Size | Lowest monthly income at initial eligibility where the family is first charged a 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 the co-payment in (B)? | Highest monthly income at initial eligibility where a family is charged a co-pay 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 (E)? |
| *1* | **852.00** | **34.00** | **4.00** | **2430.00** | **219.00** | **9.00** |
| *2* | **1152.00** | **46.00** | **4.00** | **3288.00** | **295.00** | **9.00** |
| *3* | **1451.00** | **58.00** | **4.00** | **4144.00** | **373.00** | **9.00** |
| *4* | **1751.00** | **70.00** | **4.00** | **5000.00** | **450.00** | **9.00** |
| *5* | **2051.00** | **82.00** | **4.00** | **5858.00** | **527.00** | **9.00** |

c. What is the effective date of the sliding-fee scale(s)? **October 1, 2023**

d. Provide the link(s) to the sliding-fee scale(s):
**http://www.dhss.delaware.gov/dss/childcr.html**

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

**[ ]** No.

**[x]** 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 does not provide a barrier and promotes affordability and access for families: **Providers are given the option to participate in the Purchase of Care Plus Program. Through this option providers can charge the family the difference between the state rate and the providers' private rate. Most of the providers participating in the POC Plus program are providers located in the lower two counties where the prices for childcare and reimbursement rates are typically lower than those in New Castle County. This program was implemented to incentivize providers to participate in the childcare subsidy program. This increased the number of providers thereby promoting access for families. POC Plus slots are optional, families are also able to choose a regular POC slot.**

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: **Purchase of Care Plus is an option for providers who participate in the childcare subsidy**

**program where they are able to charge families the difference between the state reimbursement rate and their private fee. These providers collect the additional fee in a variety of ways. Some providers charge a flat rate while others charge a percentage of the difference. Therefore, the lead agency does not collect data on the size and frequency of such amounts.**
**Date of Preliminary Notice: 3/27/23**
**The lead agency will need additional time to comply with this requirement as the state does not currently collect data on the size and frequency to which CCDF providers charge additional amounts to families.**

## 3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

i. **[x]** The fee is a dollar amount and (check all that apply):

**[x]** The fee is per child, with the same fee for each child.

**[ ]** The fee is per child and is discounted for two or more children.

**[ ]** The fee is per child up to a maximum per family.

**[x]**No additional fee is charged after a certain number of children.

**[ ]** The fee is per family.

**[ ]** The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

**[ ]**Other. Describe:

ii. **[ ]** The fee is a percent of income and (check all that apply):

**[ ]**The fee is per child, with the same percentage applied for each child.

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

**[ ]**The fee is per child up to a maximum per family.

**[ ]**No additional percentage is charged after a certain number of children.

**[ ]** The fee is per family.

**[ ]**The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

**[ ]** Other. Describe:

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy

payment in determining co-payments).

**[x]** No.

**[ ]** Yes.

If yes, check and describe those additional factors below:

i. **[ ]** Number of hours the child is in care. Describe:

ii. **[ ]**Quality of care (as defined by the Lead Agency). Describe:

iii. **[ ]** Other. Describe:

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. **[x]** Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. **[x]** Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. **[ ]**Other. Describe:

## 3.3 Waiving Family Co-payment

### 3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

**[ ]** No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

**[x]** Yes. If yes, identify and describe which family contributions/co-payments waived.

i. **[ ]**Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. **[x]**Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. **[ ]**Families experiencing homelessness.

iv. **[ ]**Families with children with disabilities.

v. **[x]**Families enrolled in Head Start or Early Head Start.

vi. **[x]**Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Families who are involved with the Division of Family services are not required to pay a copay.**

vii. **[x]**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**

**POC 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.**

# 4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies 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.

## 4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

### 4.1.1 Parent choice

a. 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, public comment, and reports to the Lead Agency: **Based on provider feedback, low reimbursement rates and inability to charge additional fees such as credit card convenience fees, late pick up fees, etc. are barriers to participation.**

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

**[x]** Yes.

**[ ]** No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

**[x]** Yes.

[ ] No.

d. Describe 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; family child care homes; or in-home providers: **The lead agency advises parents of their childcare options at intake. Additionally, the lead agency contracts with Children and Families First, a private agency that provides statewide resource and referral services to families who are searching for childcare. Families also have the option to visit MyChildDe, the state's comprehensive consumer education website to explore provider options.**

e. Describe what information is included on the child care certificate: **The child care certificate provides information about the choice of providers including private, faith based, centers and family child care homes.**

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care 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, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)

- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

a. **[x]** Market rate survey.

   i. When were the data gathered (provide a date range; for instance, September – December 2023)? **January 2024 through April 2024**

b. **[ ]** ACF pre-approved alternative methodology.

   i. **[ ]** The alternative methodology was completed.

   ii. **[ ]** The alternative methodology is in process.

*If the alternative methodology was completed:*

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

*If the alternative methodology is in progress:*

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

   iii. State Advisory Council or similar coordinating body: **The State Advisory Council was included in planning meetings held by the vendor who conducted the Market Rate Survey and the vendor who conducted the Cost of Care Study. Members were asked for feedback regarding how the processes were implemented, refining of questions on the surveys and refining of the cost estimation tool.**

   iv. Local child care program administrators: **Local childcare program administrators participated in the Market Rate Survey process meetings with the vendor by participating in an initial meeting where the process was discussed. They were invited to provide feedback at this time. They also participated in ongoing meetings during the process to provide feedback on the actual process as it was**

**being conducted. Based on some of their feedback there were some revisions made to the process and the lead agency also extended the timeline in order to ensure everyone had a chance to participate.**
**Program administrators were equally involved in the cost of care study and were a part of the technical assistance group which was the group that worked with the vendor to refine the study process as well as the provider input group which was the group that participated in focus groups to share information regarding the actual expenses they incur while running a child care business.**

v. Local child care resource and referral agencies: **The State Advisory Council was included in planning meetings held by the vendor who conducted the Market Rate Survey and the vendor who conducted the Cost of Care Study. Members were asked for feedback regarding how the processes were implemented, refining of questions on the surveys and refining of the cost estimation tool. Members of the state's resource and referral agency are also members of the State Advisory Council.**

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **Delaware has implemented a statewide Family Child Care Network. Vendors of both the MRS and the Cost of Care Study were apprised of this new initiative and did ensure that we reached out to the University of Delaware who manages this program to determine who the FCC Network leads were. FCC Networks were contacted by both vendors to ensure their participation in the respective studies.**
**Other organizations representing teachers and directors from all settings and serving all ages are a part of the state advisory council.**

vii. Other. Describe: **N/A**

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

i. When was the market rate survey completed? **5/15/2024**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **All prices in the survey were collected within a 3-and-a-half-month period-Mid January through April 2024.**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **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, home-based providers, faith-based providers and state funded pre-k providers, therefore ensuring complete representation of the childcare market.**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The state used databases provided by the state's resource and referral vendor as well as data from the Office of Childcare Licensing.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The survey consisted of 10 attempts by telephone per provider. Follow-up calls were made by the lead agency to providers who did not respond after the 10th attempt. This cycle was completed multiple times. The lead agency also sent reminders mid-way through the MRS and at the start of the Cost of Care Study to remind providers that both were taking place, that they were separate studies and the importance of their participation in each.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **50.00**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **50.00**

viii. Describe if the survey conducted in any languages other than English: **The survey was conducted in English.**

ix. Describe if data were analyzed in a manner to determine price of care per child: **The goal of the 2024 Delaware Local Child Care Market Rate Survey was to develop statistically credible information of the present unsubsidized market prices charged by providers in Delaware and to provide confidence intervals that indicate the accuracy of the estimated percentiles. Unsubsidized market prices (or market prices) are prices providers charge parents for the care of private-paying children. They are prices charged by the providers to unrelated and unaffiliated parents that have not been reduced for special circumstances (e.g., low-income, employees children, etc.).**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The goal of the 2024 Delaware Local Child Care Market Rate Survey was to develop statistically credible information of the present unsubsidized market prices charged by providers in Delaware and to provide confidence intervals that indicate the accuracy of the estimated percentiles. Unsubsidized market prices (or market prices) are prices providers charge parents for the care of private-paying children. They are prices charged by the providers to unrelated and unaffiliated parents that have not been reduced for special circumstances (e.g., low-income, employees children, etc.).**

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The goal of the 2024 Delaware Local Child Care Market Rate Survey was to develop statistically credible information of the present unsubsidized market prices charged by providers in Delaware and to provide confidence intervals that indicate the accuracy of the estimated percentiles. Unsubsidized market prices (or market prices) are prices providers charge parents for the care of private-paying children. They are prices charged by the providers to unrelated and unaffiliated parents that have not been reduced for special circumstances (e.g., low-income, employees' children, etc.). The study describes the findings of the survey including estimates of the 75th percentiles of prices by age group and county; full-time and part day prices; family childcare and center prices; provider and purchase prices; odd-hour care and care for children with special needs**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The goal of the 2024 Delaware Local Child Care Market Rate Survey was to develop statistically credible information of the present unsubsidized market prices charged by providers in Delaware and to provide confidence intervals that indicate the accuracy of the estimated percentiles. Unsubsidized market prices (or market prices) are prices providers charge parents for the care of private-paying children. They are prices charged by the providers to unrelated and unaffiliated parents that have not been reduced for special circumstances (e.g., low-income, employees' children, etc.). The study describes the findings of the survey including estimates of the 75th percentiles of prices by age group and county; full-time and part day prices; family childcare and center prices; provider and purchase prices; odd-hour care and care for children with special needs.**

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The goal of the 2024 Delaware Local Child Care Market Rate Survey was to develop statistically credible information of the present unsubsidized market prices charged by providers in Delaware**

and to provide confidence intervals that indicate the accuracy of the estimated percentiles.
"Unsubsidized market prices" (or "market prices") are prices providers charge parents for the
care of private-paying children. They are prices charged by the providers to unrelated and
unaffiliated parents that have not been reduced for special circumstances (e.g., low-income,
employees' children, etc.). The study describes the findings of the survey including estimates of the 75th percentiles of prices by age group and county; full-time and part day prices; family childcare and center prices; provider and purchase prices; odd-hour care and care for children with special needs.

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: The goal of the 2024 Delaware Local Child Care Market Rate Survey was to develop statistically credible information of the present unsubsidized market prices charged by providers in Delaware
and to provide confidence intervals that indicate the accuracy of the estimated percentiles.
"Unsubsidized market prices" (or "market prices") are prices providers charge parents for the
care of private-paying children. They are prices charged by the providers to unrelated and
unaffiliated parents that have not been reduced for special circumstances (e.g., low-income,
employees' children, etc.). The final 75th percentile price estimates are included in 14 tables. The final tables present: (1) the 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, (4) the effects of the COVID-19 pandemic on prices charges and
enrollments, and (5) various percentiles between the 10th and 90th percentiles.

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The lead agency contracted with P-5 Strategies a consultant group that assisted with the development of a cost study and enhancements to the state specific cost estimation tool. P-5 believes in a comprehensive approach that combines fiscal, governance, and equity analysis, paired with deep intentional stakeholder engagement, to drive real progress towards an equitable prenatal to five system that meets the needs of children, families, and providers. P-5 proceeded with the study by establishing a technical assistance workgroup which consisted of professionals in ECE. This group assisted with the development of the actual process, provided relevant scenarios and assumptions, etc. They also enlisted a Provider In-put group which consisted of center and family childcare providers who participated in statewide focus groups to share information about the actual costs incurred in the course of managing a childcare business.**

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **There were significant gaps between the what the state is paying and the actual cost of care. In DE there are 3 counties and historically the state has reimbursed Kent and Sussex Counties at lower rates than those providers in New Castle County. This process is informed by the Market Rate Study. There is also a variation by age group. Younger children are more expensive to care for in all counties and Family childcare is a less expensive option than centers.**

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)?
**Some assumptions used include:**
**Full day, full year care, for children from birth to 12**
**Use the most common program size, serving children birth to five and birth to 12 for analysis**
**Foundation of the Delaware Model**
**• Licensing standards present in all scenarios of the model**
**• State-funded ECE program requirements**
**Child Care Center Assumptions**
**• 5 classrooms (infant, toddler, preschool, school age)**
**• Capacity of 94 at licensing; 84 for state-funded ECE program**
**• Includes employer contribution to health insurance**
**• 20 days PTO (10 sick, 10 leave)**
**• Includes 18 hours professional development annually**
**• 5% contribution to operating reserve**
**Family Child Care**
**• Capacity of 6 children**
**• Includes employer contribution to health insurance**

• 20 days PTO (10 sick, 10 leave)
• Includes 12 hours professional development annually
• 5% contribution to operating reserve

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **Delaware had been using a Quality Rating and Improvement System (QRIS) since 2007 and provided tiered reimbursement to providers rated at 3, 4, and 5 stars. Delaware has reimagined its QRIS program to a Quality Improvement System or QIS in 2023. The new QIS system is composed of three quality indicators: Creating conditions for quality, Positive climate and high-quality interactions, and Family engagement and community services. Each quality indicator contains a set of more concrete, observable key practices. Providers may apply for Quality Improvement Awards as they work to complete Quality Improvement Plans.**

**Some assumptions that the lead agency used to determine the cost of higher levels of quality include:**
• **Lower ratio/group size**
• **Planning/Release Time**
• **Curriculum Implementation Supports**
• **Educational Materials**

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The lead agency conducted both a market rate analysis and a cost analysis. An analysis of the combined data revealed a significant gap between cost and price. The lead agency did use this data to inform the most reimbursement rates which are based on the 2024 MRS and becomes effective July 1, 2024.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report 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 prior to conducting the MRS or ACF pre-approved alternative methodology.

a. 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 by responding to the questions below.

i. Provide the date the report was completed: **5/15/2024**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **5/30/2024**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **Once the report was final it was announced at the State Advisory Council meeting, and on a monthly providers call. The lead agency also sent the information out to our sister agencies and on the childcare subsidy listserv. The final report is posted on the lead agency website and can be viewed on the link below. https://www.dhss.delaware.gov/dhss/dss/files/2024DelawareChildCareMarketRateSurvey.pdf**

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The early care and education community was engaged from the beginning of the MRS process. The vendor held three meetings to share the process and address questions and concerns. The vendor met with ece stakeholders throughout the process and did receive feedback on the process of data collection as providers advised they when they reached out to the researchers, they were not able to get them on the phone. The Reseach company provided additional numbers that could be used. The vendor also received feedback regarding a group of state funded pre-k programs that are historically left out of the study. It was decided that based on this feedback these providers would be included and the data analyzed.**

## 4.3 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 and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates 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 provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

**[x]** Yes.

i. If yes, check if the Lead Agency:

**[x]** Sets the same payment rates for the entire State or Territory.

**[ ]** Sets different payment rates for different regions in the State or Territory.

**[ ]** No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2023**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **The daily rate multiplied by 5 equals the weekly rate.**

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75$^{th}$ percentile of the most recent MRS. The 75$^{th}$ percentile benchmark applies to the base rates. The 75$^{th}$ percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75$^{th}$ percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75$^{th}$ percentile in the tables below, the Lead Agency must also report the 50$^{th}$ percentile and 60$^{th}$ percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

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. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|---|---|---|---|---|---|---|---|---|---|
| Center Care for Infants (6 months) | 65.00 Per Day | 50.00 | 325.00 | 50.00 | 65.00 | 68.00 | 73.00 | 94.00 Per Day | 95.00 |
| Family Child Care for Infants (6 months) | 44.50 Per Day | 50.00 | 222.50 | 50.00 | 44.50 | 46.40 | 50.10 | 78.00 Per Day | 95.00 |
| Center Care for Toddlers (18 months) | 58.00 Per Day | 50.00 | 290.00 | 50.00 | 58.00 | 60.10 | 66.31 | 73.00 Per Day | 85.00 |
| Family Child Care for Toddlers (18 months) | 40.00 Per Day | 50.00 | 200.00 | 50.00 | 40.00 | 44.00 | 47.50 | 77.00 Per Day | 95.00 |
| Center Care for Preschoolers (4 years) | 51.00 Per Day | 50.00 | 255.00 | 50.00 | 51.00 | 54.55 | 58.50 | 53.00 Per Day | 55.00 |

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|---|---|---|---|---|---|---|---|---|---|
| Family Child Care for Preschoolers (4 years) | 40.00 Per Day | 50.00 | 200.00 | 50.00 | 40.00 | 40.00 | 44.50 | 77.00 Per Day | 95.00 |
| Center Care for School-Age (6 years) | 38.00 Per Day | 50.00 | 190.00 | 50.00 | 38.00 | 29.76 | 48.31 | 53.00 Per Day | 95.00 |
| Family Child Care for School-Age (6 years) | 32.00 Per Day | 50.00 | 160.00 | 50.00 | 32.00 | 20.00 | 22.00 | 43.00 Per Day | 96.00 |

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|---|---|---|---|---|---|---|---|---|---|
| Center Care for Infants (6 months) | | | | | | | | | |
| Family Child Care for Infants (6 months) | | | | | | | | | |
| Center Care for Toddlers (18 months) | | | | | | | | | |
| Family Child Care for Toddlers (18 months) | | | | | | | | | |

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|---|---|---|---|---|---|---|---|---|---|
| Center Care for Preschoolers (4 years) | | | | | | | | | |
| Family Child Care for Preschoolers (4 years) | | | | | | | | | |
| Center Care for School-Age (6 years) | | | | | | | | | |
| Family Child Care for School-Age (6 years) | | | | | | | | | |

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

**[x]** Yes.

**[ ]** No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

**[x]** Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **The lead age reimburses at a high rate for providers who care for infants and toddlers and those who are care for children with special needs. Providers also have the option to participate in the state's Quality Improvement System. Through this revised system providers must submit a quality program plan and a budget to be eligible for a quality improvement award. Awards are based on the childcare subsidy enrollment.**

**[ ]** No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

**[ ]** Yes.

**[x]** No. Tiered or differential rates are not implemented.

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:

i. **[ ]** Differential rate for non-traditional hours. Describe:

ii. **[ ]** Differential rate for children with special needs, as defined by the Lead Agency. Describe:

iii. **[ ]** 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:

iv. **[ ]** 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:

v. **[ ]** Differential rate for higher quality, as defined by the Lead Agency. Describe:

vi. **[ ]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

**[ ]** Yes. If yes, describe:

**[x]** No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The lead agency used the most recent MRS and data from the most recent Cost of Care Study, both conducted in 2021 to set payment rates. The lead agency is currently reimbursing at 100% of the 75th percentile of the 2021 Market Rate.**
**The lead agency will use the 2024 MRS and Cost Study to increase rates. These rates will be effective July 1, 2024.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The lead agency used the most recent MRS and data from the most recent Cost of Care Study, both conducted in 2021 to set**

**payment rates. The lead agency is currently reimbursing at 100% of the 75th percentile of the 2021 Market Rate. The lead agency will use the 2024 MRS and Cost studies to increase rates. These rates will be effective July 1, 2024.**

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The lead agency contracted with P-5 Strategies to facilitate the cost study. The data was used to inform the gap between the state's reimbursement rate and the true cost of care. Based on the data the state increased the reimbursement rates which become effective July 1, 2024. The state will also now reimburse all providers at the state rate regardless of their private rate. The state recognizes the use of the MRS alone does not take into account the true cost of childcare.**
**Taking measures to assess the true cost and using this information to inform rate setting and has increased provider rates several times with the most recent being July 1, 2024, thereby promoting stability.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Providers who participate in the Quality Improvement System also participate in the Market**
**Rate Study and the Cost of Care Study. Higher quality programming is taken into account when**
**setting rates for the State-funded Early Care and Education (SFECE) contracts with early childhood program partners. Delaware used its Cost of Quality Calculator Tool to set conditions**
**based on the version of the Head Start Program Performance Standards that the SFECE programs follow. The tool calculated the yearly rate that the Department of Education uses for**
**its contracts.**

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **The state will now pay all providers the state rate regardless of their private rate.**

## 4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

**[ ]** Yes. If yes, describe:

**[x]** No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **The lead agency will be requesting a waiver as additional time will be needed to comply with this requirement.**

b. Does the Lead Agency pay based on authorized enrollment for all provider types?

**[ ]** Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

**[x]** No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs: **The lead agency will be requesting a waiver as additional time will be needed to comply with this requirement.**

**[ ]** It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

**[x]** Yes.

**[ ]** No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

**[ ]** Yes. If yes, identify the fees the Lead Agency pays for:

**[x]** No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: **The lead agency does not currently collect such data.**

c. Describe how 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, and the dispute-resolution process: **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. All fees are recorded by the provider on a program overview and reviewed by a Child Care Monitor.**

d. Describe how 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: **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.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Providers are given 60 days from the date of the reimbursement statement to dispute any discrepancy. These are given priority and are resolved in a timely manner.**

f. Other. Describe any other payment practices established by the Lead Agency:

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **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 10 absent**
**days per month, allowing providers to participate in the POC Plus program, and allowing providers**

**to**
**participate in the Quality Improvement System. Additionally, the Lead Agency uses Market Rate and**
**Cost of Care Studies to determine the cost of childcare and reimburses providers based on this research. Each of these practices incentivizes providers to participate in the childcare subsidy program**
**and in turn provides more access to quality childcare programs for low-income families.**

## 4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

### 4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

**[x]** Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **Our state-funded early care and education (SFECE) initiative blends state and federal funding to fund child care "seats." Delaware will utilize CCDF funding each program year to expand SFECE contracts to achieve the new CCDF rule goals. SFECE program years align to the state fiscal year.**

**Child enrollment in our state-funded early care and education (SFECE) program is managed by the program itself, not by the Lead Agency. The Department of Education contracts with individual SFECE programs, statewide, to perform the Eligibility, Recruitment, Selection, Enrollment and Attendance portions of the Head Start Program Performance Standards. The Department lists each SFECE program on its website so that parents can choose to enroll their child for free if they meet the SFECE eligibility requirements.**

**The Department of Education also contracts with a vendor to provide non-traditional hour care on Saturday and Sunday each month to families participating in Military Drill weekends.**

**[ ]** Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

**[ ]** No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for

child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

**[x]** Children with disabilities. Number of slots allocated through grants or contracts: **At least 10% of 1,703 seats in state fiscal year 2025 is at least 170**
**seats statewide per year. This number will change with each program year within the Federal Years 2025 through 2027.**

**[x]** Infants and toddlers. Number of slots allocated through grants or contracts: **166 infant seats and 129 toddler seats out of 1,703 seats in state fiscal year 2025. This number will change with each program year within the Federal**
**Years 2025 through 2027.**

**[ ]** Children in underserved geographic areas. Number of slots allocated through grants or contracts:

**[x]** Children needing non-traditional hour care. Number of slots allocated through grants or contracts: **Up to 20 seats one weekend per month. This number will change with each program year within the Federal Years 2025 through 2027.**

**[ ]** School-age children. Number of slots allocated through grants or contracts:

**[ ]** Children experiencing homelessness. Number of slots allocated through grants or contracts:

**[ ]** Children in urban areas. Percent of CCDF children served in an average month:

**[ ]** Children in rural areas. Percent of CCDF children served in an average month:

**[ ]** Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **Delaware used its Cost of Quality Calculator Tool to set conditions based on the version of the Head Start Program Performance Standards that the SFECE programs follow. The tool calculated the yearly rate per age group that the Department of Education uses for its state fiscal year contracts.**

4.5.2 Care in the child's home (in-home care)

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

Will the Lead Agency limit the use of in-home care in any way?

**[x]** Yes.

**[ ]** No.

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

i. **[x]** Restricted based on the minimum number of children in the care of the in-home 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.**

ii. **[x]** Restricted based on the in-home provider meeting a minimum age requirement. Describe: **The provider must be 21 years of age or older.**

iii. **[x]** 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.**

iv. **[x]** 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.) Describe: **The relative providing child care must be related to the child by marriage, blood relation or court decree and must provide verification. The relative providing child care must be related to the child in one of the following relationships: Great- Grandparent, Grandparent, Sibling, Aunt or uncle.**

v. **[ ]** Restricted to care for children with special needs or a medical condition. Describe:

vi. **[ ]** Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

vii. **[ ]** Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

a. In infant and toddler programs:

i. Data sources used to identify shortages: **DOE conducts community needs assessments to align with its Head Start Collaboration Office and Early Head Start-Child Care Partnership grant requirements. These needs assessments align with the state funded early care and education program because each of these programs use the Head Start Program Performance Standards' family eligibility guidelines to enroll children. Delaware uses Kids Count census data and has mapped its state funded programs and funded infant and toddler seats using its Preschool Development Grant Birth through Five funds. This map is updated quarterly with enrollment data to show any gaps in service. The Phase I Needs Assessment work from January through June 2024 also offers qualitative data on the availability of high-quality infant toddler teachers in each of the three counties among family child care programs and centers. The lack of high-quality infant toddler educators throughout the state creates infant-toddler seat shortages.**

ii. Method of tracking progress: **Ongoing data analysis of resource and Referral data and state-funded early care and education program enrollment data, as referenced above.**

iii. What is the plan to address the child care shortages using family child care homes **DOE contracts with family child care homes to fund free infant and toddler seats to children in families that meet eligibility requirements that are based off of the federal Head Start Program Performance Standards. Offering free child care to families addresses child care shortages. The state's state-funded early care and education program contracts with higher rates and layers of support encourage family childcare programs to accept children.**

**DOE also supports Family Child Care Networks throughout the state using non-CCDF federal funding. These Networks supply TA on best practices for infants and toddlers.**

**DOE is offering Quality Improvement Awards directly to programs with state dollars. Programs must create a Quality Improvement Plan with goals on improving the quality of their professionals on staff. These grants are used on professional learning, bonuses, and stipends to encourage infant and toddler teachers to receive more specific instruction on best practice for this age group. Building the supply of high-quality infant toddler family child care providers addresses infant-toddler seat shortages.**

**Delaware has not yet received additional state funding for infrastructure grant. Infrastructure grant policy allows family child care providers to identify goals to adjust their environments to serve more children, including additional infants and toddlers. This may be a capital improvement such as a room expansion or buying appropriate sleeping arrangements for infants and toddlers. With additional funding, this grant program will be initiated.**

iv. What is the plan to address the child care shortages using child care centers? **Delaware plans to launch an Infrastructure Grant in state fiscal year 2025 so that programs that are getting licensed or licensed programs who need facility enhancements can receive funding to expand capacity. The state's state-funded early care and education program contracts with higher rates and layers of support encourage family childcare programs to accept children.**

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: **DOE conducts community needs assessments to align with its Head Start Collaboration Office and Early Head Start-Child Care Partnership grant requirements. These needs assessments align with the state funded early care and education program because each of these programs use the Head Start Program Performance Standards' family eligibility guidelines to enroll children. Delaware uses Kids Count census data and has mapped its state funded programs and funded seats in all three counties using its Preschool Development Grant Birth through Five funds. This map is updated quarterly with enrollment data to show any gaps in service. The Phase I Needs**

Assessment work from January through June 2024 also offers qualitative data on the availability of high-quality teachers in each of the three counties among family child care programs and centers. The lack of high-quality educators throughout the state creates seat shortages.

ii. Method of tracking progress: Ongoing data analysis of resource and Referral data and state-funded early care and education program enrollment data, as referenced above.

iii. What is the plan to address the child care shortages using family child care homes? All initiatives are statewide, in each of Delaware's 3 counties.

DOE contracts with family child care homes to fund free, birth through age five seats to children in families that meet eligibility requirements that are based off of the federal Head Start Program Performance Standards. DOE contracts with family child care providers in all three counties, in high-need communities. Offering free child care to families addresses child care shortages across counties. The state's state-funded early care and education program contracts with higher rates and layers of support encourage family child care programs to accept children.

DOE also supports Family Child Care Networks throughout the state using non-CCDF federal funding. These Networks supply TA on best practices for instruction but also strategies to improve their business practices and remain open.

DOE is offering Quality Improvement Awards directly to programs statewide with state dollars. This is for all licensed programs in all three counties. This funding was previously used for tiered rates that were lower in Kent and Sussex county than in New Castle County. Thus, this initiative supports equity in payment practices across all three counties. Programs must create a Quality Improvement Plan with goals on improving the quality of their professionals on staff. These grants are used on professional learning, bonuses, and stipends to encourage all staff to receive more specific instruction on best practice across all ages and developmental domain topics. Building the supply of high-quality center professionals addresses center seat shortages in all three counties.

Delaware has not yet received additional state funding for infrastructure grant. Infrastructure grant policy allows centers to identify goals to adjust their environments to serve more children. This may be a capital improvement such as a room expansion or transportation to support families living in rural areas.

iv. What is the plan to address the child care shortages using child care centers? All initiatives are statewide, in each of Delaware's 3 counties.

DOE contracts with child care centers to fund free, birth through age five seats to children in families that meet eligibility requirements that are based off of the federal Head Start Program Performance Standards. DOE contracts with family child care providers in all three counties, in high-need communities. Offering free child care to families addresses child care shortages across counties. The state's state-funded early care and education program contracts with higher rates and

layers of support encourage center-based child care programs to accept children.

DOE also supports Family Child Care Networks throughout the state using non-CCDF federal funding. These Networks supply TA on best practices for instruction but also strategies to improve their business practices and remain open.

DOE is offering Quality Improvement Awards directly to programs statewide with state dollars. This is for all licensed programs in all three counties. This funding was previously used for tiered rates that were lower in Kent and Sussex county than in New Castle County. Thus, this initiative supports equity in payment practices across all three counties. Programs must create a Quality Improvement Plan with goals on improving the quality of their professionals on staff. These grants are used on professional learning, bonuses, and stipends to encourage all staff to receive more specific instruction on best practice across all ages and developmental domain topics. Building the supply of high-quality center professionals addresses center seat shortages in all three counties.

Delaware has not yet received additional state funding for infrastructure grant. Infrastructure grant policy allows centers to identify goals to adjust their environments to serve more children. This may be a capital improvement such as a room expansion or transportation to support families living in rural areas.

c. In care for special populations:

i. Data sources used to identify shortages: IDEA Annual Performance Report, Indicator 6- preschool environments data consistently shows that LEAs do not meet the state target for serving preschoolers with IEPs in regular early care and education settings, instead the majority are served in district operated special education programs.

ii. Method of tracking progress: Annual federal IDEA child count and settings data, snapshot taken on December 1st each year.

iii. What is the plan to address the child care shortages using family child care homes? The Department of Education's Office of Early Childhood Intervention continues to provide training and technical assistance and the IDEA funding to LEAs on the requirements to serve child in inclusive, mixed service delivery settings as well as strategies to engage and support community-based programs, including professional development for child care programs.

Delaware is updating its special needs rate for Purchase of Care subsidy in state fiscal year 2025. This higher, differentiated rate will encourage providers to enroll special populations. Department of Education's Office of Early Childhood Intervention methods and the POC rates will address special populations in family child care homes.

iv. What is the plan to address the child care shortages using child care centers? The Department of Education's Office of Early Childhood Intervention continues to provide training and technical assistance and the IDEA funding to LEAs on the

**requirements to serve child in inclusive, mixed service delivery settings as well as strategies to engage and support community-based programs, including professional development for child care programs.**

**Delaware is updating its special needs rate for Purchase of Care subsidy in state fiscal year 2025. This higher, differentiated rate will encourage providers to enroll special populations. Department of Education's Office of Early Childhood Intervention methods and the POC rates will address special populations in child care centers.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

a. Underserved geographic areas. Describe: **The lead agency uses data provided by the statewide resource and referral vendor as well as the PDG Needs Assessment to identify gaps in supply and quality of child care services. In Delaware in 2023, the total number of children ages 0-4 according to Kids Count is 52,986 children. Our 906 licensed child care facilities (which includes both centers and family child care) have a combined licensed capacity of 52,507 children. However, programs are not at full capacity due to teacher shortages. Moreover, not all parents choose to send their children to care.**

**The Phase I Needs Assessment work from January through June 2024 also offers qualitative data on the availability of high-quality teachers in each of the three counties among family child care programs and centers. The lack of high-quality educators in our high-needs communities throughout the state creates seat shortages.**

**One strategy used to address these gaps are the use of our contracts with our state-funded early care and education programs. The lead agency is currently a EHS-CCP Grantee and has used this funding to contract with providers in areas identified as underserved or child care deserts.**

b. Infants and toddlers. Describe: **The lead agency uses data provided by the statewide resource and referral vendor as well as the PDG Needs Assessment to identify gaps in supply and quality of child care services. In Delaware in 2023, the total number of children ages 0-4 according to Kids Count is 52,986 children. Our 906 licensed child care facilities (which includes both centers and family child care) have a combined licensed capacity of 52,507 children. However, programs are not at full capacity due to teacher shortages. Moreover, not all parents choose to send their children to care.**

**The Phase I Needs Assessment work from January through June 2024 also offers qualitative data on the availability of high-quality infant toddler teachers in each of the three counties among family child care programs and centers. The lack of high-quality infant toddler educators throughout the state creates infant-toddler seat shortages.**

One strategy used to address these gaps are the use of our contracts with or state-funded early care and education programs. DOE is currently an EHS-CCP Grantee and has used this funding to contract with providers in areas identified as underserved or childcare deserts. These state and federal funding sources were used to increase the capacity of slots for infants and toddlers and children with disabilities.

c. Children with disabilities. Describe: The lead agency uses data provided by the statewide resource and referral vendor as well as the PDG Needs Assessment to identify gaps in supply and quality of child care services.

In Delaware in 2023, the total number of children ages 0-4 according to Kids Count is 52,986 children. Our 906 licensed child care facilities (which includes both centers and family child care) have a combined licensed capacity of 52,507 children. However, programs are not at full capacity due to teacher shortages. Moreover, not all parents choose to send their children to care.

One strategy used to address these gaps are the use of our contracts with or state-funded early care and education programs. Because Delaware only tracks enrollment for state funded early care and education programs and our federal Head Start partner programs, we are not clear on all of the gaps in services for children with disabilities among all of our licensed child care programs. We are currently identifying gaps using our quarterly reports from state funded early care and education programs. Since these programs must enroll at least 10% children with disabilities, we are able to see where programs are not meeting this requirement throughout the state.

DOE is currently an EHS-CCP Grantee and has used this funding to contract with providers in areas identified as underserved or childcare deserts. These state and federal funding sources were used to increase the capacity of slots for infants and toddlers and children with disabilities.

d. Children who receive care during non-traditional hours. Describe: The lead agency uses data provided by the statewide resource and referral vendor as well as the PDG Needs Assessment to identify gaps in supply and quality of child care services.

The Phase I Needs Assessment work from January through June 2024 also offers qualitative data on the desire for non-traditional hours of care on the weekend. Overnight care has not been identified as a high priority from Delaware's families. Delaware only funds one non-traditional hour contract with a licensed child care site. This is for military drill weekend Saturday and Sunday care for military families using the Dover Air Force Base. There is a gap in the supply of child care services during non-traditional hours because Delaware only funds this one contract to support weekend care.

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe:

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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.

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 access to high-quality programs. **The Lead Agency prioritizes increasing access to high quality child care and development services for children and families in areas that have significant concentrations of poverty and unemployment through many of its policies, including: allowing providers to charge the difference between their private rate and the state reimbursement rate; contracting with providers to offer seats through the EHS-CCP partnership; and encouraging participation in the state's Quality Improvement System technical assistance and award process.**

**Delaware's state-funded early care and education program is a variation of the Head Start model, and therefore signifies the state's priority to fund programs that are located throughout Delaware's high-need communities. Therefore, the initiative aligns fully with the goal of prioritizing increased access to high-quality childcare and development services for children of families in areas that have significant concentrations of poverty and unemployment.**

**Moreover, programs follow Head Start guidance on enrollment and attendance, improving children's participation in daily high-quality programming. Programs must enroll children who meet the Head Start Program Performance Standards eligibility requirements. Programs receive contracts for seats for children birth to five between 100% and 130% of FPL. These programs receive a contract for enrolled seats at a higher rate closer to the cost of quality, as determined by the Cost of Quality calculator tool developed by the state in 2021. Programs are required to meet the key practices and quality indicators as well as program standards that are variations of the Head Start Program Performance Standards. To meet this level of high-quality, they receive intensive technical assistance from a Delaware Stars Quality Improvement Specialist and have Communities of Practices monthly with their peers.**

**Programs who applied for the Request for Proposal (RFP) to contract as a "state-funded early care and education program" were given a score based on their ability to meet the high-quality goals and requirements of state-funded programming. Based on their RFP score, programs became awarded**
**vendors. Programs who scored high enough to contract for seats were prioritized in locations in high need zip codes throughout the state. High-need zip codes were defined by a statewide needs assessment conducted by MIECHV and the Department of Education's list of "Promise Communities." A total of 52 sites throughout the state met the criteria of the RFP and became awarded vendors.**

## 5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments

that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. 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.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

## 5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

### 5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

a. Identify the center-based provider types subject to child care licensing: **"Early Care and Education and School-Age Centers" means the licensed early care and education or school-age center located in one or more buildings at the address listed on the application. Beginning July 1, 2024, this definition will include centers located in a private school serving children below kindergarten.**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

**[x]** Yes. If yes, describe: **Office of Child Care Licensing also regulates Youth Camps that are receiving state subsidy.**

**[ ]** No.

b. Identify the family child care providers subject to licensing: **"Family child care home" or "family home" means a private home in which a licensee lives and provides licensed child care.**
**"Large family child care home" or "large family home" means a private home where the licensee resides and provides licensed child care or a non-residential property where a licensee offers licensed child care.**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

**[ ]** Yes. If yes, describe:

**[x]** No.

c. Identify the in-home providers subject to licensing: **Delaware does not have in-home providers subject to licensing.**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

**[ ]** Yes. If yes, describe:

**[x]** No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Not Applicable to the Office of Child Care Licensing.**

ii. 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. **Not Applicable to the Office of Child Care Licensing**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Not Applicable to the Office of Child Care Licensing**

b. License-exempt family child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Not Applicable to the Office of Child Care Licensing**

ii. 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. **Not Applicable to the Office of Child Care Licensing.**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Not Applicable to the Office of**

**Child Care Licensing.**

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **Delaware does not allow in home care by a non-relative. Delaware allows in home care by a relative.**

ii. 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. **Not Applicable.**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Not Applicable.**

## 5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

### 5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

a. Infant. Describe: **"Infant" means a child less than 12 months old.**

b. Toddler. Describe: **"Toddler" means a child at least 12 months old and less than 36 months old.**

c. Preschool. Describe: **"Preschool-age child" means a child age three through five who is not yet attending kindergarten or a higher grade. If a child is older than age five and is not yet attending kindergarten or a higher grade, OCCL considers that child 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 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **1:4**

Group size: **8**

ii. Toddler.

Ratio: **1 year 1:6; 2 year 1:8**

Group size: **3 years 20; 4 years 24**

iii. Preschool.

Ratio: **3 years 1:10; 4 years 1:12**

Group size: **3 years 20; 4 years 24**

iv. School-Age.

Ratio: **1:15**

Group size: **30**

v. Mixed-Age Groups (if applicable).

Ratio: **Regulation 27**
**27. Ratios, Group Size, and Supervision**
**A. A licensee shall ensure supervision and direct observation of children is provided**
**at all times. This supervision occurs through the assignment of qualified staff**
**members who are physically present and working with children. The licensee**
**shall maintain the minimum staff-to-child ratio, except as stated in subsection**
**27.E, and maximum group size for each age group as listed in the table below:**
**Age of Child**
**Minimum**
**Staff-to-child**
**Ratio**
**Maximum**
**Group**
**Size**
**Infant Under 12 months 1:4 8**
**Young toddler (1 year old) 12 through 23 months 1:6 12**
**Older toddler (2 year old) 24 through 35 months 1:8 16**
**Young preschool child**
**(3 year old) 36 through 47 months 1:10 20**
**Older preschool child**
**(4 year old)**
**48 months or older and not yet**
**attending kindergarten or higher 1:12 24**
**School-age child Attending kindergarten or higher 1:151 30**
**1 A licensee may apply for a variance from the minimum staff-to-child ratio to a staff-to-child ratio of**
**1:20 when a currently certified State of Delaware teacher is teaching school-age children in the**
**teacher's area of certification. The licensee shall have and follow a plan to comply with the staff-to child ratio of 1:15 when a certified teacher as**

described above is not present (such as during
planned or unplanned absences, before and after care, etc.). A copy of the teacher's current
certification and the licensee's plan for a teacher's absence must be submitted to OCCL with the
Variance Request form. No variance from the maximum group size of 30 will be granted.
B. A licensee shall maintain the staff-to-child ratio for infants at all times. A staff
member shall be assigned to care for specific infants and toddlers within the staff
member's group.
C. For mixed age groups, the staff-to-child ratio and group size requirements are for
the age of the youngest child present.
D. While maintaining staff-to-child ratio, maximum group size may be exceeded
when 12 or fewer children are present in the center.
E. During nap times when children one year and older are sleeping, a licensee shall
ensure at least half of the required staff members are present and directly observing the children.
1. A staff member may not sit between multiple classrooms or areas and monitor groups of napping children.
2. Maximum group size may not be exceeded.
39
F. A licensee shall ensure a staff member who is qualified as at least an early
childhood teacher is present at all times during the hours of operation. A licensee
shall have at least two staff present when seven or more children one year and
older are present. The licensee shall have and follow emergency procedures
providing immediate access to emergency services and an additional staff when
only one staff member is present with children.
G. A licensee shall ensure infants and toddlers are cared for in rooms and outdoor
play areas suitable for these age groups separate from older children except in
the following situations:
Infants and Toddlers Can be Cared for with Older Children
in the Following Situations:
• When 12 or fewer children in total are present, provided that no more than nine of the 12 children are school-age;
• During the first 90 minutes and last 90 minutes of the hours of operation,

provided that no more than nine school-age children are present in one area;
• When toddlers turn three years old and remain with their classes until new classrooms are assigned; or
• During special events or occasions.
H. A licensee shall ensure when 10 or more school-age children are present, the
school-age children are cared for in an area physically separated from younger
children.

Group size: Regulation 27
27. Ratios, Group Size, and Supervision
A. A licensee shall ensure supervision and direct observation of children is provided
at all times. This supervision occurs through the assignment of qualified staff
members who are physically present and working with children. The licensee
shall maintain the minimum staff-to-child ratio, except as stated in subsection
27.E, and maximum group size for each age group as listed in the table below:

| Age of Child | Minimum Staff-to-child Ratio | Maximum Group Size |
|---|---|---|
| Infant Under 12 months | 1:4 | 8 |
| Young toddler (1 year old) 12 through 23 months | 1:6 | 12 |
| Older toddler (2 year old) 24 through 35 months | 1:8 | 16 |
| Young preschool child (3 year old) 36 through 47 months | 1:10 | 20 |
| Older preschool child (4 year old) 48 months or older and not yet attending kindergarten or higher | 1:12 | 24 |
| School-age child Attending kindergarten or higher | 1:151 | 30 |

1 A licensee may apply for a variance from the minimum staff-to-child ratio to a staff-to-child ratio of
1:20 when a currently certified State of Delaware teacher is teaching school-age children in the
teacher's area of certification. The licensee shall have and follow a plan to comply with the staff-to child ratio of 1:15 when a certified teacher as described above is not present (such as during
planned or unplanned absences, before and after care, etc.). A copy of the

teacher's current
certification and the licensee's plan for a teacher's absence must be submitted to OCCL with the
Variance Request form. No variance from the maximum group size of 30 will be granted.
B. A licensee shall maintain the staff-to-child ratio for infants at all times. A staff
member shall be assigned to care for specific infants and toddlers within the staff
member's group.
C. For mixed age groups, the staff-to-child ratio and group size requirements are for
the age of the youngest child present.
D. While maintaining staff-to-child ratio, maximum group size may be exceeded
when 12 or fewer children are present in the center.
E. During nap times when children one year and older are sleeping, a licensee shall
ensure at least half of the required staff members are present and directly observing the children.
1. A staff member may not sit between multiple classrooms or areas and monitor groups of napping children.
2. Maximum group size may not be exceeded.
39
F. A licensee shall ensure a staff member who is qualified as at least an early
childhood teacher is present at all times during the hours of operation. A licensee
shall have at least two staff present when seven or more children one year and
older are present. The licensee shall have and follow emergency procedures
providing immediate access to emergency services and an additional staff when
only one staff member is present with children.
G. A licensee shall ensure infants and toddlers are cared for in rooms and outdoor
play areas suitable for these age groups separate from older children except in
the following situations:
Infants and Toddlers Can be Cared for with Older Children
in the Following Situations:
• When 12 or fewer children in total are present, provided that no more than nine of the 12 children are school-age;
• During the first 90 minutes and last 90 minutes of the hours of operation,
provided that no more than nine school-age children are present in one area;

• When toddlers turn three years old and remain with their classes until new classrooms are assigned; or
• During special events or occasions.
H. A licensee shall ensure when 10 or more school-age children are present, the
school-age children are cared for in an area physically separated from younger
children.

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: Delaware received a preliminary notice of non compliance for this on (1/10/23).

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.

Group size: Delaware received a preliminary notice of non compliance for this on (1/10/23).

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.

Family Providers
A Level I family home is 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.
B. 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.

C. A Level I family home is 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 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;

2. No more than two of the five children may be under the age of 12 months; and No more than three of the five children may be under the age of 24 months. A Level II family home is licensed to provide child care for up to six children preschool-age or younger and for up to three additional school-age children 62 who do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

3. No more than two of the nine children may be under the age of 12 months; and No more than four of the nine children may be under the age of 24 months; and No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

Large Family Providers

A licensee shall ensure a large family provider or large family assistant in accordance with subsection 67.C 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 are under the age of 12 months; and

2. No more than four of the nine children are 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 licensee shall ensure 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. School-age children may fill preschool-age or younger children's spaces.

A licensee shall ensure a large family provider and two additional staff members are present when:
1. Five or six children 12 months or younger are present; no more than six children under the age of 12 months may be present at any time; or
2. Seven or more children under the age of 24 months are present; and
3. No more than 12 children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

ii. Toddler (if applicable)

Ratio: Delaware received a preliminary notice of non compliance for this on (1/10/23).

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.

Group size: Delaware received a preliminary notice of non compliance for this on (1/10/23).

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.

Family Providers
A Level I family home is 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.
B. 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.
C. A Level I family home is 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 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;

2. No more than two of the five children may be under the age of 12 months; and No more than three of the five children may be under the age of 24 months. A Level II family home is licensed to provide child care for up to six children preschool-age or younger and for up to three additional school-age children 62 who do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

3. No more than two of the nine children may be under the age of 12 months; and No more than four of the nine children may be under the age of 24 months; and No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

Large Family Providers

A licensee shall ensure a large family provider or large family assistant in accordance with subsection 67.C 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 are under the age of 12 months; and
2. No more than four of the nine children are 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 licensee shall ensure 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. School-age children may fill preschool-age or younger children's spaces.

A licensee shall ensure a large family provider and two additional staff members are present when:

1. Five or six children 12 months or younger are present; no more than six children under the age of 12 months may be present at any time; or
2. Seven or more children under the age of 24 months are present; and
3. No more than 12 children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

iii. Preschool (if applicable)

Ratio: **Delaware received a preliminary notice of non compliance for this on (1/10/23).**

**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.**

Group size: **Delaware received a preliminary notice of non compliance for this on (1/10/23).**

**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.**

**Family Providers**
**A Level I family home is 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.**
**B. 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.**
**C. A Level I family home is 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 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;**
**2. No more than two of the five children may be under the age of 12 months; and No more than three of the five children may be under the age of 24 months. A Level II family home is licensed to provide child care for up to six children preschool-age or younger and for up to three additional school-age children 62 who do not live in the family home and attend only before school, after school, during school holidays, and during**

school vacation;

3. No more than two of the nine children may be under the age of 12 months; and No more than four of the nine children may be under the age of 24 months; and No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

Large Family Providers

A licensee shall ensure a large family provider or large family assistant in accordance with subsection 67.C 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 are under the age of 12 months; and
2. No more than four of the nine children are 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 licensee shall ensure 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. School-age children may fill preschool-age or younger children's spaces.

A licensee shall ensure a large family provider and two additional staff members are present when:

1. Five or six children 12 months or younger are present; no more than six children under the age of 12 months may be present at any time; or
2. Seven or more children under the age of 24 months are present; and
3. No more than 12 children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

iv. School-Age (if applicable)

Ratio: Delaware received a preliminary notice of non compliance for this on (1/10/23).

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.

Group size: Delaware received a preliminary notice of non compliance for this on (1/10/23).

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.

Family Providers

A Level I family home is 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.

B. 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.

C. A Level I family home is 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 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;

2. No more than two of the five children may be under the age of 12 months; and No more than three of the five children may be under the age of 24 months. A Level II family home is licensed to provide child care for up to six children preschool-age or younger and for up to three additional school-age children 62 who do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

3. No more than two of the nine children may be under the age of 12 months; and No more than four of the nine children may be under the age of 24 months; and No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

Large Family Providers

A licensee shall ensure a large family provider or large family assistant in accordance with subsection 67.C 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 are under the age of 12 months; and
2. No more than four of the nine children are 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 licensee shall ensure 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. School-age children may fill preschool-age or younger children's spaces.

A licensee shall ensure a large family provider and two additional staff members are present when:

1. Five or six children 12 months or younger are present; no more than six children under the age of 12 months may be present at any time; or
2. Seven or more children under the age of 24 months are present; and
3. No more than 12 children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

v. Mixed-Age Groups

Ratio: Delaware received a preliminary notice of non compliance for this on (1/10/23).

Family Providers

A Level I family home is 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.

B. 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.

C. A Level I family home is 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 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;

2. No more than two of the five children may be under the age of 12 months; and No more than three of the five children may be under the age of 24 months. A Level II family home is licensed to provide child care for up to six children preschool-age or younger and for up to three additional school-age children 62 who do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

3. No more than two of the nine children may be under the age of 12 months; and No more than four of the nine children may be under the age of 24 months; and No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.

Large Family Providers

A licensee shall ensure a large family provider or large family assistant in accordance with subsection 67.C 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 are under the age of 12 months; and
2. No more than four of the nine children are 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 licensee shall ensure 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. School-age children may fill preschool-age or younger children's spaces.

A licensee shall ensure a large family provider and two additional staff members are present when:

1. Five or six children 12 months or younger are present; no more than six children under the age of 12 months may be present at any time; or
2. Seven or more children under the age of 24 months are present; and
3. No more than 12 children may be present at any time. School-age

children may fill preschool-age or younger children's spaces.

Group size: Delaware received a preliminary notice of non compliance for this on (1/10/23).

Family Providers
A Level I family home is 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.
B. 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.
C. A Level I family home is 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 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;
2. No more than two of the five children may be under the age of 12 months; and No more than three of the five children may be under the age of 24 months. A Level II family home is licensed to provide child care for up to six children preschool-age or younger and for up to three additional school-age children 62 who do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;
3. No more than two of the nine children may be under the age of 12 months; and No more than four of the nine children may be under the age of 24 months; and No more than nine children may be present at any time. School-age children may fill preschool-age or younger children's spaces.
Large Family Providers
A licensee shall ensure a large family provider or large family assistant in accordance with subsection 67.C 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 are under the age of 12 months; and**

**2. No more than four of the nine children are 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 licensee shall ensure 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. School-age children may fill preschool-age or younger children's spaces.**

**A licensee shall ensure a large family provider and two additional staff members are present when:**

**1. Five or six children 12 months or younger are present; no more than six children under the age of 12 months may be present at any time; or**

**2. Seven or more children under the age of 24 months are present; and**

**3. No more than 12 children may be present at any time. School-age children may fill preschool-age or younger children's spaces.**

d. Are any of the responses above different for license-exempt family child care homes?

**[ ]** No.

**[ ]** Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served.

**[x]** Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **Not Applicable.**

Group size: **Not Applicable.**

ii. Toddler (if applicable)

Ratio: **Not Applicable.**

Group size: **Not Applicable.**

iii. Preschool (if applicable)

Ratio: **Not Applicable.**

Group size: **Not Applicable.**

iv. School-Age (if applicable)

Ratio: **Not Applicable.**

Group size: **Not Applicable.**

v. Mixed-Age Groups (if applicable)

Ratio: **Not Applicable.**

Group size: **Not Applicable.**

f. Are any of the responses above different for license-exempt in-home care?

**[x]** No.

**[ ]** Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

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 (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Early Care and Education and School-Age Centers Regulation 24H starting on page 31 is a chart that shows how a licensee must ensure an early childhood teacher is at least 18 years old and meets one of multiple education and experience pathways to be qualified as a teacher. This chart visual is really the best way to explain it, and we are happy to provide another type of document since it is not working in CARS.**
**https://education.delaware.gov/wp-content/uploads/2022/09/DELACARE-Regulations-for-Early-Care-and-Education-and-School-Age-Centers-22.pdf**

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: **Early Care and Education and School-Age Centers Regulation 24E starting on page 29 is a chart that shows how a licensee must ensure an early childhood administrator is at least 21 years old and meets one of multiple education and experience pathways to be qualified as an administrator. This chart visual is really the best way to explain it, and we are happy to provide another type of document since it is not working in CARS.**
**https://education.delaware.gov/wp-content/uploads/2022/09/DELACARE-Regulations-for-Early-Care-and-Education-and-School-Age-Centers-22.pdf**

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Family and Large Family Child Care Homes Regulation 55 & 66**
**55. Qualifications**

A. A licensee shall submit copies of training certificates, transcripts, and diplomas to OCCL as proof of meeting the qualifications for a particular level.
B. For programs licensed after January 1, 2009, a family provider shall be at least 18 years old and have at least a high school diploma or its equivalent to qualify as a Level I family home.
C. A licensee shall request approval from OCCL to move from a Level I to a Level II family home. A licensee may not operate a Level II family home until receiving written approval from OCCL.
D. A family provider shall have the following experience to qualify as a Level II:
Experience Qualifications for Level II:
• Twenty-four months of experience working with children in a group; or
• Three months of supervised student teaching; or
• Twenty-four months of providing child care as a licensed Level I family home with no substantiated complaints for serious health and safety violations, or substantial non-compliance.
E. A family provider shall be at least 18 years old and have at least a high school diploma or its equivalent, and successfully complete of one the following to qualify as a Level II:
Education Qualifications for Level II:
• Sixty-clock-hours of training with at least three-clock-hours in each of the following areas: child development; developmental curriculum planning or environment and curriculum; observation and assessment; positive behavior supports or 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 or university credits from a regionally approved college or university in courses related to any of the following areas: child development; developmental curriculum planning or environment and curriculum; observation and assessment; positive behavior supports or social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; and management and administration related to running a child care; or
• Qualified as at least an early childhood assistant teacher as per DELACARE: Regulations for Early Care and Education and School-Age Centers (2022).

66. Qualifications
A. A licensee and each staff member shall submit copies of training certificates, transcripts, and diplomas to OCCL as proof of meeting the qualifications of a particular position.
B. The owner (now licensee), caregiver (now large family provider), or associate caregiver (now large family assistant) of a large family home that was licensed before January 1, 2009, may continue to qualify for the former positions as stated in DELACARE: Requirements for Large Family Child Care Homes (1994) only if remaining at the same large family home. Staff members hired after January 1, 2009, are required to meet the qualifications of these regulations for those positions.
C. A licensee shall be considered a staff member if present at the large family home during the hours of operation for seven or more hours per week. A

licensee is required to follow all regulations regarding a staff member.
D. A licensee shall serve as or hire a person to serve as the large family provider at the large family home. A licensee shall ensure the large family provider is at least 21 years old, has 24 months of experience working with children in a group, has a high school diploma or its equivalent, and has successfully completed one of the following:
Education Requirements for Large Family Provider:
• 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 or 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 or 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 or 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 (2022).
E. A licensee shall ensure the large family assistant is at least 18 years old, has six months of experience working with children in a group, has a high school diploma or its equivalent, and has successfully completed one of the following:
Education Requirements for Large Family Assistant:
• Sixty-clock-hours of training with a minimum of three-clock-hours in each of the following areas: child development; developmental curriculum planning or environment and curriculum; observation and assessment; positive behavior supports or social-emotional development; health, safety, physical activity, and nutrition; family and community; and professionalism; or
• Three college or university credits from a regionally accredited college or university in courses related to any of the following areas: child development; developmental curriculum planning or environment and curriculum; observation and assessment; positive behavior supports or social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism, disability non-discrimination, accommodations, or modifications; and management and administration related to operating a child care facility; or
• Qualified as at least an early childhood assistant teacher as per DELACARE: Regulations for Early Care and Education and School-Age Centers (2022).
F. A licensee shall ensure that the large family aide is at least 18 years old and has a high school diploma or its equivalent. Unless trained in the orientation topics, administration of medication, and CPR and first aid, the large family aide shall remain under the direct supervision of the large family provider, large family assistant, or substitute at all times.
G. A licensee shall ensure an adult or volunteer is always under the supervision of the large family provider and direct supervision of at least the large family assistant.

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Delaware does not license, regulate, or register in-home care (care in the child's own home by a non-relative).**

**Relative Care providers are the only exempt category that can provide care in the child's own home, and that is care offered by a relative only. They are required to participate in 28 hours of training and 3 hours of refresher training annually.**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **Not Applicable to the Office of Child Care Licensing.**

b. License-exempt home-based child care. **Not Applicable to the Office of Child Care Licensing.**

c. License-exempt in-home care (care in the child's own home). **Not Applicable to the Office of Child Care Licensing.**

## 5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers 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. 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 by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 32, 41 & 62 https://education.delaware.gov/wp-content/uploads/2022/09/DELACARE-Regulations-for-Early-Care-and-Education-and-School-Age-Centers-22.pdf**

**32. Orientation**

A. A licensee shall document that all staff members, all substitutes, and volunteers working at least five days or 40 hours a year receive training in the following topics before working with children:
Orientation Requirements:
• DELACARE Regulations (related to job duties);
• Personnel and administrative policies;
• Release of children including procedures for situations listed in Section 23;
• Positive behavior supports;
• Child accident and injury procedures;
• Administration of medication certification, within two months of hire, if administering medication to children;
• Child care goals and program for children;
• Recordkeeping, including documenting children and their own attendance;
• Family involvement;
• Food and nutrition services, including proper handling, storage, preparation, and feeding of breast milk and formula, if applicable;
• Safety and sanitation procedures;
• Physical activity;
• Screen time as described in subsection 76.D;
• Photographing or videotaping children;
• Transporting children, if applicable;
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, reporting requirements; and
• Information on federal and State laws or regulations applicable to children and families in care, including non-discrimination.
B. The orientation must include the opportunity for staff members to ask questions
and receive clarification on their job functions, licensing regulations, and center policies. When information is revised, a licensee shall ensure staff members are informed of the changes.
C. A licensee shall ensure all staff members, all substitutes, and volunteers working
at least five days or 40 hours a year complete OCCL's approved Health and Safety Training for Child Care Professionals before working with children. This training provides professional development training hours and includes the following topics:
Health and Safety Training Topics:
• Emergency preparedness and response planning, disaster and evacuation plans and procedures
• Safe sleep practices, including prevention of sudden infant death syndrome;
• Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
Health and Safety Training Topics:
• Routine and emergency health care including health exclusions, prevention, and recognition of the symptoms of childhood illnesses, including reportable communicable diseases and immunizations;
• Prevention of and response to emergencies due to food and allergic

reactions;
• Building and physical premises safety;
• Handling and storage of hazardous materials and proper disposal of bio-contaminants;
• Safety measures in transporting children, and
• Administration of medication.

41. Child Health Appraisal
A. A licensee shall ensure that within one month of starting care, each child's file has a health appraisal that includes an immunization record. A health care provider shall have conducted this health appraisal within the last 12 months. A licensee does not need a child's health appraisal if other federal or State laws, such as specified in the McKinney-Vento Homeless Assistance Act, require the center to admit a child without one. Health appraisals and immunization records must be updated every 13 months. A licensee shall keep the most recent health appraisal on file and it must include:
Health Appraisal Requirements:
• A health history;
• Physical examination;
• Growth and development;
• Age-appropriate immunization as described in Appendix IV;
• Proof of blood lead screening for children at or around ages 12 months and 24 months;
• Proof of blood lead screening after age 24 months for all children including school-age, if blood lead tests were not conducted at or around ages 12 months and 24 months;
• Medical information for treatment in case of emergency; and
• Recommendations regarding required medication, allergies, restrictions or modifications of the child's activities, diet, or care, if applicable.
B. A licensee is not required to update health appraisals for children in grades kindergarten or higher after receiving one completed after the child began kindergarten or a higher grade.
C. A licensee shall ensure a child whose parent or guardian objects to immunizations on a religious basis or whose health care provider certifies that the immunization may be harmful to the child's health will be exempt from the immunization requirement.
1. A notarized statement or documentation from a health care provider is required for this exemption.
2. A licensee shall place this documentation in the child's file.
D. A licensee shall ensure a child whose parent or guardian objects to blood lead screening due to a sincere religious belief will be exempt from this blood screening requirement.
1. A certificate signed by the parent or guardian stating that the screening is contrary to the parent's or guardian's religious beliefs is required for this exemption.

62. Child Health Exclusions
A. A licensee may not permit a child who has symptoms of illness listed below to

be
admitted or remain at the center. The child may only return when the symptoms are gone or with documentation from a health care provider, stating the child has been diagnosed and the illness or symptoms pose no serious health risk to the child or to other children. The symptoms for exclusion must include, but not be limited to, the following:
Symptoms of Illness for Exclusion Includes:
• Temperature of 100°F or higher without medication even if there has not been a change in behavior for infants four months old and younger;
• Temperature of 101°F or higher without medication accompanied by behavior changes or symptoms of illness for children older than four months;
• Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs;
• Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea is accompanied by fever, exclude for 48 hours after the symptoms end;
• Blood in stools not due to change in diet, medication, or hard stools;
• Vomiting; two or more times in the past 24 hours, or one time if accompanied by a fever until 48 hours after the symptoms end or until a health care provider determines the vomiting is not contagious and the child is not in danger of dehydration;
• Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or other symptom;
Symptoms of Illness for Exclusion Includes:
• Mouth sores with drooling;
• Rash with fever or behavior change;
• Purulent conjunctivitis ⍰pink eye⍰ (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after starting antibiotic treatment;
• Scabies, until 24 hours after starting treatment;
• Pediculosis ⍰head lice⍰ or nits, until 24 hours after starting treatment;
• Tuberculosis, as directed by DPH;
• Impetigo, until 24 hours after starting antibiotic treatment and sores are dry;
• Strep throat or other streptococcal infection, until 24 hours after starting antibiotic treatment;
• Varicella-Zoster ⍰chicken pox,⍰ until all sores have crusted and are dry (usually six days);
• Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry;
• Pertussis, until completing five days of antibiotic treatment;
• Mumps, until five days after onset of glandular swelling;
• Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH;
• Measles, until four days after arrival of rash;
• Rubella, until seven days after arrival of rash;
• Herpetic gingivostomatitis ⍰cold sores,⍰ if the child is too young to have control of saliva; or
• Unspecified short-term illness, not chronic illness, if the child is unable to

participate in activities or the center cannot provide care for this child and the other children.
B. Temperatures for children under three years old must be taken using a non-glass
thermometer under the arm or by a forehead scan. Oral temperatures may be taken on children ages three and older when a digital thermometer is used. Rectal and ear temperatures may be taken only by a licensed health care professional.
C. A licensee shall ensure that if a child shows signs of ill health, as listed above, the licensee will remove the child from the group of well children to a separate area as described in Section 52.
D. A licensee may permit a child to return to the center when the symptoms are gone, documentation from the child's health care provider states the child has been diagnosed and the illness or symptoms poses no serious health risk to the child or to other children, or the child does not have symptoms for exclusion as listed in the center's written health exclusion policy.
E. A licensee shall ensure parents or guardians are notified when their child has been exposed to a contagious disease or condition.
F. A licensee shall report a reportable communicable disease to DPH. For information on these diseases, the licensee shall contact DPH or refer to their website (currently listed as
https://dhss.delaware.gov/dhss/dph/dpc/rptdisease.html.)
G. A licensee may not permit a child with a reportable communicable disease to be
admitted to or remain at the center, unless the child's health care provider documents the child has been evaluated and the disease poses no health risk to the child or to others or DPH has advised that the child is not a health risk to others. If the health care provider states the child may return and DPH says the child cannot return, the licensee shall follow DPH's instructions.
H. When a health care provider diagnosed a child as having a reportable vaccine-preventable communicable disease, a licensee shall exclude all children who were not immunized against the disease following DPH's instructions.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 7A, 15D, 23 & 41**
**https://education.delaware.gov/wp-content/uploads/2022/08/DELACARE-FCCH-LFCCH-Regulations-August-2022.pdf**

7. Procedures for Initial Licensure
A. An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:
1. Attend OCCL's information session and orientation to learn the application process and regulations;
2. Submit a completed Family Child Care Home Initial License Application (see Appendix I) or a Large Family Child Care Home Initial License Application (see Appendix II), as applicable, which includes:
Required Application Information:
• Applicant's name, address, email, and phone numbers;

• Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member;
• Previous licensure information, if applicable;
• Program information (including ages of children to be served);
• Household members; and
• Certifications that include:
o Agreement to comply with federal and State laws and regulations including, but not
limited to, the Americans with Disabilities Act and Delaware Equal Accommodations
Law;
o Statement that information supplied is true and correct; and
o Acknowledgment that OCCL is required to make a thorough investigation of the applicant.
3. Submit the following items to OCCL:
Items to be Submitted:
• Proof of compliance with zoning codes, and, if applicable, other codes, regulations,
guidelines, or laws, such as those from Division of Revenue, Department of Natural
Resources and Environmental Control for septic systems, and Office of Drinking Water for
well water;
Items to be Submitted:
• Documentation that the home is free of lead-based paint hazards. Homes constructed in or after 1978 are exempt from lead-paint risk assessments and testing;
o If the home were constructed before 1978, an applicant or licensee shall provide a
lead-paint risk assessment performed by an environmental testing firm certified by
DPH showing the home to be free of lead-paint hazards.
o If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee
shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is
not regarded as a hazard if it is intact or not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
• If lead-paint hazards are identified in the risk assessment, the applicant or licensee
shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
o Once the repairs are made, a lead-dust clearance inspection must be performed by
an environmental testing firm certified by DPH to confirm the home is free of lead-based paint hazards.

o An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards.
o Children may not be present during repairs and the home must stay closed until the
results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.
• If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair in a pre-1978 child-occupied facility;
o Records of any renovation or repair work must be forwarded to OCCL within five business days.
o Children may not be present during repairs or renovation until a lead dust clearance
test is obtained and the lead-safe contractor states it is safe for the home to be open.
• Evidence showing each room used for child care to be free of radon hazards using
the Environmental Protection Agency's guidelines;
o Testing may be performed by the property owner or an inspector certified by the
American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
o If testing indicates a radon level over 4.0 pCi/L, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate
a level less than 4.0 pCi/L.
• Electrical inspection of the home conducted by a State fire marshal recognized electrical inspection agency;
Items to be Submitted:
• Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care. Applicants for large family homes are exempt from this requirement if not serving as a staff member;
• The names, addresses, phone numbers, and email addresses for three references
who are familiar with, but not related to, the applicant and can describe the applicant's interactions with children;
• Release of employment form that allows OCCL to collect service letters as per 19 Del.C. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;
• Comprehensive background checks for the applicant, adult household members, substitutes, staff members, and adult volunteers including State and federal fingerprint checks.
o In addition to the Delaware fingerprinting, applicants, adult household

members,
substitutes, staff members, and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
o Applicants, adult household members, substitutes, staff members, and adult volunteers who have resided outside of Delaware in the last five years must contact
each state of residence, and request a criminal history search and a child abuse and
neglect search.
o After the out-of-state searches are completed, the applicant must submit the results
immediately to CHU.
o The person may not be alone with children until CHU notifies the licensee of the person's eligibility after completing the comprehensive background check.
o When OCCL has a reason to believe the health, safety, or welfare of a child in care
may be at risk, OCCL may request parent or guardian permission for a comprehensive background check on a child household member and other medical,
psychological, counseling, school, and probation records. OCCL may obtain information from the Department of Services for Children, Youth and Their Families;
• Documentation of any case where the applicant gave up or lost custody of a child,
if applicable;
• Health appraisals for the applicant, all adult household members, and the substitute completed within one year before the application date that includes a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or others. The TB test or medical professional risk assessment must be completed within one year before the application date. This appraisal must confirm the person's health and document medical or physical conditions that pose a direct threat to the
health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;
• Health appraisals for child household members;
• State business license or verification of tax-exempt status;
• Sample two-week menu, if providing meals or snacks (if using a catering service, a
copy of the caterer's food establishment permit); and
Items to be Submitted:
• Documentation of completion of pre-service training in the following topics, if the
applicant will work with children:
o Six hours of quality-assured child development;
o Three hours of quality-assured positive behavior supports or social-emotional

development;
o Prevention and control of infectious diseases, including immunization;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Prevention and control of communicable diseases including immunization;
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Building and physical grounds safety;
 Emergency preparedness and response planning;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect
law, and reporting requirements (certificate required);
• Landlord approval, if renting;
• Emergency plan; and
• Large family applicants shall complete the additional requirements for large family homes as listed in Sections 60 through 70.

15D. A licensee shall document on the form provided by OCCL that substitutes used
for non-emergency situations receive training in the following topics before working with children:
Training Requirements for Non-Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home;
• Emergency preparedness and disaster and evacuation plans;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Prevention and control of communicable diseases, including immunization;
 Building and physical grounds safety;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements (certificate required);
• CPR and first aid certifications; and
• Administration of medication.

23. Children's Health Appraisal
A. A licensee shall ensure that within one month of starting care, each child's file contains a health appraisal that includes an immunization record. A health care provider shall have conducted this appraisal within the last 12 months. A licensee does not need a child's health appraisal if other federal or State laws require the home to admit a child without an appraisal. Health appraisals must be updated every 13 months. A licensee shall keep the most recent appraisal on file and it must include:
Health Appraisal Requirements:
• A health history;
• Physical examination;
• Growth and development;
• Age-appropriate immunizations as described in Appendix VIII;
• Proof of blood lead screening for children at or around age 12 months and at or around 24 months;
• Proof of single blood lead screening after age 24 months for all children including
school-age, if blood lead tests were not conducted at or around age 12 months and at or around age 24 months;
• Medical information for treatment in case of emergency; and
• Recommendations regarding required medication, allergies, restrictions or modifications of the child's activities, diet, or care, if applicable.
B. A licensee is not required to update health appraisals for children in grades kindergarten or higher after receiving one completed after the child began kindergarten or a higher grade.
C. A licensee shall ensure a child whose parent or guardian objects to immunizations on a religious basis or whose health care provider certifies that immunizations may be harmful to the child's health will be exempt from the immunization requirement.
1. A notarized affidavit of religious belief or documentation from a health care provider is required for this exemption.
2. A licensee shall place this documentation in the child's file.
D. A licensee shall ensure a child whose parent or guardian objects to blood lead screening
due to a sincere religious belief will be exempt from this blood screening requirement.
1. A notarized affidavit of religious belief is required for this exemption.
2. A licensee shall place this documentation in the child's file.

41. Child Health Exclusions
A. A licensee may not permit a child who has symptoms listed below to enter or remain at the home. The child may only return when the symptoms are gone or with documentation from a health care provider stating the illness or symptoms pose no serious health risk to anyone. The documentation must be written or include a written follow-up if communicated verbally. The symptoms for exclusion must include, but not be limited to, the following:
Symptoms of Illness for Exclusion Includes:
• Temperature of 100°F or higher without medication even if there has not been a

change in behavior for infants four months old and younger;
• Temperature of 101°F or higher without medication accompanied by behavior changes or symptoms of illness for children older than four months;
Symptoms of Illness for Exclusion Includes:
• Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs;
• Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea
is accompanied by fever, exclude for 48 hours after the symptoms end;
• Blood in stools not due to change in diet, medication, or hard stools;
• Vomiting; two or more times in the past 24 hours, or one time if accompanied by
a fever until 48 hours after the symptoms end or until a health care provider determines the vomiting is not contagious and the child is not in danger of dehydration;
• Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or
other symptom;
• Mouth sores with drooling;
• Rash with fever or behavior change;
• Purulent conjunctivitis (pink eye) (defined as pink or red conjunctiva with white or
yellow eye discharge), until 24 hours after starting antibiotic treatment;
• Scabies, until 24 hours after starting treatment;
• Pediculosis (head lice) or nits, until 24 hours after starting treatment;
• Tuberculosis, as directed by DPH;
• Impetigo, until 24 hours after starting antibiotic treatment and sores are dry;
• Strep throat or other streptococcal infection, until 24 hours after starting antibiotic
treatment;
• Varicella-Zoster (chicken pox,) until all sores have crusted and are dry (usually six days);
• Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry;
• Pertussis, until completing five days of antibiotic treatment;
• Mumps, until five days after onset of glandular swelling;
• Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH;
• Measles, until four days after arrival of rash;
• Rubella, until seven days after arrival of rash;
• Herpetic gingivostomatitis (cold sores,) if the child is too young to have control of
saliva; or
• Unspecified short-term illness, not chronic illness if the child is unable to participate in activities or the facility cannot provide care for this child and the other children.
B. A licensee shall ensure temperatures for children under three years old are taken with a non-glass thermometer under the arm or by forehead scan.

1. A digital oral thermometer may be used for children three years and older.
2. Rectal and ear temperatures may not be taken.
C. A licensee shall ensure that if a child shows signs of ill health as listed above, the child's rest, comfort, food, drink, and activity needs are met until the child is picked up from the home.
D. A licensee shall notify parent or guardians when their child has been exposed to a contagious disease or condition.
E. A licensee shall report reportable communicable diseases to DPH. For information on these diseases, a licensee shall call DPH or refer to their website (currently listed as htttps://www.dhss.delaware.gov/dph/dpc/rptdisease.html).
F. A licensee may not allow a child with a reportable communicable disease to be admitted to or remain at the home unless a health care provider documents that the illness poses no serious health risk to anyone or DPH tells the licensee that the child is not a health risk to others. If the health care provider states the child may return and DPH says the child cannot return, follow DPH's instructions.
G. When a health care provider diagnosed a child with a reportable vaccine-preventable communicable disease, a licensee shall exclude all children who are not immunized against the disease following DPH's instructions.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 24, 33 & 37 https://education.delaware.gov/wp-content/uploads/2021/10/Delacare-Regulations-For-Youth-Camps.pdf**

**24. Orientation**
**A. A licensee shall document that all staff members working directly with children receive training in the following topics before working with children:**
**Orientation Requirements:**
**• DELACARE Regulations (related to job duties);**

• Emergency preparedness, disaster and evacuation plans and procedures;
• Procedures for identifying and reporting suspicious behavior or concerns within the camp;
• Release of children including procedures for situations listed in Section 21;
• Positive behavior management;
• Routine and emergency health care including health exclusions, prevention and recognition of the symptoms of childhood illnesses, including reportable communicable diseases;
• Prevention and response to emergencies due to food allergies;
• Building and physical premises safety;
• Handling and storage of hazardous materials and proper disposal of bio contaminants;
• Child accident and injury procedures;
• Administration of medication;
• Recordkeeping, including documenting children's attendance and their own attendance;
• Sanitation and safety procedures, including procedures to restrict access to children by unauthorized persons;
• Photographing or videotaping children;
• Transporting children, if applicable;
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law and reporting requirements, and the camp's procedures to report abuse and neglect; and
• Information on federal and State laws or regulations applicable to children and families in care, including non-discrimination.
B. The orientation must include the opportunity for staff members to ask questions
and receive clarification on their job functions, licensing regulations, and camp policies. When information is revised, a licensee shall ensure staff members are informed of the changes.

33. Child Health Appraisal
A. A licensee shall ensure that before beginning camp, each child's file has a health
appraisal conducted within the last 12 months that includes:
Health Appraisal Requirements:
• A health history;
• Physical examination;
• Growth and development;
• Age-appropriate immunization as described in Appendix IV and V;
• Medical information for treatment in case of emergency; and
• Recommendations regarding required medication, allergies, restrictions or modifications of the child's activities, diet, or care, if applicable.
B. A licensee shall ensure a child whose parent/guardian objects to immunizations on a religious basis or whose health care provider certifies that the immunization may be harmful to the child's health will be exempt from the immunization requirement.
1. A notarized statement or documentation from a health care provider is

required for an exemption related to an immunization being harmful to a child's health.
2. A licensee shall place this documentation in the child's file.

37. Child Health Exclusions
A. A licensee may not permit a child who has symptoms of illness listed below to be
admitted to or remain at the camp. The child may only return when the symptoms are gone or with documentation from a health care provider, stating the child has been diagnosed and the illness or symptoms pose no serious health risk to the child or to other children. The symptoms for exclusion must include, but not be limited to, the following:
Symptoms of Illness for Exclusion Includes:
• Temperature of 101 °F or higher without medication accompanied by behavior changes or symptoms of illness;
Symptoms of Illness for Exclusion Includes:
• Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs;
• Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea is accompanied by fever, exclude for 48 hours after the symptoms end;
• Blood in stools not due to change in diet, medication, or hard stools;
• Vomiting; two or more times in the past 24 hours, or one time if accompanied by a fever until 48 hours after the symptoms end or until a health care provider determines the vomiting is not contagious and the child is not in danger of dehydration;
• Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or other symptom;
• Mouth sores with drooling;
• Rash with fever or behavior change;
• Purulent conjunctivitis □pink eye□ (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after starting antibiotic treatment;
• Scabies, until 24 hours after starting treatment;
• Pediculosis □head lice□ or nits, until 24 hours after starting treatment;
• Tuberculosis, as directed by DPH;
• Impetigo, until 24 hours after starting antibiotic treatment and sores are dry;
• Strep throat or other streptococcal infection, until 24 hours after starting antibiotic treatment;
• Varicella-Zoster □chicken pox,□ until all sores have crusted and are dry (usually six days);
• Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry;
• Pertussis, until completing five days of antibiotic treatment;
• Mumps, until five days after onset of glandular swelling;
• Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH;
• Measles, until four days after arrival of rash;

• Rubella, until seven days after arrival of rash;
• Herpetic gingivostomatitis (cold sores), if the child is too young to have control of saliva; or
• Unspecified short-term illness, not chronic illness, if the child is unable to participate in activities or the camp cannot provide care for this child and the other children.
B. Temperatures for children must be taken using a non-glass thermometer orally or
under the arm or by forehead scan. Rectal and ear temperatures may be taken only by a licensed health care professional.
C. A licensee shall ensure that if a child shows signs of ill health, as listed above, the licensee will remove the child from the group of well children to a separate area.
1. A licensee shall ensure the child's individual needs for rest, comfort, food, drink, and activity are met until a parent/guardian picks up the child or a health care provider/consultant determines that the illness or symptoms pose no serious health risk to the child or to other children.
2. A licensee shall ensure all items used by an ill child, including rest equipment, bedding, utensils, and toys are cleaned with soap and water and then disinfected before being used by another child.
D. A licensee may permit a child to return to the camp when the symptoms are gone, documentation from the child's health care provider states the child has been diagnosed and the illness or symptoms poses no serious health risk to the child or to other children, or the child does not have symptoms for exclusion as listed in the camp's written health exclusion policy.
E. A licensee shall ensure parents/guardians are notified when their child has been exposed to a contagious disease or condition.
F. A licensee shall report a reportable communicable disease to DPH. For information on these diseases, the licensee shall contact DPH or refer to their website (currently listed as
http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html).
G. A licensee may not permit a child with a reportable communicable disease to be
admitted to or remain at the camp, unless the child's health care provider documents the child has been evaluated and the disease poses no health risk to the child or to others or DPH has advised that the child is not a health risk to others. If the health care provider states the child may return and DPH says the child cannot return, the licensee shall follow DPH's instructions.
H. When a health care provider diagnosed a child as having a reportable vaccine-preventable communicable disease, a licensee shall exclude all children not immunized against the disease following DPH's instructions.

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 41 & 62**

https://education.delaware.gov/wp-content/uploads/2022/09/DELACARE-Regulations-for-Early-Care-and-Education-and-School-Age-Centers-22.pdf

41. Child Health Appraisal

A. A licensee shall ensure that within one month of starting care, each child's file has a health appraisal that includes an immunization record. A health care provider shall have conducted this health appraisal within the last 12 months. A licensee does not need a child's health appraisal if other federal or State laws, such as specified in the McKinney-Vento Homeless Assistance Act, require the center to admit a child without one. Health appraisals and immunization records must be updated every 13 months. A licensee shall keep the most recent health appraisal on file and it must include:

Health Appraisal Requirements:

• A health history;
• Physical examination;
• Growth and development;
• Age-appropriate immunization as described in Appendix IV;
• Proof of blood lead screening for children at or around ages 12 months and 24 months;
• Proof of blood lead screening after age 24 months for all children including school-age, if blood lead tests were not conducted at or around ages 12 months and 24 months;
• Medical information for treatment in case of emergency; and
• Recommendations regarding required medication, allergies, restrictions or modifications of the child's activities, diet, or care, if applicable.

B. A licensee is not required to update health appraisals for children in grades kindergarten or higher after receiving one completed after the child began kindergarten or a higher grade.

C. A licensee shall ensure a child whose parent or guardian objects to immunizations on a religious basis or whose health care provider certifies that the immunization may be harmful to the child's health will be exempt from the immunization requirement.

1. A notarized statement or documentation from a health care provider is required for this exemption.
2. A licensee shall place this documentation in the child's file.

D. A licensee shall ensure a child whose parent or guardian objects to blood lead screening due to a sincere religious belief will be exempt from this blood screening requirement.

1. A certificate signed by the parent or guardian stating that the screening is contrary to the parent's or guardian's religious beliefs is required for this exemption.

62. Child Health Exclusions

A. A licensee may not permit a child who has symptoms of illness listed below to be
admitted or remain at the center. The child may only return when the symptoms are gone or with documentation from a health care provider, stating the child has been diagnosed and the illness or symptoms pose no serious health risk to the

child or to other children. The symptoms for exclusion must include, but not be limited to, the following:
Symptoms of Illness for Exclusion Includes:
• Temperature of 100°F or higher without medication even if there has not been a change in behavior for infants four months old and younger;
• Temperature of 101°F or higher without medication accompanied by behavior changes or symptoms of illness for children older than four months;
• Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs;
• Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea is accompanied by fever, exclude for 48 hours after the symptoms end;
• Blood in stools not due to change in diet, medication, or hard stools;
• Vomiting; two or more times in the past 24 hours, or one time if accompanied by a fever until 48 hours after the symptoms end or until a health care provider determines the vomiting is not contagious and the child is not in danger of dehydration;
• Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or other symptom;
Symptoms of Illness for Exclusion Includes:
• Mouth sores with drooling;
• Rash with fever or behavior change;
• Purulent conjunctivitis □pink eye□ (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after starting antibiotic treatment;
• Scabies, until 24 hours after starting treatment;
• Pediculosis □head lice□ or nits, until 24 hours after starting treatment;
• Tuberculosis, as directed by DPH;
• Impetigo, until 24 hours after starting antibiotic treatment and sores are dry;
• Strep throat or other streptococcal infection, until 24 hours after starting antibiotic treatment;
• Varicella-Zoster □chicken pox,□ until all sores have crusted and are dry (usually six days);
• Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry;
• Pertussis, until completing five days of antibiotic treatment;
• Mumps, until five days after onset of glandular swelling;
• Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH;
• Measles, until four days after arrival of rash;
• Rubella, until seven days after arrival of rash;
• Herpetic gingivostomatitis □cold sores,□ if the child is too young to have control of saliva; or
• Unspecified short-term illness, not chronic illness, if the child is unable to participate in activities or the center cannot provide care for this child and the other children.
B. Temperatures for children under three years old must be taken using a non-glass

thermometer under the arm or by a forehead scan. Oral temperatures may be taken on children ages three and older when a digital thermometer is used. Rectal and ear temperatures may be taken only by a licensed health care professional.
C. A licensee shall ensure that if a child shows signs of ill health, as listed above, the licensee will remove the child from the group of well children to a separate area as described in Section 52.
D. A licensee may permit a child to return to the center when the symptoms are gone, documentation from the child's health care provider states the child has been diagnosed and the illness or symptoms poses no serious health risk to the child or to other children, or the child does not have symptoms for exclusion as listed in the center's written health exclusion policy.
E. A licensee shall ensure parents or guardians are notified when their child has been exposed to a contagious disease or condition.
F. A licensee shall report a reportable communicable disease to DPH. For information on these diseases, the licensee shall contact DPH or refer to their website (currently listed as
https://dhss.delaware.gov/dhss/dph/dpc/rptdisease.html.)
G. A licensee may not permit a child with a reportable communicable disease to be
admitted to or remain at the center, unless the child's health care provider documents the child has been evaluated and the disease poses no health risk to the child or to others or DPH has advised that the child is not a health risk to others. If the health care provider states the child may return and DPH says the child cannot return, the licensee shall follow DPH's instructions.
H. When a health care provider diagnosed a child as having a reportable vaccine-preventable communicable disease, a licensee shall exclude all children who were not immunized against the disease following DPH's instructions.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 23 & 41**
**https://education.delaware.gov/wp-content/uploads/2022/08/DELACARE-FCCH-LFCCH-Regulations-August-2022.pdf**

23. Children's Health Appraisal
A. A licensee shall ensure that within one month of starting care, each child's file contains a health appraisal that includes an immunization record. A health care provider shall have conducted this appraisal within the last 12 months. A licensee does not need a child's health appraisal if other federal or State laws require the home to admit a child without an appraisal. Health appraisals must be updated every 13 months. A licensee shall keep the most recent appraisal on file and it must include:
Health Appraisal Requirements:
• A health history;
• Physical examination;
• Growth and development;
• Age-appropriate immunizations as described in Appendix VIII;
• Proof of blood lead screening for children at or around age 12 months and at or

around 24 months;
• Proof of single blood lead screening after age 24 months for all children including
school-age, if blood lead tests were not conducted at or around age 12 months and at or around age 24 months;
• Medical information for treatment in case of emergency; and
• Recommendations regarding required medication, allergies, restrictions or modifications of the child's activities, diet, or care, if applicable.
B. A licensee is not required to update health appraisals for children in grades kindergarten or higher after receiving one completed after the child began kindergarten or a higher grade.
C. A licensee shall ensure a child whose parent or guardian objects to immunizations on a religious basis or whose health care provider certifies that immunizations may be harmful to the child's health will be exempt from the immunization requirement.
1. A notarized affidavit of religious belief or documentation from a health care provider is required for this exemption.
2. A licensee shall place this documentation in the child's file.
D. A licensee shall ensure a child whose parent or guardian objects to blood lead screening
due to a sincere religious belief will be exempt from this blood screening requirement.
1. A notarized affidavit of religious belief is required for this exemption.
2. A licensee shall place this documentation in the child's file.

41. Child Health Exclusions
A. A licensee may not permit a child who has symptoms listed below to enter or remain at the home. The child may only return when the symptoms are gone or with documentation from a health care provider stating the illness or symptoms pose no serious health risk to anyone. The documentation must be written or include a written follow-up if communicated verbally. The symptoms for exclusion must include, but not be limited to, the following:
Symptoms of Illness for Exclusion Includes:
• Temperature of 100°F or higher without medication even if there has not been a change in behavior for infants four months old and younger;
• Temperature of 101°F or higher without medication accompanied by behavior changes or symptoms of illness for children older than four months;
Symptoms of Illness for Exclusion Includes:
• Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs;
• Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea
is accompanied by fever, exclude for 48 hours after the symptoms end;
• Blood in stools not due to change in diet, medication, or hard stools;
• Vomiting; two or more times in the past 24 hours, or one time if accompanied by
a fever until 48 hours after the symptoms end or until a health care provider

determines the vomiting is not contagious and the child is not in danger of dehydration;
• Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or
other symptom;
• Mouth sores with drooling;
• Rash with fever or behavior change;
• Purulent conjunctivitis (pink eye) (defined as pink or red conjunctiva with white or
yellow eye discharge), until 24 hours after starting antibiotic treatment;
• Scabies, until 24 hours after starting treatment;
• Pediculosis (head lice) or nits, until 24 hours after starting treatment;
• Tuberculosis, as directed by DPH;
• Impetigo, until 24 hours after starting antibiotic treatment and sores are dry;
• Strep throat or other streptococcal infection, until 24 hours after starting antibiotic
treatment;
• Varicella-Zoster (chicken pox,) until all sores have crusted and are dry (usually six days);
• Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry;
• Pertussis, until completing five days of antibiotic treatment;
• Mumps, until five days after onset of glandular swelling;
• Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH;
• Measles, until four days after arrival of rash;
• Rubella, until seven days after arrival of rash;
• Herpetic gingivostomatitis (cold sores,) if the child is too young to have control of
saliva; or
• Unspecified short-term illness, not chronic illness if the child is unable to participate in activities or the facility cannot provide care for this child and the other children.
B. A licensee shall ensure temperatures for children under three years old are taken with a non-glass thermometer under the arm or by forehead scan.
1. A digital oral thermometer may be used for children three years and older.
2. Rectal and ear temperatures may not be taken.
C. A licensee shall ensure that if a child shows signs of ill health as listed above, the child's rest, comfort, food, drink, and activity needs are met until the child is picked up from the home.
D. A licensee shall notify parent or guardians when their child has been exposed to a contagious disease or condition.
E. A licensee shall report reportable communicable diseases to DPH. For information on these diseases, a licensee shall call DPH or refer to their website (currently listed as
htttps://www.dhss.delaware.gov/dph/dpc/rptdisease.html).
F. A licensee may not allow a child with a reportable communicable disease to be admitted to or remain at the home unless a health care provider documents that

**the illness poses no serious health risk to anyone or DPH tells the licensee that the child is not a health risk to others. If the health care provider states the child may return and DPH says the child cannot return, follow DPH's instructions.**
**G. When a health care provider diagnosed a child with a reportable vaccine-preventable communicable disease, a licensee shall exclude all children who are not immunized against the disease following DPH's instructions.**

iii. All CCDF-eligible licensed in-home care. Provide the standard:

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 33 & 37 https://education.delaware.gov/wp-content/uploads/2021/10/Delacare-Regulations-For-Youth-Camps.pdf**

**33. Child Health Appraisal**
**A. A licensee shall ensure that before beginning camp, each child's file has a health**
**appraisal conducted within the last 12 months that includes:**
**Health Appraisal Requirements:**
**• A health history;**
**• Physical examination;**
**• Growth and development;**
**• Age-appropriate immunization as described in Appendix IV and V;**
**• Medical information for treatment in case of emergency; and**
**• Recommendations regarding required medication, allergies, restrictions or modifications of the child's activities, diet, or care, if applicable.**
**B. A licensee shall ensure a child whose parent/guardian objects to immunizations on a religious basis or whose health care provider certifies that the immunization may be harmful to the child's health will be exempt from the immunization requirement.**
**1. A notarized statement or documentation from a health care provider is required for an exemption related to an immunization being harmful to a child's health.**

2. A licensee shall place this documentation in the child's file.

37. Child Health Exclusions
A. A licensee may not permit a child who has symptoms of illness listed below to be
admitted to or remain at the camp. The child may only return when the symptoms are gone or with documentation from a health care provider, stating the child has been diagnosed and the illness or symptoms pose no serious health risk to the child or to other children. The symptoms for exclusion must include, but not be limited to, the following:
Symptoms of Illness for Exclusion Includes:
• Temperature of 101 °F or higher without medication accompanied by behavior changes or symptoms of illness;
Symptoms of Illness for Exclusion Includes:
• Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs;
• Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea is accompanied by fever, exclude for 48 hours after the symptoms end;
• Blood in stools not due to change in diet, medication, or hard stools;
• Vomiting; two or more times in the past 24 hours, or one time if accompanied by a fever until 48 hours after the symptoms end or until a health care provider determines the vomiting is not contagious and the child is not in danger of dehydration;
• Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or other symptom;
• Mouth sores with drooling;
• Rash with fever or behavior change;
• Purulent conjunctivitis □pink eye□ (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after starting antibiotic treatment;
• Scabies, until 24 hours after starting treatment;
• Pediculosis □head lice□ or nits, until 24 hours after starting treatment;
• Tuberculosis, as directed by DPH;
• Impetigo, until 24 hours after starting antibiotic treatment and sores are dry;
• Strep throat or other streptococcal infection, until 24 hours after starting antibiotic treatment;
• Varicella-Zoster □chicken pox,□ until all sores have crusted and are dry (usually six days);
• Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry;
• Pertussis, until completing five days of antibiotic treatment;
• Mumps, until five days after onset of glandular swelling;
• Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH;
• Measles, until four days after arrival of rash;
• Rubella, until seven days after arrival of rash;
• Herpetic gingivostomatitis □cold sores,□ if the child is too young to have control

of saliva; or
• Unspecified short-term illness, not chronic illness, if the child is unable to participate in activities or the camp cannot provide care for this child and the other children.
B. Temperatures for children must be taken using a non-glass thermometer orally or
under the arm or by forehead scan. Rectal and ear temperatures may be taken only by a licensed health care professional.
C. A licensee shall ensure that if a child shows signs of ill health, as listed above, the licensee will remove the child from the group of well children to a separate area.
1. A licensee shall ensure the child's individual needs for rest, comfort, food, drink, and activity are met until a parent/guardian picks up the child or a health care provider/consultant determines that the illness or symptoms pose no serious health risk to the child or to other children.
2. A licensee shall ensure all items used by an ill child, including rest equipment, bedding, utensils, and toys are cleaned with soap and water and then disinfected before being used by another child.
D. A licensee may permit a child to return to the camp when the symptoms are gone, documentation from the child's health care provider states the child has been diagnosed and the illness or symptoms poses no serious health risk to the child or to other children, or the child does not have symptoms for exclusion as listed in the camp's written health exclusion policy.
E. A licensee shall ensure parents/guardians are notified when their child has been exposed to a contagious disease or condition.
F. A licensee shall report a reportable communicable disease to DPH. For information on these diseases, the licensee shall contact DPH or refer to their website (currently listed as
http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html).
G. A licensee may not permit a child with a reportable communicable disease to be
admitted to or remain at the camp, unless the child's health care provider documents the child has been evaluated and the disease poses no health risk to the child or to others or DPH has advised that the child is not a health risk to others. If the health care provider states the child may return and DPH says the child cannot return, the licensee shall follow DPH's instructions.
H. When a health care provider diagnosed a child as having a reportable vaccine-preventable communicable disease, a licensee shall exclude all children not immunized against the disease following DPH's instructions.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and**

Education and School-Age Centers Regulation 32 & 56

32. Orientation
A. A licensee shall document that all staff members, all substitutes, and volunteers working at least five days or 40 hours a year receive training in the following topics before working with children:
Orientation Requirements:
• DELACARE Regulations (related to job duties);
• Personnel and administrative policies;
• Release of children including procedures for situations listed in Section 23;
• Positive behavior supports;
• Child accident and injury procedures;
• Administration of medication certification, within two months of hire, if administering medication to children;
• Child care goals and program for children;
• Recordkeeping, including documenting children and their own attendance;
• Family involvement;
• Food and nutrition services, including proper handling, storage, preparation, and feeding of breast milk and formula, if applicable;
• Safety and sanitation procedures;
• Physical activity;
• Screen time as described in subsection 76.D;
• Photographing or videotaping children;
• Transporting children, if applicable;
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, reporting requirements; and
• Information on federal and State laws or regulations applicable to children and families in care, including non-discrimination.
B. The orientation must include the opportunity for staff members to ask questions
and receive clarification on their job functions, licensing regulations, and center policies. When information is revised, a licensee shall ensure staff members are informed of the changes.
C. A licensee shall ensure all staff members, all substitutes, and volunteers working
at least five days or 40 hours a year complete OCCL's approved Health and Safety Training for Child Care Professionals before working with children. This training provides professional development training hours and includes the following topics:
Health and Safety Training Topics:
• Emergency preparedness and response planning, disaster and evacuation plans and procedures
• Safe sleep practices, including prevention of sudden infant death syndrome;
• Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
Health and Safety Training Topics:
• Routine and emergency health care including health exclusions,

prevention, and recognition of the symptoms of childhood illnesses, including reportable communicable diseases and immunizations;
• Prevention of and response to emergencies due to food and allergic reactions;
• Building and physical premises safety;
• Handling and storage of hazardous materials and proper disposal of bio-contaminants;
• Safety measures in transporting children, and
• Administration of medication.

56. Sleeping Accommodations and Safe Sleep Environments
A. A licensee shall ensure the program includes times for rest or sleep appropriate to each child's individual physical needs.
1. A quiet activity must be provided for children who have rested or slept for 30 minutes and do not seem to need or want more rest.
2. Preschool children are not required to rest or sleep.
3. Full staff-to-child ratios must be maintained during quiet play when children do not nap or sleep.
B. Rest or sleep equipment must meet the safety standards required by CPSC or other recognized authority approved by OCCL and kept in a safe condition.
C. A licensee shall ensure each child, except children who do not sleep at the center, has clean, safe, age-appropriate rest equipment. This may be a crib, playpen, pack-and-play (without ripped mesh), cot, bed, or mat.
1. Each child under 18 months old who does not walk must sleep in a crib, playpen, or pack-and-play.
2. Each child between 12 and 18 months old who walks may sleep on a cot, bed, or mat with written permission from the child's parent or guardian.
3. Preschool-age and school-age children who do not nap at the center do not need sleep equipment.
D. A licensee shall ensure a child's rest equipment is labeled with the child's name or assigned chart number and used only by that child while attending the program.
1. A licensee shall ensure chart numbers and assignments are documented and kept current.
2. Children must use their assigned equipment while enrolled in the center.
3. A licensee may assign a crib or pack-and-play to two children who attend on different days if it is cleaned and sanitized each day.
E. Mattresses and sleep equipment must be non-absorbent and cleanable.
1. Cots, mats, and crib mattresses must be cleaned with soap and water and then sanitized weekly and when soiled or wet.
2. Mats must be stored so there is no contact with the sleep surface of another mat or cleaned and disinfected after each use.
3. Sleep equipment and bedding must be cleaned and sanitized before being assigned to another child.
F. Children over age one must be provided with top and bottom covers.
1. Sheets and blankets or other bedding must be cleaned at least weekly and when soiled or wet.
2. Bedding must be stored so there is no contact with another child's

bedding.
G. A licensee shall ensure sleep equipment is placed at least 1½ feet apart while in use.
H. The rest area must provide enough light to allow the children to be seen.
I. A licensee shall follow Safe Sleep Practices for Infants.
Safe Sleep Practices Include the Following:
• 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.
o The use of soft surfaces, such as soft mattresses, pillows, sofas, and waterbeds, are prohibited as infant sleep surfaces.
o 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.
Safe Sleep Practices Include the Following:
• Cribs, pack-and-plays, and playpens must have top rails at least 20 inches above the mattresses.
o The mattress must be set at its lowest position.
o 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.
o Infants may use pacifiers in a crib.
o Toys or objects attached to cribs, pack-and-plays, or playpens are prohibited.
• Swaddling of infants requires written parent or 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.
o 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.
o The health care provider must document the new sleep position or the device and how to use it.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 7A, 15D & 35**

7. Procedures for Initial Licensure
A. An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:

1. Attend OCCL's information session and orientation to learn the application process and regulations;
2. Submit a completed Family Child Care Home Initial License Application (see Appendix I) or a Large Family Child Care Home Initial License Application (see Appendix II), as applicable, which includes:
Required Application Information:
• Applicant's name, address, email, and phone numbers;
• Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member;
• Previous licensure information, if applicable;
• Program information (including ages of children to be served);
• Household members; and
• Certifications that include:
o Agreement to comply with federal and State laws and regulations including, but not limited to, the Americans with Disabilities Act and Delaware Equal Accommodations Law;
o Statement that information supplied is true and correct; and
o Acknowledgment that OCCL is required to make a thorough investigation of the applicant.
3. Submit the following items to OCCL:
Items to be Submitted:
• Proof of compliance with zoning codes, and, if applicable, other codes, regulations, guidelines, or laws, such as those from Division of Revenue, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking Water for well water;
Items to be Submitted:
• Documentation that the home is free of lead-based paint hazards. Homes constructed in or after 1978 are exempt from lead-paint risk assessments and testing;
o If the home were constructed before 1978, an applicant or licensee shall provide a lead-paint risk assessment performed by an environmental testing firm certified by DPH showing the home to be free of lead-paint hazards.
o If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is not regarded as a hazard if it is intact or not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
• If lead-paint hazards are identified in the risk assessment, the applicant or

licensee
shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
o Once the repairs are made, a lead-dust clearance inspection must be performed by
an environmental testing firm certified by DPH to confirm the home is free of lead-based paint hazards.
o An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards.
o Children may not be present during repairs and the home must stay closed until the
results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.
• If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair in a pre-1978 child-occupied facility;
o Records of any renovation or repair work must be forwarded to OCCL within five business days.
o Children may not be present during repairs or renovation until a lead dust clearance
test is obtained and the lead-safe contractor states it is safe for the home to be open.
• Evidence showing each room used for child care to be free of radon hazards using
the Environmental Protection Agency's guidelines;
o Testing may be performed by the property owner or an inspector certified by the
American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
o If testing indicates a radon level over 4.0 pCi/L, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate
a level less than 4.0 pCi/L.
• Electrical inspection of the home conducted by a State fire marshal recognized electrical inspection agency;
Items to be Submitted:
• Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care. Applicants for large family homes are exempt from this requirement if not serving as a staff member;
• The names, addresses, phone numbers, and email addresses for three references
who are familiar with, but not related to, the applicant and can describe the applicant's interactions with children;
• Release of employment form that allows OCCL to collect service letters as per 19 Del.C. §708. The form will list the applicant's current or most recent employer and

all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;
• Comprehensive background checks for the applicant, adult household members, substitutes, staff members, and adult volunteers including State and federal fingerprint checks.
o In addition to the Delaware fingerprinting, applicants, adult household members,
substitutes, staff members, and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
o Applicants, adult household members, substitutes, staff members, and adult volunteers who have resided outside of Delaware in the last five years must contact
each state of residence, and request a criminal history search and a child abuse and
neglect search.
o After the out-of-state searches are completed, the applicant must submit the results
immediately to CHU.
o The person may not be alone with children until CHU notifies the licensee of the person's eligibility after completing the comprehensive background check.
o When OCCL has a reason to believe the health, safety, or welfare of a child in care
may be at risk, OCCL may request parent or guardian permission for a comprehensive background check on a child household member and other medical,
psychological, counseling, school, and probation records. OCCL may obtain information from the Department of Services for Children, Youth and Their Families;
• Documentation of any case where the applicant gave up or lost custody of a child,
if applicable;
• Health appraisals for the applicant, all adult household members, and the substitute completed within one year before the application date that includes a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or others. The TB test or medical professional risk assessment must be completed within one year before the application date. This appraisal must confirm the person's health and document medical or physical conditions that pose a direct threat to the
health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;
• Health appraisals for child household members;
• State business license or verification of tax-exempt status;
• Sample two-week menu, if providing meals or snacks (if using a catering service, a

copy of the caterer's food establishment permit); and
Items to be Submitted:
• Documentation of completion of pre-service training in the following topics, if the
applicant will work with children:
o Six hours of quality-assured child development;
o Three hours of quality-assured positive behavior supports or social-emotional development;
o Prevention and control of infectious diseases, including immunization;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Prevention and control of communicable diseases including immunization;
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Building and physical grounds safety;
 Emergency preparedness and response planning;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect
law, and reporting requirements (certificate required);
• Landlord approval, if renting;
• Emergency plan; and
• Large family applicants shall complete the additional requirements for large family homes as listed in Sections 60 through 70.

15D. A licensee shall document on the form provided by OCCL that substitutes used
for non-emergency situations receive training in the following topics before working with children:
Training Requirements for Non-Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home;
• Emergency preparedness and disaster and evacuation plans;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Prevention and control of communicable diseases, including immunization;
 Building and physical grounds safety;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;

 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements (certificate required);
• CPR and first aid certifications; and
• Administration of medication.

35. Sleeping Accommodations and Safe Sleep Environments
A. A licensee shall ensure the program includes times for rest or sleep appropriate to each child's individual physical needs.
1. A quiet activity must be provided for children who have rested for 30 minutes and do not seem to need or want more rest.
2. Preschool children not needing to rest or sleep must have at least 30 minutes of quiet play daily.
B. Rest or sleep equipment must meet the safety standards required by CPSC or other recognized authority approved by OCCL and kept in a safe condition.
C. A licensee shall ensure each child, except children who do not sleep at the home, has clean, safe, age-appropriate sleep equipment. This may be a crib, playpen, pack-and-play (without ripped mesh), cot, bed, or mat.
1. Each child under 18 months old who does not walk must sleep in a crib, playpen, or pack-and-play.
2. A child between 12 and 18 months old who walks may sleep on a cot, mat, or bed with written parent or guardian permission.
3. Preschool-age and school-age children who do not nap at the home do not need sleep equipment.
D. A licensee shall ensure a child's rest equipment is labeled with the child's name or assigned chart number unless cleaned and disinfected after each use.
1. A licensee shall document chart numbers and assignments and keep them current.
2. Children must use only their assigned equipment while enrolled in the home.
E. Mattresses and sleep equipment must be non-absorbent and cleanable.
1. Cots, mats, and crib mattresses must be cleaned with soap and water and then sanitized weekly and when soiled or wet.
2. Mats must be stored so there is no contact with the sleep surface of another mat or cleaned and disinfected after each use.
3. Sleep equipment and bedding must be cleaned and sanitized before being assigned to another child.
F. Children over age one must be provided with top and bottom covers.
1. Sheets and blankets or other bedding must be cleaned at least weekly and when soiled or wet.
2. Bedding must be stored so there is no contact with another child’s bedding.
G. A licensee shall ensure sleep equipment is placed at least 1½ feet apart while in use.
H. The rest area must provide enough light to allow the children to be seen.
I. A licensee shall follow Safe Sleep Practices for Infants.
Safe Sleep Practices Include the Following:

• A licensee shall ensure cribs meet the current standards of CPSC or other safety authority recognized by OCCL.
• Infants must sleep only in cribs, pack-and-plays, and playpens.
o The use of soft surfaces, such as soft mattresses, pillows, sofas, and waterbeds, are prohibited as infant sleep surfaces.
o 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 must not be stacked while in use.
• Cribs must not have gaps larger than 2 3/8 inches between the slats.
• Cribs, pack-and-plays, and playpens must have top rails at least 20 inches above the mattresses.
o The mattress must be set at its lowest position.
o 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), and other items are prohibited in a crib, pack-and-play, and playpen.
o Infants may use pacifiers in a crib.
o Toys or objects attached to cribs, pack-and-plays, or playpens are prohibited.
• Swaddling of infants requires written parent or 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.
o 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.
o The health care provider must document the new sleep position or the device and how to use it.
J. The licensee may allow a maximum of two children in care under age two to sleep in other areas with written parent permission and documented sleep checks every 15 minutes.
1. The other area must be on the same level of the home where care is provided.
2. If the area or room has a door, it must remain open when a child is using the area.
K. The licensee may allow children over age two to sleep alone in other areas as long as the area is on the same level of the home where care is provided. If the area or room has a door, it must remain open when a child is using the area.
L. Household children may sleep in their own bedroom as long as it is on the same level of the home where care is provided.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to**

**the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Not applicable to this age group.**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 32 & 63**

**32. Orientation**
**A. A licensee shall document that all staff members, all substitutes, and volunteers working at least five days or 40 hours a year receive training in the following topics before working with children:**
**Orientation Requirements:**
**• DELACARE Regulations (related to job duties);**
**• Personnel and administrative policies;**
**• Release of children including procedures for situations listed in Section 23;**
**• Positive behavior supports;**
**• Child accident and injury procedures;**
**• Administration of medication certification, within two months of hire, if administering medication to children;**
**• Child care goals and program for children;**
**• Recordkeeping, including documenting children and their own attendance;**
**• Family involvement;**
**• Food and nutrition services, including proper handling, storage, preparation, and feeding of breast milk and formula, if applicable;**
**• Safety and sanitation procedures;**
**• Physical activity;**
**• Screen time as described in subsection 76.D;**

• Photographing or videotaping children;
• Transporting children, if applicable;
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, reporting requirements; and
• Information on federal and State laws or regulations applicable to children and families in care, including non-discrimination.
B. The orientation must include the opportunity for staff members to ask questions
and receive clarification on their job functions, licensing regulations, and center policies. When information is revised, a licensee shall ensure staff members are informed of the changes.
C. A licensee shall ensure all staff members, all substitutes, and volunteers working
at least five days or 40 hours a year complete OCCL's approved Health and Safety Training for Child Care Professionals before working with children. This training provides professional development training hours and includes the following topics:
Health and Safety Training Topics:
• Emergency preparedness and response planning, disaster and evacuation plans and procedures
• Safe sleep practices, including prevention of sudden infant death syndrome;
• Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
Health and Safety Training Topics:
• Routine and emergency health care including health exclusions, prevention, and recognition of the symptoms of childhood illnesses, including reportable communicable diseases and immunizations;
• Prevention of and response to emergencies due to food and allergic reactions;
• Building and physical premises safety;
• Handling and storage of hazardous materials and proper disposal of bio-contaminants;
• Safety measures in transporting children, and
• Administration of medication.

63. Administration of Medication
A. A licensee shall ensure a trained staff member, who has received a valid administration of medication certificate from OCCL, is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips and routine program outings to administer medication when needed. The administration of medication certificate must be on file at the center for each certified staff member.
1. OCCL only allows staff members who are at least 18 years old to be certified to give medication to children. This certification includes passing OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix V. Health care providers, nurses, or other qualified medical health personnel are

permitted to administer medication to children in a center.
2. Written permission from the child's parent or guardian for each medication to be administered is required.
3. Unused medication must be returned to the parent or guardian when no longer needed by the child.
4. A licensee has discretion to designate which staff members shall administer medication.
B. A licensee shall ensure that the parent or guardian of a child provides the following information for each medication given:
Information Required for Administering Medication:
• 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.
C. A licensee shall ensure all prescription medication is given as prescribed.
Prescription medication must be:
Prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;
• Given only to the child who has been prescribed the medication, verified by the child’s name on the container; and
• Given to the child according to the dosage and administration instructions on the medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child’s health care provider.
D. A licensee shall ensure the following requirements are followed when non-prescribed medication is given:
Non-prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;
• Current and has not expired;
• Labeled with the child's name; and
• Given as written on the container's instructions, or as otherwise instructed in writing by the child’s health care provider.
E. A licensee shall keep a written record of medication administered to children

recorded on the Medication Administration Record (MAR) including each medication dosage, time administered, by whom administered, adverse effects observed, and medication errors.
1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication at the correct time or at all, giving medication to the wrong child, giving the medication by the wrong route, or giving medication without documenting the administration.
2. Adverse effects or errors in administering must be immediately reported to the parent or guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in subsection 14.D.
4. Documentation of administration of medication must be placed in the child's file or in a central administration of medication log and kept while the child is enrolled in the center.
F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 63.B, the parent or guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:
1. Written parent or guardian permission for the center to provide the requested medical care; and
2. A written statement from the child's health care provider stating:
a. The specific medication by injection needed by the child;
b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the center;
c. That the requested medication by injection may be appropriately administered at the center by non-medical child care staff; and
d. Whether any additional training is necessary for non-medical staff members to administer the medication or medical care appropriately. If additional training is required, the health care provider shall provide instructions including information about: the type of training, who may provide such training (which may include the child's parent or guardian), and any other instructions needed to provide the requested medication by injection.
1) If additional training is required, the licensee shall identify staff members who are certified to administer medication and have them complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable time based on the availability of such training.
2) The licensee shall keep documentation of this training with the child's MAR and inform the parent or guardian in writing which staff members are authorized and trained to perform the requested medication by injection. This information must be updated as needed.
3) The licensee shall ensure that at least one staff member, who is trained as required by 63.F.2.d.1, to provide the requested

medical care, is present at the center at all times while the child is present.
e. A licensee shall ensure this information is reviewed with the child's parent or guardian and health care provider yearly, and as needed. Reviews and changes must be written, dated, agreed upon by all parties, and kept with the MAR.
f. A school-age child may self-administer medical care, as described in Section 63 with written parent or guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.
G. The administration of medication may be required under State and federal laws including but not limited to the Americans with Disabilities Act and the Delaware Equal Accommodations Law. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with subsection 12.E, due to licensee's failure to comply with subsection 15.B.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 7A, 15D, & 42**

7. Procedures for Initial Licensure
A. An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:
1. Attend OCCL's information session and orientation to learn the application process and regulations;
2. Submit a completed Family Child Care Home Initial License Application (see Appendix I) or a Large Family Child Care Home Initial License Application (see Appendix II), as applicable, which includes:
Required Application Information:
• Applicant's name, address, email, and phone numbers;
• Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member;
• Previous licensure information, if applicable;
• Program information (including ages of children to be served);
• Household members; and
• Certifications that include:
o Agreement to comply with federal and State laws and regulations including, but not limited to, the Americans with Disabilities Act and Delaware Equal

Accommodations
Law;
o Statement that information supplied is true and correct; and
o Acknowledgment that OCCL is required to make a thorough investigation of the applicant.
3. Submit the following items to OCCL:
Items to be Submitted:
• Proof of compliance with zoning codes, and, if applicable, other codes, regulations,
guidelines, or laws, such as those from Division of Revenue, Department of Natural
Resources and Environmental Control for septic systems, and Office of Drinking Water for
well water;
Items to be Submitted:
• Documentation that the home is free of lead-based paint hazards. Homes constructed in or after 1978 are exempt from lead-paint risk assessments and testing;
o If the home were constructed before 1978, an applicant or licensee shall provide a
lead-paint risk assessment performed by an environmental testing firm certified by
DPH showing the home to be free of lead-paint hazards.
o If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee
shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is
not regarded as a hazard if it is intact or not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
• If lead-paint hazards are identified in the risk assessment, the applicant or licensee
shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
o Once the repairs are made, a lead-dust clearance inspection must be performed by
an environmental testing firm certified by DPH to confirm the home is free of lead-based paint hazards.
o An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards.
o Children may not be present during repairs and the home must stay closed until the
results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.
• If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a

contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair in a pre-1978 child-occupied facility;
o Records of any renovation or repair work must be forwarded to OCCL within five business days.
o Children may not be present during repairs or renovation until a lead dust clearance
test is obtained and the lead-safe contractor states it is safe for the home to be open.
• Evidence showing each room used for child care to be free of radon hazards using
the Environmental Protection Agency's guidelines;
o Testing may be performed by the property owner or an inspector certified by the
American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
o If testing indicates a radon level over 4.0 pCi/L, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate
a level less than 4.0 pCi/L.
• Electrical inspection of the home conducted by a State fire marshal recognized electrical inspection agency;
Items to be Submitted:
• Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care. Applicants for large family homes are exempt from this requirement if not serving as a staff member;
• The names, addresses, phone numbers, and email addresses for three references
who are familiar with, but not related to, the applicant and can describe the applicant's interactions with children;
• Release of employment form that allows OCCL to collect service letters as per 19 Del.C. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;
• Comprehensive background checks for the applicant, adult household members, substitutes, staff members, and adult volunteers including State and federal fingerprint checks.
o In addition to the Delaware fingerprinting, applicants, adult household members,
substitutes, staff members, and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
o Applicants, adult household members, substitutes, staff members, and adult volunteers who have resided outside of Delaware in the last five years must contact
each state of residence, and request a criminal history search and a child abuse and

neglect search.
o After the out-of-state searches are completed, the applicant must submit the results
immediately to CHU.
o The person may not be alone with children until CHU notifies the licensee of the person's eligibility after completing the comprehensive background check.
o When OCCL has a reason to believe the health, safety, or welfare of a child in care
may be at risk, OCCL may request parent or guardian permission for a comprehensive background check on a child household member and other medical,
psychological, counseling, school, and probation records. OCCL may obtain information from the Department of Services for Children, Youth and Their Families;
• Documentation of any case where the applicant gave up or lost custody of a child,
if applicable;
• Health appraisals for the applicant, all adult household members, and the substitute completed within one year before the application date that includes a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or others. The TB test or medical professional risk assessment must be completed within one year before the application date. This appraisal must confirm the person's health and document medical or physical conditions that pose a direct threat to the
health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;
• Health appraisals for child household members;
• State business license or verification of tax-exempt status;
• Sample two-week menu, if providing meals or snacks (if using a catering service, a
copy of the caterer's food establishment permit); and
Items to be Submitted:
• Documentation of completion of pre-service training in the following topics, if the
applicant will work with children:
o Six hours of quality-assured child development;
o Three hours of quality-assured positive behavior supports or social-emotional development;
o Prevention and control of infectious diseases, including immunization;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Prevention and control of communicable diseases including immunization;
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;

 Building and physical grounds safety;
 Emergency preparedness and response planning;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect
law, and reporting requirements (certificate required);
• Landlord approval, if renting;
• Emergency plan; and
• Large family applicants shall complete the additional requirements for large family homes as listed in Sections 60 through 70.

15D. A licensee shall document on the form provided by OCCL that substitutes used
for non-emergency situations receive training in the following topics before working with children:
Training Requirements for Non-Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home;
• Emergency preparedness and disaster and evacuation plans;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Prevention and control of communicable diseases, including immunization;
 Building and physical grounds safety;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements (certificate required);
• CPR and first aid certifications; and
• Administration of medication.

42. Administration of Medication
A. A licensee shall ensure a trained staff member, who has received a valid administration of medication certificate from OCCL is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips and routine program outings to administer medication when needed. The administration of medication certificate must be on file at the home for each certified staff member.
1. OCCL only allows staff members who are at least 18 years old to be

certified to give medication to children. This certification includes passing OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix IX.
Health care providers, nurses, or other qualified medical health personnel may also give medication to children.
2. The licensee has discretion to designate which staff members shall administer medication.
3. Written parent or guardian permission for each needed medication is required.
4. A licensee shall return medication to the parent or guardian when it is no longer needed.
B. A licensee shall ensure the parent or guardian provides the following information for each medication given:
Information Required for Administering Medication:
• 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;
Information Required for Administering Medication:
• Medication expiration date;
• End date (when to stop giving);
• Reason for medication; and
• Special directions.
C. A licensee shall ensure all prescription medication is given as prescribed.
Prescription Medication must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;
• Given only to the child who has been prescribed the medication, verified by the child’s name on the container; and
• Given to the child according to the dosage and administration instructions on the
medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child’s health care provider.
D. A licensee shall ensure the following requirements are followed when non prescribed medication is given.
Non-Prescription Medication must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;

• Current and has not expired;
• Labeled with the child's name; and
• Given as written on the container's instructions, or as otherwise instructed in writing by the child's health care provider.
E. A licensee shall keep a written record of medication given to children on the Medication Administration Record (MAR) including each medication dosage, time given, who gave it, unwanted effects observed, and medication errors.
1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication at the correct time or at all, giving medication to the wrong child, giving the medication by the wrong route, or giving medication without documenting the administration.
2. Unwanted effects or errors in administering must be immediately reported to the parent or guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in Section 16.
4. A licensee shall keep the MAR in the child's file.
F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 42.B, the parent or guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:
1. Written parent or guardian permission for the home to provide the requested medical care; and
2. A written statement from the child's health care provider stating:
a. The specific medication by injection needed by the child;
b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the home;
c. That the requested medication by injection may be appropriately administered at the home by non-medical child care staff; and
d. Whether any additional training is necessary for non-medical staff to administer the medication by injection appropriately. If additional training is required, the health care provider shall provide instructions including information about the type of training, who may provide such training (which may include the child's parent or guardian), and any other instructions needed to provide the requested medication by injection.
1) If additional training is required, the staff members who are certified to administer medication shall complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable period of time based on the availability of such training.
2) The licensee shall keep documentation of this training with the child's MAR and inform the parent or guardian in writing who is authorized and trained to perform the requested medication by injection. This information must be updated as needed.
3) The licensee shall ensure that at least one staff member

who is trained as required by subsection 42.F.2.d.1) to
provide the requested medication by injection, is present at
the home at all times while the child is present.
e. A licensee shall ensure the requirements of subsection 42.F.2 are
reviewed with the child's parent or guardian and health care
provider yearly, and as needed. Reviews and changes must be
written, dated, agreed upon by all parties, and kept with the MAR.
G. A school-age child may self-administer medical care, as described in
subsections 42.B through 42.F, with written parent or guardian permission and
written health care provider permission. These permissions must indicate the
child is able to safely self-administer the prescribed medical care, identify and
select the correct medicine and dosage, if applicable, and administer the
medical care at the correct time and frequency. The licensee shall keep
documentation of these permissions with the child's MAR. A staff member with
a current administration of medication certificate shall be present during the
self-administration and document all information required on the MAR, including
that the medication was self-administered by the child.
H. The administration of medication may be required under State and federal
laws,
including but not limited to the Americans with Disabilities Act and the Delaware
Equal Accommodations Law. If an agency, administrative body, court, or other
entity responsible for enforcing Federal, State, and local laws and regulations
makes a finding that the refusal of a licensee to administer medication is a
violation of the law, OCCL shall take appropriate enforcement action consistent
with subsection 11.E, due to licensee's failure to comply with subsection 7.A.2.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only..**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 38**

**38. Administration of Medication**
**A. A licensee shall ensure a trained staff member, who has received a valid**

administration of medication certificate from OCCL, is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips to administer medication when needed. The administration of medication certificate must be on file at the camp for each certified staff member.
1. OCCL only allows staff members who are at least 18 years old to be certified to give medication to children. This certification includes passing OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix VI. Health care providers, nurses, or other qualified medical health personnel are permitted to administer medication to children in a camp without this certification.
2. Written permission from the child's parent/guardian for each medication to be administered is required.
3. Unused medication must be returned to the parent/guardian when no longer needed by the child.
4. A licensee has discretion to designate which staff members shall administer medication.
B. A licensee shall ensure that the parent/guardian of a child provides the following
information for each medication given:
Information Required for Administering Medication:
• 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.
C. A licensee shall ensure all prescription medication is given as prescribed.
Prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;
• Given only to the child who has been prescribed the medication, verified by the child’s name on the container; and
• Given to the child according to the dosage and administration instructions on the medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child’s health care provider.
D. A licensee shall ensure non-prescription medication is given as written on the

container's instructions, or as otherwise instructed in writing by the child's health care provider.
Non-prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;
• Current and has not expired; and
• Labeled with the child's name.
E. A licensee shall keep a written record of medication administered to children recorded on the Medication Administration Record (MAR) including each medication dosage, time administered, by whom administered, adverse effects observed, and medication errors.
1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication, giving medication to the wrong child, giving the medication by the wrong route, or accidental spills of medication.
2. Adverse effects or errors in administering must be immediately reported to the parent/guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in subsection 11.A.
4. Documentation of administration of medication must be placed in the child's file or in a central administration of medication log and kept while the child is enrolled in the camp.
F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 38.B, the parent/guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:
1. Written parent/guardian permission for the camp to provide the requested medical care; and
2. A written statement from the child's health care provider stating:
a. The specific medication by injection needed by the child;
b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the camp;
c. That the requested medication by injection may be appropriately administered at the camp by non-medical child care staff; and
d. Whether any additional training is necessary for non-medical staff members to administer the medication or medical care appropriately. If additional training is required, the health care provider shall provide instructions including information about: the type of training, who may provide such training (which may include the child's parent/guardian), and any other instructions needed to provide the requested medication by injection.
1) If additional training is required, the licensee shall identify staff members who are certified to administer medication and have them complete the additional training specified by

the child's health care provider. Such training must be completed in a reasonable time based on the availability of such training.
2) The licensee shall keep documentation of this training with the child's MAR and inform the parent/guardian in writing which staff members are authorized and trained to perform the requested medication by injection. This information must be updated as needed.
3) The licensee shall ensure that at least one staff member, who is trained as required by 38.F.2.d.1 to provide the requested medical care, is present at the camp at all times while the child is present.
e. A school-age child may self-administer medical care as described in Section 38, with written parent/guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.
G. The administration of medication may be required under State and federal laws,
including but not limited to the Americans with Disabilities Act and the Delaware Equal Accommodations Law. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with Section 10, due to licensee's failure to comply with subsection 12.B.

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 63**

63. Administration of Medication
A. A licensee shall ensure a trained staff member, who has received a valid administration of medication certificate from OCCL, is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips and routine program outings to administer medication when needed. The administration of medication certificate must be on file at the center for each certified staff member.
1. OCCL only allows staff members who are at least 18 years old to be certified to give medication to children. This certification includes passing

OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix V. Health care providers, nurses, or other qualified medical health personnel are permitted to administer medication to children in a center.
2. Written permission from the child's parent or guardian for each medication to be administered is required.
3. Unused medication must be returned to the parent or guardian when no longer needed by the child.
4. A licensee has discretion to designate which staff members shall administer medication.
B. A licensee shall ensure that the parent or guardian of a child provides the following information for each medication given:
Information Required for Administering Medication:
• 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.
C. A licensee shall ensure all prescription medication is given as prescribed.
Prescription medication must be:
Prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;
• Given only to the child who has been prescribed the medication, verified by the child’s name on the container; and
• Given to the child according to the dosage and administration instructions on the medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child’s health care provider.
D. A licensee shall ensure the following requirements are followed when non-prescribed medication is given:
Non-prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;
• Current and has not expired;
• Labeled with the child's name; and

• Given as written on the container's instructions, or as otherwise instructed in writing by the child's health care provider.
E. A licensee shall keep a written record of medication administered to children recorded on the Medication Administration Record (MAR) including each medication dosage, time administered, by whom administered, adverse effects observed, and medication errors.
1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication at the correct time or at all, giving medication to the wrong child, giving the medication by the wrong route, or giving medication without documenting the administration.
2. Adverse effects or errors in administering must be immediately reported to the parent or guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in subsection 14.D.
4. Documentation of administration of medication must be placed in the child's file or in a central administration of medication log and kept while the child is enrolled in the center.
F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 63.B, the parent or guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:
1. Written parent or guardian permission for the center to provide the requested medical care; and
2. A written statement from the child's health care provider stating:
a. The specific medication by injection needed by the child;
b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the center;
c. That the requested medication by injection may be appropriately administered at the center by non-medical child care staff; and
d. Whether any additional training is necessary for non-medical staff members to administer the medication or medical care appropriately. If additional training is required, the health care provider shall provide instructions including information about: the type of training, who may provide such training (which may include the child's parent or guardian), and any other instructions needed to provide the requested medication by injection.
1) If additional training is required, the licensee shall identify staff members who are certified to administer medication and have them complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable time based on the availability of such training.
2) The licensee shall keep documentation of this training with the child's MAR and inform the parent or guardian in writing which staff members are authorized and trained to perform the requested medication by injection. This information must

be updated as needed.
3) The licensee shall ensure that at least one staff member, who is trained as required by 63.F.2.d.1, to provide the requested medical care, is present at the center at all times while the child is present.
e. A licensee shall ensure this information is reviewed with the child's parent or guardian and health care provider yearly, and as needed. Reviews and changes must be written, dated, agreed upon by all parties, and kept with the MAR.
f. A school-age child may self-administer medical care, as described in Section 63 with written parent or guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.
G. The administration of medication may be required under State and federal laws including but not limited to the Americans with Disabilities Act and the Delaware Equal Accommodations Law. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with subsection 12.E, due to licensee's failure to comply with subsection 15.B.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 42**

42. Administration of Medication
A. A licensee shall ensure a trained staff member, who has received a valid administration of medication certificate from OCCL is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips and routine program outings to administer medication when needed. The administration of medication certificate must be on file at the home for each certified staff member.
1. OCCL only allows staff members who are at least 18 years old to be certified to give medication to children. This certification includes passing OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix IX. Health care providers, nurses, or other qualified medical health personnel may also give medication to children.
2. The licensee has discretion to designate which staff members shall administer medication.

3. Written parent or guardian permission for each needed medication is required.
4. A licensee shall return medication to the parent or guardian when it is no longer needed.
B. A licensee shall ensure the parent or guardian provides the following information for each medication given:
Information Required for Administering Medication:
• 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;
Information Required for Administering Medication:
• Medication expiration date;
• End date (when to stop giving);
• Reason for medication; and
• Special directions.
C. A licensee shall ensure all prescription medication is given as prescribed.
Prescription Medication must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;
• Given only to the child who has been prescribed the medication, verified by the child's name on the container; and
• Given to the child according to the dosage and administration instructions on the
medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child's health care provider.
D. A licensee shall ensure the following requirements are followed when non prescribed medication is given.
Non-Prescription Medication must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;
• Current and has not expired;
• Labeled with the child's name; and
• Given as written on the container's instructions, or as otherwise instructed in writing by the child's health care provider.
E. A licensee shall keep a written record of medication given to children on the Medication Administration Record (MAR) including each medication dosage, time given, who gave it, unwanted effects observed, and medication errors.

1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication at the correct time or at all, giving medication to the wrong child, giving the medication by the wrong route, or giving medication without documenting the administration.
2. Unwanted effects or errors in administering must be immediately reported to the parent or guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in Section 16.
4. A licensee shall keep the MAR in the child's file.
F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 42.B, the parent or guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:
1. Written parent or guardian permission for the home to provide the requested medical care; and
2. A written statement from the child's health care provider stating:
a. The specific medication by injection needed by the child;
b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the home;
c. That the requested medication by injection may be appropriately administered at the home by non-medical child care staff; and
d. Whether any additional training is necessary for non-medical staff to administer the medication by injection appropriately. If additional training is required, the health care provider shall provide instructions including information about the type of training, who may provide such training (which may include the child's parent or guardian), and any other instructions needed to provide the requested medication by injection.
1) If additional training is required, the staff members who are certified to administer medication shall complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable period of time based on the availability of such training.
2) The licensee shall keep documentation of this training with the child's MAR and inform the parent or guardian in writing who is authorized and trained to perform the requested medication by injection. This information must be updated as needed.
3) The licensee shall ensure that at least one staff member who is trained as required by subsection 42.F.2.d.1) to provide the requested medication by injection, is present at the home at all times while the child is present.
e. A licensee shall ensure the requirements of subsection 42.F.2 are reviewed with the child's parent or guardian and health care provider yearly, and as needed. Reviews and changes must be written, dated, agreed upon by all parties, and kept with the MAR.

G. A school-age child may self-administer medical care, as described in subsections 42.B through 42.F, with written parent or guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.
H. The administration of medication may be required under State and federal laws,
including but not limited to the Americans with Disabilities Act and the Delaware Equal Accommodations Law. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with subsection 11.E, due to licensee's failure to comply with subsection 7.A.2.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]**Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only..**

Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 38**

38. Administration of Medication
A. A licensee shall ensure a trained staff member, who has received a valid administration of medication certificate from OCCL, is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips to administer medication when needed. The administration of medication certificate must be on file at the camp for each certified staff member.
1. OCCL only allows staff members who are at least 18 years old to be certified to give medication to children. This certification includes passing

OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix VI. Health care providers, nurses, or other qualified medical health personnel are permitted to administer medication to children in a camp without this certification.
2. Written permission from the child's parent/guardian for each medication to be administered is required.
3. Unused medication must be returned to the parent/guardian when no longer needed by the child.
4. A licensee has discretion to designate which staff members shall administer medication.
B. A licensee shall ensure that the parent/guardian of a child provides the following information for each medication given:
Information Required for Administering Medication:
• 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.
C. A licensee shall ensure all prescription medication is given as prescribed.
Prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;
• Given only to the child who has been prescribed the medication, verified by the child’s name on the container; and
• Given to the child according to the dosage and administration instructions on the medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child’s health care provider.
D. A licensee shall ensure non-prescription medication is given as written on the container's instructions, or as otherwise instructed in writing by the child’s health care provider.
Non-prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;
• Current and has not expired; and
• Labeled with the child's name.

E. A licensee shall keep a written record of medication administered to children recorded on the Medication Administration Record (MAR) including each medication dosage, time administered, by whom administered, adverse effects observed, and medication errors.
1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication, giving medication to the wrong child, giving the medication by the wrong route, or accidental spills of medication.
2. Adverse effects or errors in administering must be immediately reported to the parent/guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in subsection 11.A.
4. Documentation of administration of medication must be placed in the child's file or in a central administration of medication log and kept while the child is enrolled in the camp.
F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 38.B, the parent/guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:
1. Written parent/guardian permission for the camp to provide the requested medical care; and
2. A written statement from the child's health care provider stating:
a. The specific medication by injection needed by the child;
b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the camp;
c. That the requested medication by injection may be appropriately administered at the camp by non-medical child care staff; and
d. Whether any additional training is necessary for non-medical staff members to administer the medication or medical care appropriately. If additional training is required, the health care provider shall provide instructions including information about: the type of training, who may provide such training (which may include the child's parent/guardian), and any other instructions needed to provide the requested medication by injection.
1) If additional training is required, the licensee shall identify staff members who are certified to administer medication and have them complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable time based on the availability of such training.
2) The licensee shall keep documentation of this training with the child's MAR and inform the parent/guardian in writing which staff members are authorized and trained to perform the requested medication by injection. This information must be updated as needed.
3) The licensee shall ensure that at least one staff member, who

**is trained as required by 38.F.2.d.1 to provide the requested medical care, is present at the camp at all times while the child is present.**
**e. A school-age child may self-administer medical care as described in Section 38, with written parent/guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.**
**G. The administration of medication may be required under State and federal laws, including but not limited to the Americans with Disabilities Act and the Delaware Equal Accommodations Law. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with Section 10, due to licensee's failure to comply with subsection 12.B.**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 70, 71, & 72**

**70. Water**
**A licensee shall ensure drinking water is always available to children in their classrooms**
**and outdoors and supplied to them on their request or available for self-service as appropriate.**

**71. Meals and Snacks**
**A. A licensee shall ensure meals and snacks are served on the following schedule depending on the number of hours the child is present:**
**Number of Hours Meals and Snacks Required**
**2 hours - 4 hours 1 snack**
**4 hours - 6 hours 1 meal and 1 snack**
**7 hours  11 hours 2 meals and 1 snack or 2 snacks and 1 meal**
**based on time of child's arrival**
**12 hours or more 3 meals and 2 snacks**

B. A licensee shall ensure meals and snacks are provided by a center except when:
1. The parent or guardian chooses to provide the child's food and provides a signed statement stating this choice. The center must keep the statement on file;
2. The center does not provide meals or snacks and informs the parent or guardian at the time of enrollment that meals or snacks are to be provided by the parent or guardian. The center must inform the parent or guardian of the importance of sending nutritional meals or snacks; or
3. The center has a field trip or a specific activity requiring special meal arrangements.
C. A licensee shall encourage adults to eat healthy foods when eating with children.
D. A licensee shall ensure staff members responsible for food service have knowledge of nutrition, sanitary food preparation, storage, and cleaning, and follow the center's policy on food service.
E. A licensee shall ensure staff members' responsibilities for food service do not reduce staff-to-child ratios, interfere with the center's program, or lessen supervision of children.
F. A licensee shall ensure meals and snacks provided by the center:
1. Follow the meal pattern requirements (see Appendix VI and Appendix VII) which are appropriate to the child's age;
2. May include 100% unsweetened juice, not a juice drink or cocktail;
3. May include powdered milk used only for cooking and not instead of liquid milk for drinking; and
4. Are planned on a menu, dated, and posted in a noticeable place.
a. Menus listing food served must be kept for 30 days.
b. Changes to the food served on a particular date must be written on the menu on or before that date.
G. A licensee shall ensure that special, therapeutic diets are prepared and served by staff members only upon written instructions by a health care provider. A health care provider's written permission is required for a change in meal patterns.
H. A licensee shall ensure when a parent or guardian requests a change of meal patterns due to a family's food preferences or religious beliefs, the parent or guardian provides the center with a list of the foods that are unacceptable and the substitutions allowed.
I. Meal Components for Toddlers and Older Children
1. As described in Appendix VI, a licensee shall ensure a breakfast provided and served by a center has at least one age-appropriate serving-size item each from the milk, fruit and vegetable, and grain food groups.
2. As described in Appendix VI, a licensee shall ensure lunch or dinner provided and served by a center has one age-appropriate serving-size item from each of the milk, meat or meat alternate, and grain food groups and two items from the fruit and vegetable food group.
3. As described in Appendix VI, a licensee shall ensure that a snack provided and served by a center has at least one age-appropriate serving-size item from two of the food groups. If milk or 100% juice is not included with a snack provided and served by the center, water must be served

with that snack.
J. For foods prepared and served by the center, a licensee shall introduce a variety of food textures, finger foods, and a cup and utensils for self-feeding. If needed, a licensee shall ensure food is cut to prevent choking.
K. A licensee shall ensure each child has utensils, such as a fork, spoon, knife, dish, cup or bottle, as appropriate to the child's age. This equipment may not be shared with another child or adult during feeding.
L. All single-service dinnerware or utensils provided by the center for meals or snacks must be thrown away immediately after use.
M. Staff members shall encourage the use of a cup when a child is at least one year
old and is developmentally able to drink from or hold a cup.

72. Feeding of Infants
A. As described in Appendix VII, a licensee shall ensure a breakfast provided and served by a center has at least one age-appropriate serving-size item from each of the required food groups including breast milk or formula.
B. As described in Appendix VII, a licensee shall ensure lunch or dinner provided and served by a center has one age-appropriate serving-size item from each of the required food groups including breast milk or formula.
C. As described in Appendix VII, a licensee shall ensure that a snack provided and served by a center has at least one age-appropriate serving-size item from each of the required food groups including breast milk or formula, grain, and fruit and vegetable food groups.
D. A licensee shall ensure an infant is given foods and drinks on demand or according to the infant's eating habits using the following guidelines:
Infant Feeding Requirements:
• A parent or guardian provides a written feeding statement listing the foods and drinks, including specific formula or breast milk, an infant eats or drinks. This schedule must be updated monthly and as needed;
• Mixing prepared formula or breast milk in a bottle with anything else requires written permission from an infant's health care provider;
• A written record of each infant's food intake must be shared with the parent or guardian daily. Feeding problems must be discussed with the parent or guardian before the infant leaves that day;
• An infant must be held for bottle-feeding. When an infant is able to hold a bottle or does not want to be held while fed, the infant may be placed in a high chair or at a feeding table; and
• Introduction to all new foods and beverages must be made only with the parent's or guardian's permission.
E. Infants must be allowed to take breaks during feedings. Infants must be observed
for signs of fullness and must be allowed to stop a feeding when full unless documentation from an infant's health care provider requires the feeding to continue;
F. Parent or guardian permission is needed to feed formula to an infant receiving only breast milk;
G. A staff member shall hold only one infant at a time while bottle-feeding;

H. An infant must never be placed in sleeping or relaxing equipment with a bottle or
have a bottle propped for feeding;
I. Bottles and infant foods must be warmed for no more than five minutes under running warm tap water or by placing them in a container of water that is no warmer than 120°F. They may not be warmed or thawed in a microwave oven;
J. For infants age four months or older, semi-solid foods may be fed as requested by the parent or guardian and are required once an infant is eight months old unless the parent or guardian provides documentation from the infant's health care provider stating otherwise;
K. Foods for infants must be a texture and consistency that helps them eat safely. Puréed foods must be served from a dish unless serving the entire contents of the jar;
L. Cow's milk may not be served to infants;
M. Juice may not be fed to infants;
N. Bottles and nipples kept by center must be washed and sanitized before each use;
O. Each infant's bottle must be labeled with the infant's name and refrigerated immediately after preparation by center staff members or on arrival if prepared by
a parent or guardian;
P. Unused bottles must also be dated as to when prepared if not returned to the parent or guardian at the end of each day;
Q. Unused portions of formula must be thrown away after each feeding that exceeds
one hour;
R. Formula must be prepared from a factory-sealed container;
S. Refrigerated, unused, prepared formula must be thrown away after 48 hours; and
T. Breast milk must be fed only to the infant it was intended for.
1. Frozen breast milk must be thawed under running cold water or in the refrigerator and used within 24 hours.
2. Thawed, previously frozen breast milk may be kept at room temperature for one to two hours.
3. Breast milk must be used within two hours after a feeding has finished.
4. Expressed breast milk must be returned to the parent if it is in an unsanitary bottle, partially used, or if it has been unrefrigerated for more than four hours at room temperature or within two hours after a feeding has finished.
5. Refrigerated, unused, freshly expressed breast milk that was never frozen must be returned to the parent after four days.
6. Breast milk that was frozen and stored in a freezer at 0°F must be thrown away after six months.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 49, 50, & 51**

**49. Water**

A licensee shall ensure drinking water is always available to children indoors and outdoors and supplied to them on their request or available for self-service as appropriate.

50. Meals and Snacks
A. A licensee shall ensure meals and snacks are served on the following schedule depending on the number of hours the child is present:
Number of Hours: Meal or Snacks Required:
2 hours - 4 hours 1 snack
4 hours - 6 hours 1 meal and 1 snack
7 hours  11 hours 2 meals and 1 snack or
2 snacks and 1 meal based on time of child's arrival
12 hours or more 3 meals and 2 snacks
B. A licensee shall encourage adults to eat healthy foods when eating with children. A child shall be encouraged but not forced to eat.
C. A licensee shall ensure nutritious food is prepared and served to children. Children must be supervised during food preparation.
D. A licensee shall ensure meals and snacks provided by the child care home:
1. Follow the meal pattern requirements (see Appendix X and Appendix XI) appropriate to the child's age;
2. May include 100% unsweetened juice, not a juice drink or cocktail;
3. May include powdered milk used only for cooking and not instead of liquid milk for drinking; and
4. Are planned on a menu, dated, and posted in a noticeable place.
a. Menus listing foods served must be kept for 30 days.
b. Changes to the food served on a certain date must be written on the menu on or before that date.
E. A licensee shall ensure when a parent or guardian requests a change of meal patterns due to a medical need, such as food intolerance or allergies, the parent or guardian provides the home with written health care provider permission for the change.
F. A licensee shall ensure when a parent or guardian requests a change of meal patterns due to a family's food preferences or religious belief, the parent or guardian provides the home with a list of the foods to remove and the foods to substitute.
G. Meal Components for Toddlers and Older Children:
1. When foods are provided by the parent or guardian, a licensee shall ensure the foods are refrigerated as needed and not shared. There are no meal pattern requirements for foods provided by parents or guardians. A licensee shall have a plan for providing food to a child who has not brought foods to eat.
2. As described in Appendix X, a licensee shall ensure a breakfast provided and served by a home has at least one age-appropriate serving-size item each from the milk, fruit and vegetable, and grain food groups.
3. As described in Appendix X, a licensee shall ensure lunch or dinner provided and served by a home has one age-appropriate serving-size item from each of the milk, meat or meat alternate, and grain food

groups and two items from the fruit and vegetable food group.
4. As described in Appendix X, a licensee shall ensure that a snack provided and served by a home has at least one age-appropriate serving-size item from two of the food groups. If milk or 100% juice is not included with a snack provided and served by the home, water must be served with that snack.
H. For foods prepared and served by the home, a licensee shall introduce a variety of food textures, finger foods, and a cup and utensils for self-feeding. If needed, a licensee shall ensure food is cut to prevent choking.
I. A licensee shall ensure each child has individual utensils, such as a fork, spoon, knife, dish, cup or bottle, as appropriate to the child's age. This equipment may not be shared with another child or adult during feeding.
J. All single-service dinnerware or utensils provided by the home for meals or snacks must be thrown away immediately after use.
K. Staff members shall encourage the use of a cup when a child is at least one year old and is developmentally able to drink from or hold a cup.

51. Feeding of Infants
A. A licensee shall ensure an infant is given foods and drinks on demand or according to the infant's eating habits using the following guidelines:
Infant Feeding Requirements:
• A parent or guardian provides a written feeding statement listing the foods and drinks, including specific formula or breast milk, an infant eats or drinks. This schedule must be updated monthly and as needed;
• Mixing prepared formula or breast milk in a bottle with anything else requires written permission from an infant's health care provider;
• A written record of each infant's food intake must be shared with the parent or guardian daily. Feeding problems must be discussed with the parent or guardian before the infant leaves that day;
Infant Feeding Requirements:
• An infant must be held for bottle-feeding. When an infant is able to hold a bottle or does not want to be held while fed, the infant may be placed in a high chair or at a feeding table; and
• Introduction to all new foods and beverages must be made only with the parent's or guardian's permission.
B. Infants are allowed to take breaks during feedings. Infants must be observed for signs of fullness and must be allowed to stop a feeding when full unless documentation from an infant's health care provider requires the feeding to continue;
C. Parent or guardian permission is needed to feed formula to an infant receiving only breast milk;
D. A staff member shall hold only one infant at a time while bottle feeding;
E. An infant must never be placed in sleeping or relaxing equipment with a bottle or have a bottle propped for feeding;
F. Bottles and infant foods must be warmed for no more than five minutes under running warm tap water or by placing them in a container of water that is no warmer than 120° F. They must not be warmed or thawed in a microwave oven;
G. Semi-solid foods may be fed as requested by the parent or guardian once an

infant is
six months old and developmental ready unless the parent or guardian provides documentation from the infant's health care provider stating otherwise;
H. Foods for infants must be a texture and consistency that helps them eat safely. Puréed foods must be served from a dish unless serving the entire contents of the jar;
I. Cow's milk may not be served to infants;
J. Juice may not be fed to infants;
K. Bottles and nipples kept by the home must be washed and sanitized before each use;
L. All bottles of formula prepared from a powder must be labeled with the child's name,
and date and time of preparation;
1. All bottles of formula prepared from a powder, must be used within two hours of
preparation, unless refrigerated immediately after preparation or on arrival if prepared by a parent or guardian;
2. Refrigerated, unused, prepared powder formula must be thrown away after 24 hours;
M. All bottles of formula prepared from a concentrate or ready-to-feed formula must be labeled with the child's name, and date and time of opening or preparation;
1. All bottles of formula prepared from a concentrate or ready-to-feed formula must
be used within two hours of preparation, unless refrigerated immediately after preparation or on arrival if prepared by a parent or guardian;
2. Refrigerated, unused, prepared concentrate or ready-to-feed formula must be thrown away after 48 hours of opening the concentrate or ready-to-feed formula's
bottle or can;
N. Unused portions of any formula must be thrown away after each feeding that exceeds one hour;
O. Formula must be prepared from a factory-sealed container;
P. Prepared bottles of formula must be covered when stored in the refrigerator; and
Q. Breast milk must be fed only to the infant it was intended for.
1. Frozen breast milk must be thawed under running cold water or in the refrigerator and used within 24 hours.
2. Thawed, previously frozen breast milk may be kept at room temperature for one
to two hours.
3. Breast milk must be used within two hours after a feeding has finished.
4. Expressed breast milk must be returned to the parent if it is in an unsanitary bottle, partially used, or if it has been unrefrigerated for more than four hours, or if it is more than two hours after a feeding has ended at room temperature.
5. Refrigerated, unused, freshly expressed breast milk that was never frozen must be returned to the parent after 4 days.

6. Breast milk that was frozen and stored in a freezer at 0° F must be thrown away after six months.
R. As described in Appendix XI, a licensee shall ensure a breakfast provided and served by a home has at least one age-appropriate serving-size item from each of the required food groups including breast milk or formula.
S. As described in Appendix XI, a licensee shall ensure lunch or dinner provided and served by a home has one age-appropriate serving-size item from each of the required food groups including breast milk or formula.
T. As described in Appendix XI, a licensee shall ensure that a snack provided and served by a home has at least one age-appropriate serving-size item from each of the required food groups including the breast milk or formula, grain, and fruit and vegetable food groups.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 17 & 18**

17. Food Service Policy
A. A licensee shall have and follow a written policy concerning food service. This policy must be given to a parent/guardian at enrollment and when updated. This policy must include:
1. Approximate times of snacks and meals;
2. Procedures to address food allergies, religious dietary restrictions, and other dietary requests or restrictions for foods provided by the camp or parents/guardians; and
3. A description of whether the camp or parent/guardian will provide meals and snacks.
B. A licensee shall ensure when a parent/guardian provides meals and snacks, the food service policy includes:
1. Statements that meals or snacks may not be shared with others;
2. Statements that foods must be clean, safe, and comply with the camp's written policy concerning the types of foods provided by a parent/guardian;

3. Written procedures to be followed to prevent spoilage of foods brought from home; and
4. Procedures that the camp will follow to provide a meal or snack to a child who has not brought one or both.

18. Meals and Snacks
A. A licensee shall ensure meals and snacks are served on the following schedule depending on the number of hours the child is present:
Number of Hours: Meals/Snacks Required:
3 hours - 4 hours 1 snack
4 hours - 6 hours 1 meal and 1 snack
7 hours  11 hours 2 meals and 1 snack or 2 snacks and 1 meal
based on time of child's arrival
12 hours or more 3 meals and 2 snacks
B. A licensee shall provide meals and snacks except when:
1. The parent/guardian chooses to provide the child's food and provides a signed statement stating this choice.
2. The camp does not provide meals or snacks and informs the parent/guardian at the time of enrollment that the parent/guardian provides the meals or snacks.
3. The camp has a field trip or a specific activity requiring special meal arrangements.
C. A licensee shall ensure staff members responsible for food service have knowledge of nutrition, sanitary food preparation, storage, and cleaning, and follow the camp's policy on food service.
D. A licensee shall ensure meals and snacks provided by the camp:
1. Follow the meal pattern requirements (see Appendix III) which are appropriate to the child's age;
2. May include 100% unsweetened juice, not a juice drink or cocktail;
3. May include powdered milk used only for cooking and not instead of liquid milk for drinking; and
4. Are planned on a menu, dated, and posted in a noticeable place and kept for at least 10 business days.
E. A licensee shall ensure that staff members prepare and serve special, therapeutic diets only upon written instructions by a health care provider. A health care provider's written permission is required for a change in meal patterns.
F. A licensee shall ensure when a parent/guardian requests a change of meal patterns due to a family's food preferences or religious beliefs, the parent/guardian provides the camp with a list of the foods that are unacceptable and the substitutions allowed.
G. Meal Components
1. As described in Appendix III, a licensee shall ensure a breakfast provided and served by a camp has at least one age-appropriate serving-size item each from the milk, fruit and vegetable, and grain food groups.
2. As described in Appendix III, a licensee shall ensure lunch or dinner provided and served by a camp has one age-appropriate serving-size item from each of the milk, meat or meat alternate, and grain food groups and

two items from the fruit and vegetable food group.
3. As described in Appendix III, a licensee shall ensure that a snack provided and served by a camp has at least one age-appropriate serving-size item from two of the food groups. If milk or 100% juice is not included with a snack provided and served by the camp, water must be served with that snack.
H. A licensee shall ensure each child has utensils, such as a fork, spoon, knife, or dish. This equipment may not be shared with another child or adult during feeding.
I. All single-service dinnerware or utensils provided by the camp for meals or snacks
must be thrown away immediately after use.

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 63**

63. Administration of Medication
A. A licensee shall ensure a trained staff member, who has received a valid administration of medication certificate from OCCL, is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips and routine program outings to administer medication when needed. The administration of medication certificate must be on file at the center for each certified staff member.
1. OCCL only allows staff members who are at least 18 years old to be certified to give medication to children. This certification includes passing OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix V. Health care providers, nurses, or other qualified medical health personnel are permitted to administer medication to children in a center.
2. Written permission from the child's parent or guardian for each medication to be administered is required.
3. Unused medication must be returned to the parent or guardian when no longer needed by the child.
4. A licensee has discretion to designate which staff members shall administer medication.
B. A licensee shall ensure that the parent or guardian of a child provides the following information for each medication given:
Information Required for Administering Medication:
• 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.
C. A licensee shall ensure all prescription medication is given as prescribed. Prescription medication must be:
Prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;
• Given only to the child who has been prescribed the medication, verified by the child's name on the container; and
• Given to the child according to the dosage and administration instructions on the medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child's health care provider.
D. A licensee shall ensure the following requirements are followed when non-prescribed medication is given:
Non-prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;
• Current and has not expired;
• Labeled with the child's name; and
• Given as written on the container's instructions, or as otherwise instructed in writing by the child's health care provider.
E. A licensee shall keep a written record of medication administered to children recorded on the Medication Administration Record (MAR) including each medication dosage, time administered, by whom administered, adverse effects observed, and medication errors.
1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication at the correct time or at all, giving medication to the wrong child, giving the medication by the wrong route, or giving medication without documenting the administration.
2. Adverse effects or errors in administering must be immediately reported to the parent or guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in subsection 14.D.
4. Documentation of administration of medication must be placed in the child's file or in a central administration of medication log and kept while the child is enrolled in the center.
F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-

intravenous injection. In addition to the requirements in subsection 63.B, the parent or guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:
1. Written parent or guardian permission for the center to provide the requested medical care; and
2. A written statement from the child's health care provider stating:
a. The specific medication by injection needed by the child;
b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the center;
c. That the requested medication by injection may be appropriately administered at the center by non-medical child care staff; and
d. Whether any additional training is necessary for non-medical staff members to administer the medication or medical care appropriately. If additional training is required, the health care provider shall provide instructions including information about: the type of training, who may provide such training (which may include the child's parent or guardian), and any other instructions needed to provide the requested medication by injection.
1) If additional training is required, the licensee shall identify staff members who are certified to administer medication and have them complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable time based on the availability of such training.
2) The licensee shall keep documentation of this training with the child's MAR and inform the parent or guardian in writing which staff members are authorized and trained to perform the requested medication by injection. This information must be updated as needed.
3) The licensee shall ensure that at least one staff member, who is trained as required by 63.F.2.d.1, to provide the requested medical care, is present at the center at all times while the child is present.
e. A licensee shall ensure this information is reviewed with the child's parent or guardian and health care provider yearly, and as needed. Reviews and changes must be written, dated, agreed upon by all parties, and kept with the MAR.
f. A school-age child may self-administer medical care, as described in Section 63 with written parent or guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the

child.
G. The administration of medication may be required under State and federal laws including but not limited to the Americans with Disabilities Act and the Delaware Equal Accommodations Law. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with subsection 12.E, due to licensee's failure to comply with subsection 15.B.

Reg 21. Food Service Policy
A. A licensee shall have and follow a written policy concerning food service. This policy must be given to a parent or guardian at enrollment and when updated. This policy must include:
1. A statement that children are encouraged but not forced to eat;
2. Approximate times of snacks and meals;
3. Procedures to address food allergies (for foods provided by the center or parents or guardians); and
4. A description of which food services will be provided by the licensee or by a parent or guardian.
B. A licensee shall ensure when meals or snacks are provided by the center the food service policy includes:
1. Procedures to address religious dietary requirements and other dietary requests or restrictions; and
2. A policy on whether additional servings of foods will be served to a child who has been fed and is still hungry.
C. A licensee shall ensure when meals and snacks are provided by a parent or guardian the food service policy includes:
1. Statements that meals or snacks may not be shared with others;
2. Statements that foods must be clean and safe and comply with the center's written policy concerning the content of foods provided by a parent or guardian;
3. Written procedures to be followed to prevent spoilage of foods brought from home; and
4. Procedures that the center will follow to provide a meal or snack to a child who has not brought one or both.

Reg 30 requires staff to complete Health & Safety training (Prevention of and response to emergencies due to food and allergic reactions)

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 42**

42. Administration of Medication
A. A licensee shall ensure a trained staff member, who has received a valid administration of medication certificate from OCCL is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips and routine program outings to administer medication when needed. The administration of

medication certificate must be on file at the home for each certified staff member.
1. OCCL only allows staff members who are at least 18 years old to be certified to give medication to children. This certification includes passing OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix IX.
Health care providers, nurses, or other qualified medical health personnel may also give medication to children.
2. The licensee has discretion to designate which staff members shall administer medication.
3. Written parent or guardian permission for each needed medication is required.
4. A licensee shall return medication to the parent or guardian when it is no longer needed.
B. A licensee shall ensure the parent or guardian provides the following information for each medication given:
Information Required for Administering Medication:
• 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;
Information Required for Administering Medication:
• Medication expiration date;
• End date (when to stop giving);
• Reason for medication; and
• Special directions.
C. A licensee shall ensure all prescription medication is given as prescribed.
Prescription Medication must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;
• Given only to the child who has been prescribed the medication, verified by the child’s name on the container; and
• Given to the child according to the dosage and administration instructions on the
medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child’s health care provider.
D. A licensee shall ensure the following requirements are followed when non-prescribed medication is given.
Non-Prescription Medication must be:
• Stored securely and out of children's reach;

• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;
• Current and has not expired;
• Labeled with the child's name; and
• Given as written on the container's instructions, or as otherwise instructed in writing by the child's health care provider.
E. A licensee shall keep a written record of medication given to children on the Medication Administration Record (MAR) including each medication dosage, time given, who gave it, unwanted effects observed, and medication errors.
1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication at the correct time or at all, giving medication to the wrong child, giving the medication by the wrong route, or giving medication without documenting the administration.
2. Unwanted effects or errors in administering must be immediately reported to the parent or guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in Section 16.
4. A licensee shall keep the MAR in the child's file.
F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 42.B, the parent or guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:
1. Written parent or guardian permission for the home to provide the requested medical care; and
2. A written statement from the child's health care provider stating:
a. The specific medication by injection needed by the child;
b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the home;
c. That the requested medication by injection may be appropriately administered at the home by non-medical child care staff; and
d. Whether any additional training is necessary for non-medical staff to administer the medication by injection appropriately. If additional training is required, the health care provider shall provide instructions including information about the type of training, who may provide such training (which may include the child's parent or guardian), and any other instructions needed to provide the requested medication by injection.
1) If additional training is required, the staff members who are certified to administer medication shall complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable period of time based on the availability of such training.
2) The licensee shall keep documentation of this training with the child's MAR and inform the parent or guardian in writing who is authorized and trained to perform the requested

medication by injection. This information must be updated as needed.
3) The licensee shall ensure that at least one staff member who is trained as required by subsection 42.F.2.d.1) to provide the requested medication by injection, is present at the home at all times while the child is present.
e. A licensee shall ensure the requirements of subsection 42.F.2 are reviewed with the child's parent or guardian and health care provider yearly, and as needed. Reviews and changes must be written, dated, agreed upon by all parties, and kept with the MAR.
G. A school-age child may self-administer medical care, as described in subsections 42.B through 42.F, with written parent or guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.
H. The administration of medication may be required under State and federal laws,
including but not limited to the Americans with Disabilities Act and the Delaware Equal Accommodations Law. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with subsection 11.E, due to licensee's failure to comply with subsection 7.A.2.

Reg #7 Health & Safety Training required (Prevention of and response to emergencies due to food and allergic reactions)
Reg #20 policies required in parent handbook (Food and nutrition policy, including a statement that children are encouraged but not forced to eat; approximate times of snacks and meals; how food allergies and other dietary requirements are handled; and whether a licensee or parent or guardian will provide food)
Reg #50 Meals and Snacks
E. A licensee shall ensure when a parent or guardian requests a change of meal patterns due to a medical need, such as food intolerance or allergies, the parent or guardian provides the home with written health care provider permission for the change.

iii. All CCDF-eligible licensed in-home care. Provide the standard:: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 38**

**38. Administration of Medication**
**A. A licensee shall ensure a trained staff member, who has received a valid administration of medication certificate from OCCL, is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips to administer medication when needed. The administration of medication certificate must be on file at the camp for each certified staff member.**
**1. OCCL only allows staff members who are at least 18 years old to be certified to give medication to children. This certification includes passing OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix VI. Health care providers, nurses, or other qualified medical health personnel are permitted to administer medication to children in a camp without this certification.**
**2. Written permission from the child's parent/guardian for each medication to be administered is required.**
**3. Unused medication must be returned to the parent/guardian when no longer needed by the child.**
**4. A licensee has discretion to designate which staff members shall administer medication.**
**B. A licensee shall ensure that the parent/guardian of a child provides the following**
**information for each medication given:**
**Information Required for Administering Medication:**
**• 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.
C. A licensee shall ensure all prescription medication is given as prescribed.
Prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;
• Given only to the child who has been prescribed the medication, verified by the child's name on the container; and
• Given to the child according to the dosage and administration instructions on the medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child's health care provider.
D. A licensee shall ensure non-prescription medication is given as written on the container's instructions, or as otherwise instructed in writing by the child's health care provider.
Non-prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;
• Current and has not expired; and
• Labeled with the child's name.
E. A licensee shall keep a written record of medication administered to children recorded on the Medication Administration Record (MAR) including each medication dosage, time administered, by whom administered, adverse effects observed, and medication errors.
1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication, giving medication to the wrong child, giving the medication by the wrong route, or accidental spills of medication.
2. Adverse effects or errors in administering must be immediately reported to the parent/guardian.
3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in subsection 11.A.
4. Documentation of administration of medication must be placed in the child's file or in a central administration of medication log and kept while the child is enrolled in the camp.
F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 38.B, the parent/guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:
1. Written parent/guardian permission for the camp to provide the requested medical care; and

2. A written statement from the child's health care provider stating:
a. The specific medication by injection needed by the child;
b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the camp;
c. That the requested medication by injection may be appropriately administered at the camp by non-medical child care staff; and
d. Whether any additional training is necessary for non-medical staff members to administer the medication or medical care appropriately. If additional training is required, the health care provider shall provide instructions including information about: the type of training, who may provide such training (which may include the child's parent/guardian), and any other instructions needed to provide the requested medication by injection.
1) If additional training is required, the licensee shall identify staff members who are certified to administer medication and have them complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable time based on the availability of such training.
2) The licensee shall keep documentation of this training with the child's MAR and inform the parent/guardian in writing which staff members are authorized and trained to perform the requested medication by injection. This information must be updated as needed.
3) The licensee shall ensure that at least one staff member, who is trained as required by 38.F.2.d.1 to provide the requested medical care, is present at the camp at all times while the child is present.
e. A school-age child may self-administer medical care as described in Section 38, with written parent/guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.
G. The administration of medication may be required under State and federal laws,
including but not limited to the Americans with Disabilities Act and the Delaware Equal Accommodations Law. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with Section 10, due to licensee's failure to comply with subsection 12.B.

**17. Food Service Policy**
**A. A licensee shall have and follow a written policy concerning food service. This policy must be given to a parent/guardian at enrollment and when updated. This policy must include:**
**1. Approximate times of snacks and meals;**
**2. Procedures to address food allergies, religious dietary restrictions, and other dietary requests or restrictions for foods provided by the camp or parents/guardians; and**
**3. A description of whether the camp or parent/guardian will provide meals and snacks.**
**B. A licensee shall ensure when a parent/guardian provides meals and snacks, the food service policy includes:**
**1. Statements that meals or snacks may not be shared with others;**
**2. Statements that foods must be clean, safe, and comply with the camp's written policy concerning the types of foods provided by a parent/guardian;**
**3. Written procedures to be followed to prevent spoilage of foods brought from home; and**
**4. Procedures that the camp will follow to provide a meal or snack to a child who has not brought one or both.**

**Reg #24 Staff Orientation requires - Prevention and response to emergencies due to food allergies;**

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulations 45 CMR 49 & 50, 57 & 58**

**45. Hazardous Materials**
**A. A licensee shall ensure the center is free of unacceptable exposure to hazardous**
**materials.**
**B. An applicant and licensee shall ensure the center is free of lead-based paint hazards. Buildings constructed in or after 1978 are exempt from lead-paint risk assessments and testing.**
**1. If the buildings were constructed before 1978, an applicant or licensee shall provide to OCCL a lead-paint risk assessment performed by an environmental testing firm certified by DPH showing the center to be free of lead-based paint hazards.**
**a. Before license renewal, unless previously submitted to OCCL, a licensee shall submit this risk assessment.**

b. If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is not regarded as a hazard if it is intact, not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
2. If lead-paint hazards are identified in the risk assessment, the applicant or licensee shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
a. Once the repairs are made, a lead-dust clearance inspection must be performed by an environmental testing firm certified by DPH to confirm the center is free of lead-based paint hazards.
b. The applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the center is free of lead-based paint hazards.
c. Children may not be present during repairs and the center must stay closed until the results of the lead dust clearance are at appropriate levels and the lead-safe contractor states it is safe for the center to be open.
3. If any lead-based paint identified in a risk assessment in a pre-1978 child-occupied facility becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair.
a. Records of this renovation or repair work must be forwarded to OCCL within five business days.
b. Children may not be present during repairs or renovation until a lead-dust clearance test is obtained and the lead-safe contractor states it is safe for the center to be open.
C. A licensee shall ensure radon testing is performed in each room used for child care once every five years between the months of October and March and within six months after any remodeling, renovations, or construction.
1. This testing may be performed by the property owner or an inspector certified by the American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
2. If testing indicates a radon level over 4.0 pCi/L, a licensee shall ensure acceptable radon mitigation occurs or a long-term radon test (90-120 days) indicates a level less than 4.0 pCi/L.
3. A licensee shall ensure copies of radon testing results are sent to OCCL within five business days of receiving the results.
D. A licensee shall ensure containers of poisonous, toxic, or hazardous materials are:
1. Labeled with the contents;
2. Used only in the manner and under the conditions that will not contaminate food or constitute a hazard to children or to staff; and
3. Stored in a locked storage space accessible only to staff.

E. Materials required for routine cleaning and maintenance must be stored out of children's reach and used in a safe manner.
F. The storage of flammable liquids and gases is not be permitted except as allowed by the Office of the Fire Marshal.
G. A licensee shall ensure the center is free from illegal drugs.
46. Air Quality and Windows
A. A licensee shall ensure a center is ventilated to ensure the air quality provides a healthy environment for children and adults. Painting and remodeling projects may not affect the air quality during hours of operation.
B. A licensee shall ensure screening, on windows, doors, or openings to the outside
used for ventilation, is in good repair.
C. If a ventilation system is not provided, a center must have window area equal, at
a minimum, to 4.5% of the floor area of the center. Half of this window area must be operable.
D. A center located in a building that previously contained or currently contains a dry
cleaner, nail salon, or any other use that may result in an unacceptable indoor air quality, will not be licensed or have a license renewed, unless the applicant or licensee obtains indoor air sampling as required per 7 DE Admin. Code 1375
that shows there is no impact to the center.

47. Smoking and Vaping
A licensee shall inform staff members and others at the facility that smoking and vaping
are prohibited inside the center, in the outdoor play area, while transporting children, in
the presence of children, and during field trips or routine program outings.

48. Heating and Cooling
A. A licensee shall ensure heating and cooling equipment, hot water pipes, or radiators are safely shielded or insulated to prevent the injury of children.
B. Heating, cooling, and plumbing equipment must be properly installed, cleaned, and maintained to operate safely.
C. Floor or window fans and cords must be inaccessible to children and have a safety certification mark from a nationally recognized testing laboratory such as Underwriters Laboratories or Electro-Technical Laboratory.
D. Portable space heaters are prohibited.
E. A licensee shall ensure that temperatures in rooms used by children are kept at a
minimum temperature of 68°F and a maximum of 82°F measured three feet above floor level unless there is conflict with federal and State energy laws.
1. A licensee shall use air conditioning during hot weather to keep rooms used by children within the required temperature range.
2. Except as stated below, a licensee shall be required to inform OCCL and close temporarily if the minimum or maximum room temperature cannot be maintained.

3. OCCL allows an exception if a room temperature drops within the range of 60°F - 67°F or rises within the range of 83°F - 90°F, and a licensee can return the proper temperature within the next four hours.
a. If the room temperature cannot be restored within four hours or the temperature is below 60°F or above 90°F, the center must close unless children are moved to another approved area of the center that has the proper temperature.
b. When the center closes because the proper temperature cannot be maintained, the center must remain closed until the heating or cooling problem is resolved and the correct temperature is maintained.
c. A licensee shall ensure OCCL is informed when closing is necessary.

49. Indoor Space
A. A licensee shall show evidence of security procedures that ensures access to children is limited to authorized people. A licensee shall ensure visitors who are not touring the center, attending a special event, visiting children, or not providing a service to the center that requires access to children, remain outside of areas where children are located.
B. A licensee shall ensure the center is constructed, used, furnished, maintained, and equipped in compliance with all applicable requirements established by federal, State, local and municipal regulatory bodies. A licensee shall have written certification of compliance from the appropriate regulatory bodies governing zoning, building construction, safety, sanitation, and fire safety including Department of Natural Resources and Environmental Control for air quality and radon testing and Department of Health and Social Services Office of Drinking Water for well water.
C. A licensee shall keep all areas, furnishings, and equipment of the center in a clean, hazard-free, and safe condition. Floors, walls, counter surfaces, toilets, and surfaces or finishes must be cleanable and in good repair.
D. A licensee shall ensure a center has enough lighting to allow for the supervision of children in areas where children's activities occur.
E. A licensee shall ensure interior space designated for children's use is available to
children when the center is in operation.
1. This space must be arranged to allow each child adequate space for free movement and active play.
2. A center must have at least 35 square feet of usable floor space for each child in each area or room used by children.
a. Measurements are from wall to wall excluding areas that are not used by children.
b. Toilet rooms, kitchen areas, isolation areas for ill children, offices, storage spaces, hallways, furnace rooms, gymnasiums, and other areas not used as classroom space will not be counted in determining a center's capacity.
F. A licensee shall provide children with individual storage space so personal belongings, clothing, or bedding does not touch another child's belongings. This

storage space must be labeled with the child's name.
G. A licensee shall ensure all unused electrical outlets accessible to children including unused power strips are covered. Child-resistant ground-fault circuit-interrupter (GFCI) type is exempt from being covered.
H. A licensee shall ensure every exit, exit access, and exit discharge is free of obstruction at all times. All closets must be provided with doors that can be readily opened from both sides.
I. A licensee shall ensure glass doors and windows within 36 inches of the floor have a vision strip or decal at children's eye level.
J. A licensee shall keep the center rodent-free and free of insect infestation. If pesticides are used, a licensee shall ensure they are used according to the instructions listed on the label.
K. A licensee shall ensure the following:
Plumbing Requirements:
• The water temperature does not exceed 120°F from faucets and other sources accessible to children;
• All sinks supply hot and cold water under pressure at all times;
• All plumbing complies with State and local plumbing codes; and
• Portable sinks are prohibited.
L. A licensee shall ensure garbage and trash are stored securely in non-combustible, covered containers.
1. Recyclable paper may be in uncovered containers.
2. Indoor containers must be emptied at least daily to an outdoor receptacle and kept clean.
3. Outdoor trash and garbage containers must be inaccessible to children, emptied at least weekly, and, with the exception of dumpsters, cleaned as needed.
M. A licensee shall ensure firearms or ammunition are not within the center's premises. This regulation does not apply to law enforcement officers in the performance of their official duties.
N. A licensee shall prohibit the burning of candles or incense and the use of air fresheners.

50. Kitchen and Food Preparation
A. A licensee shall obtain a Food Establishment Permit only when the center provides food to members of the general public. DPH will assist in reviewing food transportation operations between locations owned by the same licensee.
B. A licensee shall not change the center's approved type of food operation without
notifying OCCL and receiving approval.
C. A licensee shall ensure a kitchen or food preparation area is provided with the necessary operable equipment to prepare, store, serve, and clean-up all meals and snacks for children and staff. Dishes and utensils must be air-dried.
1. A center that does not prepare food on-site is exempt from subsections 50.C through 50.F.
a. There may be no food preparation in the facility, except for heating
in the microwave foods brought from children's homes.
b. When food preparation is not permitted, a licensee shall ensure

utensils and dishware are single-service and discarded after each use.
D. The kitchen requirements for centers that prepare and serve meals and snacks are, but not limited to:
Kitchen Requirements to Serve Meals and Snacks:
• One Refrigerator;
• Three-compartment sink; or
• Two-compartment sink and sanitizing basin; or
• Two-compartment sink and dishwasher; and
• Separate hand-washing sink;
• Range or cooktop;
• Oven or microwave; and
• Food storage areas.
E. The kitchen requirements for centers that prepare and serve only snacks are:
Kitchen Requirements to Serve Only Snacks:
• Refrigerator;
• Three-compartment sink; or
• Two-compartment sink and sanitizing basin; or
• Two-compartment sink and dishwasher; and
• Separate hand-washing sink.
F. A licensee shall ensure a kitchen or food preparation area has floors, walls, and counter surfaces that are easily cleanable and non-porous.
G. A licensee shall ensure a center has a refrigerator to keep perishable food, including lunches prepared at home, cold at 41°F or colder, and food stored in a freezer frozen at 0°F or colder.
1. A working thermometer must be in refrigerators and freezers.
2. Unused freezer compartments in mini-refrigerators do not need a thermometer.
H. A licensee shall ensure food provided and prepared by the center complies with the center's written policy on nutritional quality.
I. A licensee shall ensure the food is clean, wholesome, free from spoilage and contamination, and safe to eat.
1. Prepared food items must be correctly labeled with the contents and date of preparation.
2. Prepared food that is served to a child and not eaten must be thrown away and not given to another child.
J. Food storage areas and appliances must be cleanable and free of food particles, dust, and debris.
1. All food items must be stored off the floor
2. Food must be stored separately from cleaning materials.
3. Food must be stored in closed or sealed containers that are labeled with the contents and expiration date.
K. A licensee shall ensure the kitchen or food preparation area is constructed and supervised to prevent children's access unless a staff member is conducting an educational activity within this area.

57. Equipment
A. A licensee shall provide developmentally-appropriate equipment and materials

for
a variety of indoor and outdoor activities. There must be enough equipment and materials for all children to use. Materials and equipment must help provide many experiences and choices that support all children's social-emotional, language and literacy, intellectual, and physical development.
B. A licensee shall ensure that for children less than 24 months old, developmentally-appropriate supplies or equipment are provided in quantities as described in subsection 57.A in each of the following categories:
Equipment Requirements for Children Less than 24 Months Old:
• Sensory, such as teething toys, busy boxes, baby mirrors, rattles, melody chimes, squeeze toys; or other similar items;
• Language and dramatic play, such as picture books, toy telephones, CDs, hand puppets, washable stuffed animals and dolls, photographs, or other similar items;
• Manipulative, such as squeeze and grip toys, boxes, sorting and stacking toys, three- or four-piece wooden inlay puzzles, puzzle blocks, simple threading toys, mobile pull toys, balls, or other similar items;
Equipment Requirements for Children Less than 24 Months Old:
• Building, such as soft lightweight blocks, toy cars, trains or boats, figures of animals and people, stacking rings or cups, nesting toys, or other similar items;
• Large muscle, such as low climbers, slides, riding or rocking toys, foam or soft plastic balls, gym mats, play tunnels, or other similar items; and
• Music, such as rhythm instruments, a CD player and CDs, toys with musical tones, musical mobiles or busy boxes, drums, xylophones or pianos, or other similar items.
C. A licensee shall ensure for children over 24 months old to school-age, developmentally-appropriate supplies or equipment are provided in quantities as described in subsection 57.A in each of the following categories:
Equipment Requirements for Children Over 24 Months Old:
• Language and literacy, such as books, flannel board, upper and lower case letters, pictures for discussion, materials for recognition, identification, or classification, poetry, puppets, audio-visual materials, show and tell items, or other similar items;
• Science and math, such as plants and gardening equipment, aquarium with fish or other appropriate live animals, water table with supplies, sand table with supplies, cooking supplies, weather chart or thermometer, counting equipment, balance scale, or other similar items;
• Manipulative, such as puzzles, pegs and pegboards, lacing boards, building toys, stencils, dominoes, pounding bench, lotto games, or other similar items;
• Large muscle such as rocking boat, wheel toys, climbers, slides, balance beam, barrels or large cartons, parachute, balls and beanbags, outdoor play equipment, gym mats, or other similar items;
• Building activities, such as unit blocks (minimum of four sizes), transportation toys, farm animals, play people, work bench and tools, building toys, building logs, or other similar items;
• Art, such as crayons, tempera paint, large brushes and newsprint, finger

paint and finger paint paper, construction paper in assorted colors, paste or glue, blunt scissors, collage materials, non-toxic felt tip markers, easels, clay or play dough, or other similar items;
• Music, such as a CD player and CDs, piano or organ, guitar, rhythm sticks, drums, cymbals and bells, or other similar items; and
• Dramatic play, such as toy dishes, ironing board, telephones, occupational props or uniforms, dress-up clothes, housekeeping area (stove, sink, refrigerator), cradle or doll bed, doll carriage, dolls, puppets, play grocery store, post office or hospital, or other similar items.
D. A licensee shall ensure furniture is durable and child-sized or adapted to children's use. Tables must be at waist height of the intended child-user and the child's feet must reach a firm surface while the child is seated.
E. A licensee shall ensure equipment and materials are selected or adapted to allow
all children, including a child with disabilities or other special needs, to benefit from the program.
F. A licensee shall ensure equipment and supplies are relevant to the cultural background and community of all children and raise awareness of other cultures and communities.
G. A licensee shall prohibit toys that explode or shoot objects.
H. A licensee shall ensure toys and equipment used by the children are sturdy, safely assembled, hazard-free, and not recalled. Toys and equipment may not cause children to become trapped or have rough edges, sharp corners, pinch and crush points, splinters, or exposed bolts. Equipment in poor condition must be repaired, removed. or made inaccessible to children.
I. A licensee shall take the following measures to prevent hazards to children in care:
Hazard Prevention:
• To prevent cuts, abrasions, and punctures, equipment, materials, and other objects on the premises that have sharp edges, protruding nails, bolts, or other dangers must be repaired, removed, or made inaccessible to children. Sharp edges on natural wooden equipment must be sanded;
• To prevent burns, equipment, materials, or products that may be hot enough to injure a child must be made inaccessible to children;
• To prevent sheering, crushing, or pinching, broken or cracked equipment, materials, and objects must be repaired, removed, or made inaccessible to children;
• To prevent entrapment, freezers, refrigerators, washers, dryers, compost bins, and other entrapment dangers must be inaccessible to children unless being actively supervised;
• To prevent tripping, uneven indoor and outdoor walkways, damaged flooring or carpeting, or other tripping hazards must be removed or repaired;
• To prevent injuries and death, large objects that pose a risk of falling or tipping must be securely anchored. Large objects include, but are not limited to, televisions, dressers, bookshelves, wall cabinets, sideboards or hutches, and wall units; and
• To prevent injuries, equipment in poor condition (rusty parts, flaking paint,

or other dangers) must be repaired, removed, or made inaccessible to children.

58. Sanitation
A. A licensee shall ensure that areas and equipment listed in subsection 58.B are washed with soap and water and then disinfected as required. For sanitizing and disinfecting, a licensee shall ensure one of the following is used: an EPA-registered product, a commercially prepared product, or a bleach and water solution.
1. A licensee shall follow the manufacturer's instructions for use.
2. These products must be labeled with the contents.
3. Their instructions for use must be available at all times.
B. A licensee shall ensure staff members wash with a soap and water solution and then disinfect the following equipment, items, or surfaces, as listed below:
After Each Use: At Least Daily:
• Potty-chairs that have first been emptied into a toilet • Toilet and toilet seats
• Sinks and faucets used for hand washing after the sink has been used for rinsing a potty-chair • Sinks and faucets
• Diapering surfaces, as required in subsection 61.F • Diaper pails and lids
• Food preparation and eating surfaces such as counters, tables, and high chair trays • Drinking fountains
• Toys mouthed by children • Water table and water play equipment
• Mops used for cleaning must be rinsed, disinfected, wrung dry, and hung to dry • Play tables
• Plastic bibs (cloth bibs may be used only once before laundering)
• Rest mats that are not stored separately as listed in these regulations
• Thermometers
• Cleanable, non-absorbent activity mats such as those used for infant tummy time
• Smooth surfaced non-porous floors
C. At least weekly, a licensee shall ensure non-porous toys and play equipment are washed with a soap and water solution and then disinfected.
D. At least weekly, a licensee shall ensure stuffed animals are laundered.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulations 27 – 31**

27. Hazardous Materials
A. Before license renewal, unless previously submitted to OCCL, a licensee shall provide a lead-paint risk assessment performed by an environmental testing firm certified by DPH showing the home to be free of lead-based paint hazards if the home were built before 1978.

1. If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), a licensee shall monitor the areas as described in subsection 7.A.3.
2. If lead-paint hazards are identified in the risk assessment, a license shall remedy these hazards as described in subsection 7.A.3.
B. A licensee shall ensure radon testing is performed in each room used for child care once every five years between the months of October and March and within six months after any remodeling, renovation, or construction.
1. This testing may be performed by the property owner or an inspector certified by the American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
2. If testing indicates a radon level over 4.0 pCi/L, a licensee shall ensure acceptable radon mitigation occurs or a long-term radon test (90-120 days) indicates a level less than 4.0 pCi/L.
3. Copies of radon testing results shall be sent to OCCL within five business days of receiving the results.
C. A licensee shall ensure matches, lighters, medicines, drugs, alcohol, cleaning products, detergents, aerosol cans, plastic bags, cords and strings from window blinds, firearms, ammunition, and other similar items are stored safely in areas out of children's reach.
D. A licensee shall ensure containers of poisonous, toxic, or hazardous materials are:
1. Labeled with the contents;
2. Used only in the manner and under the conditions that will not contaminate food or constitute a hazard to children or to staff; and
3. Stored in a locked storage space accessible only to staff.
E. Materials required for routine cleaning and maintenance must be stored out of children’s reach and used in a safe manner.

28. Heating and Cooling
A. A licensee shall ensure screens are in good repair on all windows, doors, or openings to the outside used for venting the home.
B. A licensee shall ensure that temperatures in rooms used by the children are kept at a minimum temperature of 68°F and a maximum of 82°F unless there is a conflict with federal and State energy laws.
1. OCCL allows an exception if a room temperature drops within the range of 60° F - 67° F or rises within the range of 83° F - 90° F and a licensee can return that room to the proper temperature within the next four hours.
a. If the room temperature cannot be restored within four hours or the temperature is below 60°F or above 90°F, the home must close.
b. The home must remain closed until the heating or cooling problem is resolved and the correct temperature is maintained.
2. A licensee shall inform OCCL when closing is necessary.
C. A licensee shall use air conditioning during hot weather to keep rooms used by children within the required temperature range.
D. A licensee shall ensure all floor or window fans and cords are out of children's

reach and have a safety certification mark from a nationally recognized testing laboratory such as Underwriters Laboratories or Electro-Technical Laboratory.
E. The licensee shall ensure heating and cooling equipment prevents injury to children by having safety shielding.
1. Fire code prohibits the use of unvented, fuel-fired heating equipment such as portable kerosene heaters.
2. Hot water pipes, steam radiators, electric space heaters, and wood burning stoves must be out of children's reach to protect children against burns.
3. Electric space heaters must be stable and have a safety certification mark from a nationally recognized testing laboratory.
4. A licensee shall securely screen or equip fireplaces with protective guards while in use.
F. Heating, cooling, and plumbing equipment must be properly installed, cleaned, and maintained to operate safely.

29. Indoor space
A. A licensee shall ensure there are no health or safety hazards in the home.
B. A licensee shall keep the home, its furnishings, and equipment in a clean, hazard-free, and safe condition. Floors, walls, counter surfaces, toilets, and surfaces or finishes must be cleanable and in good repair.
C. A licensee shall ensure stairways over four steps used by children, indoors and outdoors, have handrails at a maximum height of 38 inches.
D. A licensee shall use securely installed safety gates, such as those approved by the American Society for Testing and Materials (ASTM), at the top, bottom, or both locations of stairways where infants and toddlers are in care to prevent falls and access to the stairs.
1. Gates must have latching devices that adults, but not children, can open easily.
2. Pressure or accordion gates may not be used in any area of the home.
3. If a licensee cannot set up a safety gate as stated in the manufacturer's instructions because of the home's design, then a licensee shall safely prevent infants and toddlers from accessing stairways in another way.
E. A licensee shall ensure that raised areas at the home other than stairways, over two feet, such as porches, elevated walkways, and elevated play areas, have walls or barriers to prevent falls over the open side. The walls or barriers must be at least 36 inches tall.
F. A licensee shall ensure door locks or latches in rooms used by children can open from either side of the door and the opening device or key is available to a licensee and staff members.
G. A licensee shall have a bathroom with a working toilet and sink. A licensee shall ensure toilet paper is available for children to use in the bathroom at all times. The sink must have hot and cold running water. Children may use a bathroom that is not on the child care level if it is the only bathroom in the house.
H. A licensee may not allow children to use rooms or spaces reachable only by ladder, folding stairs, or through a trap door.
I. A licensee shall keep the home free from rodent and insect infestation. If pesticides are used, they must be used according to the instructions listed on

the label.
J. A licensee shall ensure a working flashlight is available in the home.
K. A licensee shall cover all electrical outlets that children can reach, including unused power strips.
L. A licensee shall ensure glass doors and windows within 36 inches of the floor have a vision strip or decal at children's eye level.
M. A licensee shall ensure a State fire marshal recognized electrical inspection agency conducts an electrical inspection of the home and approves the home every three years.
N. A licensee shall keep any guns and ammunition stored in the home in a locked container or locked closet. A licensee shall store ammunition separate from guns.
O. A licensee shall keep trash in covered trashcans.
1. Recyclable paper may be in uncovered containers.
2. Trash must be removed daily from rooms used by children and weekly from the home.
P. A licensee shall prohibit smoking, vaping, and burning candles and incense, and use of air fresheners in the home during child care hours and in the presence of children.
Q. A licensee shall ensure the water temperature does not exceed 120° F from faucets and other sources accessible to children in care.
R. A licensee shall ensure all sinks supply hot and cold water under pressure at all times and all plumbing complies with State and local plumbing codes. Portable sinks are prohibited.
30. Fire Safety
A. A licensee shall ensure that all paths of egress, including stairways, hallways, windows, and doorways are functional and not blocked.
B. A licensee shall care for children on the ground level of the home or use another level only after meeting the conditions of the designated fire marshal.
C. A licensee shall ensure each exit door is at least 28 inches wide.
D. A licensee shall at least have a properly installed, battery-operated working smoke alarm.
1. This alarm must have a safety certification mark from a nationally recognized testing laboratory.
2. A licensee shall place smoke alarms on the ceiling or six to 12 inches below the ceiling on each level of the home, basement, and all enclosed sleeping areas.
a. A licensee shall test these alarms monthly and document these tests in a log.
b. A licensee shall replace the batteries at least yearly.
E. A licensee shall ensure fire safety codes and on-going procedures as required by the designated fire marshal are followed.
F. A licensee shall ensure a working carbon monoxide alarm is near any sleeping area used by children when the home has an attached garage or equipment using fuels such as gas, oil, propane, wood, or kerosene. This includes an oven, furnace, water heater, or fireplace.
1. The alarm must have a safety certification mark from a nationally recognized testing laboratory.

2. The alarm must be installed as stated in the manufacturer's instructions.
a. A licensee shall test these alarms monthly and document these tests in a log.
b. A licensee shall replace the batteries at least yearly.
G. A licensee shall complete a monthly fire prevention inspection and post the current report in a visible space.
H. When a family home changes from Level I to Level II or a child care home moves to a new address, a licensee shall submit plans to the designated fire marshal for review and approval.
1. The licensee shall follow the fire safety codes of the designated fire marshal.
2. A licensee shall receive fire marshal and OCCL approval before offering services.
I. A licensee shall provide a clearly visible, readily accessible, charged, portable dry chemical fire extinguisher rated 2A-10BC or greater.
1. Fire extinguishers must not be mounted in a closet or cabinet except when using a wall mounted fire extinguisher cabinet that was manufactured specifically for that purpose.
2. Fire extinguishers must be mounted at least 4 inches above the finished floor.
a. Fire extinguishers weighing 40 pounds or less must be mounted so that the top of the extinguisher is not more than 60 inches above the finished floor.
b. Fire extinguishers weighing more than 40 pounds must be mounted so that the top of the extinguisher is not more than 42 inches above the finished floor.
c. A fire extinguisher contractor licensed by the Office of the State Fire Marshal shall inspect the fire extinguisher annually.
31. Kitchen and Food Preparation
A. A licensee shall keep the kitchen, food preparation, storage, serving areas, appliances, and utensils clean and sanitary.
B. A licensee shall ensure the kitchen has at least one sink with hot and cold running water. Large family homes need an additional hand-washing sink.
C. A licensee shall ensure the home has a refrigerator to keep perishable food cold at 41°F or colder, and food stored in a freezer frozen at 0°F or colder. A licensee shall have a working thermometer in refrigerators and freezers used to store children's food.
D. A licensee shall ensure food provided and prepared by the home complies with the home’s written policy on food and nutrition quality.
E. A licensee shall ensure the food is clean, wholesome, free from spoilage and contamination, and safe to eat.
1. Prepared food items must be correctly labeled with the contents and date of preparation.
2. Prepared food that is served to a child and not eaten must be thrown away and not given to another child.
F. Food storage areas and appliances must be cleanable and free of food particles, dust, and dirt.
1. All food items must be stored off the floor.

**2. Food must be stored separately from cleaning materials.**
**3. Food must be stored in closed or sealed containers that are labeled with the contents and expiration date.**
**G. A licensee shall ensure that children are supervised during meal preparation to prevent injuries.**
**H. A licensee shall ensure dishes and utensils are air-dried unless sanitized and dried in a dishwasher.**
**I. A licensee shall ensure no dishes, cups, or glasses used by children are broken or defective.**
**J. A licensee shall ensure age-appropriate utensils, dishes, cups, glasses, or bottles are available for each child and not shared with another child during feeding**

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 20, 40 - 43**

**20. Smoking and Vaping**
**A licensee shall inform staff members and others at the facility that smoking and vaping**
**are prohibited at the camp. Smoking and vaping are prohibited in the outdoor play**
**area, while transporting children, in the presence of children, and during field trips.**

**40. Hazardous Materials, Maintenance Supplies, and Garbage**
**A. A licensee shall ensure containers of poisonous, toxic, or hazardous materials are:**
**1. Labeled with the contents;**
**2. Used only in the manner and under the conditions that will not contaminate food or constitute a hazard to children or to staff; and**
**3. Stored in a locked storage space accessible only to staff.**

B. A licensee shall ensure materials required for routine cleaning and maintenance are stored out of children's reach and used in a safe manner.
C. The storage of flammable liquids and gases is not to be permitted except as allowed by the Office of the Fire Marshal.
D. A licensee shall ensure saws, power tools, lawn mowers, toilet plungers, toilet brushes, and other maintenance and janitorial equipment are inaccessible to children.
E. A licensee shall ensure the buildings, structures, and the campsites are free of an
infestation of rodents, insects, or vermin.
1. If pesticides are used, a licensee shall ensure they are used according to the instructions listed on the label.
2. Children may not be present when pesticides are applied.
F. A licensee shall ensure garbage and trash are stored securely in non combustible, covered containers.
1. Indoor containers must be emptied at least daily to an outdoor receptacle and kept clean.
2. Outdoor trash/garbage containers that do not contain a plastic liner must be inaccessible to children, emptied at least weekly, and, with the exception of dumpsters, cleaned as needed.

41. Equipment
A. A licensee shall provide developmentally-appropriate equipment and materials for
activities.
1. There must be enough supplies and equipment to allow children the opportunity to choose activities or materials.
2. There must be a system of sharing high demand items, such as computers, when they cannot be supplied to all children.
B. A licensee shall ensure toys and equipment used by the children are sturdy, safely assembled, hazard-free, and not recalled. Toys and equipment may not cause children to become trapped or have rough edges, sharp corners, pinch and crush points, splinters, or exposed bolts.
C. A licensee shall take the following measures to prevent hazards to children in care:
1. To prevent cuts, abrasions, and punctures, equipment, materials, and other objects on the premises that have sharp edges, protruding nails, bolts, or other dangers must be repaired, removed, or made inaccessible to children. Sharp edges on natural wooden equipment must be sanded;
2. To prevent burns, equipment, materials, or products that may be hot enough to injure a child must be made inaccessible to children;
3. To prevent sheering, crushing, or pinching, broken or cracked equipment, materials, and objects must be repaired, removed, or made inaccessible to children;
4. To prevent entrapment, freezers, refrigerators, washers, dryers, compost bins, and other entrapment dangers must be inaccessible to children unless being actively supervised;
5. To prevent tripping, uneven indoor walkways, damaged flooring or

carpeting, or other tripping hazards must be removed or repaired;
6. To prevent injuries and death, large objects that pose a risk of falling or tipping must be securely anchored. Large objects include, but are not limited to, televisions, dressers, bookshelves, wall cabinets, sideboards or hutches, and wall units; and
7. To prevent injuries, equipment in poor condition (rusty parts, flaking paint, or other dangers) must be repaired, removed, or made inaccessible to children.
D. A licensee shall ensure equipment and materials are selected or adapted to allow
all children, including a child with disabilities or other special needs, to benefit from the program.
E. A licensee shall ensure screen time activities, such as watching television, using a gaming device, tablet, phone, or computer, are age-appropriate and supervised by a staff member.
F. A licensee shall ensure equipment and supplies are relevant to the cultural background and community of all children and raise awareness of other cultures and communities.

42. Indoor Area
A. A licensee shall ensure every building and structure is constructed, used, furnished, maintained, and equipped in compliance with all applicable requirements established by federal, State, local and municipal regulatory bodies. A licensee shall have written certification of compliance from the appropriate regulatory bodies governing zoning, building construction, safety, sanitation, fire code, and the Department of Health and Social Services' Office of Drinking Water for well water.
B. A licensee shall show evidence of security procedures that ensures access to children is limited to authorized people.
C. A licensee shall ensure all building areas are in good repair and in a clean and safe condition. Floors, walls, counter surfaces, and toilets must be clean and in good repair.
D. A licensee shall ensure 35 square feet of indoor usable floor space is available and used for each child during inclement weather or when participating in indoor activities, when the camp is in operation.
E. A licensee shall ensure natural or artificial light is provided in each indoor area so
that children can be supervised and that children can freely participate in activities.
F. A licensee shall ensure every exit, exit access, and exit discharge is free of obstruction at all times. All closets must be provided with doors that can be readily opened from both sides.
G. A licensee shall ensure multi-purpose (ABC) type fire extinguishers each with a minimal rating of 2A are spaced within 50 feet of all areas of a room and the building when children are using indoor space.
H. A licensee shall ensure the following plumbing requirements are met:
Plumbing Requirements:
• The water temperature does not exceed 120 °F from faucets and other

sources accessible to children;
• All sinks supply hot and cold or tempered water under pressure at all times;
• Use of portable sinks is prohibited; and
• All plumbing complies with State and local plumbing codes.
I. A licensee shall ensure heating and cooling equipment, hot water pipes, or radiators are safely shielded or insulated to prevent the injury of children.
J. Heating, cooling, and plumbing equipment must be properly installed, cleaned, and maintained to operate safely.
K. Floor or window fans and cords must be inaccessible to children and have a safety certification mark from a nationally recognized testing laboratory such as Underwriters Laboratories or Electro-Technical Laboratory.
L. A licensee shall ensure firearms or ammunition are not on the camp's premises. This regulation does not apply to law enforcement officers in the performance of their official duties.

43. Kitchen and Food Preparation
A. If meals or snacks are prepared at the camp, a licensee shall ensure a kitchen or food preparation area is provided with the necessary operable equipment to prepare, store, serve, and clean-up all meals and snacks for children and staff.
B. A camp that does not prepare meals or snacks on-site is exempt from subsections
43.C through 43.J.
1. There may be no food preparation in the facility, except for heating up foods brought from children's homes in the microwave.
2. When food preparation is not permitted, a licensee shall ensure utensils and dishware are single-service and discarded after each use.
C. The minimum kitchen requirements for camps that prepare and serve meals and
snacks are:
Minimum Kitchen Requirements to Prepare and Serve
Meals and Snacks:
• One refrigerator;
• Three-compartment sink; or
• Two-compartment sink and sanitizing basin; or
• Automatic warewashing machine (Commercial grade dishwasher); and
• Separate hand-washing sink;
• Range or cooktop;
• Oven or microwave; and
• Food storage areas.
D. The minimum kitchen requirements for camps that prepare and serve only snacks
are:
Minimum Kitchen Requirements to Prepare and Serve
Only Snacks:
• Refrigerator;
• Three-compartment sink; or
• Two-compartment sink and sanitizing basin; or

• Automatic warewashing machine (Commercial grade dishwasher);
and
• Separate hand-washing sink.
E. A licensee shall ensure a kitchen or food preparation area has floors, walls, and counter surfaces that are easily cleanable and non-porous.
F. A licensee shall ensure a camp has a refrigerator or coolers with icepacks to keep perishable food, including meals and snacks prepared at home, cold at 41 °F or colder, and food stored in a freezer frozen at 0 °F or colder.
1. A working thermometer must be in refrigerators and freezers.
2. Unused freezer compartments in mini-refrigerators do not need a thermometer.
38
G. A licensee shall ensure food provided and prepared by the camp complies with the camp's written policy on nutritional quality.
H. A licensee shall ensure the food is clean, wholesome, free from spoilage and contamination, and safe to eat.
1. Prepared food items must be correctly labeled with the contents and date of preparation.
2. Prepared food that is served to a child and not eaten must be thrown away and not given to another child.
I. Food storage areas and appliances must be cleanable and free of food particles, dust, and dirt.
1. All food items must be stored off the floor.
2. Food must be stored separately from cleaning materials.
3. Food must be stored in closed or sealed containers that are labeled with the contents and expiration date.
J. A licensee shall ensure the kitchen or food preparation area is constructed and supervised to prevent children's access unless a staff member is conducting an educational activity within this area.
K. A licensee shall ensure that all food taken on a trip will not spoil without refrigeration and remains safe to eat. After four hours, a licensee shall ensure food without refrigeration is discarded.
L. For a camp offering cooking classes, a licensee shall ensure the following:
1. Children's hands are washed before they begin to prepare food and immediately after touching any raw meat, poultry, seafood, or eggs.
2. Children are not permitted to wear loose clothing, and long hair that may catch fire or get caught must be secured while cooking.
3. Pot handles are turned inwards.
4. Children are informed about the dangers of touching hot items.
5. Knives are only used by children under supervision by an adult.
6. Children do not remove items from the oven without proper oven mitts and supervision.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 53 & 54**

53. Outdoor Area
A. A licensee shall ensure the following:
1. Structures, fences, equipment, and the grounds are maintained in a clean and safe condition;
2. Outdoor areas that are used while it is dark have appropriate lighting;
3. Grounds drain naturally or through installed drainage systems so there is no standing water on the premises. Standing water after a storm must drain within 48 hours; and
4. All areas determined to be unsafe including steep grades, cliffs, open pits, swimming pools, high voltage boosters, propane gas tanks, streets or roads, driveways, railroad tracks, or parking lots are fenced off or have natural barriers to protect children.
B. A licensee shall ensure that raised areas on the premises, other than stairways, over two feet, such as porches, elevated walkways, and elevated play areas, have walls or barriers to prevent falls over the open side. The walls or barriers must be at least 36 inches tall.
C. A licensee shall ensure stairways, over four steps indoors and outdoors, have handrails at a maximum height of 38 inches that are safe for children and adults.
D. A licensee shall ensure children have access to an outdoor play area with at least 75 square feet for each child for the maximum number of children who will use the playground at one time.
1. A licensee shall ensure this play area has space suitable for moderate to vigorous physical activities, including running.
2. A licensee shall ensure this play area is large enough to accommodate at least 1/4 of the center's licensed capacity at one time.
3. Maximum group size is not required in the outdoor play area or approved indoor play area as long as the required square footage is maintained for each child.
E. A licensee shall ensure the outdoor play area for school-age children is physically separated or used at separate times from the area provided for younger children.
F. A licensee shall ensure a center licensed before January 1, 2007, has access to an outdoor play area with at least 50 square feet for each child for the maximum number of children who will use the playground at one time.
1. A licensee shall ensure this play area is large enough to accommodate at least 1/4 of the center's licensed capacity at one time.
2. If the capacity of a center licensed before January 1, 2007, increases, the licensee shall ensure the outdoor play area complies with these regulations.
G. A licensee shall ensure the outdoor play area is on-site, next to, or within a close
safe walking distance of the center.
1. This play area must have a shaded rest area for children.
2. Staff members shall inspect outdoor areas before children begin to play to ensure there are no hazards present and play equipment is safe for use.
3. Outdoor sandboxes or play areas containing sand must be kept in a safe and clean manner including being covered when not in use.

4. Use of trampolines at the center is prohibited.
H. A licensee shall ensure the center's outdoor play areas are fenced. Use of parks or other off-site play areas that are not fenced, but used to comply with the outdoor space regulations, requires OCCL approval.
Fencing Requirements:
• A licensee shall ensure fencing is sturdy, safe, and reinforced at intervals to give support, constructed to discourage climbing, and allows for viewing the children by staff.
• A licensee shall ensure fencing is a minimum of four feet in height with openings no larger than 3½ inches.
• A licensee shall ensure fenced areas have at least two exits, with at least one being remote from the building. If a fenced play area contains another fenced play area (to separate age groups), only one exit is required in the second play area if it is remote from the building.
• A licensee shall ensure gates have self-closing and positive self-latching closure mechanisms. A licensee shall ensure the latch or securing device is high enough or made so small children cannot open it. When opened, a licensee shall ensure the gate moves freely and is not hindered by scraping the ground. A licensee shall ensure fences' gates are not locked during the center's hours of operation.
I. For a center licensed before January 1, 2007, the existing fencing shall be acceptable as long as it is safe, free from hazards, and in good repair. When the fencing is replaced, the licensee shall ensure the new fencing fully complies with these regulations.
J. A licensee shall ensure the protective surface of the outdoor play area beneath and in the fall zones of climbing equipment, slides, swings, and similar equipment is of approved resilient material, which absorbs falls.
1. A licensee shall ensure the fall zone depth and materials follow the instructions as listed in the most recent publication of the Consumer Product Safety Commission's (CPSC's) Handbook for Public Playground Safety regarding critical heights of tested materials located on CPSC's website. A licensee shall ensure all materials used for protective surfaces are of a size and material that do not present a safety or choking hazard. Only pea gravel shall be acceptable as cover for the outdoor play area if using a gravel or stone-like surfacing.
2. A licensee shall ensure protective surfaces of the fall zone extend at least six feet in all directions from the equipment. For swings, a licensee shall ensure the protective surfacing extends, in back and front, twice the height of the suspending bar unless otherwise directed by the CPSC or other recognized authority on playground safety.
Inches Type of Material Protects to Fall Height
6 Shredded/recycled rubber 10 feet
9 Sand 4 feet
9 Pea gravel 5 feet
9 Wood mulch 7 feet
9 Wood chips 10 feet
Poured-in-place surfacing or rubber mats designed for outdoor use, if used, must be in the required fall zone and at a sufficient depth or thickness as

required by manufacturer's specifications or other approved entity.
K. A licensee shall ensure outdoor play equipment is securely anchored unless portable by design.
1. A licensee shall ensure this play equipment is in good repair and placed with regard for safe use.
2. A licensee shall ensure this play equipment includes equipment for vigorous play and large muscle activity and meets the diverse needs and abilities of children served.
L. When a licensee cannot meet the outdoor space requirement, the licensee shall provide a minimum of 700 square feet of open, accessible indoor play space for large muscle activity. There must be at least 75 square feet for each child who will use this area at one time. Indoor play spaces that were approved by OCCL before the effective date of these regulations will remain compliant unless the center's capacity increases.
1. This indoor play space must be on-site and is in addition to the 35 square feet per child requirement.
2. There must be a protective surface of an approved resilient material, such as rubber mats, to absorb falls beneath and in the fall zones of climbing equipment, slides, swings, and similar equipment. This material must be at a sufficient depth or thickness as required by the manufacturer's specifications or other approved entity.
3. The licensee shall have and follow a written plan approved by OCCL, which specifies how large muscle activity will be provided.
M. For a center licensed before January 1, 2007, the indoor play space listed in subsection 53.L may be at a nearby facility that was previously approved by OCCL. If the capacity of the center increases allowing room for an indoor play space, the center must comply with subsection 53.L.
N. A licensee shall ensure a rooftop or elevated play space above the first floor is protected by a non-climbable, secure, and hazard-free barrier that is at least seven feet in height.
O. Portable sinks are prohibited in the outdoor area.

54. Pools and Swimming
A licensee shall ensure an individual with current water safety instructor training or
senior lifesaving training from the American Red Cross or its equivalent is on duty when
children are swimming.
A. Portable wading pools are prohibited.
B. Permanent or built-in swimming and wading pools that are left filled when not in
use must be inaccessible to children.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 32, 33 & 59**

32. Outdoor Area

A. A licensee shall ensure there are no hazards on the grounds of the home.
B. A licensee shall provide active play and large muscle activities that consider the children's needs and whether they are able to participate. A licensee shall provide these activities either on the grounds or within safe walking distance of the home.
C. A licensee shall remove hazards before children begin to play outside. These hazards may include animal feces, toxic plants, broken or non-secure outdoor play equipment, building supplies and equipment, glass, sharp rocks, cigarette butts, beehives and wasp nests, a lawn mower, or debris.
1. A licensee shall securely lock tool sheds, garages, and other outdoor buildings to prevent children from entering.
2. Children must be supervised while outdoors.
D. For a home licensed before January 1, 2009, the existing fencing of the on-site outdoor play area is acceptable as long as it is hazard-free and in good repair. When replacing the fencing, the new fencing must fully comply with Section 59 for a family home and Section 64 for a large family home.
E. A licensee shall ensure outdoor play equipment is sturdy, safe, clean, and free from rough edges, sharp corners, pinch and crush points, splinters, and exposed bolts.
F. A licensee shall anchor large outdoor play equipment. A licensee cannot place stationary equipment on concrete or asphalt.
G. A licensee shall use materials in the outdoor play area that do not present a safety or choking hazard. These materials must be free of unsafe contaminants such as steel wires and unhealthy residue from deterioration.
H. If using gravel or stone as a ground cover for the outdoor play area, only pea gravel is acceptable. For homes licensed before January 1, 2009, the existing gravel or stone ground cover is acceptable.
I. A licensee shall keep outdoor sandboxes or play areas containing sand safe, sanitary, and covered when not in use.
J. The use of trampolines by children in care on-site is prohibited.
K. Portable sinks are prohibited.
33. Pools and Swimming
A licensee shall ensure all children are under direct supervision while wading or swimming. During a swimming activity involving infants or toddlers, these children must be within arm's reach of a licensee or staff member.
A. Swimming pools and large wading pools that remain filled when not in use must
be inaccessible to children.
B. The water in swimming pools used by children must be treated, cleaned, and maintained according to DPH regulations.
C. The pool and equipment must be kept in a safe manner and be hazard-free.
D. Small portable wading pools must be cleaned and disinfected after each use.

59. Outdoor Fencing
A licensee shall ensure the outdoor play area of the family home is fenced if hazards
are near. Such hazards include, but are not limited to, high traffic roads, water in streams, rivers, ponds, lakes, pools, railroads, steep mounds or drop-offs, and high

voltage wires or poles and towers.
A. Fencing must be sturdy, safe, reinforced at intervals to give support, constructed to discourage climbing, and allow for viewing the children by the licensee or substitute.
B. Fencing must be at least four feet in height with openings no larger than 3½ inches.
C. Gates must have a self-closing and self-latching closure device. The latch or closure device must be high enough or made so small children cannot open it. When opened, a licensee shall ensure the gate moves freely and is not hindered by scraping the ground.
D. Fenced areas must have at least two exits. At least one exit must be away from the building.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 27H, 51, 52 & 54**

27. Staffing and Qualifications
H. A licensee shall ensure watercraft activities are supervised by a minimum of one counselor on the water to each 10 campers in a watercraft. This counselor shall have proof of participation in three white water canoe or raft trips totaling at least 6 hours on the water or at least six hours of practical instruction in survival and stream safety as taught by the American Red Cross or its equivalent; or one counselor must hold a current American Red Cross Small Craft Certificate.

51. Outdoor Area
A. A licensee shall ensure the following:
1. Structures, fences, equipment, and the grounds are maintained in a clean and safe condition;
2. Outdoor areas that are used while it is dark have appropriate lighting;
3. Grounds drain naturally or through installed drainage systems so there is

no standing water on the premises. Standing water after a storm must drain within 48 hours;
4. All areas determined to be unsafe including steep grades, cliffs, open pits, high voltage boosters, propane gas tanks, streets or roads, driveways, railroad tracks, or parking lots are fenced off, have natural barriers to protect children, or procedures to protect children when fencing or a natural barrier is not present;
5. Uncovered wells, septic tanks, wastewater, wastewater tanks, below grade storage tanks, farm manure ponds or other similar hazards are inaccessible to children using a physical barrier with a locking mechanism;
6. The growth of brush, weeds, grass and plants shall be controlled in central camp areas to prevent harborage of ticks, chiggers, and other insects of public health importance; and
7. The camp area shall be maintained to prevent growth of ragweed, poison ivy, poison oak, and other noxious plants considered detrimental to health.
B. A licensee shall ensure that raised areas on the premises, other than stairways, over two feet, such as porches, elevated walkways, and elevated play areas, have walls or barriers to prevent falls over the open side. The walls or barriers must be at least 36 inches tall.
C. A licensee shall ensure stairways, over four steps indoors and outdoors, have handrails at a maximum height of 38 inches that are safe for children and adults.
D. A licensee shall ensure when the activity schedule includes outdoor activities children have access to an outdoor play area with at least 75 square feet per child.
E. A licensee shall ensure the outdoor play area is on-site, next to, or within a close
safe walking distance of the camp.
1. This play area must have a shaded rest area for children.
2. Staff members shall inspect outdoor areas before children begin to play to ensure there are no hazards present and play equipment is safe for use.
3. Outdoor sandboxes must be kept in a safe and clean manner including being covered when not in use. Other play areas containing sand must be kept in a safe and clean manner.
4. Use of outdoor trampolines at the camp is prohibited.
F. A licensee shall ensure the protective surface of the outdoor play area beneath and in the fall zones of climbing equipment, slides, swings, and similar equipment is of approved resilient material, which absorbs falls.
1. A licensee shall ensure the fall zone depth and materials follow the instructions as listed in the most recent publication of the Consumer Product Safety Commission's (CPSC's) Handbook for Public Playground Safety regarding critical heights of tested materials located on CPSC's website. Only pea gravel shall be acceptable as cover for the outdoor play area if using a gravel or stone-like surfacing.
2. A licensee shall ensure protective surfaces of the fall zone as listed in thr chart in this subsection extend at least six feet in all directions from the equipment. For swings, a licensee shall ensure the protective surfacing extends, in back and front, twice the height of the suspending bar unless otherwise directed by CPSC or other recognized authority on playground

safety.
Inches Type of Material Protects to Fall Height
6 Shredded/recycled rubber 10 feet
9 Sand 4 feet
9 Pea gravel 5 feet
9 Wood mulch 7 feet
9 Wood chips 10 feet
Poured-in-place surfacing or rubber mats designed for outdoor use, if used, must be in the required fall zone and at a sufficient depth or thickness as required by manufacturer's specifications or other approved entity.
G. A licensee shall ensure outdoor play equipment is securely anchored unless portable by design.
1. A licensee shall ensure this play equipment is in good repair and placed with regard for safe use.
2. A licensee shall ensure this play equipment includes equipment for vigorous play and large muscle activity and meets the diverse needs and abilities of children served.
H. A licensee shall ensure a rooftop or elevated play space above the first floor is protected by a non-climbable, secure, and hazard-free barrier that is at least seven feet in height.

52. Swimming Pools and Natural Swimming and Diving Areas
A. A licensee shall ensure an individual currently certified as a Red Cross Lifeguard or a nationally recognized equivalent is on duty and supervising swimming activities.
B. Non-filtered wading pools are prohibited.
C. A licensee shall ensure permanent or built-in swimming pools, filtered wading pools, and hot tubs are inaccessible to children when not in use by using a physical barrier with a locking mechanism.
D. A licensee shall ensure swimming, diving areas, and bathing places at the camp are operated and maintained in accordance with DPH regulations pertaining to swimming pools and bathing places.
E. A licensee shall ensure life-saving equipment is readily accessible during water activities if a pool or body of water is six feet or more in any direction and two feet
or more in depth. Life-saving equipment may include a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity.
F. For a camp that uses a natural diving or swimming area, a licensee shall ensure the following:
1. Hazards are assessed and eliminated or clearly marked before a camper swims, dives, or bathes at a natural diving or swimming area;
2. Swimmers are not subjected to a dangerous condition such as a strong current, a sharp drop-off, a quicksand bottom, or rough surf;
3. Water is free from known dangerous aquatic life;
4. The bottom is free from known hazardous debris, sharp stones, and sharp shells;
5. Swimming, diving, and boating areas are clearly marked or roped off; and

6. Diving and swimming programs are conducted at separate times or in separate areas from boating programs.

54. Optional Specialized Activities
A. A licensee offering archery activities shall meet the following requirements:
1. For a camp offering archery activities, a licensee shall ensure the archery range is:
a. Located where a camper will not wander into the danger area while it is in use;
b. Clearly marked to warn individuals away from the danger area; and
c. The shooting area has at least 50 yards of clearance or an archery net behind each target.
2. A licensee shall ensure the instructor inspects bows, bowstrings, and arrows to ensure they are in good repair before use.
3. A licensee shall ensure the instructor requires archers to fire from a common firing line with a ready line marked behind it.
4. A licensee shall ensure targets are set a distance from the firing line that is appropriate to the skill level of the camper.
5. A licensee shall ensure the instructor only allows an archer who is ready to shoot on the firing line and non-shooters are behind the ready line.
6. A licensee shall ensure an individual stays behind the firing line at all times except when told by the instructor to retrieve an arrow or target.
7. A licensee shall ensure the bows and arrows are stored in a locked enclosure.
8. A licensee shall ensure the instructor requires that children:
a. Do not point the bow with an arrow at someone else;
b. Do not fire until directed to do so;
c. Do not draw and release an empty bow; and
d. Always point arrows down range.
B. A licensee offering boating or other watercraft activities shall meet the following
requirements:
1. A licensee shall ensure that each person wears a Personal Flotation Device approved by the U.S. Coast Guard for that particular activity while on the water.
2. A licensee shall ensure campers have at least an American Red Cross Advanced Beginner Swimming Certificate, American Red Cross Survival Swimming Certificate, or its equivalent before being allowed to participate in salt water boating activities.
3. A licensee shall ensure that each watercraft is in good repair before use.
4. A licensee shall ensure a watercraft towing a water skier, tuber, or towable has an adult observer on board in addition to the driver.
a. Ropes used to tow must be at least 100 feet in length.
b. A licensee shall ensure the operator keeps a safe distance from docks, other boats, bulkheads, and shorelines when towing someone behind a boat.
5. A licensee shall ensure an individual using a watercraft has been trained in boarding, debarking, and safety procedures for the craft.

C. A licensee offering horseback riding activities shall meet the following requirements:
1. A licensee shall ensure a riding instructor determines a camper's riding experience and level of skill before assigning a horse and deciding whether the camper rides in a ring or on a trail.
2. A licensee shall ensure a rider wears:
a. Protective headgear at all times that is properly fitted and fastened and bears the label of the American Society for Testing and Materials (ASTM); and
b. Shoes with closed toes and heels or shoes with closed toes and uses closed stirrups.
3. A licensee shall ensure the instructor inspects the riding areas to ensure there is no dangerous terrain and is present during the activity.
4. A licensee shall ensure the instructor requires that:
a. Children are fitted for proper saddles; and
b. Children are informed that sudden unexpected movements, loud sudden noises, large crowds, other animals, wasp and other insects, and camera flashes can frighten a horse and lead to injuries by being thrown off or being kicked by a horse.
D. A licensee offering rock climbing or high ropes activities shall meet the following
requirements:
1. A licensee shall ensure children wear appropriately sized harnesses, close-toed shoes, and helmets to participate.
2. A licensee shall ensure the instructor inspects the course, harnesses, and helmets to ensure they are in good repair and safe for use.
3. For high ropes activities, a licensee shall ensure children are not permitted to participate if they cannot reach the top rope or cable while standing on the bottom rope or cable.
E. For a camp offering any other activity not listed that could be considered high-risk
of injury to children, a licensee shall contact OCCL in advance of permitting the activity to determine whether additional safety measures are required.

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 67**

67. Transportation
A. Use of a vehicle, other than a school bus, with a rated capacity as defined by the
manufacturer, to carry more than 10 passengers in addition to the driver to transport children is prohibited. A licensee shall ensure 12-15 passenger vans are not used to transport children. Passenger includes the driver.
B. A licensee shall ensure when transporting children that the driver, when volunteering or employed by the center, and vehicle, when owned or leased by

the center, comply with all applicable federal and State laws.
1. The driver shall be at least 21 years old.
2. The driver shall have a valid driver's license that authorizes the driver to operate the vehicle being driven.
3. The driver shall have a comprehensive background check confirming eligibility to be alone with children during transport.
4. The driver does not need to be qualified by DEEDS Early Learning.
5. The driver may not transport more children and adults than the vehicle's capacity.
C. A licensee shall ensure children are transported using child-safety restraints as required by State and federal laws.
D. A licensee shall ensure that companies contracted by the center to provide transportation services to children follow applicable State and federal laws.
E. A licensee shall ensure each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus, is in motion.
1. Safety restraints must be federally approved and labeled according to the applicable Federal Motor Vehicle Safety Standard.
2. Child safety restraints must be installed and used as determined by the manufacturer and vehicle's instruction manual.
3. Safety restraints must be kept in a safe working condition and free of recall.
F. If using a school bus, children preschool-age or younger must only be transported
on a school bus that is properly equipped with child safety restraints unless the licensee explains to parents or guardians in writing that while child safety restraints on school buses for children preschool-age or younger are not currently required by State law, the National Highway Traffic Administration recommends that children in this age group always be transported using child safety restraints, and the licensee receives written parent or guardian permission stating the child may be transported on a school bus unrestrained.
G. A licensee shall ensure vehicles used to transport children, including parent or guardian vehicles used for field trips (unless only transporting the parent's or guardian's own children), have and use the following:
Vehicle Requirements:
• A working heater capable of keeping an interior temperature of at least 50°F;
• Air-conditioning to reduce the interior temperature when it exceeds 82°F (school buses are exempt);
• A working phone;
• A traveling first aid kit including children's emergency contact information; and
• A dry chemical fire extinguisher approved by Underwriters Laboratory.
H. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
I. A licensee shall ensure all doors are locked when the vehicle is moving.
J. A licensee shall have written parent or guardian permission for transportation provided by the center.
1. A licensee shall document arrangements with the parent or guardian

including the pickup and drop off times when driving a child to and from the child's school.
2. A licensee shall inform the parent or guardian of the person or transportation service who is driving the vehicle and ask about special needs the child may have during the ride.
K. A licensee shall ensure children are never alone in the vehicle and that the vehicle is visually checked at the final location so that no child is left behind.
L. A licensee may not transport children in the open back of a truck.

Center:
"Supervision of children" means the correct number of staff members are physically present in the area or room, including outside, with children. Supervision includes providing watchful oversight and timely attention to children's actions and needs.

23. Center Parent or Guardian Handbook
Monitoring the entrance of the center or phone, email, or other communication methods used by the center to ensure the child is released from care when requested by the parent, guardian, or authorized release person;

27. Ratios, Group Size, and Supervision
A. A licensee shall ensure supervision and direct observation of children is provided at all times. This supervision occurs through the assignment of qualified staff members who are physically present and working with children. The licensee shall maintain the minimum staff-to-child ratio, except as stated in subsection 27.E, and maximum group size for each age group as listed in the table below:

53. Outdoor Area
A. A licensee shall ensure the following:
1. Structures, fences, equipment, and the grounds are maintained in a clean and safe condition;
2. Outdoor areas that are used while it is dark have appropriate lighting;
3. Grounds drain naturally or through installed drainage systems so there is no standing water on the premises. Standing water after a storm must drain within 48 hours; and
4. All areas determined to be unsafe including steep grades, cliffs, open pits, swimming pools, high voltage boosters, propane gas tanks, streets or roads, driveways, railroad tracks, or parking lots are fenced off or have natural barriers to protect children.

51. Toilet Facilities
A. A licensee shall ensure a center has enclosed toilet rooms on each floor where child care has been approved. Each toilet room must have at least one sink with warm running water and one operable window or ventilation fan. All door locks, if present, must be designed to permit staff members to open the locked door readily.

67. Transportation

H. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
I. A licensee shall ensure all doors are locked when the vehicle is moving.

68. Field Trips and Program Outings
A. A licensee shall have and follow a plan to keep track of children at all times during field trips or routine program outings.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 46**

46. Transportation
A. A licensee shall ensure the driver and vehicle used to transport children complies with all applicable federal, State and local laws. If transporting children in a vehicle that is owned or leased by the licensee, the licensee shall have documentation of motor vehicle insurance. A licensee may not use 12-15 passenger vans to transport children. Passenger includes the driver. Use of a vehicle, other than a school bus, with a rated capacity as defined by the manufacturer, to carry more than 10 passengers in addition to the driver to transport children is prohibited.
B. A licensee shall ensure the driver of a vehicle does not transport more children and adults than the vehicle's capacity determined by the manufacturer.
C. A licensee shall ensure the vehicle is inspected for safety before transporting children.
D. A licensee shall ensure each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus, is in motion.
1. Safety restraints must be federally approved and labeled according to the applicable Federal Motor Vehicle Safety Standard.
2. Child safety restraints must be installed and used as determined by the manufacturer and vehicle's instruction manual.
3. Safety restraints must be kept in a safe working condition and free of recall.
E. A child preschool-age or younger must only be transported on a school bus that is properly equipped with child safety restraints.
1. With written parent or guardian permission, a child preschool-age or younger may be transported on a school bus unrestrained.
2. A licensee shall explain to parents or guardians in writing that while child safety restraints on school buses for children preschool-age or younger are not currently required by State law, the National Highway Traffic Administration recommends that children in this age group always be transported using child safety restraints.
F. A licensee shall ensure vehicles used to transport children, including parent or guardian vehicles used for field trips (unless only transporting parent's or guardian's own children), have and use the following:
Vehicle Requirements:
• A working heater capable of keeping an interior temperature of at least 50°F;

• Air-conditioning to reduce the interior temperature when it exceeds 82°F (school buses are exempt);
Vehicle Requirements:
• A working phone;
• A traveling first aid kit including children's emergency contact information; and
• A dry chemical fire extinguisher approved by Underwriters Laboratory.
G. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
H. A licensee shall ensure all doors are locked when the vehicle is moving.
I. A licensee shall have written parent or guardian permission for transportation provided by the home. A licensee shall document arrangements with the parent or guardian including the pickup and drop off times when driving a child to and from the child's school. A licensee shall inform the parent or guardian of the person or transportation service who is driving the vehicle and ask about special needs the child may have during the ride.
J. A licensee shall ensure children are never alone in the vehicle and that the vehicle is visually checked at the final location so that no child is left behind.
K. A licensee may not transport children in the open back of a truck.

FCCH:
"Supervision" or "direct supervision" (of children or staff members) means a licensee or staff member is physically present in the same room or area, including outside, with children or staff. Supervision of children includes providing watchful oversight and timely attention to children's actions and needs.

29. Indoor Space
F. A licensee shall ensure door locks or latches in rooms used by children can open from either side of the door and the opening device or key is available to a licensee and staff members.

46. Transportation
G. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
H. A licensee shall ensure all doors are locked when the vehicle is moving.

47. Field Trips and Outings
E. A licensee shall ensure children are under constant supervision whenever offsite to ensure safety.

59. Outdoor Fencing
A licensee shall ensure the outdoor play area of the family home is fenced if hazards are near. Such hazards include, but are not limited to, high traffic roads, water in streams, rivers, ponds, lakes, pools, railroads, steep mounds or drop-offs, and high voltage wires or poles and towers.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 58**

**58. Transportation**
**A. Use of a vehicle, other than a school bus, with a rated capacity as defined by the**
**manufacturer, to carry more than 10 passengers in addition to the driver to transport children is prohibited. A licensee shall ensure 12-15 passenger vans are not used to transport children. Passenger includes the driver.**
**B. A licensee shall ensure when transporting children that the driver, when volunteering or employed by the camp, and vehicle, when owned or leased by the camp, comply with all applicable federal and State laws.**
**1. The driver shall be at least 21 years old.**
**2. The driver shall have a valid driver's license that authorizes the driver to operate the vehicle being driven.**
**3. The driver shall have a comprehensive background check confirming eligibility to be alone with children during transport.**
**4. The driver may not transport more children and adults than the vehicle's capacity.**
**C. A licensee shall ensure that companies contracted by the camp to provide transportation services to children follow applicable State and federal laws.**
**D. A licensee shall ensure each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus, is in motion.**
**1. Safety restraints must be federally approved and labeled according to the applicable Federal Motor Vehicle Safety Standard.**
**2. Child safety restraints must be installed and used as determined by the manufacturer and vehicle's instruction manual.**
**3. Safety restraints must be kept in a safe working condition and free of recall.**
**E. A licensee shall ensure vehicles used to transport children have and use the following:**
**Vehicle Requirements:**

• A working heater capable of keeping an interior temperature of at least 50 °F;
• Air-conditioning to reduce the interior temperature when it exceeds 82 °F (school buses are exempt);
• A working phone;
• Flares;
• Reflectors;
• A first aid kit; and
• A dry chemical fire extinguisher approved by Underwriters Laboratory.
F. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
G. A licensee shall ensure all doors are locked when the vehicle is moving.
H. A licensee shall have written parent/guardian permission for transportation provided by the camp.
I. A licensee shall ensure children are never alone in the vehicle and that the vehicle is visually checked at the final location so that no child is left behind.
J. A licensee shall ensure children's heads and limbs remain inside the vehicle during transport.
K. A licensee may not transport children in the open back of a truck.

Youth Camp:
"Supervision" (of children, staff members, and volunteers) means the correct number of staff members are physically present in the area or room, including outside, with children and staff members and volunteers who must be supervised . Supervision includes providing watchful oversight and timely attention to children, staff members, and volunteers' actions and needs.

29. Ratios, Group Size, and Supervision
A. A licensee shall ensure supervision of children is provided at all times, except as stated in subsection in subsection 29.C. of this regulation. This supervision occurs through the assignment of qualified staff members who are physically present and working with children.

42. Indoor Area
B. A licensee shall show evidence of security procedures that ensures access to children is limited to authorized people.

45. Toilet Facilities
A. A licensee shall ensure a camp has enclosed toilet rooms. Each toilet room must have at least one sink supplied with hot and cold or tempered water under pressure and one operable window or ventilation fan. All door locks, if present, must be designed to permit staff members to open the locked door readily.

51. Outdoor Area
A. A licensee shall ensure the following:
1. Structures, fences, equipment, and the grounds are maintained in a clean and safe condition;
2. Outdoor areas that are used while it is dark have appropriate lighting;

**3. Grounds drain naturally or through installed drainage systems so there is no standing water on the premises. Standing water after a storm must drain within 48 hours;**
**4. All areas determined to be unsafe including steep grades, cliffs, open pits, high voltage boosters, propane gas tanks, streets or roads, driveways, railroad tracks, or parking lots are fenced off, have natural barriers to protect children, or procedures to protect children when fencing or a natural barrier is not present;**
**5. Uncovered wells, septic tanks, wastewater, wastewater tanks, below grade storage tanks, farm manure ponds or other similar hazards are inaccessible to children using a physical barrier with a locking mechanism;**
**6. The growth of brush, weeds, grass and plants shall be controlled in central camp areas to prevent harborage of ticks, chiggers, and other insects of public health importance; and**
**7. The camp area shall be maintained to prevent growth of ragweed, poison ivy, poison oak, and other noxious plants considered detrimental to health.**

**58. Transportation**
**F. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.**
**G. A licensee shall ensure all doors are locked when the vehicle is moving.**

**59. Field Trips**
**A. A licensee shall have and follow a plan to keep track of children at all times during field trips.**

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 32**

**32. Orientation**
**A. A licensee shall document that all staff members, all substitutes, and volunteers working at least five days or 40 hours a year receive training in the following topics before working with children:**
**Orientation Requirements:**
**• DELACARE Regulations (related to job duties);**
**• Personnel and administrative policies;**
**• Release of children including procedures for situations listed in Section 23;**
**• Positive behavior supports;**
**• Child accident and injury procedures;**
**• Administration of medication certification, within two months of hire, if administering medication to children;**

• Child care goals and program for children;
• Recordkeeping, including documenting children and their own attendance;
• Family involvement;
• Food and nutrition services, including proper handling, storage, preparation, and feeding of breast milk and formula, if applicable;
• Safety and sanitation procedures;
• Physical activity;
• Screen time as described in subsection 76.D;
• Photographing or videotaping children;
• Transporting children, if applicable;
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, reporting requirements; and
• Information on federal and State laws or regulations applicable to children and families in care, including non-discrimination.
B. The orientation must include the opportunity for staff members to ask questions
and receive clarification on their job functions, licensing regulations, and center policies. When information is revised, a licensee shall ensure staff members are informed of the changes.
C. A licensee shall ensure all staff members, all substitutes, and volunteers working
at least five days or 40 hours a year complete OCCL's approved Health and Safety Training for Child Care Professionals before working with children. This training provides professional development training hours and includes the following topics:
Health and Safety Training Topics:
• Emergency preparedness and response planning, disaster and evacuation plans and procedures
• Safe sleep practices, including prevention of sudden infant death syndrome;
• Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
44
Health and Safety Training Topics:
• Routine and emergency health care including health exclusions, prevention, and recognition of the symptoms of childhood illnesses, including reportable communicable diseases and immunizations;
• Prevention of and response to emergencies due to food and allergic reactions;
• Building and physical premises safety;
• Handling and storage of hazardous materials and proper disposal of bio-contaminants;
• Safety measures in transporting children, and
• Administration of medication.

19. Child Abuse and Neglect Reporting Requirements
A. A licensee shall develop, adopt, follow, and maintain on file written policies and procedures for handling an incident of suspected child abuse or neglect that

occurs while a child is in or out of the center's care to comply with applicable laws.
Allegations of Abuse or Neglect against a Staff Member
1. The licensee shall ensure children are not abused or neglected.
2. The licensee shall eliminate the factors or circumstances that may result in a continuing risk of abuse or neglect to children if the abuse or neglect occurred at the center by a staff member.
3. The licensee shall ensure the 24-Hour Child Abuse Report Line (currently listed as 1-800-292-9582) is immediately notified when suspected child abuse or neglect occurs at the center.
4. A staff member alleged to have abused or neglected a child in care may not have direct contact with any child until the completion of the incident's investigation by the Institutional Abuse Unit. However, at the licensee's 24 discretion, the staff member may be reassigned to other duties that do not involve contact with children.
5. If the licensee is alleged to have abused or neglected a child, the licensee may not be present in the center when children are present until the completion of the Institutional Abuse Unit's investigation.
Reg #20 Positive Behavior Support
F. A licensee shall ensure the following actions are prohibited:
• Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hairpulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking;
• Yelling at, humiliating, or frightening children;
• Physically or sexually abusing a child;
• Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits;
• Denying children food, water, or toilet use because of inappropriate behavior;
• Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain control;
o If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.
o In the event physical holding is used, documentation must occur by the staff. The early childhood or school-age administrator shall be involved in monitoring and managing the situation to ensure safety of all (child and staff member).
• Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity;
• Withholding physical activity as punishment; or
• Encouraging or allowing children to hit, punish, or discipline each other.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 7 &15**

7. Procedures for Initial Licensure
A. An applicant shall complete the following steps and submit the following

information to OCCL when seeking a license:
1. Attend OCCL's information session and orientation to learn the application process and regulations;
2. Submit a completed Family Child Care Home Initial License Application (see Appendix I) or a Large Family Child Care Home Initial License Application (see Appendix II), as applicable, which includes:
Required Application Information:
• Applicant's name, address, email, and phone numbers;
• Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member;
• Previous licensure information, if applicable;
• Program information (including ages of children to be served);
• Household members; and
• Certifications that include:
o Agreement to comply with federal and State laws and regulations including, but not limited to, the Americans with Disabilities Act and Delaware Equal Accommodations Law;
o Statement that information supplied is true and correct; and
o Acknowledgment that OCCL is required to make a thorough investigation of the applicant.
3. Submit the following items to OCCL:
Items to be Submitted:
• Proof of compliance with zoning codes, and, if applicable, other codes, regulations, guidelines, or laws, such as those from Division of Revenue, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking Water for well water;
Items to be Submitted:
• Documentation that the home is free of lead-based paint hazards. Homes constructed in or after 1978 are exempt from lead-paint risk assessments and testing;
o If the home were constructed before 1978, an applicant or licensee shall provide a lead-paint risk assessment performed by an environmental testing firm certified by DPH showing the home to be free of lead-paint hazards.
o If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is not regarded as a hazard if it is intact or not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.

• If lead-paint hazards are identified in the risk assessment, the applicant or licensee
shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
o Once the repairs are made, a lead-dust clearance inspection must be performed by
an environmental testing firm certified by DPH to confirm the home is free of lead based paint hazards.
o An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards.
o Children may not be present during repairs and the home must stay closed until the
results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.
• If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair in a pre-1978 child-occupied facility;
o Records of any renovation or repair work must be forwarded to OCCL within five business days.
o Children may not be present during repairs or renovation until a lead dust clearance
test is obtained and the lead-safe contractor states it is safe for the home to be open.
• Evidence showing each room used for child care to be free of radon hazards using
the Environmental Protection Agency's guidelines;
o Testing may be performed by the property owner or an inspector certified by the
American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
o If testing indicates a radon level over 4.0 pCi/L, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate
a level less than 4.0 pCi/L.
• Electrical inspection of the home conducted by a State fire marshal recognized electrical inspection agency;
Items to be Submitted:
• Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care. Applicants for large family homes are exempt from this requirement if not serving as a staff member;
• The names, addresses, phone numbers, and email addresses for three references
who are familiar with, but not related to, the applicant and can describe the applicant's interactions with children;
• Release of employment form that allows OCCL to collect service letters as per 19

Del.C. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;
• Comprehensive background checks for the applicant, adult household members, substitutes, staff members, and adult volunteers including State and federal fingerprint checks.
o In addition to the Delaware fingerprinting, applicants, adult household members,
substitutes, staff members, and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
o Applicants, adult household members, substitutes, staff members, and adult volunteers who have resided outside of Delaware in the last five years must contact
each state of residence, and request a criminal history search and a child abuse and
neglect search.
o After the out-of-state searches are completed, the applicant must submit the results
immediately to CHU.
o The person may not be alone with children until CHU notifies the licensee of the person's eligibility after completing the comprehensive background check.
o When OCCL has a reason to believe the health, safety, or welfare of a child in care
may be at risk, OCCL may request parent or guardian permission for a comprehensive background check on a child household member and other medical,
psychological, counseling, school, and probation records. OCCL may obtain information from the Department of Services for Children, Youth and Their Families;
• Documentation of any case where the applicant gave up or lost custody of a child,
if applicable;
• Health appraisals for the applicant, all adult household members, and the substitute completed within one year before the application date that includes a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or others. The TB test or medical professional risk assessment must be completed within one year before the application date. This appraisal must confirm the person's health and document medical or physical conditions that pose a direct threat to the
health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;
• Health appraisals for child household members;
• State business license or verification of tax-exempt status;
• Sample two-week menu, if providing meals or snacks (if using a catering service,

a
copy of the caterer's food establishment permit); and
Items to be Submitted:
• Documentation of completion of pre-service training in the following topics, if the
applicant will work with children:
o Six hours of quality-assured child development;
o Three hours of quality-assured positive behavior supports or social-emotional development;
o Prevention and control of infectious diseases, including immunization;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Prevention and control of communicable diseases including immunization;
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Building and physical grounds safety;
 Emergency preparedness and response planning;
 Handling and storage of hazardous materials and proper disposal of bio contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect
law, and reporting requirements (certificate required);
• Landlord approval, if renting;
• Emergency plan; and
• Large family applicants shall complete the additional requirements for large family homes as listed in Sections 60 through 70.
B. Upon receipt of the completed application and required information, a licensing specialist shall:
1. Review the application and information, and inspect the premises to determine whether the applicant complies with these regulations;
2. Make a recommendation for licensure. If a license is granted, it will be a six-month initial provisional license; and
3. Notify the applicant as stated in subsection 12.D.2 if an initial provisional license to operate is denied.
C. A licensing specialist shall conduct a compliance review at the home before the expiration of the initial provisional license. Once this review is completed, OCCL will issue a provisional or annual license depending upon whether full compliance is obtained. This license will be valid for six months.

15. Use of a Substitute
A. A licensee shall arrange for a substitute who is at least 18 years old.
1. This substitute may be available to assist in non-emergency situations but must be available in case of an emergency. OCCL defines an emergency as an unplanned event, such as a serious or sudden illness,

accident, or situation, requiring the immediate attention of a licensee.
2. The substitute and licensee may both be present at the home; however, a licensee shall provide the majority of the child care duties.
25
B. A licensee shall post the substitute's name and phone number in the home and provide this information to OCCL.
C. A licensee shall document on the form provided by OCCL that substitutes used only for emergencies receive training in the following topics before working with children:
D. A licensee shall document on the form provided by OCCL that substitutes used for non-emergency situations receive training in the following topics before working with children:
Training Requirements for Non-Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home;
• Emergency preparedness and disaster and evacuation plans;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Prevention and control of communicable diseases, including immunization;
 Building and physical grounds safety;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements (certificate required);
• CPR and first aid certifications; and
• Administration of medication.

E. A licensee shall keep a copy of the substitute's health appraisal, comprehensive background check results showing eligibility, and orientation record on file at the home.
Also, a licensee shall ensure substitutes used for non-emergency situations have the
following certificates on file:
Required Certifications for Non-Emergency Substitutes:
• Administration of medication;
• CPR including a skills demonstration;
• First aid;
• OCCL's Health and Safety Training for Child Care Professionals; and
Training Requirements for Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home including special health care concerns of the

children in care, such as allergies;
• Emergency preparedness and disaster and evacuation plans;
• Safe sleep practices, including prevention of sudden infant death syndrome, if caring for infants;
• Recognition of the symptoms of child abuse and neglect; and
• Child abuse and neglect laws and reporting requirements.
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements.
F. A licensee shall ensure the substitute has access to each child's file, knows special or emergency information about each child, and keeps all children's information private.
G. The substitute may provide care in the home in the absence of a licensee, or if applicable, the large family provider or large family assistant. A licensee does not need to inform OCCL or receive approval to use a substitute in the following situations:
Permission to use a Substitute is not Required for these Situations:
• Emergencies as defined in subsection 15.A.1;
• Medical appointments;
• School appointments; or
• Time off for less than five days in a row.
H. The substitute may provide care in the home in the absence of a licensee, large family provider, or large family assistant. A licensee shall inform OCCL and receive approval to use a substitute in the following situations:
Permission to use a Substitute is Required for these Situations:
• Training or classes held for three or more sessions;
• Student teaching;
• Internship or practicum to meet qualifications or annual training; or
• Time off for five or more days in a row.
I. Before using a substitute, a licensee shall tell the parent or guardian who the substitute is and when the substitute will be caring for the children, unless it is an emergency.
J. A licensee shall record the date and times a substitute is present and is helping with the children or providing care. A licensee shall maintain this record for at least three months.

Reg #18 Positive Behavior Support
F. A licensee shall ensure the following actions are prohibited:
• Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hairpulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking;
• Yelling at, humiliating, or frightening children;
• Physically or sexually abusing a child;
• Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits;
• Denying children food, water, or toilet use because of inappropriate behavior;
• Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain control;

o If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.
o In the event physical holding is used, documentation must occur by the staff. The early childhood or school-age administrator shall be involved in monitoring and managing the situation to ensure safety of all (child and staff member).
- Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity;
- Withholding physical activity as punishment; or
- Encouraging or allowing children to hit, punish, or discipline each other.

65. Personnel Policies
A. A licensee shall have written personnel policies and procedures available to staff members. These policies must include, as appropriate, procedures for hiring, discipline, dismissal, suspension, and lay-off of the staff member according to applicable laws. A statement signed by the staff member on the orientation form must confirm the review of these personnel policies and procedures and that the staff member was able to ask questions and receive clarification.
B. A licensee shall develop, follow, and keep on file written policies and procedures that comply with applicable laws for handling suspected child abuse or neglect that occurs while a child is in or out of the large family home's care.
C. A licensee shall ensure no one abuses or neglects children.
D. A licensee shall take corrective action to remove the conditions that may have caused or otherwise resulted in a risk of abuse or neglect to children, if the abuse or neglect happened at the home by a staff member.
E. A licensee shall ensure a licensee or staff member accused of child abuse or neglect is prohibited from working with children until the results of an investigation are completed and OCCL clears the individual to work with children.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **Youth Camps Regulation 11A & 36**

**11. Notification to OCCL**
**A. A licensee shall ensure a staff member calls OCCL and speaks to someone at OCCL (leaving a message is not acceptable) within one business day Monday-Friday from 8:00 AM to 4:30 PM in the event of:**
**Notify OCCL Within One Business Day in the Event of:**
**• Suspected abuse or neglect of a child while in care (after reporting the suspicion to the 24-Hour Child Abuse Report Line, currently listed as 1-800-292-9582);**

**36. Health Observation**
**A licensee shall ensure a staff member trained in recognizing common signs of communicable disease, physical injury, other evidence of ill health as listed in Section**
**37, and signs of child abuse or neglect observes each child on arrival.**
**A. A staff member must document specific concerns and observations as well as the steps taken to assist the child and keep this information in the child's file.**
**B. A person who suspects child abuse or neglect shall make an immediate report to**
**the Child Abuse Report Line.**

**15. Child Abuse and Neglect Reporting Requirements**
**A. A licensee shall develop, follow, and maintain on file written policies and procedures for handling an incident of suspected child abuse or neglect that occurs while a child is in or out of the camp's care to comply with applicable laws.**
**B. Allegations of Abuse or Neglect against a Staff Member**
**1. The licensee shall ensure staff members or volunteers do not abuse or neglect children.**
**2. If the abuse or neglect occurred at the camp by a staff member, the licensee shall eliminate those factors or circumstances that may have increased the risk of abuse or neglect.**
**3. A staff member alleged to have abused or neglected a child may not have direct contact with any child until the completion of the incident's investigation. However, at the licensee's discretion, the licensee may reassign the staff member to other duties that do not involve contact with children.**

**Reg #16 Positive Behavior Management**
**D. A licensee shall ensure the following actions are prohibited:**
**• Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hairpulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking;**
**• Yelling at, humiliating, or frightening children;**
**• Physically or sexually abusing a child;**
**• Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits;**
**• Denying children food, water, or toilet use because of inappropriate behavior;**
**• Tying, taping, chaining, caging, or restraining a child by a means other than**

holding. The child may be held only as long as necessary for the child to regain control;
o If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.
o In the event physical holding is used, documentation must occur by the staff. The early childhood or school-age administrator shall be involved in monitoring and managing the situation to ensure safety of all (child and staff member).
• Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity;
• Withholding physical activity as punishment; or
• Encouraging or allowing children to hit, punish, or discipline each other.

Reg #24 Staff Orientation requires - Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law and reporting requirements, and the camp's procedures to report abuse and neglect;

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 19**

19. Child Abuse and Neglect Reporting Requirements
A. A licensee shall develop, adopt, follow, and maintain on file written policies and procedures for handling an incident of suspected child abuse or neglect that occurs while a child is in or out of the center's care to comply with applicable laws.
Allegations of Abuse or Neglect against a Staff Member
1. The licensee shall ensure children are not abused or neglected.
2. The licensee shall eliminate the factors or circumstances that may result in a continuing risk of abuse or neglect to children if the abuse or neglect occurred at the center by a staff member.
3. The licensee shall ensure the 24-Hour Child Abuse Report Line (currently listed as 1-800-292-9582) is immediately notified when suspected child abuse or neglect occurs at the center.
4. A staff member alleged to have abused or neglected a child in care may not have direct contact with any child until the completion of the incident's investigation by the Institutional Abuse Unit. However, at the licensee's 24 discretion, the staff member may be reassigned to other duties that do not involve contact with children.
5. If the licensee is alleged to have abused or neglected a child, the licensee may not be present in the center when children are present until the completion of the Institutional Abuse Unit's investigation.

Reg #20 Positive Behavior Support
F. A licensee shall ensure the following actions are prohibited:
• Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hairpulling,

biting, pinching, plucking, slapping, hitting, kicking, or spanking;
• Yelling at, humiliating, or frightening children;
• Physically or sexually abusing a child;
• Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits;
• Denying children food, water, or toilet use because of inappropriate behavior;
• Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain control;
o If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.
o In the event physical holding is used, documentation must occur by the staff. The early childhood or school-age administrator shall be involved in monitoring and managing the situation to ensure safety of all (child and staff member).
• Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity;
• Withholding physical activity as punishment; or
• Encouraging or allowing children to hit, punish, or discipline each other.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 7, 15 & 26**

7. Procedures for Initial Licensure
A. An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:
1. Attend OCCL's information session and orientation to learn the application process and regulations;
2. Submit a completed Family Child Care Home Initial License Application (see Appendix I) or a Large Family Child Care Home Initial License Application (see Appendix II), as applicable, which includes:
Required Application Information:
• Applicant’s name, address, email, and phone numbers;
• Applicant’s references: for corporations contact information for officers; for LLCs contact information for managing member;
• Previous licensure information, if applicable;
• Program information (including ages of children to be served);
• Household members; and
• Certifications that include:
o Agreement to comply with federal and State laws and regulations including, but not
limited to, the Americans with Disabilities Act and Delaware Equal Accommodations
Law;
o Statement that information supplied is true and correct; and
o Acknowledgment that OCCL is required to make a thorough investigation of the applicant.

3. Submit the following items to OCCL:
Items to be Submitted:
• Proof of compliance with zoning codes, and, if applicable, other codes, regulations,
guidelines, or laws, such as those from Division of Revenue, Department of Natural
Resources and Environmental Control for septic systems, and Office of Drinking Water for
well water;
Items to be Submitted:
• Documentation that the home is free of lead-based paint hazards. Homes constructed in or after 1978 are exempt from lead-paint risk assessments and testing;
o If the home were constructed before 1978, an applicant or licensee shall provide a
lead-paint risk assessment performed by an environmental testing firm certified by
DPH showing the home to be free of lead-paint hazards.
o If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee
shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is
not regarded as a hazard if it is intact or not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
• If lead-paint hazards are identified in the risk assessment, the applicant or licensee
shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
o Once the repairs are made, a lead-dust clearance inspection must be performed by
an environmental testing firm certified by DPH to confirm the home is free of lead based paint hazards.
o An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards.
o Children may not be present during repairs and the home must stay closed until the
results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.
• If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair in a pre-1978 child-occupied facility;
o Records of any renovation or repair work must be forwarded to OCCL within five business days.

o Children may not be present during repairs or renovation until a lead dust clearance
test is obtained and the lead-safe contractor states it is safe for the home to be open.
• Evidence showing each room used for child care to be free of radon hazards using
the Environmental Protection Agency's guidelines;
o Testing may be performed by the property owner or an inspector certified by the
American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
o If testing indicates a radon level over 4.0 pCi/L, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate
a level less than 4.0 pCi/L.
• Electrical inspection of the home conducted by a State fire marshal recognized electrical inspection agency;
Items to be Submitted:
• Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care. Applicants for large family homes are exempt from this requirement if not serving as a staff member;
• The names, addresses, phone numbers, and email addresses for three references
who are familiar with, but not related to, the applicant and can describe the applicant's interactions with children;
• Release of employment form that allows OCCL to collect service letters as per 19 Del.C. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;
• Comprehensive background checks for the applicant, adult household members, substitutes, staff members, and adult volunteers including State and federal fingerprint checks.
o In addition to the Delaware fingerprinting, applicants, adult household members,
substitutes, staff members, and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
o Applicants, adult household members, substitutes, staff members, and adult volunteers who have resided outside of Delaware in the last five years must contact
each state of residence, and request a criminal history search and a child abuse and
neglect search.
o After the out-of-state searches are completed, the applicant must submit the results
immediately to CHU.
o The person may not be alone with children until CHU notifies the licensee of the

person's eligibility after completing the comprehensive background check.
o When OCCL has a reason to believe the health, safety, or welfare of a child in care
may be at risk, OCCL may request parent or guardian permission for a comprehensive background check on a child household member and other medical,
psychological, counseling, school, and probation records. OCCL may obtain information from the Department of Services for Children, Youth and Their Families;
• Documentation of any case where the applicant gave up or lost custody of a child,
if applicable;
• Health appraisals for the applicant, all adult household members, and the substitute completed within one year before the application date that includes a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or others. The TB test or medical professional risk assessment must be completed within one year before the application date. This appraisal must confirm the person's health and document medical or physical conditions that pose a direct threat to the
health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;
• Health appraisals for child household members;
• State business license or verification of tax-exempt status;
• Sample two-week menu, if providing meals or snacks (if using a catering service, a
copy of the caterer's food establishment permit); and
Items to be Submitted:
• Documentation of completion of pre-service training in the following topics, if the
applicant will work with children:
o Six hours of quality-assured child development;
o Three hours of quality-assured positive behavior supports or social-emotional development;
o Prevention and control of infectious diseases, including immunization;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Prevention and control of communicable diseases including immunization;
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Building and physical grounds safety;
 Emergency preparedness and response planning;
 Handling and storage of hazardous materials and proper disposal of bio contaminants;
 Administration of medication; and

 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect
law, and reporting requirements (certificate required);
• Landlord approval, if renting;
• Emergency plan; and
• Large family applicants shall complete the additional requirements for large family homes as listed in Sections 60 through 70.
B. Upon receipt of the completed application and required information, a licensing specialist shall:
1. Review the application and information, and inspect the premises to determine whether the applicant complies with these regulations;
2. Make a recommendation for licensure. If a license is granted, it will be a six-month initial provisional license; and
3. Notify the applicant as stated in subsection 12.D.2 if an initial provisional license to operate is denied.
C. A licensing specialist shall conduct a compliance review at the home before the expiration of the initial provisional license. Once this review is completed, OCCL will issue a provisional or annual license depending upon whether full compliance is obtained. This license will be valid for six months.

15. Use of a Substitute
A. A licensee shall arrange for a substitute who is at least 18 years old.
1. This substitute may be available to assist in non-emergency situations but must be available in case of an emergency. OCCL defines an emergency as an unplanned event, such as a serious or sudden illness, accident, or situation, requiring the immediate attention of a licensee.
2. The substitute and licensee may both be present at the home; however, a licensee shall provide the majority of the child care duties.
B. A licensee shall post the substitute's name and phone number in the home and provide this information to OCCL.
C. A licensee shall document on the form provided by OCCL that substitutes used only for emergencies receive training in the following topics before working with children:
D. A licensee shall document on the form provided by OCCL that substitutes used for non-emergency situations receive training in the following topics before working with children:
Training Requirements for Non-Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home;
• Emergency preparedness and disaster and evacuation plans;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Prevention and control of communicable diseases, including immunization;

 Building and physical grounds safety;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements (certificate required);
• CPR and first aid certifications; and
• Administration of medication.

E. A licensee shall keep a copy of the substitute's health appraisal, comprehensive background check results showing eligibility, and orientation record on file at the home.
Also, a licensee shall ensure substitutes used for non-emergency situations have the
following certificates on file:
Required Certifications for Non-Emergency Substitutes:
• Administration of medication;
• CPR including a skills demonstration;
• First aid;
• OCCL's Health and Safety Training for Child Care Professionals; and
Training Requirements for Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home including special health care concerns of the
children in care, such as allergies;
• Emergency preparedness and disaster and evacuation plans;
• Safe sleep practices, including prevention of sudden infant death syndrome, if caring for infants;
• Recognition of the symptoms of child abuse and neglect; and
• Child abuse and neglect laws and reporting requirements.
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements.
F. A licensee shall ensure the substitute has access to each child's file, knows special or emergency information about each child, and keeps all children's information private.
G. The substitute may provide care in the home in the absence of a licensee, or if applicable, the large family provider or large family assistant. A licensee does not need to inform OCCL or receive approval to use a substitute in the following situations:
Permission to use a Substitute is not Required for these Situations:
• Emergencies as defined in subsection 15.A.1;
• Medical appointments;
• School appointments; or
• Time off for less than five days in a row.
H. The substitute may provide care in the home in the absence of a licensee, large family provider, or large family assistant. A licensee shall inform OCCL and receive approval to use a substitute in the following situations:

Permission to use a Substitute is Required for these Situations:
• Training or classes held for three or more sessions;
• Student teaching;
• Internship or practicum to meet qualifications or annual training; or
• Time off for five or more days in a row.
I. Before using a substitute, a licensee shall tell the parent or guardian who the substitute is and when the substitute will be caring for the children, unless it is an emergency.
J. A licensee shall record the date and times a substitute is present and is helping with the children or providing care. A licensee shall maintain this record for at least three months.

26. Health Observations
A. A licensee shall ensure each child is observed on arrival for signs of communicable disease, injury, signs of ill health as listed in Section 41, and signs of child abuse or neglect.
B. A licensee shall document concerns and steps taken to assist the child.
1. A licensee shall keep documented concerns in the child's file.
2. A person who suspects child abuse or neglect shall make a report to the Child Abuse Report Line.

Reg #18 Positive Behavior Support
F. A licensee shall ensure the following actions are prohibited:
• Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hairpulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking;
• Yelling at, humiliating, or frightening children;
• Physically or sexually abusing a child;
• Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits;
• Denying children food, water, or toilet use because of inappropriate behavior;
• Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain control;
o If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.
o In the event physical holding is used, documentation must occur by the staff. The early childhood or school-age administrator shall be involved in monitoring and managing the situation to ensure safety of all (child and staff member).
• Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity;
• Withholding physical activity as punishment; or
• Encouraging or allowing children to hit, punish, or discipline each other.

65. Personnel Policies
A. A licensee shall have written personnel policies and procedures available to staff members. These policies must include, as appropriate, procedures for hiring,

**discipline, dismissal, suspension, and lay-off of the staff member according to applicable laws. A statement signed by the staff member on the orientation form must confirm the review of these personnel policies and procedures and that the staff member was able to ask questions and receive clarification.**
**B. A licensee shall develop, follow, and keep on file written policies and procedures that comply with applicable laws for handling suspected child abuse or neglect that occurs while a child is in or out of the large family home's care.**
**C. A licensee shall ensure no one abuses or neglects children.**
**D. A licensee shall take corrective action to remove the conditions that may have caused or otherwise resulted in a risk of abuse or neglect to children, if the abuse or neglect happened at the home by a staff member.**
**E. A licensee shall ensure a licensee or staff member accused of child abuse or neglect is prohibited from working with children until the results of an investigation are completed and OCCL clears the individual to work with children.**

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 11A, 15, 36**

**11. Notification to OCCL**
**A. A licensee shall ensure a staff member calls OCCL and speaks to someone at OCCL (leaving a message is not acceptable) within one business day Monday-Friday from 8:00 AM to 4:30 PM in the event of:**
**Notify OCCL Within One Business Day in the Event of:**
**• Suspected abuse or neglect of a child while in care (after reporting the suspicion to the 24-Hour Child Abuse Report Line, currently listed as 1-800-292-9582);**

**15. Child Abuse and Neglect Reporting Requirements**
**A. A licensee shall develop, follow, and maintain on file written policies and procedures for handling an incident of suspected child abuse or neglect**

that occurs while a child is in or out of the camp's care to comply with applicable laws.
B. Allegations of Abuse or Neglect against a Staff Member
16
1. The licensee shall ensure staff members or volunteers do not abuse or neglect children.
2. If the abuse or neglect occurred at the camp by a staff member, the licensee shall eliminate those factors or circumstances that may have increased the risk of abuse or neglect.
3. A staff member alleged to have abused or neglected a child may not have direct contact with any child until the completion of the incident's investigation. However, at the licensee's discretion, the licensee may reassign the staff member to other duties that do not involve contact with children.

36. Health Observation
A licensee shall ensure a staff member trained in recognizing common signs of communicable disease, physical injury, other evidence of ill health as listed in Section
37, and signs of child abuse or neglect observes each child on arrival.
A. A staff member must document specific concerns and observations as well as the steps taken to assist the child and keep this information in the child's file.
B. A person who suspects child abuse or neglect shall make an immediate report to
the Child Abuse Report Line.

15. Child Abuse and Neglect Reporting Requirements
A. A licensee shall develop, follow, and maintain on file written policies and procedures for handling an incident of suspected child abuse or neglect that occurs while a child is in or out of the camp's care to comply with applicable laws.
B. Allegations of Abuse or Neglect against a Staff Member
1. The licensee shall ensure staff members or volunteers do not abuse or neglect children.
2. If the abuse or neglect occurred at the camp by a staff member, the licensee shall eliminate those factors or circumstances that may have increased the risk of abuse or neglect.
3. A staff member alleged to have abused or neglected a child may not have direct contact with any child until the completion of the incident's investigation. However, at the licensee's discretion, the licensee may reassign the staff member to other duties that do not involve contact with children.

Reg #16 Positive Behavior Management
D. A licensee shall ensure the following actions are prohibited:
- Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hairpulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking;
- Yelling at, humiliating, or frightening children;
- Physically or sexually abusing a child;

• Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits;
• Denying children food, water, or toilet use because of inappropriate behavior;
• Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain control;
o If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.
o In the event physical holding is used, documentation must occur by the staff. The early childhood or school-age administrator shall be involved in monitoring and managing the situation to ensure safety of all (child and staff member).
• Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity;
• Withholding physical activity as punishment; or
• Encouraging or allowing children to hit, punish, or discipline each other.

Reg #24 Staff Orientation requires - Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law and reporting requirements, and the camp's procedures to report abuse and neglect; and

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[x]** Evacuation

ii. **[x]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

**[x]** Training

**[x]** Practice drills

vi. Volunteer emergency preparedness

**[ ]** Training

**[ ]** Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[x]** Continuity of operations

x. Accommodation of

**[x]** Infants

**[x]** Toddlers

**[x]** Children with disabilities

**[x]** Children with chronic medical conditions

xi. If any of the above are not checked, describe: **Delaware received a preliminary notice of non-compliance standards for volunteer training and practice drills for all 3 provider types (12/13/21).**

**FCCH:**
**13. General Requirements**
**I. A licensee shall ensure an adult volunteer who is present for at least five days or 40 hours per year completes OCCL's approved Health and Safety Training for Child Care Professionals (certificate required).**
**Emergency Preparedness is covered in the required Health and Safety training.**

**Center:**
**32. Orientation**
**C. A licensee shall ensure all staff members, all substitutes, and volunteers working at least five days or 40 hours a year complete OCCL's approved Health and Safety Training for Child Care Professionals before working with children. This training provides professional development training hours and includes the following topics:**
**Emergency Preparedness is covered in the required Health and Safety training.**

**Youth Camp:**
**Delaware will address its non-compliance for practice drills by updating the Youth Camp regulations with this requirement. Regulations revisions are currently in process with the aim to be at the public comment stage in winter 2025. The timeline for finalized regulations will be after the public comment period, at an estimated summer 2025.**

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 32 & 45**

**32. Orientation**
**A. A licensee shall document that all staff members, all substitutes, and volunteers working at least five days or 40 hours a year receive training in the following topics before working with children:**
**Orientation Requirements:**
**• DELACARE Regulations (related to job duties);**
**• Personnel and administrative policies;**
**• Release of children including procedures for situations listed in Section 23;**

• Positive behavior supports;
• Child accident and injury procedures;
• Administration of medication certification, within two months of hire, if administering medication to children;
• Child care goals and program for children;
• Recordkeeping, including documenting children and their own attendance;
• Family involvement;
• Food and nutrition services, including proper handling, storage, preparation, and feeding of breast milk and formula, if applicable;
• Safety and sanitation procedures;
• Physical activity;
• Screen time as described in subsection 76.D;
• Photographing or videotaping children;
• Transporting children, if applicable;
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, reporting requirements; and
• Information on federal and State laws or regulations applicable to children and families in care, including non-discrimination.
B. The orientation must include the opportunity for staff members to ask questions
and receive clarification on their job functions, licensing regulations, and center policies. When information is revised, a licensee shall ensure staff members are informed of the changes.
C. A licensee shall ensure all staff members, all substitutes, and volunteers working
at least five days or 40 hours a year complete OCCL's approved Health and Safety Training for Child Care Professionals before working with children. This training provides professional development training hours and includes the following topics:
Health and Safety Training Topics:
• Emergency preparedness and response planning, disaster and evacuation plans and procedures
• Safe sleep practices, including prevention of sudden infant death syndrome;
• Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
Health and Safety Training Topics:
• Routine and emergency health care including health exclusions, prevention, and recognition of the symptoms of childhood illnesses, including reportable communicable diseases and immunizations;
• Prevention of and response to emergencies due to food and allergic reactions;
• Building and physical premises safety;
• Handling and storage of hazardous materials and proper disposal of bio-contaminants;
• Safety measures in transporting children, and
• Administration of medication.

45. Hazardous Materials
A. A licensee shall ensure the center is free of unacceptable exposure to hazardous
materials.
B. An applicant and licensee shall ensure the center is free of lead-based paint hazards. Buildings constructed in or after 1978 are exempt from lead-paint risk assessments and testing.
1. If the buildings were constructed before 1978, an applicant or licensee shall provide to OCCL a lead-paint risk assessment performed by an environmental testing firm certified by DPH showing the center to be free of lead-based paint hazards.
a. Before license renewal, unless previously submitted to OCCL, a licensee shall submit this risk assessment.
b. If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is not regarded as a hazard if it is intact, not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
2. If lead-paint hazards are identified in the risk assessment, the applicant or licensee shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
a. Once the repairs are made, a lead-dust clearance inspection must be performed by an environmental testing firm certified by DPH to confirm the center is free of lead-based paint hazards.
b. The applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the center is free of lead-based paint hazards.
c. Children may not be present during repairs and the center must stay closed until the results of the lead dust clearance are at appropriate levels and the lead-safe contractor states it is safe for the center to be open.
3. If any lead-based paint identified in a risk assessment in a pre-1978 child-occupied facility becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair.
a. Records of this renovation or repair work must be forwarded to OCCL within five business days.
b. Children may not be present during repairs or renovation until a lead-dust clearance test is obtained and the lead-safe contractor states it is safe for the center to be open.
C. A licensee shall ensure radon testing is performed in each room used for child care once every five years between the months of October and March and within six months after any remodeling, renovations, or construction.
1. This testing may be performed by the property owner or an inspector certified by the American Association of Radon Scientists, the National

Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
2. If testing indicates a radon level over 4.0 pCi/L, a licensee shall ensure acceptable radon mitigation occurs or a long-term radon test (90-120 days) indicates a level less than 4.0 pCi/L.
3. A licensee shall ensure copies of radon testing results are sent to OCCL within five business days of receiving the results.
D. A licensee shall ensure containers of poisonous, toxic, or hazardous materials are:
1. Labeled with the contents;
2. Used only in the manner and under the conditions that will not contaminate food or constitute a hazard to children or to staff; and
3. Stored in a locked storage space accessible only to staff.
E. Materials required for routine cleaning and maintenance must be stored out of children's reach and used in a safe manner.
F. The storage of flammable liquids and gases is not be permitted except as allowed by the Office of the Fire Marshal.
G. A licensee shall ensure the center is free from illegal drugs.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 7, 15 & 26**

7. Procedures for Initial Licensure
A. An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:
1. Attend OCCL's information session and orientation to learn the application process and regulations;
2. Submit a completed Family Child Care Home Initial License Application (see Appendix I) or a Large Family Child Care Home Initial License Application (see Appendix II), as applicable, which includes:
Required Application Information:
• Applicant's name, address, email, and phone numbers;
• Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member;
• Previous licensure information, if applicable;
• Program information (including ages of children to be served);
• Household members; and
• Certifications that include:
o Agreement to comply with federal and State laws and regulations including, but not limited to, the Americans with Disabilities Act and Delaware Equal Accommodations Law;
o Statement that information supplied is true and correct; and
o Acknowledgment that OCCL is required to make a thorough investigation of the applicant.
3. Submit the following items to OCCL:
Items to be Submitted:

• Proof of compliance with zoning codes, and, if applicable, other codes, regulations,
guidelines, or laws, such as those from Division of Revenue, Department of Natural
Resources and Environmental Control for septic systems, and Office of Drinking Water for
well water;
Items to be Submitted:
• Documentation that the home is free of lead-based paint hazards. Homes constructed in or after 1978 are exempt from lead-paint risk assessments and testing;
o If the home were constructed before 1978, an applicant or licensee shall provide a
lead-paint risk assessment performed by an environmental testing firm certified by
DPH showing the home to be free of lead-paint hazards.
o If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee
shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is
not regarded as a hazard if it is intact or not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
• If lead-paint hazards are identified in the risk assessment, the applicant or licensee
shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
o Once the repairs are made, a lead-dust clearance inspection must be performed by
an environmental testing firm certified by DPH to confirm the home is free of lead based paint hazards.
o An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards.
o Children may not be present during repairs and the home must stay closed until the
results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.
• If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair in a pre-1978 child-occupied facility;
o Records of any renovation or repair work must be forwarded to OCCL within five business days.
o Children may not be present during repairs or renovation until a lead dust clearance

test is obtained and the lead-safe contractor states it is safe for the home to be open.
• Evidence showing each room used for child care to be free of radon hazards using
the Environmental Protection Agency's guidelines;
o Testing may be performed by the property owner or an inspector certified by the
American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
o If testing indicates a radon level over 4.0 pCi/L, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate
a level less than 4.0 pCi/L.
• Electrical inspection of the home conducted by a State fire marshal recognized electrical inspection agency;
Items to be Submitted:
• Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care. Applicants for large family homes are exempt from this requirement if not serving as a staff member;
• The names, addresses, phone numbers, and email addresses for three references
who are familiar with, but not related to, the applicant and can describe the applicant's interactions with children;
• Release of employment form that allows OCCL to collect service letters as per 19 Del.C. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;
• Comprehensive background checks for the applicant, adult household members, substitutes, staff members, and adult volunteers including State and federal fingerprint checks.
o In addition to the Delaware fingerprinting, applicants, adult household members,
substitutes, staff members, and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
o Applicants, adult household members, substitutes, staff members, and adult volunteers who have resided outside of Delaware in the last five years must contact
each state of residence, and request a criminal history search and a child abuse and
neglect search.
o After the out-of-state searches are completed, the applicant must submit the results
immediately to CHU.
o The person may not be alone with children until CHU notifies the licensee of the person's eligibility after completing the comprehensive background check.
o When OCCL has a reason to believe the health, safety, or welfare of a child in

care
may be at risk, OCCL may request parent or guardian permission for a comprehensive background check on a child household member and other medical,
psychological, counseling, school, and probation records. OCCL may obtain information from the Department of Services for Children, Youth and Their Families;
• Documentation of any case where the applicant gave up or lost custody of a child,
if applicable;
• Health appraisals for the applicant, all adult household members, and the substitute completed within one year before the application date that includes a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or others. The TB test or medical professional risk assessment must be completed within one year before the application date. This appraisal must confirm the person's health and document medical or physical conditions that pose a direct threat to the
health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;
• Health appraisals for child household members;
• State business license or verification of tax-exempt status;
• Sample two-week menu, if providing meals or snacks (if using a catering service, a
copy of the caterer's food establishment permit); and
Items to be Submitted:
• Documentation of completion of pre-service training in the following topics, if the
applicant will work with children:
o Six hours of quality-assured child development;
o Three hours of quality-assured positive behavior supports or social-emotional development;
o Prevention and control of infectious diseases, including immunization;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Prevention and control of communicable diseases including immunization;
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Building and physical grounds safety;
 Emergency preparedness and response planning;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and

neglect
law, and reporting requirements (certificate required);
• Landlord approval, if renting;
• Emergency plan; and
• Large family applicants shall complete the additional requirements for large family homes as listed in Sections 60 through 70.
B. Upon receipt of the completed application and required information, a licensing specialist shall:
1. Review the application and information, and inspect the premises to determine whether the applicant complies with these regulations;
2. Make a recommendation for licensure. If a license is granted, it will be a six-month initial provisional license; and
3. Notify the applicant as stated in subsection 12.D.2 if an initial provisional license to operate is denied.
C. A licensing specialist shall conduct a compliance review at the home before the expiration of the initial provisional license. Once this review is completed, OCCL will issue a provisional or annual license depending upon whether full compliance is obtained. This license will be valid for six months.

15. Use of a Substitute
A. A licensee shall arrange for a substitute who is at least 18 years old.
1. This substitute may be available to assist in non-emergency situations but must be available in case of an emergency. OCCL defines an emergency as an unplanned event, such as a serious or sudden illness, accident, or situation, requiring the immediate attention of a licensee.
2. The substitute and licensee may both be present at the home; however, a licensee shall provide the majority of the child care duties.
B. A licensee shall post the substitute's name and phone number in the home and provide this information to OCCL.
C. A licensee shall document on the form provided by OCCL that substitutes used only for emergencies receive training in the following topics before working with children:
D. A licensee shall document on the form provided by OCCL that substitutes used for non-emergency situations receive training in the following topics before working with children:
Training Requirements for Non-Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home;
• Emergency preparedness and disaster and evacuation plans;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Prevention and control of communicable diseases, including immunization;
 Building and physical grounds safety;
 Handling and storage of hazardous materials and proper disposal of bio-

contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements (certificate required);
• CPR and first aid certifications; and
• Administration of medication.

E. A licensee shall keep a copy of the substitute's health appraisal, comprehensive background check results showing eligibility, and orientation record on file at the home.
Also, a licensee shall ensure substitutes used for non-emergency situations have the
following certificates on file:
Required Certifications for Non-Emergency Substitutes:
• Administration of medication;
• CPR including a skills demonstration;
• First aid;
• OCCL's Health and Safety Training for Child Care Professionals; and
Training Requirements for Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home including special health care concerns of the
children in care, such as allergies;
• Emergency preparedness and disaster and evacuation plans;
• Safe sleep practices, including prevention of sudden infant death syndrome, if caring for infants;
• Recognition of the symptoms of child abuse and neglect; and
• Child abuse and neglect laws and reporting requirements.
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements.
F. A licensee shall ensure the substitute has access to each child's file, knows special or emergency information about each child, and keeps all children's information private.
G. The substitute may provide care in the home in the absence of a licensee, or if applicable, the large family provider or large family assistant. A licensee does not need to inform OCCL or receive approval to use a substitute in the following situations:
Permission to use a Substitute is not Required for these Situations:
• Emergencies as defined in subsection 15.A.1;
• Medical appointments;
• School appointments; or
• Time off for less than five days in a row.
H. The substitute may provide care in the home in the absence of a licensee, large family provider, or large family assistant. A licensee shall inform OCCL and receive approval to use a substitute in the following situations:
Permission to use a Substitute is Required for these Situations:
• Training or classes held for three or more sessions;

• Student teaching;
• Internship or practicum to meet qualifications or annual training; or
• Time off for five or more days in a row.
I. Before using a substitute, a licensee shall tell the parent or guardian who the substitute is and when the substitute will be caring for the children, unless it is an emergency.
J. A licensee shall record the date and times a substitute is present and is helping with the children or providing care. A licensee shall maintain this record for at least three months.

26. Health Observations
A. A licensee shall ensure each child is observed on arrival for signs of communicable disease, injury, signs of ill health as listed in Section 41, and signs of child abuse or neglect.
B. A licensee shall document concerns and steps taken to assist the child.
1. A licensee shall keep documented concerns in the child's file.
2. A person who suspects child abuse or neglect shall make a report to the Child Abuse Report Line.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 40**

40. Hazardous Materials, Maintenance Supplies, and Garbage
A. A licensee shall ensure containers of poisonous, toxic, or hazardous materials are:
1. Labeled with the contents;
2. Used only in the manner and under the conditions that will not contaminate food or constitute a hazard to children or to staff; and
3. Stored in a locked storage space accessible only to staff.
B. A licensee shall ensure materials required for routine cleaning and maintenance are stored out of children's reach and used in a safe manner.

C. The storage of flammable liquids and gases is not to be permitted except as allowed by the Office of the Fire Marshal.
D. A licensee shall ensure saws, power tools, lawn mowers, toilet plungers, toilet brushes, and other maintenance and janitorial equipment are inaccessible to children.
E. A licensee shall ensure the buildings, structures, and the campsites are free of an
infestation of rodents, insects, or vermin.
1. If pesticides are used, a licensee shall ensure they are used according to the instructions listed on the label.
2. Children may not be present when pesticides are applied.
F. A licensee shall ensure garbage and trash are stored securely in non-combustible, covered containers.
1. Indoor containers must be emptied at least daily to an outdoor receptacle and kept clean.
2. Outdoor trash/garbage containers that do not contain a plastic liner must be inaccessible to children, emptied at least weekly, and, with the exception of dumpsters, cleaned as needed.

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 32 & 45**

32. Orientation
A. A licensee shall document that all staff members, all substitutes, and volunteers working at least five days or 40 hours a year receive training in the following topics before working with children:
Orientation Requirements:
• DELACARE Regulations (related to job duties);
• Personnel and administrative policies;
• Release of children including procedures for situations listed in Section 23;
• Positive behavior supports;
• Child accident and injury procedures;
• Administration of medication certification, within two months of hire, if administering medication to children;
• Child care goals and program for children;
• Recordkeeping, including documenting children and their own attendance;
• Family involvement;
• Food and nutrition services, including proper handling, storage, preparation, and feeding of breast milk and formula, if applicable;
• Safety and sanitation procedures;
• Physical activity;
• Screen time as described in subsection 76.D;
• Photographing or videotaping children;
• Transporting children, if applicable;
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, reporting requirements; and

• Information on federal and State laws or regulations applicable to children and families in care, including non-discrimination.
B. The orientation must include the opportunity for staff members to ask questions
and receive clarification on their job functions, licensing regulations, and center policies. When information is revised, a licensee shall ensure staff members are informed of the changes.
C. A licensee shall ensure all staff members, all substitutes, and volunteers working
at least five days or 40 hours a year complete OCCL's approved Health and Safety Training for Child Care Professionals before working with children. This training provides professional development training hours and includes the following topics:
Health and Safety Training Topics:
• Emergency preparedness and response planning, disaster and evacuation plans and procedures
• Safe sleep practices, including prevention of sudden infant death syndrome;
• Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
Health and Safety Training Topics:
• Routine and emergency health care including health exclusions, prevention, and recognition of the symptoms of childhood illnesses, including reportable communicable diseases and immunizations;
• Prevention of and response to emergencies due to food and allergic reactions;
• Building and physical premises safety;
• Handling and storage of hazardous materials and proper disposal of bio-contaminants;
• Safety measures in transporting children, and
• Administration of medication.

45. Hazardous Materials
A. A licensee shall ensure the center is free of unacceptable exposure to hazardous
materials.
B. An applicant and licensee shall ensure the center is free of lead-based paint hazards. Buildings constructed in or after 1978 are exempt from lead-paint risk assessments and testing.
1. If the buildings were constructed before 1978, an applicant or licensee shall provide to OCCL a lead-paint risk assessment performed by an environmental testing firm certified by DPH showing the center to be free of lead-based paint hazards.
a. Before license renewal, unless previously submitted to OCCL, a licensee shall submit this risk assessment.
b. If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee shall monitor the identified areas at least every six months and document that the lead-based paint is intact

(in good repair and not deteriorated). Lead-based paint is not regarded as a hazard if it is intact, not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
2. If lead-paint hazards are identified in the risk assessment, the applicant or licensee shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
a. Once the repairs are made, a lead-dust clearance inspection must be performed by an environmental testing firm certified by DPH to confirm the center is free of lead-based paint hazards.
b. The applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the center is free of lead-based paint hazards.
c. Children may not be present during repairs and the center must stay closed until the results of the lead dust clearance are at appropriate levels and the lead-safe contractor states it is safe for the center to be open.
3. If any lead-based paint identified in a risk assessment in a pre-1978 child-occupied facility becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair.
a. Records of this renovation or repair work must be forwarded to OCCL within five business days.
b. Children may not be present during repairs or renovation until a lead-dust clearance test is obtained and the lead-safe contractor states it is safe for the center to be open.
C. A licensee shall ensure radon testing is performed in each room used for child care once every five years between the months of October and March and within six months after any remodeling, renovations, or construction.
1. This testing may be performed by the property owner or an inspector certified by the American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
2. If testing indicates a radon level over 4.0 pCi/L, a licensee shall ensure acceptable radon mitigation occurs or a long-term radon test (90-120 days) indicates a level less than 4.0 pCi/L.
3. A licensee shall ensure copies of radon testing results are sent to OCCL within five business days of receiving the results.
D. A licensee shall ensure containers of poisonous, toxic, or hazardous materials are:
1. Labeled with the contents;
2. Used only in the manner and under the conditions that will not contaminate food or constitute a hazard to children or to staff; and
3. Stored in a locked storage space accessible only to staff.
E. Materials required for routine cleaning and maintenance must be stored out of children's reach and used in a safe manner.
F. The storage of flammable liquids and gases is not be permitted except as

allowed by the Office of the Fire Marshal.
G. A licensee shall ensure the center is free from illegal drugs.

Reg #58 Sanitation
A. A licensee shall ensure that areas and equipment listed in subsection 58.B are washed with soap and water and then disinfected as required. For sanitizing and disinfecting, a licensee shall ensure one of the following is used: an EPAregistered product, a commercially prepared product, or a bleach and water solution.
1. A licensee shall follow the manufacturer's instructions for use.
2. These products must be labeled with the contents.
3. Their instructions for use must be available at all times.
B. A licensee shall ensure staff members wash with a soap and water solution and then disinfect the following equipment, items, or surfaces, as listed below:
After Each Use:
• Potty-chairs that have first been emptied into a toilet
• Sinks and faucets used for hand washing after the sink has been used for rinsing a potty-chair
• Diapering surfaces, as required in subsection 61.F
• Food preparation and eating surfaces such as counters, tables, and high chair trays
• Toys mouthed by children
• Mops used for cleaning must be rinsed, disinfected, wrung dry, and hung to dry
• Plastic bibs (cloth bibs may be used only once before laundering)
• Thermometers
At Least Daily:
• Toilet and toilet seats
• Sinks and faucets
• Diaper pails and lids
• Drinking fountains
• Water table and water play equipment
• Play tables
• Rest mats that are not stored separately as listed in these regulations
• Cleanable, non-absorbent activity mats such as those used for infant tummy time
• Smooth surfaced non-porous floors
C. At least weekly, a licensee shall ensure non-porous toys and play equipment are washed with a soap and water solution and then disinfected.
D. At least weekly, a licensee shall ensure stuffed animals are laundered.

Reg #59 Handwashing
A licensee shall ensure staff members and children wash their hands with soap and running water, including when gloves have been worn, and use paper towels or a handdrying device, as follows:
Before and After:
• Eating or handling food
• Giving medications
• Caring for a child who may be sick
• Using a water-play or other sensory table or container with other children

• Using shared play dough or clay
After:
• Toileting or diapering
• Coming into contact with blood, fecal matter, urine, vomit, nasal secretions, or other body secretions
• Handling animals or their equipment or after coming into contact with an animal's body secretions
• Playing in a sandbox
• Outdoor play
• Cleaning
• Taking out the garbage

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 7, 15 & 26**

7. Procedures for Initial Licensure
A. An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:
1. Attend OCCL's information session and orientation to learn the application process and regulations;
2. Submit a completed Family Child Care Home Initial License Application (see Appendix I) or a Large Family Child Care Home Initial License Application (see Appendix II), as applicable, which includes:
Required Application Information:
• Applicant's name, address, email, and phone numbers;
• Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member;
• Previous licensure information, if applicable;
• Program information (including ages of children to be served);
• Household members; and
• Certifications that include:
o Agreement to comply with federal and State laws and regulations including, but not limited to, the Americans with Disabilities Act and Delaware Equal Accommodations Law;
o Statement that information supplied is true and correct; and
o Acknowledgment that OCCL is required to make a thorough investigation of the applicant.
3. Submit the following items to OCCL:
Items to be Submitted:
• Proof of compliance with zoning codes, and, if applicable, other codes, regulations, guidelines, or laws, such as those from Division of Revenue, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking

Water for
well water;
Items to be Submitted:
• Documentation that the home is free of lead-based paint hazards. Homes constructed in or after 1978 are exempt from lead-paint risk assessments and testing;
o If the home were constructed before 1978, an applicant or licensee shall provide a
lead-paint risk assessment performed by an environmental testing firm certified by
DPH showing the home to be free of lead-paint hazards.
o If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee
shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is
not regarded as a hazard if it is intact or not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
• If lead-paint hazards are identified in the risk assessment, the applicant or licensee
shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
o Once the repairs are made, a lead-dust clearance inspection must be performed by
an environmental testing firm certified by DPH to confirm the home is free of lead-based paint hazards.
o An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards.
o Children may not be present during repairs and the home must stay closed until the
results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.
• If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair in a pre-1978 child-occupied facility;
o Records of any renovation or repair work must be forwarded to OCCL within five business days.
o Children may not be present during repairs or renovation until a lead dust clearance
test is obtained and the lead-safe contractor states it is safe for the home to be open.
• Evidence showing each room used for child care to be free of radon hazards using
the Environmental Protection Agency's guidelines;

o Testing may be performed by the property owner or an inspector certified by the
American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
o If testing indicates a radon level over 4.0 pCi/L, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate
a level less than 4.0 pCi/L.
• Electrical inspection of the home conducted by a State fire marshal recognized electrical inspection agency;
Items to be Submitted:
• Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care. Applicants for large family homes are exempt from this requirement if not serving as a staff member;
• The names, addresses, phone numbers, and email addresses for three references
who are familiar with, but not related to, the applicant and can describe the applicant's interactions with children;
• Release of employment form that allows OCCL to collect service letters as per 19 Del.C. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;
• Comprehensive background checks for the applicant, adult household members, substitutes, staff members, and adult volunteers including State and federal fingerprint checks.
o In addition to the Delaware fingerprinting, applicants, adult household members,
substitutes, staff members, and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
o Applicants, adult household members, substitutes, staff members, and adult volunteers who have resided outside of Delaware in the last five years must contact
each state of residence, and request a criminal history search and a child abuse and
neglect search.
o After the out-of-state searches are completed, the applicant must submit the results
immediately to CHU.
o The person may not be alone with children until CHU notifies the licensee of the person’s eligibility after completing the comprehensive background check.
o When OCCL has a reason to believe the health, safety, or welfare of a child in care
may be at risk, OCCL may request parent or guardian permission for a comprehensive background check on a child household member and other medical,
psychological, counseling, school, and probation records. OCCL may obtain

information from the Department of Services for Children, Youth and Their Families;
• Documentation of any case where the applicant gave up or lost custody of a child,
if applicable;
• Health appraisals for the applicant, all adult household members, and the substitute completed within one year before the application date that includes a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or others. The TB test or medical professional risk assessment must be completed within one year before the application date. This appraisal must confirm the person's health and document medical or physical conditions that pose a direct threat to the
health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;
• Health appraisals for child household members;
• State business license or verification of tax-exempt status;
• Sample two-week menu, if providing meals or snacks (if using a catering service, a
copy of the caterer's food establishment permit); and
Items to be Submitted:
• Documentation of completion of pre-service training in the following topics, if the
applicant will work with children:
o Six hours of quality-assured child development;
o Three hours of quality-assured positive behavior supports or social-emotional development;
o Prevention and control of infectious diseases, including immunization;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Prevention and control of communicable diseases including immunization;
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Building and physical grounds safety;
 Emergency preparedness and response planning;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect
law, and reporting requirements (certificate required);
• Landlord approval, if renting;
• Emergency plan; and
• Large family applicants shall complete the additional requirements for

large family homes as listed in Sections 60 through 70.
B. Upon receipt of the completed application and required information, a licensing specialist shall:
1. Review the application and information, and inspect the premises to determine whether the applicant complies with these regulations;
2. Make a recommendation for licensure. If a license is granted, it will be a six-month initial provisional license; and
3. Notify the applicant as stated in subsection 12.D.2 if an initial provisional license to operate is denied.
C. A licensing specialist shall conduct a compliance review at the home before the expiration of the initial provisional license. Once this review is completed, OCCL will issue a provisional or annual license depending upon whether full compliance is obtained. This license will be valid for six months.

15. Use of a Substitute
A. A licensee shall arrange for a substitute who is at least 18 years old.
1. This substitute may be available to assist in non-emergency situations but must be available in case of an emergency. OCCL defines an emergency as an unplanned event, such as a serious or sudden illness, accident, or situation, requiring the immediate attention of a licensee.
2. The substitute and licensee may both be present at the home; however, a licensee shall provide the majority of the child care duties.
B. A licensee shall post the substitute's name and phone number in the home and provide this information to OCCL.
C. A licensee shall document on the form provided by OCCL that substitutes used only for emergencies receive training in the following topics before working with children:
D. A licensee shall document on the form provided by OCCL that substitutes used for non-emergency situations receive training in the following topics before working with children:
Training Requirements for Non-Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home;
• Emergency preparedness and disaster and evacuation plans;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Prevention and control of communicable diseases, including immunization;
 Building and physical grounds safety;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements (certificate required);

• CPR and first aid certifications; and
• Administration of medication.

E. A licensee shall keep a copy of the substitute's health appraisal, comprehensive background check results showing eligibility, and orientation record on file at the home.
Also, a licensee shall ensure substitutes used for non-emergency situations have the
following certificates on file:
Required Certifications for Non-Emergency Substitutes:
• Administration of medication;
• CPR including a skills demonstration;
• First aid;
• OCCL's Health and Safety Training for Child Care Professionals; and
Training Requirements for Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home including special health care concerns of the
children in care, such as allergies;
• Emergency preparedness and disaster and evacuation plans;
• Safe sleep practices, including prevention of sudden infant death syndrome, if caring for infants;
• Recognition of the symptoms of child abuse and neglect; and
• Child abuse and neglect laws and reporting requirements.
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements.
F. A licensee shall ensure the substitute has access to each child's file, knows special or emergency information about each child, and keeps all children's information private.
G. The substitute may provide care in the home in the absence of a licensee, or if applicable, the large family provider or large family assistant. A licensee does not need to inform OCCL or receive approval to use a substitute in the following situations:
Permission to use a Substitute is not Required for these Situations:
• Emergencies as defined in subsection 15.A.1;
• Medical appointments;
• School appointments; or
• Time off for less than five days in a row.
H. The substitute may provide care in the home in the absence of a licensee, large family provider, or large family assistant. A licensee shall inform OCCL and receive approval to use a substitute in the following situations:
Permission to use a Substitute is Required for these Situations:
• Training or classes held for three or more sessions;
• Student teaching;
• Internship or practicum to meet qualifications or annual training; or
• Time off for five or more days in a row.
I. Before using a substitute, a licensee shall tell the parent or guardian who the substitute is and when the substitute will be caring for the children, unless it is

an emergency.
J. A licensee shall record the date and times a substitute is present and is helping with the children or providing care. A licensee shall maintain this record for at least three months.

26. Health Observations
A. A licensee shall ensure each child is observed on arrival for signs of communicable disease, injury, signs of ill health as listed in Section 41, and signs of child abuse or neglect.
B. A licensee shall document concerns and steps taken to assist the child.
1. A licensee shall keep documented concerns in the child's file.
2. A person who suspects child abuse or neglect shall make a report to the Child Abuse Report Line.

Reg #37 Sanitation
A. To prevent injuries, equipment in poor condition (rusty parts, flaking paint, or other dangers) must be repaired, removed, or made inaccessible to children. A licensee shall ensure areas and equipment listed in subsections 37.B and 37.C are washed with soap and water and then disinfected as required. For sanitizing and disinfecting, a licensee shall ensure one of the following is used: an EPA-registered product, a commercially prepared product, or a bleach and water solution.
1. A licensee shall follow the manufacturer's instructions for use.
2. These products must be labeled with the contents.
3. Their instructions for use must be available at all times.
B. A licensee shall ensure the following items or surfaces are cleaned after each use with a soap and water solution and then disinfected as follows:
Clean and Disinfect - After Each Use:
• Potty-chairs, after being emptied into a toilet;
• Sinks and faucets used for hand washing after the sink was used for rinsing a potty-chair;
• Diapering surfaces, as required in subsection 40.F;
• Food preparation and eating surfaces, such as counters, tables, and high chair trays;
• Toys children put in their mouths;
• Mops used for cleaning must be rinsed, disinfected, wrung, and hung to dry;
• Plastic bibs (cloth bibs may only be used once before washing); and
• Thermometers (that make contact with skin or mouth).
Clean and Disinfect - At Least Daily:
• Toilet and toilet seats;
• Sinks and faucets;
• Diaper pails and lids;
• Drinking fountains;
• Water table and water play equipment;
• Play tables;
• Rest mats that are stored touching each other;
• Waterproof activity mats; and
• Smooth waterproof floors.
C. A licensee shall limit germs and disease passing among children in the home

by:
1. Using washable toys with diapered children; and
2. Washing items children lick or chew after they fall to the floor or ground.
D. At least weekly, a licensee shall ensure non-porous toys and play equipment are washed with a soap and water solution and then disinfected.
E. At least weekly, a licensee shall ensure stuffed animals are laundered.

Reg #38 Handwashing
A. A licensee shall ensure staff and children's hands are washed with liquid soap and running water, even if gloves were worn, and paper towels or a mechanical hand dryer are used, as follows:
1. Before and after: eating or handling food, giving medications, caring for a child who may be sick, using a water-play or other sensory table or container with other children, and using shared play dough or clay; and
2. After: toileting or diapering, touching blood, feces, urine, vomit, nasal or other body fluids, handling animals or their equipment, or after coming into contact with an animal's body fluids, playing in a sandbox, outdoor play, cleaning, and taking out the garbage.
B. A licensee shall ensure liquid soap, paper towels, and single-use towels or a mechanical hand dryer, are available at all times in the bathroom.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 40**

40. Hazardous Materials, Maintenance Supplies, and Garbage
A. A licensee shall ensure containers of poisonous, toxic, or hazardous materials are:
1. Labeled with the contents;
2. Used only in the manner and under the conditions that will not contaminate food or constitute a hazard to children or to staff; and

3. Stored in a locked storage space accessible only to staff.
B. A licensee shall ensure materials required for routine cleaning and maintenance are stored out of children's reach and used in a safe manner.
C. The storage of flammable liquids and gases is not to be permitted except as allowed by the Office of the Fire Marshal.
D. A licensee shall ensure saws, power tools, lawn mowers, toilet plungers, toilet brushes, and other maintenance and janitorial equipment are inaccessible to children.
E. A licensee shall ensure the buildings, structures, and the campsites are free of an
infestation of rodents, insects, or vermin.
1. If pesticides are used, a licensee shall ensure they are used according to the instructions listed on the label.
2. Children may not be present when pesticides are applied.
F. A licensee shall ensure garbage and trash are stored securely in non-combustible, covered containers.
1. Indoor containers must be emptied at least daily to an outdoor receptacle and kept clean.
2. Outdoor trash/garbage containers that do not contain a plastic liner must be inaccessible to children, emptied at least weekly, and, with the exception of dumpsters, cleaned as needed.

Youth Camp
46. Soiled Clothing
A. The licensee shall keep a supply of extra clothing available for campers when needed if not provided by a parent/guardian.
B. A licensee shall ensure soiled or wet clothing is placed in a sealed plastic bag that is labeled with the child's name and sent home with the child at the end of the day.

Reg #47 Sanitation
A. A licensee shall ensure that areas and equipment listed in subsection 47.B are washed with soap and water and then disinfected as required. For sanitizing and disinfecting, a licensee shall ensure one of the following is used: an EPAregistered product, a commercially prepared product, or a bleach and water solution. If a bleach and water solution is used, it must be prepared daily.
1. A licensee shall follow the manufacturer's instructions for use.
2. These products must be labeled with the contents.
3. Their instructions for use must be available at all times.
B. A licensee shall ensure staff members wash with a soap and water solution and then disinfect the following equipment, items, or surfaces, as listed in the table in this subsection:
After Each Use:
• Food preparation and eating surfaces such as counters and non-porous tables;
• Thermometers.
At Least Daily:
• Toilet and toilet seats;
• Sinks and faucets;

• Drinking fountains;
• Water table and water play equipment;
• Play tables; and
• Smooth surfaced non-porous floors.
At Least Weekly: • non-porous toys; and • indoor play equipment.
C. A licensee shall ensure that after each use, mops are rinsed, disinfected, wrung dry, and hung to dry.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 67**

67. Transportation
A. Use of a vehicle, other than a school bus, with a rated capacity as defined by the
manufacturer, to carry more than 10 passengers in addition to the driver to transport children is prohibited. A licensee shall ensure 12-15 passenger vans are not used to transport children. Passenger includes the driver.
B. A licensee shall ensure when transporting children that the driver, when volunteering or employed by the center, and vehicle, when owned or leased by the center, comply with all applicable federal and State laws.
1. The driver shall be at least 21 years old.
2. The driver shall have a valid driver's license that authorizes the driver to operate the vehicle being driven.
3. The driver shall have a comprehensive background check confirming eligibility to be alone with children during transport.
4. The driver does not need to be qualified by DEEDS Early Learning.
5. The driver may not transport more children and adults than the vehicle's capacity.
C. A licensee shall ensure children are transported using child-safety restraints as required by State and federal laws.
D. A licensee shall ensure that companies contracted by the center to provide transportation services to children follow applicable State and federal laws.
E. A licensee shall ensure each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus, is in motion.
1. Safety restraints must be federally approved and labeled according to the applicable Federal Motor Vehicle Safety Standard.
2. Child safety restraints must be installed and used as determined by the manufacturer and vehicle's instruction manual.
3. Safety restraints must be kept in a safe working condition and free of recall.
F. If using a school bus, children preschool-age or younger must only be transported

on a school bus that is properly equipped with child safety restraints unless the licensee explains to parents or guardians in writing that while child safety restraints on school buses for children preschool-age or younger are not currently required by State law, the National Highway Traffic Administration recommends that children in this age group always be transported using child safety restraints, and the licensee receives written parent or guardian permission stating the child may be transported on a school bus unrestrained.
G. A licensee shall ensure vehicles used to transport children, including parent or guardian vehicles used for field trips (unless only transporting the parent's or guardian's own children), have and use the following:
Vehicle Requirements:
• A working heater capable of keeping an interior temperature of at least 50°F;
• Air-conditioning to reduce the interior temperature when it exceeds 82°F (school buses are exempt);
• A working phone;
• A traveling first aid kit including children's emergency contact information; and
• A dry chemical fire extinguisher approved by Underwriters Laboratory.
H. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
I. A licensee shall ensure all doors are locked when the vehicle is moving.
J. A licensee shall have written parent or guardian permission for transportation provided by the center.
1. A licensee shall document arrangements with the parent or guardian including the pickup and drop off times when driving a child to and from the child's school.
2. A licensee shall inform the parent or guardian of the person or transportation service who is driving the vehicle and ask about special needs the child may have during the ride.
K. A licensee shall ensure children are never alone in the vehicle and that the vehicle is visually checked at the final location so that no child is left behind.
L. A licensee may not transport children in the open back of a truck.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 46**

46. Transportation
A. A licensee shall ensure the driver and vehicle used to transport children complies with all applicable federal, State and local laws. If transporting children in a vehicle that is owned or leased by the licensee, the licensee shall have documentation of motor vehicle insurance. A licensee may not use 12-15 passenger vans to transport children. Passenger includes the driver. Use of a vehicle, other than a school bus, with a rated capacity as defined by the manufacturer, to carry more than 10 passengers in addition to the driver to transport children is prohibited.
B. A licensee shall ensure the driver of a vehicle does not transport more children and adults than the vehicle's capacity determined by the manufacturer.
C. A licensee shall ensure the vehicle is inspected for safety before transporting

children.
D. A licensee shall ensure each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus, is in motion.
1. Safety restraints must be federally approved and labeled according to the applicable Federal Motor Vehicle Safety Standard.
2. Child safety restraints must be installed and used as determined by the manufacturer and vehicle's instruction manual.
3. Safety restraints must be kept in a safe working condition and free of recall.
E. A child preschool-age or younger must only be transported on a school bus that is properly equipped with child safety restraints.
1. With written parent or guardian permission, a child preschool-age or younger may be transported on a school bus unrestrained.
2. A licensee shall explain to parents or guardians in writing that while child safety restraints on school buses for children preschool-age or younger are not currently required by State law, the National Highway Traffic Administration recommends that children in this age group always be transported using child safety restraints.
F. A licensee shall ensure vehicles used to transport children, including parent or guardian vehicles used for field trips (unless only transporting parent's or guardian's own children), have and use the following:
Vehicle Requirements:
• A working heater capable of keeping an interior temperature of at least 50°F;
• Air-conditioning to reduce the interior temperature when it exceeds 82°F (school buses are exempt);
Vehicle Requirements:
• A working phone;
• A traveling first aid kit including children's emergency contact information; and
• A dry chemical fire extinguisher approved by Underwriters Laboratory.
G. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
H. A licensee shall ensure all doors are locked when the vehicle is moving.
I. A licensee shall have written parent or guardian permission for transportation provided by the home. A licensee shall document arrangements with the parent or guardian including the pickup and drop off times when driving a child to and from the child's school. A licensee shall inform the parent or guardian of the person or transportation service who is driving the vehicle and ask about special needs the child may have during the ride.
J. A licensee shall ensure children are never alone in the vehicle and that the vehicle is visually checked at the final location so that no child is left behind.
K. A licensee may not transport children in the open back of a truck.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable**

to the Office of Child Care Licensing.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Not Applicable to the Office of Child Care Licensing.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.

Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Youth Camps Regulation 58

58. Transportation
A. Use of a vehicle, other than a school bus, with a rated capacity as defined by the
manufacturer, to carry more than 10 passengers in addition to the driver to transport children is prohibited. A licensee shall ensure 12-15 passenger vans are not used to transport children. Passenger includes the driver.
B. A licensee shall ensure when transporting children that the driver, when volunteering or employed by the camp, and vehicle, when owned or leased by the camp, comply with all applicable federal and State laws.
1. The driver shall be at least 21 years old.
2. The driver shall have a valid driver's license that authorizes the driver to operate the vehicle being driven.
3. The driver shall have a comprehensive background check confirming eligibility to be alone with children during transport.
4. The driver may not transport more children and adults than the vehicle's capacity.
C. A licensee shall ensure that companies contracted by the camp to provide transportation services to children follow applicable State and federal laws.
D. A licensee shall ensure each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus, is in motion.
1. Safety restraints must be federally approved and labeled according to the applicable Federal Motor Vehicle Safety Standard.
2. Child safety restraints must be installed and used as determined by the manufacturer and vehicle's instruction manual.
3. Safety restraints must be kept in a safe working condition and free of recall.
E. A licensee shall ensure vehicles used to transport children have and use the following:
Vehicle Requirements:
• A working heater capable of keeping an interior temperature of at least 50 °F;

• Air-conditioning to reduce the interior temperature when it exceeds 82 °F (school buses are exempt);
• A working phone;
• Flares;
• Reflectors;
• A first aid kit; and
• A dry chemical fire extinguisher approved by Underwriters Laboratory.
F. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
G. A licensee shall ensure all doors are locked when the vehicle is moving.
H. A licensee shall have written parent/guardian permission for transportation provided by the camp.
I. A licensee shall ensure children are never alone in the vehicle and that the vehicle is visually checked at the final location so that no child is left behind.
J. A licensee shall ensure children's heads and limbs remain inside the vehicle during transport.
K. A licensee may not transport children in the open back of a truck.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 35**

35. First Aid and CPR Training
A. Unless a staff member is currently certified, a licensee shall ensure all staff members, except for early childhood aides and school-age aides, complete certifications in first aid and in cardiopulmonary resuscitation (CPR) within two months of hire.
1. The certifications must be appropriate to the ages of the children in care.
2. CPR classes must include a "hands-on" skill demonstration.
3. Once staff members become qualified as an early childhood or school-age intern, they must complete CPR and first aid certifications within two months.
4. Certifications must be kept current.
B. At least one staff member certified in first aid and CPR, applicable to the ages of the children, must be present when children are present, including the beginning and end of the day and during off-site activities.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 56 & 70A**

56. Training
A. A licensee and substitute used for planned, non-emergency situations as stated in Section 15 shall complete certifications in first aid and in CPR. The CPR certification must include a skills demonstration and be appropriate to the ages of the children in care. Certifications must be kept current.

**B. A family provider shall successfully complete at least 12-clock-hours of annual training including one hour of health or safety training as accepted by OCCL. Annual training must be in at least three of the following areas:**
**• Child development;**
**• Developmental curriculum planning or environment and curriculum;**
**• Observation and assessment;**
**• Positive behavior management or social-emotional development;**
**• Health, safety, physical activity, and nutrition;**
**• Family and community;**
**• Professionalism;**
**• Disability non-discrimination, accommodations, or modifications; and**
**• Management and administration related to running a child care facility.**
**Annual training may be within one or two areas if a college or university course was**
**successfully completed or a training was six or more clock hours in length.**
**C. A family provider shall complete annual training at least 30 days before the expiration**
**date of the license. Training taken during the month the license expires will be counted**
**toward the following year's annual training requirements.**

**70. Training**
**A. A licensee shall ensure that within two months of hire, staff members and the non-emergency substitute have certifications in first aid and CPR. The CPR certification must include a skills demonstration and be appropriate to the ages of the children in care. A licensee shall ensure certifications are current. The large family provider must have these certifications to open a large family home.**

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care Providers must complete CPR and First Aid training every two years.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 25**

**25. First Aid and CPR Training**
**A licensee shall ensure all adult staff members have current certifications in first aid**
**and in cardiopulmonary resuscitation (CPR).**

**1. The certifications must be appropriate to the ages of the children in care.**
**2. Online certifications are acceptable.**

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 35**

**35. First Aid and CPR Training**
**A. Unless a staff member is currently certified, a licensee shall ensure all staff members, except for early childhood aides and school-age aides, complete certifications in first aid and in cardiopulmonary resuscitation (CPR) within two months of hire.**
**1. The certifications must be appropriate to the ages of the children in care.**
**2. CPR classes must include a "hands-on" skill demonstration.**
**3. Once staff members become qualified as an early childhood or school-age intern, they must complete CPR and first aid certifications within two months.**
**4. Certifications must be kept current.**
**B. At least one staff member certified in first aid and CPR, applicable to the ages of the children, must be present when children are present, including the beginning and end of the day and during off-site activities.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 56 & 70A**

**56. Training**
**A. A licensee and substitute used for planned, non-emergency situations as stated in Section 15 shall complete certifications in first aid and in CPR. The CPR certification must include a skills demonstration and be appropriate to the ages of the children in care. Certifications must be kept current.**
**B. A family provider shall successfully complete at least 12-clock-hours of annual training including one hour of health or safety training as accepted by OCCL. Annual training must be in at least three of the following areas:**
**• Child development;**
**• Developmental curriculum planning or environment and curriculum;**
**• Observation and assessment;**
**• Positive behavior management or social-emotional development;**
**• Health, safety, physical activity, and nutrition;**
**• Family and community;**
**• Professionalism;**
**• Disability non-discrimination, accommodations, or modifications; and**
**• Management and administration related to running a child care facility.**
**Annual training may be within one or two areas if a college or university course was successfully completed or a training was six or more clock hours in length.**
**C. A family provider shall complete annual training at least 30 days before the**

**expiration**
**date of the license. Training taken during the month the license expires will be counted**
**toward the following year's annual training requirements.**

**70. Training**
**A. A licensee shall ensure that within two months of hire, staff members and the non-emergency substitute have certifications in first aid and CPR. The CPR certification must include a skills demonstration and be appropriate to the ages of the children in care. A licensee shall ensure certifications are current. The large family provider must have these certifications to open a large family home.**

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care Providers must complete CPR and First Aid training every two years.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 25**

**25. First Aid and CPR Training**
**A licensee shall ensure all adult staff members have current certifications in first aid**
**and in cardiopulmonary resuscitation (CPR).**
**1. The certifications must be appropriate to the ages of the children in care.**
**2. Online certifications are acceptable.**

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 19**

**19. Child Abuse and Neglect Reporting Requirements**
**A. A licensee shall develop, adopt, follow, and maintain on file written policies and procedures for handling an incident of suspected child abuse or neglect that occurs while a child is in or out of the center's care to comply with applicable laws.**

B. Allegations of Abuse or Neglect against a Staff Member
1. The licensee shall ensure children are not abused or neglected.
2. The licensee shall eliminate the factors or circumstances that may result in a continuing risk of abuse or neglect to children if the abuse or neglect occurred at the center by a staff member.
3. The licensee shall ensure the 24-Hour Child Abuse Report Line (currently listed as 1-800-292-9582) is immediately notified when suspected child abuse or neglect occurs at the center.
4. A staff member alleged to have abused or neglected a child in care may not have direct contact with any child until the completion of the incident's investigation by the Institutional Abuse Unit. However, at the licensee's discretion, the staff member may be reassigned to other duties that do not involve contact with children.
5. If the licensee is alleged to have abused or neglected a child, the licensee may not be present in the center when children are present until the completion of the Institutional Abuse Unit's investigation.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 7, 15 & 26**

7. Procedures for Initial Licensure
A. An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:
1. Attend OCCL's information session and orientation to learn the application process and regulations;
2. Submit a completed Family Child Care Home Initial License Application (see Appendix I) or a Large Family Child Care Home Initial License Application (see Appendix II), as applicable, which includes:
Required Application Information:
• Applicant's name, address, email, and phone numbers;
• Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member;
• Previous licensure information, if applicable;
• Program information (including ages of children to be served);
• Household members; and
• Certifications that include:
o Agreement to comply with federal and State laws and regulations including, but not
limited to, the Americans with Disabilities Act and Delaware Equal Accommodations
Law;
o Statement that information supplied is true and correct; and
o Acknowledgment that OCCL is required to make a thorough investigation of the applicant.
3. Submit the following items to OCCL:
Items to be Submitted:
• Proof of compliance with zoning codes, and, if applicable, other codes, regulations,

guidelines, or laws, such as those from Division of Revenue, Department of Natural
Resources and Environmental Control for septic systems, and Office of Drinking Water for
well water;
Items to be Submitted:
• Documentation that the home is free of lead-based paint hazards. Homes constructed in or after 1978 are exempt from lead-paint risk assessments and testing;
o If the home were constructed before 1978, an applicant or licensee shall provide a
lead-paint risk assessment performed by an environmental testing firm certified by
DPH showing the home to be free of lead-paint hazards.
o If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee
shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is
not regarded as a hazard if it is intact or not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
• If lead-paint hazards are identified in the risk assessment, the applicant or licensee
shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
o Once the repairs are made, a lead-dust clearance inspection must be performed by
an environmental testing firm certified by DPH to confirm the home is free of lead-based paint hazards.
o An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards.
o Children may not be present during repairs and the home must stay closed until the
results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.
• If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair in a pre-1978 child-occupied facility;
o Records of any renovation or repair work must be forwarded to OCCL within five business days.
o Children may not be present during repairs or renovation until a lead dust clearance
test is obtained and the lead-safe contractor states it is safe for the home to be open.

• Evidence showing each room used for child care to be free of radon hazards using
the Environmental Protection Agency's guidelines;
o Testing may be performed by the property owner or an inspector certified by the
American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
o If testing indicates a radon level over 4.0 pCi/L, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate
a level less than 4.0 pCi/L.
• Electrical inspection of the home conducted by a State fire marshal recognized electrical inspection agency;
Items to be Submitted:
• Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care. Applicants for large family homes are exempt from this requirement if not serving as a staff member;
• The names, addresses, phone numbers, and email addresses for three references
who are familiar with, but not related to, the applicant and can describe the applicant's interactions with children;
• Release of employment form that allows OCCL to collect service letters as per 19 Del.C. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;
• Comprehensive background checks for the applicant, adult household members, substitutes, staff members, and adult volunteers including State and federal fingerprint checks.
o In addition to the Delaware fingerprinting, applicants, adult household members,
substitutes, staff members, and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
o Applicants, adult household members, substitutes, staff members, and adult volunteers who have resided outside of Delaware in the last five years must contact
each state of residence, and request a criminal history search and a child abuse and
neglect search.
o After the out-of-state searches are completed, the applicant must submit the results
immediately to CHU.
o The person may not be alone with children until CHU notifies the licensee of the person's eligibility after completing the comprehensive background check.
o When OCCL has a reason to believe the health, safety, or welfare of a child in care
may be at risk, OCCL may request parent or guardian permission for a

comprehensive background check on a child household member and other medical,
psychological, counseling, school, and probation records. OCCL may obtain information from the Department of Services for Children, Youth and Their Families;
• Documentation of any case where the applicant gave up or lost custody of a child,
if applicable;
• Health appraisals for the applicant, all adult household members, and the substitute completed within one year before the application date that includes a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or others. The TB test or medical professional risk assessment must be completed within one year before the application date. This appraisal must confirm the person's health and document medical or physical conditions that pose a direct threat to the
health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;
• Health appraisals for child household members;
• State business license or verification of tax-exempt status;
• Sample two-week menu, if providing meals or snacks (if using a catering service, a
copy of the caterer's food establishment permit); and
Items to be Submitted:
• Documentation of completion of pre-service training in the following topics, if the
applicant will work with children:
o Six hours of quality-assured child development;
o Three hours of quality-assured positive behavior supports or social-emotional development;
o Prevention and control of infectious diseases, including immunization;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Prevention and control of communicable diseases including immunization;
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Building and physical grounds safety;
 Emergency preparedness and response planning;
 Handling and storage of hazardous materials and proper disposal of bio contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect
law, and reporting requirements (certificate required);

• Landlord approval, if renting;
• Emergency plan; and
• Large family applicants shall complete the additional requirements for large family homes as listed in Sections 60 through 70.
B. Upon receipt of the completed application and required information, a licensing specialist shall:
1. Review the application and information, and inspect the premises to determine whether the applicant complies with these regulations;
2. Make a recommendation for licensure. If a license is granted, it will be a six-month initial provisional license; and
3. Notify the applicant as stated in subsection 12.D.2 if an initial provisional license to operate is denied.
C. A licensing specialist shall conduct a compliance review at the home before the expiration of the initial provisional license. Once this review is completed, OCCL will issue a provisional or annual license depending upon whether full compliance is obtained. This license will be valid for six months.

15. Use of a Substitute
A. A licensee shall arrange for a substitute who is at least 18 years old.
1. This substitute may be available to assist in non-emergency situations but must be available in case of an emergency. OCCL defines an emergency as an unplanned event, such as a serious or sudden illness, accident, or situation, requiring the immediate attention of a licensee.
2. The substitute and licensee may both be present at the home; however, a licensee shall provide the majority of the child care duties.
B. A licensee shall post the substitute's name and phone number in the home and provide this information to OCCL.
C. A licensee shall document on the form provided by OCCL that substitutes used only for emergencies receive training in the following topics before working with children:
D. A licensee shall document on the form provided by OCCL that substitutes used for non-emergency situations receive training in the following topics before working with children:
Training Requirements for Non-Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home;
• Emergency preparedness and disaster and evacuation plans;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Prevention and control of communicable diseases, including immunization;
 Building and physical grounds safety;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and

 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements (certificate required);
• CPR and first aid certifications; and
• Administration of medication.

E. A licensee shall keep a copy of the substitute's health appraisal, comprehensive background check results showing eligibility, and orientation record on file at the home.
Also, a licensee shall ensure substitutes used for non-emergency situations have the
following certificates on file:
Required Certifications for Non-Emergency Substitutes:
• Administration of medication;
• CPR including a skills demonstration;
• First aid;
• OCCL's Health and Safety Training for Child Care Professionals; and
Training Requirements for Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home including special health care concerns of the
children in care, such as allergies;
• Emergency preparedness and disaster and evacuation plans;
• Safe sleep practices, including prevention of sudden infant death syndrome, if caring for infants;
• Recognition of the symptoms of child abuse and neglect; and
• Child abuse and neglect laws and reporting requirements.
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements.
F. A licensee shall ensure the substitute has access to each child's file, knows special or emergency information about each child, and keeps all children's information private.
G. The substitute may provide care in the home in the absence of a licensee, or if applicable, the large family provider or large family assistant. A licensee does not need to inform OCCL or receive approval to use a substitute in the following situations:
Permission to use a Substitute is not Required for these Situations:
• Emergencies as defined in subsection 15.A.1;
• Medical appointments;
• School appointments; or
• Time off for less than five days in a row.
H. The substitute may provide care in the home in the absence of a licensee, large family provider, or large family assistant. A licensee shall inform OCCL and receive approval to use a substitute in the following situations:
Permission to use a Substitute is Required for these Situations:
• Training or classes held for three or more sessions;
• Student teaching;
• Internship or practicum to meet qualifications or annual training; or

• Time off for five or more days in a row.
I. Before using a substitute, a licensee shall tell the parent or guardian who the substitute is and when the substitute will be caring for the children, unless it is an emergency.
J. A licensee shall record the date and times a substitute is present and is helping with the children or providing care. A licensee shall maintain this record for at least three months.

26. Health Observations
A. A licensee shall ensure each child is observed on arrival for signs of communicable disease, injury, signs of ill health as listed in Section 41, and signs of child abuse or neglect.
B. A licensee shall document concerns and steps taken to assist the child.
1. A licensee shall keep documented concerns in the child's file.
2. A person who suspects child abuse or neglect shall make a report to the Child Abuse Report Line.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 11A, 15, 36**

11. Notification to OCCL
A. A licensee shall ensure a staff member calls OCCL and speaks to someone at OCCL (leaving a message is not acceptable) within one business day Monday-Friday from 8:00 AM to 4:30 PM in the event of:
Notify OCCL Within One Business Day in the Event of:
• Suspected abuse or neglect of a child while in care (after reporting the suspicion to the 24-Hour Child Abuse Report Line, currently listed as 1-800-292-9582);

15. Child Abuse and Neglect Reporting Requirements
A. A licensee shall develop, follow, and maintain on file written policies and

**procedures for handling an incident of suspected child abuse or neglect that occurs while a child is in or out of the camp's care to comply with applicable laws.**
**B. Allegations of Abuse or Neglect against a Staff Member**
**1. The licensee shall ensure staff members or volunteers do not abuse or neglect children.**
**2. If the abuse or neglect occurred at the camp by a staff member, the licensee shall eliminate those factors or circumstances that may have increased the risk of abuse or neglect.**
**3. A staff member alleged to have abused or neglected a child may not have direct contact with any child until the completion of the incident's investigation. However, at the licensee's discretion, the licensee may reassign the staff member to other duties that do not involve contact with children.**

**36. Health Observation**
**A licensee shall ensure a staff member trained in recognizing common signs of communicable disease, physical injury, other evidence of ill health as listed in Section**
**37, and signs of child abuse or neglect observes each child on arrival.**
**A. A staff member must document specific concerns and observations as well as the steps taken to assist the child and keep this information in the child's file.**
**B. A person who suspects child abuse or neglect shall make an immediate report to**
**the Child Abuse Report Line.**

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Early Care and Education and School-Age Centers Regulation 19**

**19. Child Abuse and Neglect Reporting Requirements**
**A. A licensee shall develop, adopt, follow, and maintain on file written policies and procedures for handling an incident of suspected child abuse or neglect that occurs while a child is in or out of the center's care to comply with applicable laws.**
**B. Allegations of Abuse or Neglect against a Staff Member**
**1. The licensee shall ensure children are not abused or neglected.**
**2. The licensee shall eliminate the factors or circumstances that may result in a continuing risk of abuse or neglect to children if the abuse or neglect occurred at the center by a staff member.**
**3. The licensee shall ensure the 24-Hour Child Abuse Report Line (currently listed as 1-800-292-9582) is immediately notified when suspected child abuse or neglect occurs at the center.**
**4. A staff member alleged to have abused or neglected a child in care may not have direct contact with any child until the completion of the incident's investigation by the Institutional Abuse Unit. However, at the licensee's discretion, the staff member may be reassigned to other duties that do not**

involve contact with children.
5. If the licensee is alleged to have abused or neglected a child, the licensee may not be present in the center when children are present until the completion of the Institutional Abuse Unit's investigation.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family and Large Family Child Care Homes Regulation 7, 15 & 26**

7. Procedures for Initial Licensure
A. An applicant shall complete the following steps and submit the following information to OCCL when seeking a license:
1. Attend OCCL's information session and orientation to learn the application process and regulations;
2. Submit a completed Family Child Care Home Initial License Application (see Appendix I) or a Large Family Child Care Home Initial License Application (see Appendix II), as applicable, which includes:
Required Application Information:
• Applicant's name, address, email, and phone numbers;
• Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member;
• Previous licensure information, if applicable;
• Program information (including ages of children to be served);
• Household members; and
• Certifications that include:
o Agreement to comply with federal and State laws and regulations including, but not limited to, the Americans with Disabilities Act and Delaware Equal Accommodations Law;
o Statement that information supplied is true and correct; and
o Acknowledgment that OCCL is required to make a thorough investigation of the applicant.
3. Submit the following items to OCCL:
Items to be Submitted:
• Proof of compliance with zoning codes, and, if applicable, other codes, regulations, guidelines, or laws, such as those from Division of Revenue, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking Water for well water;
Items to be Submitted:
• Documentation that the home is free of lead-based paint hazards. Homes constructed in or after 1978 are exempt from lead-paint risk assessments and testing;
o If the home were constructed before 1978, an applicant or licensee shall provide a lead-paint risk assessment performed by an environmental testing firm certified

by
DPH showing the home to be free of lead-paint hazards.
o If lead paint is identified but intact (i.e. not chipping, flaking, or peeling), the licensee
shall monitor the identified areas at least every six months and document that the lead-based paint is intact (in good repair and not deteriorated). Lead-based paint is
not regarded as a hazard if it is intact or not present in an accessible surface, a friction surface, or an impact surface that could result in an adverse human health effect.
• If lead-paint hazards are identified in the risk assessment, the applicant or licensee
shall remedy the hazards by hiring a lead-safe contractor (lead abatement or renovation firm) certified by DPH to make the repairs.
o Once the repairs are made, a lead-dust clearance inspection must be performed by
an environmental testing firm certified by DPH to confirm the home is free of lead-based paint hazards.
o An applicant or licensee shall provide the lead-dust clearance testing results to OCCL within five business days to confirm the home is free of lead-based paint hazards.
o Children may not be present during repairs and the home must stay closed until the
results of the dust clearance test are at appropriate levels and the lead-safe contractor states it is safe for the home to be open.
• If any lead-based paint identified in a risk assessment becomes deteriorated or if lead-based paint is located in an area to be remodeled, a licensee shall retain a contractor certified by DPH to work using lead-safe work practices (lead abatement or lead renovator) to perform any renovation or repair in a pre-1978 child-occupied facility;
o Records of any renovation or repair work must be forwarded to OCCL within five business days.
o Children may not be present during repairs or renovation until a lead dust clearance
test is obtained and the lead-safe contractor states it is safe for the home to be open.
• Evidence showing each room used for child care to be free of radon hazards using
the Environmental Protection Agency's guidelines;
o Testing may be performed by the property owner or an inspector certified by the
American Association of Radon Scientists, the National Radon Safety Board, or any organization recognized by the EPA or State of Delaware Radon Program.
o If testing indicates a radon level over 4.0 pCi/L, radon mitigation according to industry standards must occur or a long-term radon test (90-120 days) must indicate
a level less than 4.0 pCi/L.
• Electrical inspection of the home conducted by a State fire marshal recognized

electrical inspection agency;
Items to be Submitted:
• Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care. Applicants for large family homes are exempt from this requirement if not serving as a staff member;
• The names, addresses, phone numbers, and email addresses for three references
who are familiar with, but not related to, the applicant and can describe the applicant's interactions with children;
• Release of employment form that allows OCCL to collect service letters as per 19 Del.C. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references;
• Comprehensive background checks for the applicant, adult household members, substitutes, staff members, and adult volunteers including State and federal fingerprint checks.
o In addition to the Delaware fingerprinting, applicants, adult household members,
substitutes, staff members, and adult volunteers who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
o Applicants, adult household members, substitutes, staff members, and adult volunteers who have resided outside of Delaware in the last five years must contact
each state of residence, and request a criminal history search and a child abuse and
neglect search.
o After the out-of-state searches are completed, the applicant must submit the results
immediately to CHU.
o The person may not be alone with children until CHU notifies the licensee of the person’s eligibility after completing the comprehensive background check.
o When OCCL has a reason to believe the health, safety, or welfare of a child in care
may be at risk, OCCL may request parent or guardian permission for a comprehensive background check on a child household member and other medical,
psychological, counseling, school, and probation records. OCCL may obtain information from the Department of Services for Children, Youth and Their Families;
• Documentation of any case where the applicant gave up or lost custody of a child,
if applicable;
• Health appraisals for the applicant, all adult household members, and the substitute completed within one year before the application date that includes a tuberculosis (TB) test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or others.

The TB test or medical professional risk assessment must be completed within one year before the application date. This appraisal must confirm the person's health and document medical or physical conditions that pose a direct threat to the
health and safety of children or others and any reasonable accommodations that may be required. This documentation shall be provided to OCCL for the purposes of determining whether the health condition creates a significant risk to children;
• Health appraisals for child household members;
• State business license or verification of tax-exempt status;
• Sample two-week menu, if providing meals or snacks (if using a catering service, a
copy of the caterer's food establishment permit); and
Items to be Submitted:
• Documentation of completion of pre-service training in the following topics, if the
applicant will work with children:
o Six hours of quality-assured child development;
o Three hours of quality-assured positive behavior supports or social-emotional development;
o Prevention and control of infectious diseases, including immunization;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Prevention and control of communicable diseases including immunization;
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Building and physical grounds safety;
 Emergency preparedness and response planning;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect
law, and reporting requirements (certificate required);
• Landlord approval, if renting;
• Emergency plan; and
• Large family applicants shall complete the additional requirements for large family homes as listed in Sections 60 through 70.
B. Upon receipt of the completed application and required information, a licensing specialist shall:
1. Review the application and information, and inspect the premises to determine whether the applicant complies with these regulations;
2. Make a recommendation for licensure. If a license is granted, it will be a six-month initial provisional license; and
3. Notify the applicant as stated in subsection 12.D.2 if an initial provisional license to operate is denied.

C. A licensing specialist shall conduct a compliance review at the home before the expiration of the initial provisional license. Once this review is completed, OCCL will issue a provisional or annual license depending upon whether full compliance is obtained. This license will be valid for six months.

15. Use of a Substitute
A. A licensee shall arrange for a substitute who is at least 18 years old.
1. This substitute may be available to assist in non-emergency situations but must be available in case of an emergency. OCCL defines an emergency as an unplanned event, such as a serious or sudden illness, accident, or situation, requiring the immediate attention of a licensee.
2. The substitute and licensee may both be present at the home; however, a licensee shall provide the majority of the child care duties.
B. A licensee shall post the substitute's name and phone number in the home and provide this information to OCCL.
C. A licensee shall document on the form provided by OCCL that substitutes used only for emergencies receive training in the following topics before working with children:
D. A licensee shall document on the form provided by OCCL that substitutes used for non-emergency situations receive training in the following topics before working with children:
Training Requirements for Non-Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home;
• Emergency preparedness and disaster and evacuation plans;
o OCCL's approved Health and Safety Training for Child Care Professionals that includes the following topics:
 Safe sleep practices, including prevention of sudden infant death syndrome;
 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 Prevention of and response to emergencies due to food and allergic reactions;
 Prevention and control of communicable diseases, including immunization;
 Building and physical grounds safety;
 Handling and storage of hazardous materials and proper disposal of bio-contaminants;
 Administration of medication; and
 Safety measures in transporting children.
o Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements (certificate required);
• CPR and first aid certifications; and
• Administration of medication.

E. A licensee shall keep a copy of the substitute's health appraisal, comprehensive background check results showing eligibility, and orientation record on file at the home.
Also, a licensee shall ensure substitutes used for non-emergency situations have the
following certificates on file:

Required Certifications for Non-Emergency Substitutes:
• Administration of medication;
• CPR including a skills demonstration;
• First aid;
• OCCL's Health and Safety Training for Child Care Professionals; and
Training Requirements for Emergency-Use Substitutes:
• DELACARE Regulations;
• Policies and procedures of the home including special health care concerns of the
children in care, such as allergies;
• Emergency preparedness and disaster and evacuation plans;
• Safe sleep practices, including prevention of sudden infant death syndrome, if caring for infants;
• Recognition of the symptoms of child abuse and neglect; and
• Child abuse and neglect laws and reporting requirements.
• Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law, and reporting requirements.
F. A licensee shall ensure the substitute has access to each child's file, knows special or emergency information about each child, and keeps all children's information private.
G. The substitute may provide care in the home in the absence of a licensee, or if applicable, the large family provider or large family assistant. A licensee does not need to inform OCCL or receive approval to use a substitute in the following situations:
Permission to use a Substitute is not Required for these Situations:
• Emergencies as defined in subsection 15.A.1;
• Medical appointments;
• School appointments; or
• Time off for less than five days in a row.
H. The substitute may provide care in the home in the absence of a licensee, large family provider, or large family assistant. A licensee shall inform OCCL and receive approval to use a substitute in the following situations:
Permission to use a Substitute is Required for these Situations:
• Training or classes held for three or more sessions;
• Student teaching;
• Internship or practicum to meet qualifications or annual training; or
• Time off for five or more days in a row.
I. Before using a substitute, a licensee shall tell the parent or guardian who the substitute is and when the substitute will be caring for the children, unless it is an emergency.
J. A licensee shall record the date and times a substitute is present and is helping with the children or providing care. A licensee shall maintain this record for at least three months.

26. Health Observations
A. A licensee shall ensure each child is observed on arrival for signs of communicable disease, injury, signs of ill health as listed in Section 41, and signs of child abuse or neglect.

B. A licensee shall document concerns and steps taken to assist the child.
1. A licensee shall keep documented concerns in the child's file.
2. A person who suspects child abuse or neglect shall make a report to the Child Abuse Report Line.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

**[x]** Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Not Applicable to the Office of Child Care Licensing.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **This is not applicable. Relative Care providers are the only exempt category that can provide care in the child's own home, but it is care provided by a relative only.**

**Relative Care providers are required to participate in a Relative Orientation on program rules and regulations. They are also required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Youth Camps Regulation 11A, 15, 36**

11. Notification to OCCL
A. A licensee shall ensure a staff member calls OCCL and speaks to someone at OCCL (leaving a message is not acceptable) within one business day Monday-Friday from 8:00 AM to 4:30 PM in the event of:
Notify OCCL Within One Business Day in the Event of:
• Suspected abuse or neglect of a child while in care (after reporting the suspicion to the 24-Hour Child Abuse Report Line, currently listed as 1-800-292-9582);

15. Child Abuse and Neglect Reporting Requirements
A. A licensee shall develop, follow, and maintain on file written policies and procedures for handling an incident of suspected child abuse or neglect that occurs while a child is in or out of the camp's care to comply with applicable laws.
B. Allegations of Abuse or Neglect against a Staff Member
1. The licensee shall ensure staff members or volunteers do not abuse or neglect children.
2. If the abuse or neglect occurred at the camp by a staff member, the licensee shall eliminate those factors or circumstances that may have increased the risk of abuse or neglect.
3. A staff member alleged to have abused or neglected a child may not have direct contact with any child until the completion of the incident's investigation. However, at the licensee's discretion, the licensee may

**reassign the staff member to other duties that do not involve contact with children.**

**36. Health Observation**
**A licensee shall ensure a staff member trained in recognizing common signs of communicable disease, physical injury, other evidence of ill health as listed in Section**
**37, and signs of child abuse or neglect observes each child on arrival.**
**A. A staff member must document specific concerns and observations as well as the steps taken to assist the child and keep this information in the child's file.**
**B. A person who suspects child abuse or neglect shall make an immediate report to**
**the Child Abuse Report Line.**

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

**[x]** Yes, confirmed.

**[ ]** No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

**[x]** Yes.

**[ ]** No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe: **Center  Regulation 71**

**71. Meals and Snacks**

**A. A licensee shall ensure meals and snacks are served on the following schedule**

**depending on the number of hours the child is present:**

**Number of Hours Meals and Snacks Required**

**2 hours - 4 hours 1 snack**

**4 hours - 6 hours 1 meal and 1 snack**

**7 hours  11 hours 2 meals and 1 snack or 2 snacks and 1 meal**

**based on time of child's arrival**

**12 hours or more 3 meals and 2 snacks**

**B. A licensee shall ensure meals and snacks are provided by a center except when:**

1. The parent or guardian chooses to provide the child's food and provides a signed statement stating this choice. The center must keep the statement on file;
2. The center does not provide meals or snacks and informs the parent or guardian at the time of enrollment that meals or snacks are to be provided by the parent or guardian. The center must inform the parent or guardian of the importance of sending nutritional meals or snacks; or
3. The center has a field trip or a specific activity requiring special meal arrangements.
C. A licensee shall encourage adults to eat healthy foods when eating with children.
D. A licensee shall ensure staff members responsible for food service have knowledge of nutrition, sanitary food preparation, storage, and cleaning, and follow the center's policy on food service.
E. A licensee shall ensure staff members' responsibilities for food service do not
reduce staff-to-child ratios, interfere with the center's program, or lessen supervision of children.
F. A licensee shall ensure meals and snacks provided by the center:
1. Follow the meal pattern requirements (see Appendix VI and Appendix VII) which are appropriate to the child's age;
2. May include 100% unsweetened juice, not a juice drink or cocktail;
3. May include powdered milk used only for cooking and not instead of liquid milk for drinking; and
4. Are planned on a menu, dated, and posted in a noticeable place.
a. Menus listing food served must be kept for 30 days.
78
b. Changes to the food served on a particular date must be written on the menu on or before that date.
G. A licensee shall ensure that special, therapeutic diets are prepared and served
by staff members only upon written instructions by a health care provider. A

health care provider's written permission is required for a change in meal patterns.

H. A licensee shall ensure when a parent or guardian requests a change of meal patterns due to a family's food preferences or religious beliefs, the parent or guardian provides the center with a list of the foods that are unacceptable and the substitutions allowed.

I. Meal Components for Toddlers and Older Children

1. As described in Appendix VI, a licensee shall ensure a breakfast provided and served by a center has at least one age-appropriate serving-size item each from the milk, fruit and vegetable, and grain food groups.

2. As described in Appendix VI, a licensee shall ensure lunch or dinner provided and served by a center has one age-appropriate serving-size item from each of the milk, meat or meat alternate, and grain food groups and two items from the fruit and vegetable food group.

3. As described in Appendix VI, a licensee shall ensure that a snack provided and served by a center has at least one age-appropriate serving size item from two of the food groups. If milk or 100% juice is not included with a snack provided and served by the center, water must be served with that snack.

J. For foods prepared and served by the center, a licensee shall introduce a variety of food textures, finger foods, and a cup and utensils for self-feeding. If needed, a licensee shall ensure food is cut to prevent choking.

K. A licensee shall ensure each child has utensils, such as a fork, spoon, knife, dish, cup or bottle, as appropriate to the child's age. This equipment may not be shared with another child or adult during feeding.

L. All single-service dinnerware or utensils provided by the center for meals or

snacks must be thrown away immediately after use.

M. Staff members shall encourage the use of a cup when a child is at least one year

old and is developmentally able to drink from or hold a cup.

FCC/LFCC  Regulation 50

50. Meals and Snacks

A. A licensee shall ensure meals and snacks are served on the following schedule

depending on the number of hours the child is present:

Number of Hours: Meal or Snacks Required:

2 hours - 4 hours 1 snack

4 hours - 6 hours 1 meal and 1 snack

7 hours  11 hours 2 meals and 1 snack or

2 snacks and 1 meal based on time of child's arrival

12 hours or more 3 meals and 2 snacks

B. A licensee shall encourage adults to eat healthy foods when eating with children. A child shall be encouraged but not forced to eat.

C. A licensee shall ensure nutritious food is prepared and served to children. Children must be supervised during food preparation.

D. A licensee shall ensure meals and snacks provided by the child care home:

1. Follow the meal pattern requirements (see Appendix X and Appendix XI) appropriate to the child's age;

2. May include 100% unsweetened juice, not a juice drink or cocktail;

3. May include powdered milk used only for cooking and not instead of liquid milk for drinking; and

4. Are planned on a menu, dated, and posted in a noticeable place.

a. Menus listing foods served must be kept for 30 days.

b. Changes to the food served on a certain date must be written on

the menu on or before that date.

E. A licensee shall ensure when a parent or guardian requests a change of meal

patterns due to a medical need, such as food intolerance or allergies, the parent or guardian provides the home with written health care provider permission for the change.

F. A licensee shall ensure when a parent or guardian requests a change of meal

patterns due to a family's food preferences or religious belief, the parent or guardian provides the home with a list of the foods to remove and the foods to

substitute.

G. Meal Components for Toddlers and Older Children:

1. When foods are provided by the parent or guardian, a licensee shall ensure the foods are refrigerated as needed and not shared. There are no meal pattern requirements for foods provided by parents or guardians. A licensee shall have a plan for providing food to a child who has not brought foods to eat.

2. As described in Appendix X, a licensee shall ensure a breakfast provided and served by a home has at least one age-appropriate serving-size item each from the milk, fruit and vegetable, and grain food groups.

3. As described in Appendix X, a licensee shall ensure lunch or dinner provided and served by a home has one age-appropriate serving-size item from each of the milk, meat or meat alternate, and grain food groups and two items from the fruit and vegetable food group.

4. As described in Appendix X, a licensee shall ensure that a snack provided and served by a home has at least one age-appropriate serving-size item from two of the food groups. If milk or 100% juice is not included with a snack provided and served by the home, water must be served with that snack.

H. For foods prepared and served by the home, a licensee shall introduce a variety of food textures, finger foods, and a cup and utensils for self-feeding. If

needed, a licensee shall ensure food is cut to prevent choking.

I. A licensee shall ensure each child has individual utensils, such as a fork, spoon, knife, dish, cup or bottle, as appropriate to the child's age. This equipment may not be shared with another child or adult during feeding.
J. All single-service dinnerware or utensils provided by the home for meals or snacks must be thrown away immediately after use.
K. Staff members shall encourage the use of a cup when a child is at least one
year old and is developmentally able to drink from or hold a cup.

Youth Camp - 18
18. Meals and Snacks
A. A licensee shall ensure meals and snacks are served on the following schedule
depending on the number of hours the child is present:
Number of Hours: Meals/Snacks Required:
3 hours - 4 hours 1 snack
4 hours - 6 hours 1 meal and 1 snack
7 hours  11 hours 2 meals and 1 snack or 2 snacks and 1 meal
based on time of child's arrival
12 hours or more 3 meals and 2 snacks
B. A licensee shall provide meals and snacks except when:
1. The parent/guardian chooses to provide the child's food and provides a signed statement stating this choice.
2. The camp does not provide meals or snacks and informs the parent/guardian at the time of enrollment that the parent/guardian provides the meals or snacks.
3. The camp has a field trip or a specific activity requiring special meal arrangements.
C. A licensee shall ensure staff members responsible for food service have knowledge of nutrition, sanitary food preparation, storage, and cleaning, and follow the camp's policy on food service.
D. A licensee shall ensure meals and snacks provided by the camp:

1. Follow the meal pattern requirements (see Appendix III) which are appropriate to the child's age;

2. May include 100% unsweetened juice, not a juice drink or cocktail;

3. May include powdered milk used only for cooking and not instead of liquid milk for drinking; and

4. Are planned on a menu, dated, and posted in a noticeable place and kept for at least 10 business days.

E. A licensee shall ensure that staff members prepare and serve special, therapeutic diets only upon written instructions by a health care provider. A health care provider's written permission is required for a change in meal patterns.

F. A licensee shall ensure when a parent/guardian requests a change of meal patterns due to a family's food preferences or religious beliefs, the parent/guardian provides the camp with a list of the foods that are unacceptable
and the substitutions allowed.

G. Meal Components

1. As described in Appendix III, a licensee shall ensure a breakfast provided and served by a camp has at least one age-appropriate serving-size item each from the milk, fruit and vegetable, and grain food groups.

19

2. As described in Appendix III, a licensee shall ensure lunch or dinner provided and served by a camp has one age-appropriate serving-size item from each of the milk, meat or meat alternate, and grain food groups and two items from the fruit and vegetable food group.

3. As described in Appendix III, a licensee shall ensure that a snack provided and served by a camp has at least one age-appropriate serving-size item from two of the food groups. If milk or 100% juice is not included with a snack provided and served by the camp, water must be served with that snack.

H. A licensee shall ensure each child has utensils, such as a fork, spoon, knife, or

dish. This equipment may not be shared with another child or adult during feeding.

I. All single-service dinnerware or utensils provided by the camp for meals or snacks

must be thrown away immediately after use.

ii. Access to physical activity. Describe: **Center  Regulation 76**

**76. Activity Schedule**

**A. A licensee shall develop and follow a schedule for each group of children that is**

**posted for easy reference by parents or guardians and staff.**

**1. The schedule must list times for the following activities: learning opportunities; active or outdoor play; free choice and staff-directed activities, rest or at least 30 minutes of quiet play, meals, and snacks.**

**2. This schedule may be flexible based on the needs and interests of the children.**

**B. Weather permitting, a licensee shall ensure daily outdoor play is provided for**

**infants, toddlers, and older children when the wind chill factor is 32°F or higher or**

**the heat index is 89°F or lower.**

**1. Outdoor play during periods outside this temperature range may be determined by the licensee.**

**2. Children must be appropriately dressed for the weather.**

**3. A licensee shall ensure the guidelines of the National Weather Service (currently https://www.weather.gov) are followed if an advisory regarding health or safety risks has been issued.**

**4. For infants, this may include riding in a stroller or carriage, but must also include opportunities for gross motor development. This may occur on a blanket or other hazard-free space.**

**C. A licensee shall provide opportunities for physical activity for each child one year**

**and older, according to the child's ability.**

1. For every four hours the child is in care between 7 AM and 7 PM, 30 or more minutes of moderate to vigorous physical activity indoors or outdoors must be provided.
2. Daily active play may happen in one or more blocks of time.
3. Structured physical activities must be adapted to allow inclusion of children of all abilities.
D. A licensee shall ensure screen time activities, such as watching television, using
a gaming device, tablet, phone, or computer, are supervised by a staff member,
age-appropriate, and educational. Screen time activities require written parent or
guardian permission and are limited to one hour or less per day, unless a special
event occurs. Children younger than two years are prohibited from participating
in screen time activities. Assistive technology is not included in screen time restrictions

FCC/LFCC  Regulation 52
52. Activities and Interactions
A. A licensee shall interact with children at their eye level and sit on the floor with
them whenever appropriate. A licensee shall offer age-appropriate activities to
children throughout the day to help their development and school-readiness.
B. A licensee shall provide activities and materials that reflect children's cultures
and communities, including both familiar and new materials, pictures, and experiences.
C. A licensee shall have and follow a schedule that is posted for easy viewing by

parents or guardians and staff members. The schedule must list times for the following activities: learning opportunities, active or outdoor play, rest, meals,
and snacks. This schedule may be flexible to meet the needs and interests of the children.

D. A licensee shall ensure activities and materials are adapted to support all children's learning, including a child with disabilities or other special needs, to
benefit from the program.

1. A licensee shall allow services to be provided at the home for a child with an IEP, IFSP, or Section 504 plan.

2. At the request of a parent or guardian, a licensee shall permit qualified professionals to complete an observation or assessment of the child while at the home.

E. Weather permitting, a licensee shall ensure daily outdoor play is provided for
infants, toddlers, and older children when the wind chill factor is 32° F or higher
or the heat index is 89° F or lower.

1. Outdoor play during periods outside this temperature range may be determined by the licensee.

2. Children must be appropriately dressed for the weather.

3. A licensee shall ensure the guidelines of the National Weather Service (currently www.weather.gov) are followed if an advisory regarding health or safety risks has been issued.

4. For infants, this may include riding in a stroller or carriage, but must also include opportunities for gross motor development. This may occur on a blanket or other hazard-free space.

F. A licensee shall provide chances for physical activity for each child according to
the child's ability. For every four hours the child is in care between 7 AM and 7

PM, 30 or more minutes of physical activity must be provided. Daily active play
may be divided into one or more blocks of time. It may be indoors or outdoors.
G. A licensee and staff members shall interact with each child, giving attention and
physical comfort.
H. A licensee shall ensure children are not in cribs, pack-and-plays, swings, high
chairs, seats, or stationary activity centers for more than 30 minutes at a time
while awake. Toddlers and infants, as appropriate, must be provided with an activity during this time. After removing the child from the equipment, the child
must be able to move freely on the floor.
I. A licensee shall offer activities that meet the needs and interests of school-age
children by providing age-appropriate activities, materials, and equipment. These activities must include the following:
• Active physical play, such as games, sports, dancing, running, jumping, climbing,
or exploring the environment;
• Outdoor activities or active indoor play in bad weather;
• Time to talk and interact with others; and
• Time to relax or quiet activities such as board or card games, reading, homework, and studying.
J. A licensee shall ensure activities, such as watching television or using a gaming device, tablet, phone, or computer, are supervised, age-appropriate, and educational. These screen time activities require written parent or guardian
permission and are limited to one hour or less per day, unless a special event occurs. Assistive technology is not included in screen time restrictions.

**Youth Camp  Regulation 54**

**54. Care of Children**

**A. There is a maximum number of consecutive hours of care a licensee may provide. A licensee shall care for children no more than 17 hours within a day,**
**with at least seven uninterrupted hours of rest. No other work may occur during**
**the hours of rest.**

**B. A licensee shall be present and providing child care at all times except during**
**the limited use of a substitute.**

iii. Caring for children with special needs. Describe: **Center  Regulation 20, 23, 57, 91**

**20. Positive Behavior Supports**

**A. A licensee shall have and follow an easy-to-understand written children's behavior supports statement. The statement shall be posted in a noticeable place**
**in the center and provided to a parent or guardian and staff.**

**B. A licensee shall ensure that all staff use prevention strategies, appropriate redirection rather than restraint, and positive developmentally-appropriate methods of behavior supports for children, which encourage self-control, self-direction, positive self-esteem, social responsibility, and cooperation.**

**1. Staff shall give directions and guidance in a clear, non-threatening manner.**

**2. In addition, staff members shall intervene quickly to ensure the safety of children and others; redirect children by suggesting other acceptable behaviors; escort the child to a different setting when necessary and speak so children understand their feelings are important and acceptable, but their disruptive behavior is not.**

**3. As children develop, these methods must be modified to encourage them to control their own behavior, cooperate with others, and solve problems**

by developing ideas about the best possible solution.

C. A licensee shall ensure staff members consult with a child's parent or guardian
and professionals, if necessary, to design effective positive behavioral supports
or to make reasonable accommodations to comply with provisions in an IFSP or
IEP and to adapt behavior supports or other practices for a child who has a special need or disability.

D. A licensee shall ensure staff members teach by example by always being respectful when speaking to children while at the center.

E. A licensee shall ensure that if "time-out" is used, it is used only as necessary to
help the child gain control of behavior and feelings. It must be used as a supplement to, not a substitute for, other developmentally-appropriate methods
of behavior management.

1. "Time-out" must be limited to brief periods of no more than one minute for
each year of a child's age.

2. "Time-out" may not be used for infants.

3. Before using "time-out", the staff member shall discuss the reason for the "time-out" in language appropriate to the child's level of development and understanding.

4. A child removed from the group or room during a "time-out" must be supervised. Before rejoining the group or at another time, a staff member must talk to the child in ways that encourages the child to make better decisions in the future.

F. A licensee shall ensure the following actions are prohibited:

Prohibited Acts:

• Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hair-

pulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking;

• Yelling at, humiliating, or frightening children;

• Physically or sexually abusing a child;

• Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits;

• Denying children food, water, or toilet use because of inappropriate behavior;

• Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain control;

o If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.

o In the event physical holding is used, documentation must occur by the staff. The early childhood or school-age administrator shall be involved in monitoring and managing the situation to ensure safety of all (child and staff member).

• Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity;

• Withholding physical activity as punishment; or

• Encouraging or allowing children to hit, punish, or discipline each other.

23. Center Parent or Guardian Handbook

A licensee shall have and follow an organized system of respectful communication with

parents and guardians and provide a handbook at enrollment that includes the following

information:

Parent or Guardian Handbook Requirements:

• Assurances that parent’s or guardian’s visits and monitoring of the program are

welcomed and permitted without prior approval;
• Assurances of nondiscrimination based on race, color, national origin, gender, age,
sex, pregnancy, marital status, sexual orientation, gender identity or expression,
religion, creed, disability, veteran's status, or any other category protected by state
or federal laws;
• A statement of the center's developmental and educational goals for children as
stated in subsection 73.B including procedures for regularly informing the parent or
guardian about the program and the child's developmental and educational progress
including a minimum of one annual conference between center staff and the parent
or guardian;
• A written explanation of the mandatory reporting of child abuse and neglect;
• Information about procedures used to assess children's accomplishments and needs
and, when there are concerns, to refer the parent or guardian for additional help in
the community;
• Upon request, a procedure for informing the parent or guardian of the identities and
contact information of the governing body members and owners, as applicable;
• A procedure encouraging the parent or guardian to review current licensing
regulations that are made available at the center;
• A procedure for accepting and handling complaints from the parent or

guardian;

Parent or Guardian Handbook Requirements:

• Procedures related to the release of children including:

o Releasing children only to people approved by a parent or guardian including a process for the emergency release of a child;

o Monitoring the entrance of the center or phone, email, or other communication

methods used by the center to ensure the child is released from care when requested by the parent, guardian, or authorized release person;

o Allowing school-age children to walk home or from the school bus stop to the center each with written parent or guardian permission;

o Checking the identity of an unknown approved person before releasing the child and keeping documentation of this verification except for bus drivers contracted by the child's school;

o Handling situations in which a non-custodial parent attempts to claim the child without custodial parent or guardian permission;

o Handling situations in which an unapproved person attempts to pick up a child; and

o Handling situations when a person who seems to be intoxicated or unable to bring the child home safely requests the release of a child;

• Procedures to report accidents or critical incidents involving the child and other

important information relating to the child;

• Procedures stating that written permission from the parent or guardian is required

before disclosing or using a child's written, electronic, or digital information except to

employees of OCCL or other entities with statutory responsibilities for issues relating

to the health, safety, and well-being of children;

• Procedures for using a written transition plan when enrolling a child or when moving

a child permanently from a particular group or room. The parent or guardian must be
informed in advance;
• Policies for routine and emergency health care including procedures to follow in case
of illness; plans for accessing emergency services, including transportation and
parent or guardian notification; illness exclusions including reportable communicable
diseases; parent or guardian notification of communicable disease or condition; and
administration of medication policies including reasonable accommodations for a
child with disabilities;
• Policies for child suspension and expulsion such as the Best Practice Statement for
the Prevention of Expulsion and Suspension in Delaware Early Childhood Programs, that can be found on the My Child DE website;
• Policies on positive behavior supports, food and nutrition services as described in
Section 21, safety and sanitation, physical activity, screen time, photographing or
videotaping children, and transporting children, as applicable; and
• A typical daily schedule of the center's programs and activities.

57. Equipment
A. A licensee shall provide developmentally-appropriate equipment and materials for
a variety of indoor and outdoor activities. There must be enough equipment and
materials for all children to use. Materials and equipment must help provide many

experiences and choices that support all children's social-emotional, language
and literacy, intellectual, and physical development.
B. A licensee shall ensure that for children less than 24 months old, developmentally-appropriate supplies or equipment are provided in quantities as
described in subsection 57.A in each of the following categories:
Equipment Requirements for Children Less than 24 Months Old:
• Sensory, such as teething toys, busy boxes, baby mirrors, rattles, melody chimes, squeeze toys; or other similar items;
• Language and dramatic play, such as picture books, toy telephones, CDs, hand puppets, washable stuffed animals and dolls, photographs, or other similar items;
• Manipulative, such as squeeze and grip toys, boxes, sorting and stacking toys, three- or four-piece wooden inlay puzzles, puzzle blocks, simple threading toys, mobile pull toys, balls, or other similar items;
Equipment Requirements for Children Less than 24 Months Old:
• Building, such as soft lightweight blocks, toy cars, trains or boats, figures of animals and people, stacking rings or cups, nesting toys, or other similar items;
• Large muscle, such as low climbers, slides, riding or rocking toys, foam or soft plastic balls, gym mats, play tunnels, or other similar items; and
• Music, such as rhythm instruments, a CD player and CDs, toys with musical tones, musical mobiles or busy boxes, drums, xylophones or pianos, or other similar items.
C. A licensee shall ensure for children over 24 months old to school-age, developmentally-appropriate supplies or equipment are provided in quantities as
described in subsection 57.A in each of the following categories:
Equipment Requirements for Children Over 24 Months Old:
• Language and literacy, such as books, flannel board, upper and lower case letters, pictures for discussion, materials for recognition, identification, or

classification, poetry, puppets, audio-visual materials, show and tell items, or other similar items;

• Science and math, such as plants and gardening equipment, aquarium with fish or other appropriate live animals, water table with supplies, sand table with supplies, cooking supplies, weather chart or thermometer, counting equipment, balance scale, or other similar items;

• Manipulative, such as puzzles, pegs and pegboards, lacing boards, building toys, stencils, dominoes, pounding bench, lotto games, or other similar items;

• Large muscle such as rocking boat, wheel toys, climbers, slides, balance beam, barrels or large cartons, parachute, balls and beanbags, outdoor play equipment, gym mats, or other similar items;

• Building activities, such as unit blocks (minimum of four sizes), transportation toys, farm animals, play people, work bench and tools, building toys, building logs, or other similar items;

• Art, such as crayons, tempera paint, large brushes and newsprint, finger paint and finger paint paper, construction paper in assorted colors, paste or glue, blunt scissors, collage materials, non-toxic felt tip markers, easels, clay or play dough, or other similar items;

• Music, such as a CD player and CDs, piano or organ, guitar, rhythm sticks, drums, cymbals and bells, or other similar items; and

• Dramatic play, such as toy dishes, ironing board, telephones, occupational props or uniforms, dress-up clothes, housekeeping area (stove, sink, refrigerator), cradle or doll bed, doll carriage, dolls, puppets, play grocery store, post office or hospital, or other similar items.

D. A licensee shall ensure furniture is durable and child-sized or adapted to children's use. Tables must be at waist height of the intended child-user and the

child's feet must reach a firm surface while the child is seated.

E. A licensee shall ensure equipment and materials are selected or adapted to allow

all children, including a child with disabilities or other special needs, to

benefit
from the program.
F. A licensee shall ensure equipment and supplies are relevant to the cultural background and community of all children and raise awareness of other cultures
and communities.
G. A licensee shall prohibit toys that explode or shoot objects.
H. A licensee shall ensure toys and equipment used by the children are sturdy,
safely assembled, hazard-free, and not recalled. Toys and equipment may not
cause children to become trapped or have rough edges, sharp corners, pinch and crush points, splinters, or exposed bolts. Equipment in poor condition must
be repaired, removed. or made inaccessible to children.
I. A licensee shall take the following measures to prevent hazards to children in
care:
Hazard Prevention:
• To prevent cuts, abrasions, and punctures, equipment, materials, and other objects on the premises that have sharp edges, protruding nails, bolts, or other dangers must be repaired, removed, or made inaccessible to children. Sharp edges on natural wooden equipment must be sanded;
• To prevent burns, equipment, materials, or products that may be hot enough to injure a child must be made inaccessible to children;
• To prevent sheering, crushing, or pinching, broken or cracked equipment, materials, and objects must be repaired, removed, or made inaccessible to children;
• To prevent entrapment, freezers, refrigerators, washers, dryers, compost bins, and other entrapment dangers must be inaccessible to children unless being actively supervised;
• To prevent tripping, uneven indoor and outdoor walkways, damaged

flooring or carpeting, or other tripping hazards must be removed or repaired;

• To prevent injuries and death, large objects that pose a risk of falling or tipping must be securely anchored. Large objects include, but are not limited to, televisions, dressers, bookshelves, wall cabinets, sideboards or hutches, and wall units; and

• To prevent injuries, equipment in poor condition (rusty parts, flaking paint, or other dangers) must be repaired, removed, or made inaccessible to children.

91. Child Care Activities

A licensee shall ensure that a program of indoor and outdoor activities and supplies and equipment is provided based on the ages and developmental levels of school-age children served. A licensee shall ensure that activities are adapted if necessary to accommodate a child with disabilities or other special needs.

A. As described in Section 57, supplies and equipment must be adapted to suit the different ages and interests of the school-age children, including books for all reading abilities.

1. There must be enough supplies and equipment to allow children the opportunity to choose activities or materials.

2. There must be a system of sharing high demand items, such as computers, when they cannot be supplied to all children.

B. Children must have the opportunity to be responsible for choosing, planning, carrying out, and evaluating their own activities depending on their ages. Children must have opportunities to experience many activities that reflect the various communities, languages, and cultures of the children in care.

C. The daily schedule for school-age children must be posted and include the following opportunities:

Daily Schedule Requirements for School-Age Children:

• Moderate to vigorous active physical play, such as games, sports, dancing, running, jumping, climbing, or exploring the environment;

• Outdoor activities or active physical indoor play when weather conditions do not permit outdoor play; and

• Socialization, conversation, relaxation, and quiet activities such as board or card games, reading, homework and studying.

D. In addition to the daily schedule, a licensee shall ensure a monthly activity plan is

posted and shows school-age children are working on projects that require extended time to complete in such topics as science, math, social studies, language arts, cooking, drama, creative arts, or music. This monthly activity plan

may be included in the daily schedule.

FCC/LFCC Regulation 18, 20 & 52

18. Positive Behavior Supports

A. A licensee shall have and follow an easy-to-understand written children's behavior supports statement. This statement must be given to a parent or guardian at enrollment and staff members.

B. A licensee shall ensure that all staff use prevention strategies, appropriate redirection rather than restraint, and positive developmentally-appropriate methods of behavior supports of children, which encourage self-control, self direction, positive self-esteem, social responsibility, and cooperation.

1. Staff shall give directions and guidance in a clear, non-threatening manner.

2. In addition, staff members shall intervene quickly to ensure the safety of the child and others; redirect children by suggesting other acceptable behaviors; escort the child to a different setting when necessary and speak so children understand their feelings are important and

acceptable, but their disruptive behavior is not.

3. As children develop, these methods must be modified to encourage them to control their own behavior, cooperate with others, and solve problems by developing ideas about the best possible solution.

C. A licensee shall consult with a child's parent or guardian and professionals, if necessary, to design effective positive behavioral supports or to make reasonable accommodations to comply with provisions in an IFSP or IEP and to adapt behavior supports and other practices for a child who has a special need or disability.

D. A licensee and staff members shall teach by example by always being respectful when speaking with children and others.

E. A licensee shall ensure that if "time-out", is used, it is used only as necessary to help the child gain control of behavior and feelings. It must be used as a supplement to, not a substitute for, other developmentally-appropriate methods of behavior support.

1. "Time-out" must be limited to brief periods of no more than one minute for each year of a child's age.

2. "Time-out" may not be used for infants.

3. Before using "time-out", the staff member shall discuss the reason for the "time-out" in language appropriate to the child's level of development and understanding.

4. A child removed from the group or room during a "time-out" must be supervised. Before rejoining the group or at another time, a staff member must talk to the child in ways that encourages the child to make better decisions in the future.

F. A licensee shall ensure the following actions are prohibited:

Prohibited Acts:

• Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hair-pulling,
biting, pinching, plucking, slapping, hitting, kicking, or spanking;
• Yelling at, humiliating, or frightening children;
• Physically or sexually abusing a child;
• Making negative comments about a child's looks, ability, ethnicity, family, or other
personal traits;
• Denying children food, water, or toilet use because of inappropriate behavior;
• Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain
control;
o If the child or others are in imminent danger or a risk to themselves or others, physical
holding for as brief as possible to remedy the risk or removing the child to a safer
location is permissible. Supervision is required.
o In the event physical holding is used, documentation must occur by the staff to ensure
safety for all (child and staff member).
• Punishing children for a toileting accident, or for failing to fall asleep, eat food, or
complete an activity;
• Withholding physical activity as punishment; or
• Encouraging or allowing children to hit, punish, or discipline each other.

20. Parent or Guardian Communication
A. A licensee shall discuss the following information with a parent or guardian

during the enrollment process and as needed:

Discuss the Following Information with a Parent or Guardian:

• Explain that parent or guardian visits are welcomed;

• Ask about each child's culture and community, show respect for each family and

culture, and discuss how to support these child care practices, especially concerning infants and toddlers;

• State that parents or guardians are most important in children's development;

• Identify the ongoing needs of the child and learn parent or guardian preferences,

goals, concerns, or special circumstances that may influence the child's development, behavior, and learning;

o Identify if the child has an IEP or IFSP; and

o Discuss with a parent or guardian and service providers, as applicable, any reasonable accommodations or modifications needed by a child with a disability to

access the program or services.

Discuss the Following Information with a Parent or Guardian:

• Explain how infant activities, such as feeding or sleeping, will be shared at the

end of each day;

• Explain safety procedures for indoors and outdoors, fires, pets, first aid, and

emergencies;

• Explain cleaning procedures, such as disinfecting, Standard Precautions as described in Section 39, diapering, and toileting; and

• Explain the program, including routine activities, equipment, and sleeping accommodations.

B. A licensee shall have and follow written policies in a handbook. The handbook

must be given to a parent or guardian at enrollment.

The Handbook Must Include the Following Information:

• A typical daily schedule;

• Positive behavior supports policy;

• Health policy, including the following:

o Emergency health care that states how the parent or guardian will be notified, how the child will be transported, and what will happen if a parent or guardian cannot be reached;

o Health exclusions listing when children are not allowed to be admitted or remain in care and what will happen when a child becomes ill and a parent or guardian cannot be reached; and

o Notification and prevention of an outbreak of a communicable disease, including a list of reportable communicable diseases, and how parents or guardians will be informed if their children were exposed to a communicable disease or condition;

• Food and nutrition policy, including a statement that children are encouraged but not forced to eat; approximate times of snacks and meals; how food allergies and other dietary requirements are handled; and whether a licensee or parent or guardian will provide food;

• Release of children policy, including the following:

o Procedures to release children only to people approved by a parent or guardian, including a process for the emergency release of a child;

o Monitoring the entrance of the home, or phone, email, or other communication

methods used by the home to ensure the child is released from care when requested
by the parent, guardian, or authorized release person;
o Allowing school-age children to walk to their home or from the school bus stop to the
family or large family home each with written parent or guardian permission;
o Checking the identity of an unknown approved person before releasing the child and
keeping documentation of this verification;
o Procedures for handling situations in which a non-custodial parent attempts to claim
the child without custodial parent or guardian permission; and
o Procedures to be followed when an unapproved person wants to pick up a child, or a
person who seems to be intoxicated or unable to bring the child home safely requests the release of a child;
• Reporting procedures for accidents, injuries, or serious incidents;
• Mandatory reporting of child abuse and neglect policy;
• Administration of medication policy including reasonable accommodations for a
child with disabilities;
The Handbook Must Include the Following Information::
• Safe sleep practices for infants, if applicable;
• Description of animals or pets regardless of the location within the home;
• Suspension and expulsion policies such as the Best Practice Statement for the
Prevention of Expulsion and Suspension in Delaware Early Childhood Programs,
found on the My Child DE website;
• Non-discrimination policy assuring the child or family will not be discriminated
against based on race, color, national origin, gender, age, sex, pregnancy,

marital
status, sexual orientation, gender identity or expression, religion, creed, disability,
veteran's status, or any other category protected by state and federal laws; and
• Transportation policy, if applicable

52. Activities and Interactions
A. A licensee shall interact with children at their eye level and sit on the floor with
them whenever appropriate. A licensee shall offer age-appropriate activities to
children throughout the day to help their development and school-readiness.
B. A licensee shall provide activities and materials that reflect children's cultures
and communities, including both familiar and new materials, pictures, and experiences.
C. A licensee shall have and follow a schedule that is posted for easy viewing by
parents or guardians and staff members. The schedule must list times for the following activities: learning opportunities, active or outdoor play, rest, meals,
and snacks. This schedule may be flexible to meet the needs and interests of the children.
D. A licensee shall ensure activities and materials are adapted to support all children's learning, including a child with disabilities or other special needs, to
benefit from the program.
1. A licensee shall allow services to be provided at the home for a child with an IEP, IFSP, or Section 504 plan.
2. At the request of a parent or guardian, a licensee shall permit qualified professionals to complete an observation or assessment of the child

while at the home.

E. Weather permitting, a licensee shall ensure daily outdoor play is provided for
infants, toddlers, and older children when the wind chill factor is 32° F or higher
or the heat index is 89° F or lower.

1. Outdoor play during periods outside this temperature range may be determined by the licensee.

2. Children must be appropriately dressed for the weather.

3. A licensee shall ensure the guidelines of the National Weather Service (currently www.weather.gov) are followed if an advisory regarding health or safety risks has been issued.

4. For infants, this may include riding in a stroller or carriage, but must also include opportunities for gross motor development. This may occur on a blanket or other hazard-free space.

F. A licensee shall provide chances for physical activity for each child according to
the child's ability. For every four hours the child is in care between 7 AM and 7
PM, 30 or more minutes of physical activity must be provided. Daily active play
may be divided into one or more blocks of time. It may be indoors or outdoors.

G. A licensee and staff members shall interact with each child, giving attention and
physical comfort.

H. A licensee shall ensure children are not in cribs, pack-and-plays, swings, high
chairs, seats, or stationary activity centers for more than 30 minutes at a time
while awake. Toddlers and infants, as appropriate, must be provided with an activity during this time. After removing the child from the equipment, the

**child**

**must be able to move freely on the floor.**

**I. A licensee shall offer activities that meet the needs and interests of school-age**

**children by providing age-appropriate activities, materials, and equipment. These activities must include the following:**

**• Active physical play, such as games, sports, dancing, running, jumping, climbing,**

**or exploring the environment;**

**• Outdoor activities or active indoor play in bad weather;**

**• Time to talk and interact with others; and**

**• Time to relax or quiet activities such as board or card games, reading, homework, and studying.**

**J. A licensee shall ensure activities, such as watching television or using a gaming device, tablet, phone, or computer, are supervised, age-appropriate, and educational. These screen time activities require written parent or guardian**

**permission and are limited to one hour or less per day, unless a special event occurs. Assistive technology is not included in screen time restrictions.**

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **Not at this time**

## 5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

### 5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or

orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

| | Is this standard addressed in the pre-service or orientation training? | Is the pre-service or orientation training on this standard appropriate to different settings and age groups? | Does the Lead Agency require staff to complete the training before caring for children unsupervised? |
|---|---|---|---|
| a. Prevention and control of infectious diseases (including immunizations) | [x] | [x] | [x] |
| b. SIDS prevention and use of safe sleep practices | [x] | [x] | [x] |
| c. Administration of medication | [x] | [x] | [x] |
| d. Prevention and response to food and allergic reactions | [x] | [x] | [x] |
| e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic | [x] | [x] | [x] |
| f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment | [x] | [x] | [x] |
| g. Emergency preparedness and response planning and procedures | [x] | [x] | [x] |
| h. Handling and storage of hazardous materials and disposal of biocontaminants | [x] | [x] | [x] |
| i. Appropriate Precautions in transporting children, if applicable | [x] | [x] | [x] |

| | | | | |
|---|---|---|---|---|
| j. | Pediatric first aid and pediatric CPR (age-appropriate) | [x] | [x] | [x] |
| k. | Child abuse and neglect recognition and reporting | [x] | [x] | [x] |
| l. | Child development including major domains of cognitive, social, emotional, physical development and approaches to learning. | [x] | [x] | [x] |

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **Current certifications in CPR including a skills demonstration and first aid for the ages of the children in care is required to obtain a family child are license. Pediatric first aid and pediatric CPR (age-appropriate) is required in the first two months of hire in centers and for staff in large family child care. Unless a staff member is currently certified, a licensee shall ensure all staff members, except for early childhood aides and school-age aides, complete certifications in first aid and in cardiopulmonary resuscitation (CPR) within two months of hire. The certifications must be appropriate to the ages of the children in care. CPR classes must include a "hands-on" skill demonstration. Once staff members become qualified as an early childhood or school-age intern, they must complete CPR and first aid certifications within two months. Certifications must be kept current. At least one staff member certified in first aid and CPR, applicable to the ages of the children, must be present when children are present, including the beginning and end of the day and during off-site activities.**

**Child development, including major domains of cognitive, social, emotional, physical development and approaches to learning, is required in professional preparation for family child care providers, center assistant teachers, teachers and administrators. Delaware does not consider this a part of "preservice training;" it is part of its preservice qualification requirements.**

**Delaware had a preliminary notice of non compliance on this on (1/10/2023).**

**DE requires providers and staff members to complete the OCCL Health and Safety training to be completed before the license is issued for FCCH/LFCCH providers and during orientation for center and youth camps. The training includes the topics listed below, and training scripts have been provided to OCC as evidence.**

- **Emergency preparedness and response planning, disaster and evacuation plans and procedures**
- **Safe sleep practices, including prevention of sudden infant death syndrome;**
- **Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;**
- **Routine and emergency health care including health exclusions, prevention, and**

recognition of the symptoms of childhood illnesses, including reportable communicable diseases and immunizations;

- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical premises safety;
- Handling and storage of hazardous materials and proper disposal of biocontaminants;
- Safety measures in transporting children, and
- Administration of medication.

Delaware monitors trainings required for the FCCH/LFCCH providers prior to issuing the child care license. A license is issued only when this training is completed. OCCL also monitors the providers and substitutes at each annual full compliance visit by reviewing all qualifications and required training hours. This documentation must be submitted with the initial application and is continued to be monitored for any changes with substitutes when the change is requested.

Delaware monitors the administrator and staff members qualifications prior to issuing the child care license. A license is issued only when the administrator and at least one teacher have the needed training and qualification certifications. OCCL also monitors new staff members at each annual full compliance visit by reviewing all staff qualifications and required training hours.

While Camp Regulations require Orientation training (Reg. #24) to include many topics including but not limited to training on OCCL regulations, positive behavior management, emergency preparedness, and building and physical premises safety, Delaware will specifically add orientation training topics to correct this deficit. The completion of this training is confirmed at the onsite visit. Delaware will address its non-compliance for the Youth Camps by updating the Youth Camp regulations with this requirement with the plan to have revised regulations out for public comment in winter 2025 and finalized by summer 2025.

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

**[x]** No

**[ ]** Yes. If yes, describe:

## 5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

### 5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

**[x]** Yes.

**[ ]** No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

**[x]** Annually.

**[ ]** More than once a year. If more than once a year, describe:

**[ ]** Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

**[ ]** Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

**[x]** No. If no, describe: **Unannounced full compliance monitoring visit conducted annually for all licensed center-based providers. This is not differentiated.**

**Delaware received a preliminary notice of non-compliance standards for volunteer training and practice drills for all 3 provider types (12/13/21). It is meeting this requirements for large and family child care and center-based providers through regulations listed below. Youth Camp regulations are explained below and therefore we unchecked the boxes for volunteer training and practice drills.**
**FCCH:**
**13. General Requirements**
**I. A licensee shall ensure an adult volunteer who is present for at least five days or 40 hours per year completes OCCL's approved Health and Safety Training for Child Care Professionals (certificate required).**
**Emergency Preparedness is covered in the required Health and Safety training.**

**Center:**
**32. Orientation**
**C. A licensee shall ensure all staff members, all substitutes, and volunteers working at least five days or 40 hours a year complete OCCL's approved Health and Safety Training for Child Care Professionals before working with children. This training provides professional development training hours and includes the following topics:**
**Emergency Preparedness is covered in the required Health and Safety training.**

**Youth Camp:**
**Delaware will address its non-compliance for practice drills by updating the Youth Camp regulations with this requirement. Regulations revisions are currently in process with the aim to be at the public comment stage in winter 2025. The timeline for finalized regulations will be after the public comment period, at an**

**estimated summer 2025.**

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Office of Child Care Licensing**

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

**[x]** Yes.

**[ ]** No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

**[x]** Annually.

**[ ]** More than once a year. If more than once a year, describe:

**[ ]** Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

**[ ]** Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

**[x]** No. If no, describe: **Unannounced full compliance monitoring visit conducted annually for all licensed center-based providers. This is not differentiated.**

**Delaware received a preliminary notice of non-compliance standards for volunteer training and practice drills for all 3 provider types (12/13/21). It is meeting this requirements for large and family child care and center-based providers through regulations listed below. Youth Camp regulations are explained below and therefore we unchecked the boxes for volunteer training and practice drills.**
**FCCH:**
**13. General Requirements**
**I. A licensee shall ensure an adult volunteer who is present for at least five days or 40 hours per year completes OCCL's approved Health and Safety Training for Child Care Professionals (certificate required).**
**Emergency Preparedness is covered in the required Health and Safety training.**

**Center:**
**32. Orientation**
**C. A licensee shall ensure all staff members, all substitutes, and volunteers working at least five days or 40 hours a year complete OCCL's approved Health and Safety Training for Child Care Professionals before working with children. This training provides professional development training hours and includes the following topics:**
**Emergency Preparedness is covered in the required Health and Safety training.**

**Youth Camp:**
**Delaware will address its non-compliance for practice drills by updating the Youth Camp regulations with this requirement. Regulations revisions are currently in process with the aim to be at the public comment stage in winter 2025. The timeline for finalized regulations will be after the public comment period, at an estimated summer 2025.**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Office of Child Care Licensing**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

**[x]** No.

**[ ]** Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

**[ ]** Yes.

**[ ]** No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

**[ ]** Annually.

**[ ]** More than once a year. If more than once a year, describe:

**[x]** Other. If other, describe: **Not Applicable to the Office of Child Care Licensing.**

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

**[ ]** Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

**[x]** No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **Not applicable.**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire

standards for license-exempt center-based providers:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **Not Applicable to the Office of Child Care Licensing.**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Not Applicable to the Office of Child Care Licensing.**

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **Not Applicable to the Office of Child Care Licensing.**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Not Applicable to the Office of Child Care Licensing.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **Not Applicable**

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **Not Applicable**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. 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 Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

a. Does the Lead Agency post:

   i. **[ ]** Pre-licensing inspection reports for licensed programs.

   ii. **[ ]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

   iii. **[x]** Monitoring and inspection 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) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **OCCL posts all non-compliances from all visits conducted at licensed large and family child care and center-based programs and all non-compliance determined during a complaint investigation. https://education.delaware.gov/families/birth-age-5/child_care_search/**

   **Delaware had a preliminary notice of non compliance on this on (1/10/2023). Delaware will address its non-compliance for the Youth Camps by updating to data for the child care search so that it includes Youth Camps. Date base changes must be requested, approved, and implemented by June 2025.**

   iv. **[ ]** Other. Describe:

b. Check if the monitoring and inspection reports and any related plain language summaries include:

   i. **[x]** Date of inspection.

   ii. **[x]** 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 non-compliances for large and family child care and center-based providers are posted on the OCCL website's licensed facility search: https://education.delaware.gov/families/birth-age-5/child_care_search/.**

   **Delaware had a preliminary notice of non compliance on this on (1/10/2023). Delaware will address its non-compliance for the Youth Camps by updating to data for the child care search so that it includes Youth Camps. Date base changes**

must be requested, approved, and implemented by June 2025.

iii. **[x]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **List of all non-compliance and the corrective action is given to the provider at the end of every on-site visit and posted on the OCCL website.**

iv. **[x]** A minimum of 3 years of results, where available.

v. If any of the components above are not selected, please explain:

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: **https://education.delaware.gov/families/birth-age-5/child_care_search/**

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **The OCCL licensing specialist enters all data from the visit within five business days from the date of the visit.**

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

**[x]** Yes.

**[ ]** No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

**[x]** Yes.

**[ ]** No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

**[x]** Yes.

**[ ]** No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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. **All licensing specialists must meet the required qualifications to be hired in Delaware. Job description is copied below. Licensing Specialists receive trainings for 2-3 months before being able to have their own individual caseload of programs to monitor.**

**Job Summary**
**The Child Care Licensing Specialist position is responsible for conducting on-site regional child care**

monitoring visits at licensed family child care homes, large family child care homes, early care and education and school-age centers, youth camps accepting Purchase of Care subsidies, Residential Child Care Facilities and Day Treatment Programs, and Child Placing Agencies to verify regulation compliance, provide technical assistance, and lead training sessions. The child care licensing specialist is also responsible for investigating allegations of unlicensed child care and conducts complaint investigations when regulation non-compliance in licensed facilities is alleged.

Job Responsibilities and Duties

The below listed tasks and functions are representative of those performed by our support staff. This is a representative listing only and not all-inclusive.

Regulatory Knowledge

- Maintains a proficient working knowledge of the applicable statutes, rules, regulations, policies, procedures, and community resources which provide the framework for the child care regulation process.
- Understands, retains, applies, and communicates regulation requirements in multiple sets of DELACARE Regulations.
- Assists in the development of child care regulations and implementation of training and technical assistance materials.

Licensing Monitoring Visits

- Manages the progressive discipline and administrative action processes of licensed child care facilities, which includes providing timely administrative complaint notifications to providers, keeping the information system current throughout the administrative action process, and completing each action accurately and in a timely manner.

o Utilizes effective conflict management skills including strong communication, active listening, and situational de-escalation to resolve conflict in an effective manner.

- Conducts on-site unannounced annual monitoring visits and off-site administrative reviews of licensed child care facilities to determine compliance with applicable DELACARE Regulations, developing corrective action plans, confirming correction of non-compliances cited, and recommending enforcement actions, including license suspension, when warranted.
- Conducts unannounced follow up visits when needed to ensure compliance and effective implementation of corrective actions, enforcement visits, and Agreements of Understanding compliance visits to determine regulation compliance and provide technical assistance as needed.
- Conducts on-site pre-licensing visits for applicants to ensure regulation compliance in the prospective child care location and continues increased monitoring during the first year of licensure to ensure regulation compliance and provide technical assistance.
- Adapt/interpret regulations to accommodate the new needs and realities of public and private school education.
- Analyze influx of new waivers/variance requests to accommodate individual public and private school programs to make recommendations of approval to leadership team.
- Utilize web-based monitoring tools to input all state and federally required program information into online database.
- Conducts unannounced complaint investigations, interviews appropriate witnesses, and obtains needed documentation to analyze the information to determine the validity of the complaint.
- Completes written case reviews for licensed child care providers when an enforcement action may be needed and reviews all documentation with the supervisor. When affirmed, elevates to the Director, resulting in a collaborative decision to place a facility on enforcement action or draft an Agreement of Understanding (AOU).
- Investigates reports of regulation noncompliance and allegations of unlicensed child care,

prepares a written report of findings, and elevates the information regarding unlicensed care to the appropriate legal entity when warranted.

- Prepares written reports of findings and enters data from all visits into online database to be tracked for federal Child Care Development Block Grant compliance, including all reports on program full compliance, attempted, follow-up, AOU, enforcement, complaint investigations and reports, and notes for tracking and documentation.

Licensing Application and Technical Assistance

- Provides intake coverage and technical assistance, responding to questions and inquiries from applicants, licensees, providers, and the public by email, phone, or additional visits.
- Supports applicants with the initial licensing process, analyzing paperwork submissions for accuracy and completeness and providing ongoing technical assistance. Conduct on-site pre-licensing visit(s) to ensure facility compliance prior to receiving a license.
- Provides in-person or virtual trainings to guide applicants through the licensing process and to promote compliance in licensed facilities in areas of regulation non-compliance.
- Supports providers with the annual license renewal process, reviewing paperwork (renewal application, annual training hours, required fingerprinting, qualifications, etc.) for accuracy and completeness providing technical assistance, and conducting on-site monitoring visits to ensure regulation compliance.
- Analyzes needs of licensed programs and provides targeted technical assistance to implement corrective action for identified program deficiencies and improve early childhood practices.

Federal Background Check Compliance

- Reviews, tracks, and maintains eligibility for all persons fingerprinted and linked to licensed child care providers. Reviews and monitors the comprehensive background check status of all staff members, adult household members, and child care substitutes.
- Assists the Criminal History Unit with monitoring of fingerprinted background check needs and conducts regular follow up on outstanding out-of-state background clearances.

General Duties

- Serves as a trainer and mentor for new specialists and provides support to peers by assisting with facility visits as needed.
- Maintains a monthly calendar that includes required monthly visits, intake schedule, virtual trainings, professional development, and required meetings.
- Collaborates with internal and external colleagues and partners to promote child care licensing and best practices in early childhood education and participate in task force meetings and external committee meetings as assigned.
- Perform other duties as assigned.

Skills

- Knowledge of best practices in early care and education and school-age child care settings.
- Ability to understand DELACARE Regulations and ensure compliance with those regulations at licensed child care facilities.
- Must have excellent oral and written communication skills.
- Must be proficient in performing responsibilities with minimal supervision.
- Must be skilled in setting priorities, working under pressure, and working in collaboration with others.
- Must be able to proactively solve problems with professionalism.
- Must possess excellent interpersonal skills and the ability to deal with staff in a tactful, congenial, and personal manner.
- Must be experienced in exercising discretion and confidentiality in all professional duties.

Qualifications
Education:

- Bachelor's Degree from an accredited college or university preferably with a concentration in Early Childhood Education, Early Childhood Development, Elementary Education, or related field required.

Experience:

- Must have a valid driving license.
- Experience providing child care at a licensed facility.
- Experience at a licensed Delaware child care facility preferred, but not required.
- Experience facilitating best practices in early care and education and school-age programs.
- Experience interpreting laws, rules, regulations, standards, policies, and procedures.
- Experience delivering technical assistance to diverse early childhood programs and practitioners.

Working conditions (include Physical Demands)
The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions

- The noise level in the work environment is usually moderate.
- Use of office equipment such as copiers, printers, computers and peripherals are required.
- Frequently required to reason, use logic, and strategy when performing tasks.
- Must be able to remain in a stationary position for 50% of the time.
- Be able to occasionally move about inside the office to access office resources.
- Frequently required to stand.
- Frequently required to lift up to 10 pounds and occasionally lift up to 25 pounds.
- Frequently use vision/ color discernment while performing tasks.
- Frequently use hand and finger coordination while performing tasks.
- Travel approximately 90% of the time.

All newly hired licensing specialists are required to complete the 7-hour Health and Safety, Administration of Medication, and Child Abuse and Neglect trainings within three months of their start date and prior to being cleared for their caseload. The Health & Safety training that all providers and staff members are required to complete has been designed by OCCL to meet all federal requirements, apply to all age groups, and all child care settings licensed by OCCL.

Delaware had a preliminary notice of non compliance on this on (1/10/2023).
DE requires providers and staff members to complete the OCCL Health and Safety training to be completed before the license is issued for FCCH/LFCCH providers and during orientation for center and youth camps. The training includes the topics listed below. We will provide our training scripts as evidence, although they do not fit within the plan submission structure.

- Emergency preparedness and response planning, disaster and evacuation plans and procedures
- Safe sleep practices, including prevention of sudden infant death syndrome;
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- Routine and emergency health care including health exclusions, prevention, and recognition of the symptoms of childhood illnesses, including reportable communicable diseases

**and immunizations;**

- **Prevention of and response to emergencies due to food and allergic reactions;**
- **Building and physical premises safety;**
- **Handling and storage of hazardous materials and proper disposal of biocontaminants;**
- **Safety measures in transporting children, and**
- **Administration of medication.**

**Delaware monitors trainings required for the FCCH/LFCCH providers prior to issuing the child care license. A license is issued only when this training is completed. This documentation must be submitted with the initial application and is continued to be monitored for any changes with substitutes when the change is requested.**

**Delaware monitors the administrator and staff members qualifications prior to issuing the child care license. A license is issued only when this training is completed. OCCL also monitors new staff members at each annual full compliance visit by reviewing all staff qualifications and required training hours.**

**While Camp Regulations require Orientation training (Reg. #24) to include many topics including but not limited to training on OCCL regulations, positive behavior management, emergency preparedness, and building and physical premises safety, Delaware will specifically add orientation training topics to correct this deficit. The completion of this training is confirmed at the onsite visit.**

**Delaware will address its non-compliance for the Youth Camps by updating the Youth Camp regulations with this requirement.**

### 5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide 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. **Based on the current ~950 licensed child care providers, the fully staff OCCL the ratio would be 1:55. The caseloads are distributed so that each licensing specialist has similar number of visits each month.**

## 5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

### 5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a. Licensed child care centers: **OCCL requires all providers and staff members to complete a**

seven-hour Health & Safety training at the start of hire during Orientation before working with children that covers the following topics.

- Prevention and control of communicable diseases including immunization;
- Safe sleep practices, including prevention of sudden infant death syndrome;
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical grounds safety;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials and proper disposal of biocontaminants;
- Administration of medication; and
- Safety measures in transporting children.

As for required ongoing training, full time staff members are required to complete at least two hours of health or safety training annually. Part time staff members are required to completed at least one hour of health or safety training annually. Professionals may choose the specific topic within the category of health and safety training.

b. License-exempt child care centers: **Not Applicable to the Office of Child Care Licensing.**

c. Licensed family child care homes: **OCCL requires all providers and staff members to complete a seven-hour Health & Safety training before we issue a license that covers the following topics.**

- Prevention and control of communicable diseases including immunization;
- Safe sleep practices, including prevention of sudden infant death syndrome;
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- Prevention of and response to emergencies due to food and allergic reactions;
- Building and physical grounds safety;
- Emergency preparedness and response planning;
- Handling and storage of hazardous materials and proper disposal of biocontaminants;
- Administration of medication; and
- Safety measures in transporting children.

As for required ongoing training, family and large family child care providers are required to complete at least one hour of health or safety training annually. Professionals may choose the specific topic within the category of health and safety training.

d. License-exempt family child care homes: **Not Applicable to the Office of Child Care Licensing.**

e. Regulated or registered in-home child care: **Not Applicable to the Office of Child Care Licensing.**

f. Non-regulated or registered in-home child care: **Not Applicable to the Office of Child Care Licensing.**

## 5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

**[x]** Yes.

**[ ]** No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. **For license-exempt relative care providers we conduct in-state criminal, FBI, in-state sex offender registry, in-state child abuse and neglect, and NCIC SOR only. License-exempt relative care providers do not complete interstate criminal, interstate sex offender, or interstate child abuse and neglect checks. For all licensed providers all comprehensive background check components are completed.**

**There is currently only one license-exempt relative care provider in DE.**

**There are license exempt youth camps in the state. These programs are not eligible for CCDF Funds. They are not licensed or regulated by OCCL. They are issued a letter of license exemption from OCCL and a permit from DHSS.**

c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

**[x]** Yes.

**[ ]** No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

**[x]** Yes.

**[ ]** No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks. **For license-exempt relative care providers we conduct in-state criminal, FBI, in-state sex offender registry, in-state child abuse and neglect, and NCIC SOR only. License-exempt relative care providers do not complete interstate criminal, interstate sex offender, or interstate child abuse and neglect checks. For all licensed providers all comprehensive background check components are completed.**

**There is currently only one license-exempt relative care provider in DE.**

**There are license exempt youth camps in the state. These programs are not eligible for CCDF Funds. They are not licensed or regulated by OCCL. They are issued a letter of license exemption from OCCL and a permit from DHSS.**

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

**[x]** Yes.

**[ ]** No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only

name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

**[x]** Yes.

**[ ]** No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks. **For license-exempt relative care providers we conduct in-state criminal, FBI, in-state sex offender registry, in-state child abuse and neglect, and NCIC SOR only. License-exempt relative care providers do not complete interstate criminal, interstate sex offender, or interstate child abuse and neglect checks. For all licensed providers all comprehensive background check components are completed.**

**There is currently only one license-exempt relative care provider in DE.**

**There are license exempt youth camps in the state. These programs are not eligible for CCDF Funds. They are not licensed or regulated by OCCL. They are issued a letter of license exemption from OCCL and a permit from DHSS.**

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

**[x]** Yes.

**[ ]** No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

**[x]** Yes.

**[ ]** No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks. **For license-exempt relative care providers we conduct in-state criminal, FBI, in-state sex offender registry, in-state child abuse and neglect, and NCIC SOR only. License-exempt relative care providers do not complete interstate criminal, interstate sex offender, or interstate child abuse and neglect checks. For all licensed providers all comprehensive background check components are completed.**

**There is currently only one license-exempt relative care provider in DE.**

**There are license exempt youth camps in the state. These programs are not eligible for CCDF Funds. They are not licensed or regulated by OCCL. They are issued a letter of license exemption from OCCL and a permit from DHSS.**

c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[ ] Yes.

[x] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. **For license-exempt relative care providers we conduct in-state criminal, FBI, in-state sex offender registry, in-state child abuse and neglect, and NCIC SOR only. License-exempt relative care providers do not complete interstate criminal, interstate sex offender, or interstate child abuse and neglect checks. For all licensed providers all comprehensive background check components are completed.**

**There is currently only one license-exempt relative care provider in DE.**

**There are license exempt youth camps in the state. These programs are not eligible for**

**CCDF Funds. They are not licensed or regulated by OCCL. They are issued a letter of license exemption from OCCL and a permit from DHSS.**

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

**[x]** Yes.

**[ ]** No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

**[x]** Yes.

**[ ]** No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. **For license-exempt relative care providers we conduct in-state criminal, FBI, in-state sex offender registry, in-state child abuse and neglect, and NCIC SOR only. License-exempt relative care providers do not complete interstate criminal, interstate sex offender, or interstate child abuse and neglect checks. For all licensed providers all comprehensive background check components are completed.**

**There is currently only one license-exempt relative care provider in DE.**

**There are license exempt youth camps in the state. These programs are not eligible for CCDF Funds. They are not licensed or regulated by OCCL. They are issued a letter of license exemption from OCCL and a permit from DHSS.**

c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

**[x]** Yes.

**[ ]** No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

**[x]** Yes.

**[ ]** No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. **For license-exempt relative care providers we conduct in-state criminal, FBI, in-state sex offender registry, in-state child abuse and neglect, and NCIC SOR only. License-exempt relative care providers do not complete interstate criminal, interstate sex offender, or interstate child abuse and neglect checks. For all licensed providers all comprehensive background check components are completed.**

**There is currently only one license-exempt relative care provider in DE.**

**There are license exempt youth camps in the state. These programs are not eligible for CCDF Funds. They are not licensed or regulated by OCCL. They are issued a letter of license exemption from OCCL and a permit from DHSS.**

c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

**[x]** Yes.

**[ ]** No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

**[x]** Yes.

**[ ]** No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

**[ ]** Yes.

**[x]** No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. **For license-exempt relative care providers we conduct in-state criminal, FBI, in-state sex offender registry, in-state child abuse and neglect, and NCIC SOR only. License-exempt relative care providers do not complete interstate criminal, interstate sex offender, or interstate child abuse and neglect checks. For all licensed providers all comprehensive background check components are completed.**

**There is currently only one license-exempt relative care provider in DE.**

**There are license exempt youth camps in the state. These programs are not eligible for CCDF Funds. They are not licensed or regulated by OCCL. They are issued a letter of license exemption from OCCL and a permit from DHSS.**

c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

**[x]** Yes.

**[ ]** No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender

registry or repository or the National Sex Offender Registry.

- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

**[x]** Yes.

**[ ]** No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

**[x]** Yes.

**[ ]** No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

**[ ]** Does not use them to disqualify employment.

**[x]** Uses them to disqualify employment. If checked, describe: **Individuals are disqualified if they are active on the instate child protection registry.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

**[ ]** Does not use them to disqualify employment.

**[x]** Uses them to disqualify employment. If checked, describe: **Individuals are disqualified if they are active on an interstate child protection registry.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

**[x]** Yes.

**[ ]** No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

**[x]** Yes.

**[ ]** No. Describe:

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

**[x]** Yes.

**[ ]** No. Describe:

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

**[x]** Yes.

**[ ]** No. Describe:

iv. Get completed in a timely manner.

**[x]** Yes.

**[ ]** No. Describe:

v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

**[x]** Yes.

**[ ]** No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies 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.

**[x]** Yes.

**[ ]** No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a. FBI criminal background check.

**[x]** Yes.

**[ ]** No. If no, describe:

b. In-state criminal background check with fingerprints.

**[x]** Yes.

**[ ]** No. If no, describe:

c. In-state Sex Offender Registry.

**[x]** Yes.

**[ ]** No. If no, describe:

d. In-state child abuse and neglect registry.

**[x]** Yes.

**[ ]** No. If no, describe:

e. Name-based national Sex Offender Registry (NCIC NSOR).

**[x]** Yes.

**[ ]** No. If no, describe:

f. Interstate criminal background check, as applicable.

**[ ]** Yes.

**[x]** No. If no, describe: **While waiting for the results of interstate criminal check the person is determined provisionally eligible. The individual may begin employment under the supervision of person who has received qualifying results for their comprehensive background check within the last five years.**

g. Interstate Sex Offender Registry check, as applicable.

**[x]** Yes.

**[ ]** No. If no, describe:

h. Interstate child abuse and neglect registry check, as applicable.

**[ ]** Yes.

**[x]** No. If no, describe: **While waiting for the results of interstate child abuse and neglect check the person is determined provisionally eligible. The individual may begin employment under the supervision of person who has received qualifying results for their comprehensive background check within the last five years.**

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

**[x]** Yes.

**[ ]** No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

**[ ]** Yes.

**[x]** No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. **Over 99% of comprehensive background checks are completed within the 45-day timeframe. Interstate responses times for requests for interstate criminal or interstate child abuse and neglect requests may result in a delay converting notifications of provisional eligibility to a final eligibility determination.**

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

**[x]** Yes.

**[ ]** No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

**[x]** Yes.

**[ ]** No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Interstate criminal history checks are handled by the Delaware State Police  State Bureau of Investigation (SBI). Details can be found on the website: https://dsp.delaware.gov/obtaining-a-certified-criminal-history/. following instructions for a personal criminal history report. The cost is $72.00.**

Interstate sex offender registry checks are completed at :https://sexoffender.dsp.delaware.gov/ . There is an instant response to these requests.

Delaware child abuse and neglect registry checks are completed via the Delaware Child Protection Registry Request Web Portal at: https://childprotectionregistry.delaware.gov/s/login/?ec=302&startURL=%2Fs%2F After obtaining the completed Delaware Child Protection Registry Consent Form the state may submit the request via the Web Portal. Secure results are sent to the state via the Web Portal within 15 days.

Delaware is an NFF state.

c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

[ ] Yes. If yes, describe the current policy.

[x] No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: https://www.mychildde.org/comprehensive-background-checks/

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. [x] Agency name

ii. [ ] Address

iii. [ ] Phone number

iv. [ ] Email

v. [x] Website

vi. [ ] Instructions

vii. [ ] Forms

viii. [x] Fees

ix. [x] Is the State a National Fingerprint File (NFF) State?

x. [ ] Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe: The consumer education page will be

**updated.**

c. Interstate sex offender registry (SOR) check:

i. **[ ]** Agency name

ii. **[ ]** Address

iii. **[ ]** Phone number

iv. **[ ]** Email

v. **[x]** Website

vi. **[ ]** Instructions

vii. **[ ]** Forms

viii. **[ ]** Fees

ix. If not all boxes above are checked, describe: **The consumer education website will be updated. There is no fee. The agency name, phone number, the on-line form, and instructions are found when clicking the link.**

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[ ]** Address

iv. **[ ]** Phone number

v. **[ ]** Email

vi. **[x]** Website

vii. **[ ]** Instructions

viii. **[ ]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe: **The consumer education website will be updated. The DSCYF Criminal History Unit email address, instructions, and forms are available on the homepage of the Web Portal.**

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

**[x]** Yes.

**[ ]** No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

**[x]** Yes.

**[ ]** No. If no, what is the frequency for renewing each component?

## 5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

**[ ]** No.

**[x]** Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **Relative Care providers are the only license-exempt category that can provide care in the child's own home, and it is provided by relatives only.**

**Relative Care Providers are exempt from all Office of Child Care Licensing center or family child care or Youth Camp regulations. Answers show the requirements that Delaware does have for Relative Care Providers.**

**Relative Care providers are only required to participate in a Relative Orientation on program rules and regulations. They are required to participate in 28 hours of CCDF approved training and 3 hours of a health and safety refresher training annually, as stated above**

# 6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and

access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

## 6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

### 6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[x]** Providing program-level grants to support investments in staff compensation.

ii. **[ ]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[x]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[ ]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[ ]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[ ]** Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. **[x]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[ ]** Other. Describe:

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Department of Education's Office of Early Learning (OEL) supports the compensation of the child care workforce by partnering with child care programs. These partnerships provide financial support for state-funded early care and education seats. In state fiscal year 2025, there are 1,703 state-funded seats. Child care programs with contracts from OEL receive an annual payment of $14,508 per full-day 3 and 4 year old seat, $18,300 per toddler seat, and $25,008 per infant seat.**

**State-funded programs must adhere to the State-Funded Early Care and Education Program Policies and Procedures, which include requirements for recruiting and retaining high-quality staff. State-funded standards are mirrored after the Head Start Program Performance Standards; at least 50% of lead teachers are required to have bachelors'**

degrees. Programs are offered a higher rate of reimbursement per day than the state's Purchase of Care state subsidy through an enrollment-based contract. Programs are expected to use their budgets to pay their highly qualified staff competitive salaries.

The OEL also assists programs in developing, funding, and implementing Quality Improvement Plans. As part of the quality improvement system, programs receive quality improvement awards to enact goals towards quality improvement. Delaware prioritized funding plans that help programs increase the quality of their workforce. As a result, Quality Improvement Awards can be used to pay above minimum wage, increased qualifications bonuses, paid sick or family leave, retirement contributions, or recruitment and retention bonuses. Notably, the quality improvement award amounts will be increased in state fiscal year 2025 to further support programs in enhancing staff compensation.

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. The Department of Education's Office of Early Learning (OEL) has expanded access to benefits for all licensed child care programs participating in Delaware's quality improvement system using state appropriated funds. OEL offers quality improvement awards to programs that are prioritizing goals to improve the quality of their staff, which can include offering benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits.

In addition, OEL has taken steps to inform the child care workforce about health insurance options by sharing information about open enrollment for health insurance through Marketplace with all licensed providers. Furthermore, the Department of Education (DOE) hosts representatives from Westside Family Healthcare to present information during one of the bi-monthly virtual Provider Call meetings at least once each year. These meetings are well attended, with 150-250 providers each month; all licensed programs and stakeholders are invited to participate.

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. Early childhood mental health consultation (ECMHC) has been identified as a specific approach to promote successful social, emotional, and behavioral outcomes in infants and young children and to prevent early childhood suspensions and expulsions. Delaware's Early Childhood Mental Health Consultation (ECMHC) service, under the Division of Prevention and Behavioral Health Services, is offered to Delaware's Office of Child Care Licensing's licensed programs. ECMHC consultants work with classroom teachers to support social and emotional learning and address behavioral concerns of young children, birth to age five. By design, this is a prevention and early intervention service providing intensive onsite consultation, early intervention classroom strategies, training, coaching, professional development opportunities and help with access to more intensive community-based mental health services.

ECMHC is provided by clinically licensed mental health professionals conducted in partnership with an early care and education program. There are several components to the ECMHC process: 1) Child-specific consultation - focuses on those young children in

need of individualized classroom interventions as well as facilitating referrals for community-based services. Assists teaching staff to support a child more effectively with behavioral challenges. 2) Classroom-wide consultation - focuses on building the capacity of the teachers to support the social and emotional development of all young children and more effectively work with children with behavioral challenges. 3) Skill-based training and direct coaching for classroom teachers. 4) Program-wide training and related professional development. 5) Family training and resource sharing. Contracted Early Childhood Mental Health Consultants provide key services statewide to early care and education programs across all three counties with bi-lingual capacity in New Castle and Sussex County.

The ECMHCs are all clinically licensed mental health specialists (Psy.D., LCSW, LPCMH) with extensive early childhood expertise. All are fully trained in Parent Child Interaction Therapy (PCIT) and other evidence-based practices unique to early childhood. These staff and services are being managed by the Delaware Department of Services for Children, Youth and Their Families/Division of Prevention and Behavioral Health Services.

An additional effort to support the mental health and well-being of the child care workforce is aligned with the state's Preschool Development Grant (PDG). Delaware has used PDG funds to move forward in designing an Infant and Early Childhood Mental Health Consultation (IECMHC) model for our state. During the 2023 calendar year, Delaware worked with national experts on the following items: engaging in stakeholder feedback on the current state of home visiting through focus groups with home visitors, supervisors, and Early Childhood Mental Health Consultants, as well as feedback from the Home Visiting Community Advisory Board; creating multiple training and orientation materials to acclimate the state to the new model; and presenting in collaboration with the MIECHV at the PDG Convening to discuss our partnerships across state systems within Delaware. Delaware is prepared to launch Phase II  Implementation with continued PDG funding in 2024.

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. DOE contracts with the Early Childhood Innovation Center (ECIC) at Delaware State University (DSU) using state appropriated funding to offer Child Development Associate (CDA) credential Cohort and Scholarship Models to support with the recruitment and retention of the child care workforce. ECIC offers three models to obtain the international CDA credential. Each model is designed to meet the unique individual needs of the early childhood workforce. The comprehensive CDA cohort model is intentionally designed to provide intensive support needed throughout the CDA credentialing process. Focused on a different CDA competency each month, the cohorts meet twice a month, one virtual and one in-person. Using a multi-layered approach, CDA candidates have individualized, relationship-based coaching to support each aspect of the CDA requirements. Incentives include a laptop, a $500 stipend, cost of credential covered, CDA books, Quorum E-Learning account (for virtual CDA classes), and a $1,000 completion stipend. To be eligible for the completion stipend, educators must have successfully obtained their CDA credential and have continuous employment in the early childhood workforce for six months post-CDA for a minimum of 20 hours a week in a licensed setting.

The self-guided model gives highly motivated, organized educators with exceptional time management skills the ability to navigate through the required steps of the CDA credential. Candidates who are in this model manage various projects and timelines, have a clear expectation of written requirements, and the ability to articulate written components as required by the Council for Professional Recognition independently. Progressing at their own pace, these candidates have one monthly progress check-in with the facilitator coach. Participants of the self-guided model are responsible for keeping themselves on track and ensuring all their materials are ready for approval by the Council for Professional Recognition. The facilitator coach assists them with scheduling their observation and exam. Incentives include a laptop, a $500 stipend, cost of credential covered, CDA books, Quorum E-Learning account (for virtual CDA classes), and a $1,000 completion stipend. To be eligible for the completion stipend, educators must have successfully obtained their CDA credential and remain in the early childhood workforce for six months post-CDA for a minimum of 20 hours a week.

The fee only model was designed to support professionals who may already be working on their CDA and are approaching the finish line. These candidates do not participate in a cohort. They are eligible for the CDA Assessment fee to be covered and a $1,000 completion stipend. The ECIC covers the $425 cost for candidates in this model. To be eligible for the completion stipend, educators must have successfully obtained their CDA credential and have continuous employment in the early childhood workforce for six months post-CDA for a minimum of 20 hours a week in a licensed setting.

ECIC also provides scholarships and support for degree attainment. As part of the Associate (AA) degree scholarship program, tuition up to 12 credits per semester and some fees are covered without any employer requirements. Requirements include maintaining a 2.5 GPA, working in a licensed child care facility, and participation in progress updates with the scholarship coordinator. Upon completion of a degree program, six months continuous employment in early child care and education is also required for completion stipends. The ECIC's Bachelor's (BA) degree scholarship program mirrors this programming; tuition is paid up to 12 credits per semester and some fees without any employer requirements. Requirements include maintaining a 2.5 GPA, working in a licensed child care facility, and participation in progress updates with the scholarship coordinator. Upon completion of a degree program, six months continuous employment in early child care and education is also required for completion stipends.

Associate Program Stipends Incentives include: $250 "Support Stipend" per semester, $2,500 "30-Credit Milestone Stipend," and $5,000 "Completion Stipend" after six months continuous employment in early care and education. The Bachelor's Program Stipends Incentives include: $250 "Support Stipend" per semester and $10,000 "Completion Stipend" after six months continuous employment in early care and education. In addition, Continuation Stipends are offered in the amount of $1,000 for enrolling and being accepted to pursue a Bachelor's degree within six months and $500 for enrolling and being accepted to pursue a Bachelor's degree within one year.

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The Delaware Institute for Excellence in Early Childhood (DIEEC), contracted by the Department of Education (DOE), offers quality-assured training free to early childhood professionals. DIEEC collaborated with the Small Business Development Center to create the following topic-specific trainings in administration and management: The Leader's Role in Building Authentic Community Engagement Plus, Risk Management in the Early Care Setting, Strengthening Business Practices: Marketing Your Program for Center-Based Administrators PLUS, Leaders Bridging the Connection Gap: Individualizing Relationships PLUS, The Business of Early Childhood: Your Purpose, Passion and Position as a Leader PLUS. These PLUS trainings come with quality-assured follow-up coaching sessions. The coaching ensures that the content, activities, and information received during the training can be effectively implemented and incorporated into practice. The training calendar may be viewed at Professional Learning Experience Calendar – DIEEC (dieecpd.org).**

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

   i. **[x]** Fiscal management.

   ii. **[x]** Budgeting.

   iii. **[x]** Recordkeeping.

   iv. **[ ]** Hiring, developing, and retaining qualified staff.

   v. **[x]** Risk management.

   vi. **[x]** Community relationships.

   vii. **[x]** Marketing and public relations.

   viii. **[x]** Parent-provider communications.

   ix. **[x]** Use of technology in business administration.

   x. **[x]** Compliance with employment and labor laws.

   xi. **[ ]** Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency: **To facilitate participation of child care providers and staff with limited English Proficiency, DOE began using translation services in "real time" for Spanish speakers during bi-monthly virtual provider meetings as well as for the Delaware Early Childhood Council meetings. DE will continue to offer these translation services.**

**DIEEC offers free trainings in English and in Spanish, and Delaware has adopted iPD**

**training which is also provided in English and in Spanish. ECIC provides Quroum for CDA coursework which is available in English and Spanish. ECIC has partnered with the University of Potomac to offer the CDA, AA and BA cohort opportunities in Spanish.**

b. Providers and staff who have disabilities: **DOE takes steps to ensure that child care providers and staff with disabilities can actively participate. During bi-monthly virtual provider meetings and Delaware Early Childhood Council meetings, DOE utilizes closed captioning. This accommodation benefits individuals with hearing impairments. To address diverse auditory and visual needs, DOE distributes meeting minutes and recordings of these meetings. These communication efforts promote inclusivity and accessibility of information within the child care community.**

## 6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

### 6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

**[ ]** Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

**[x]**No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

**[x]** Yes. If yes, identify the other key groups: **Delaware will introduce new career pathways, aligning with updated licensing regulations, during the FY25-FY27 plan years. These pathways will redefine qualifications for early childhood professionals, ensuring clarity and consistency across licensed program types.**

**This work began in winter 2022 when updated qualifications were socialized at virtual provider meetings and the Delaware Early Childhood Council (DECC) meetings to solicit feedback. In January of 2023, DECC's subcommittee Partnerships with Professionals held a virtual meeting to discuss the workforce crisis and proposed qualification changes. An update from this meeting was provided at the DECC meeting later that month. These proposed changes required the majority of all new early childhood educators to obtain 120 hours of the prerequisite training for the Child Development Associate (CDA) credential to become early childhood assistant teachers within 12 months of employment or to become Level II family child care providers. Additional changes required a quarter of**

each center's teachers to obtain a CDA and existing family providers and center staff qualified as at least early childhood assistant teachers were to receive legacy status. In February of 2023, the Office of Early Learning (OEL) presented the same proposed qualifications at the Provider Call (typically attended by over 200 providers) and actively sought feedback by using a survey to capture early care educators' thoughts on the proposed updated qualifications. The feedback was mixed: some supported the proposed updated qualifications; some wanted higher qualifications; many supported assigning legacy statuses to the existing workforce; some did not want to increase qualifications due to the staffing crisis; and some mistakenly believed the new requirement would require everyone to obtain a minimum or a CDA. In March of 2023, OEL presented an updated version of the proposed qualifications at the DECC meeting that allowed for 18 months to obtain the 120 hours of training and clarified that a CDA would only be required for new early childhood teachers and all positions would receive legacy status except for early childhood interns. In June of 2023, the proposed career lattice based on the proposed qualifications was shared at the DECC meeting. However, the provider community and organizations did not support creating new qualifications without more investment directly into compensation strategies for early childhood professionals. In the late fall of 2023, the DOE Early Childhood Support team leadership decided not to pursue this version of the updated qualifications until its financial incentive strategies could support the state's new requirements.

In January 2024, DOE revised its draft qualifications framework again based on the Power to the Professions Early Childhood Educator positions I, II, and III and included additions specifically related to entry positions as well as Montessori pathways. These newly developed pathways will include stackable, shorter coursework/training pathways that will be socialized through licensing regulations updates in fall 2024. As described in 6.2.2 iv, Delaware is developing articulation agreements with local Institutions of Higher Education to award 12 college credits for CDA obtainment. DOE is optimistic that the updated qualifications will be embraced, primarily due to the substantial increase in funding programs receive through quality improvement awards and the belief that all children deserve high-quality educators.

[ ] No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). In Delaware, the pursuit of excellence in early childhood education involves strategic choices. Rather than creating state-specific professional standards from scratch, Delaware has embraced the National Association for the Education of Young Children (NAEYC) Professional Standards and Competencies. By adopting NAEYC's standards, Delaware ensures consistency with the Child Development Associate (CDA) competencies and Subject Area credential requirements. These shared

competencies allow for a seamless career expectation for educators pursuing both state and national recognition. Delaware's current system emphasizes continuous growth. Early childhood educators must engage in annual professional development in the topic area of health and safety. Additionally, they choose at least two other topics from a comprehensive list: Child development; Developmental curriculum planning or environment; Observation and assessment; Positive behavior supports or social-emotional development; Health, safety, physical activity, and nutrition; Family and community engagement; Professionalism; Disability non-discrimination, accommodations, or modifications; Management and administration.

The DOE partners with the Delaware Institute for Excellence in Early Childhood (DIEEC) at University of Delaware (UD) to design Professional Learning Experiences based on NAEYC's competencies. Educators benefit from evidence-based practices aligned with national standards.

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. In Delaware, early childhood professionals follow well-defined career pathways that guide them from entry-level positions to more specialized roles. Delaware's DELACARE-Regulations-for-Early-Care-and-Education-and-School-Age-Centers-22.pdf (delaware.gov) (specifically regulations 24 and 87) outline the career pathways for center-based professionals. Educators may enter the workforce at any level if they meet the qualifications. These pathways serve as roadmaps, ensuring clarity and consistency between licensed programs. Once educators meet the qualifications for a desired position within a center, they apply for a qualifications certificate by submitting the required documentation to Delaware's DEEDS Early Learning Team.

As explained in regulation 55 of DELACARE-FCCH-LFCCH-Regulations-August-2022.pdf (delaware.gov), the career pathway for family child care involves Level I and Level II. Level II providers can care for additional children after receiving additional training and meeting experience requirements. Regulation 66 explains the requirements to become a large family provider which allows for more children to be served as well as the opportunity to hire a staff member. In the fall of 2024, Delaware will propose updated licensing regulations for public comment that will require more professional preparation to be qualified as an early childhood educator. Based on public comment, the career pathways and career lattice will be revised once the licensing regulations are finalized.

Additionally, Delaware is in the process of building a new professional development registry that will include prompts or suggestions for career advancement as part of the educator's professional development planning. These prompts will guide educators toward career advancement by suggesting quality-assured training. These training hours can also count toward the Child Development Associate (CDA) credential. The current career lattice https://dieecpd.org/static/uploads/files/career-lattice-chart-may-2012-final.pdf

**provides a visual representation of the qualifications for many early childhood careers.**

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Delaware Early Childhood Council (DECC) serves as the advisory structure for the state. DECC represents numerous early childhood and community agencies throughout the state, as per Delaware's legislative code. DECC meets every other month and is staffed by the Department of Education. DECC's mission 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. DECC 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) makes recommendations to the Governor, the General Assembly, and the IRMC that promote the coordination and effectiveness of early childhood state services and policies. 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. 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. DECC designed the state's five-year early childhood strategic plan "Strengthening Early Success: Building Our Future Together" from stakeholder-driven solutions directly from the 2018/2019 Preschool Development Grant Birth through Five (PDG B-5) strategic planning process. DECC 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 convened in 2022 and 2023 to provide feedback on the state's professional development framework plans. They are scheduled to meet again in 2024 to discuss the updates and make any necessary revisions. These discussions will inform the proposed licensing regulations which will include updated qualifications, set to be introduced in the fall of 2024.**

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **DOE contracts with the Early Childhood Innovation Center (ECIC) at Delaware State University (DSU) using state appropriated funding to offer Child Development Associate (CDA) credential Cohort and Scholarship Models to support the child care workforce. ECIC has partnered with Delaware colleges and universities who offer early childhood education programs to establish credit for prior learning and/or prior learning assessments for early**

childhood education professionals who have earned the Child Development Associate® (CDA), Credential™. The CDA® is a national credential awarded by the Council for Professional Recognition in Washington, D.C.

Delaware State University, Delaware Technical Community College, and Wilmington University have signed agreements to award 12 credits for current and incoming students who have CDAs. This means that any early childhood professional who holds a CDA will be awarded four, three-credit program specific courses on their college/university transcripts. These credits will allow early childhood professionals to graduate with their degree in early childhood education at an accelerated rate and place more credentialed and degreed professionals in the early childhood industry.

ECIC offers three models to obtain the international CDA credential. Each model is designed to meet the unique individual needs of the early childhood workforce. The comprehensive CDA cohort model is intentionally designed to provide intensive support needed throughout the CDA credentialing process. Focused on a different CDA competency each month, the cohorts meet twice a month, one virtual and one in-person. Using a multi-layered approach, CDA candidates have individualized, relationship-based coaching to support each aspect of the CDA requirements. Incentives include a laptop, a $500 stipend, cost of credential covered, CDA books, Quorum E-Learning account (for virtual CDA classes), and a $1,000 completion stipend. To be eligible for the completion stipend, educators must have successfully obtained their CDA credential and have continuous employment in the early childhood workforce for six months post-CDA for a minimum of 20 hours a week in a licensed setting.

The self-guided model gives highly motivated, organized educators with exceptional time management skills the ability to navigate through the required steps of the CDA credential. Candidates who are in this model manage various projects and timelines, have a clear expectation of written requirements, and the ability to articulate written components as required by the Council for Professional Recognition independently. Progressing at their own pace, these candidates have one monthly progress check-in with the facilitator coach. Participants of the self-guided model are responsible for keeping themselves on track and ensuring all their materials are ready for approval by the Council for Professional Recognition. The facilitator coach assists them with scheduling their observation and exam. Incentives include a laptop, a $500 stipend, cost of credential covered, CDA books, Quorum E-Learning account (for virtual CDA classes), and a $1,000 completion stipend. To be eligible for the completion stipend, educators must have successfully obtained their CDA credential and remain in the early childhood workforce for six months post-CDA for a minimum of 20 hours a week.

The fee only model was designed to support professionals who may already be working on their CDA and are approaching the finish line. These candidates do not participate in a cohort. They are eligible for the CDA Assessment fee to be covered and a $1,000 completion stipend. The ECIC covers the $425 cost for candidates in

this model. To be eligible for the completion stipend, educators must have successfully obtained their CDA credential and have continuous employment in the early childhood workforce for six months post-CDA for a minimum of 20 hours a week in a licensed setting.

ECIC also provides scholarships and support for degree attainment. As part of the Associate (AA) degree scholarship program, tuition up to 12 credits per semester and some fees are covered without any employer requirements. Requirements include maintaining a 2.5 GPA, working in a licensed child care facility, and participation in progress updates with the scholarship coordinator. Upon completion of a degree program, six months continuous employment in early child care and education is also required for completion stipends. The ECIC's Bachelor's (BA) degree scholarship program mirrors this programming; tuition is paid up to 12 credits per semester and some fees without any employer requirements. Requirements include maintaining a 2.5 GPA, working in a licensed child care facility, and participation in progress updates with the scholarship coordinator. Upon completion of a degree program, six months continuous employment in early child care and education is also required for completion stipends.

Associate Program Stipends Incentives include: $250 Support Stipend per semester, $2,500 30-Credit Milestone Stipend, and $5,000 Completion Stipend after six months continuous employment in early care and education. The Bachelor's Program Stipends Incentives include: $250 Support Stipend per semester and $10,000 Completion Stipend after six months continuous employment in early care and education. In addition, Continuation Stipends are offered in the amount of $1,000 for enrolling and being accepted to pursue a Bachelor's degree within six months and $500 for enrolling and being accepted to pursue a Bachelor's degree within one year.

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. At the end of January 2023, Delaware concluded a workforce study. Listed below are high level insights from FOCUS, which is the Office of Child Care Licensing's database that includes all active child care providers with demographics and some information on roles. After cleaning data and removing duplicates, our sample was 8,163 individuals from FOCUS data. The new early childhood professional portal developed in 2022 to distribute bonuses showed full/part time status and staff roles, but only for ~4,818 people. Only 56% of licensed professionals in FOCUS are in the professional registry in 2023, with the following demographics: 93% employed in licensed child care centers. 67.4% employed in New Castle County. New Castle County includes more than twice the number of educators as Sussex and Kent Counties combined. 32.5% are employed in the City of Wilmington. 16.60% are employed in Kent County. 16.01% are employed in Sussex County, our most southern county. The demographic data of the early care and education workforce is proportional to overall adult female population in Delaware: 53.8%

Caucasian, 40.9% African American, 2.1% Asian American, 8.4% of the total workforce identifies as Hispanic.

At the end of 2022, 44% of this sample only had 15 hours of training to work alone with children; 25% had 120 hours of training; and 6% had a CDA. However, state-funded early care and education program standards require that programs must ensure that no less than 50% of center-based educators have a BA or AA in child development or early childhood education, or equivalent coursework. As a result, for the 2022-2023 school year: 80.2% of state-funded teachers have a BA or above; 41.2% of state-funded assistant teachers have an AA or above.

Phase I of the workforce study included a survey that included questions regarding retention and turnover. Results from this survey found that 62.05% of the workforce reported being in their current role for 2 years or less. 65.47% of center-based staff reported being in their current role for less than 2 years, compared to 6.01% of Family Child Care providers. Conversely, 46.15 % of Family Child Care providers reported being in their current role for more than 20 years compared to 1.67% in Centers, showing that family child care providers are significantly more likely to remain in the early childhood workforce.

Delaware continues to add "modules" to its early childhood online data collection system, the "DE ECE Portal," to assist with having a central location to gather data and run reports. Once the system is complete with the FY25-FY27 plan cycle, Delaware will be able to provide information on actual wage scales, educator well-being, and access to benefits.

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. In Delaware, we are enhancing the profession and supporting educators by offering programs quality improvement awards to prioritize goals for their staff. As part of our quality improvement system, programs receive quality improvement awards. These awards may be used to provide salary increases, bonuses, paid sick or family leave, retirement contributions, or recruitment or retention bonuses. The quality improvement award amounts will be increased depending on the type of program in state FY25 to further support programs to increase staff qualifications.

DOE is also providing individual scholarships for professional growth. As described in 6.1.1 e, DE is investing in educators' futures by offering scholarships for Child Development Associate (CDA) credentials, and for Associate and Bachelor's degrees in early childhood education. Delaware supports educators by contracting with Delaware State University's Early Childhood Innovation Center (ECIC) to provide direct scholarships and stipends. Their team providers career advisement and facilitates cohort models of support.

Delaware also incentivizes ongoing professional learning by contracting with the University of Delaware's Institute for Excellence in Early Childhood (DIEEC) to provide free training and resources to early childhood professionals. Professional

**learning experiences are offered throughout the year, in a variety of formats to keep educators informed and engaged. The training calendar's link is Professional Learning Experience Calendar  DIEEC (dieecpd.org).**

b. Does the Lead Agency use additional elements?

**[x]** Yes.

If yes, describe the element(s). Check all that apply.

i. **[x]** Continuing education unit trainings and credit-bearing professional development. Describe: **In Delaware, we prioritize quality-assured professional learning hours for early childhood educators. These hours can serve as annual professional development clock hours as required through licensing regulations. Delaware acknowledges credit-bearing continuing education through Institutions of Higher Education (IHEs) by allowing college credit to count for required annual professional development hours. Educators may earn credits while enhancing their skills and knowledge.**

ii. **[x]** Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **Delaware has expanded its definition of quality-assured training to include all the organizations recognized by the National Workforce Registry Alliance, such as Quorum, Smart Horizons, Child Care ED, Teach Stone, etc., to provide clear requirements on what training may be used to count towards becoming a qualified early childhood educator. This expansion includes many opportunities for early childhood educators to complete the prerequisite training hours to obtain a CDA. Delaware is putting resources towards CDA obtainment to verify that early childhood educators meet the competencies required for a quality educator.**

iii. **[ ]** Other. Describe:

**[ ]** No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **The Delaware Office of Child Care Licensing (OCCL) has established regulations for early care and education and school-age centers as well as for family and large family child care homes. These regulations aim to protect and support the health, safety, well-being, and positive development of children who receive care in these facilities. These regulations include minimum standards required to work in these programs. During the pandemic and subsequently to ease the staffing crisis, the standards were lowered to allow entry-level center staff to work alone with children after receiving only 15 hours of training. Delaware's workforce study revealed in 2022 that 44% of those working in centers, fell into this category. Many centers' classrooms are still closed because they do not have the staff required to open them. Delaware is changing the**

professional development framework in the fall of 2024 to support early childhood educators in obtaining a Child Development Associate (CDA) credential. This requirement will be for educators to work alone with children; it will be within one year of employment for child care center educators and two years will be provided for family providers. Current staff who are qualified as at least an early childhood teacher will receive legacy status and will not be required to do additional CDA components to demonstrate their competencies.

Delaware plans to support the workforce through this change in professional preparation requirements by offering individual professionals CDA scholarships and educational attainment awards and offering quality improvement awards to programs. In general, the completion stipend helps support retention by requiring early childhood professionals to stay in the field for six months after completing their degree in order to receive the completion stipend.

The 2022 workforce study revealed 62.05% of the workforce reported being in their current role for 2 years or less. 65.47% of center-based staff reported being in their current role for less than 2 years, compared to 6.01% of Family Child Care providers. Conversely, 46.15 % of Family Child Care providers reported being in their current role for more than 20 years compared to 1.67% in Centers. Based on these findings, Delaware will work on a marketing campaign to recruit family child care providers considering the longevity of the career and work to retain child care center educators.

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? As shared above, Delaware distributes Quality Improvement Award funding to programs to provide financial incentives for their workforce. Salary increases and bonuses are recommended to be commensurate with each early care professional's qualifications and experience. Quality Improvement Award funding may also be used for training to broaden educators' skills in a wide variety of areas; however, the focus is recommended to be in adult-child interactions. Additionally, the state now mandates competitive salaries for educators with higher credentials in state-funded programs.

Looking ahead, Delaware plans to post the proposed updated qualifications for public comment in fall 2024. These qualifications will require educators to obtain either a Child Development Associate (CDA) credential, 12 Early Care and Education College credits, or 200 hours of Montessori training within one year of being able to work independently with children. When Delaware's career pathway structure is updated, it will be explained in our CCDF FY25-FY27 Plan Amendment.

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? The Delaware Early Childhood Council (DECC) serves as the advisory structure for the state. DECC represents numerous early childhood and community agencies

throughout the state, as per Delaware's legislative code. DECC meets every other month and is staffed by the Department of Education. DECC designed the Initial Framework Early Childhood Educator Target Compensation Scale and Professional Pathway Submitted to Senate and House Education Committees by Working Group convened by Delaware Department of Education and Delaware Early Childhood Council December 1, 2021 (ctctusercontent.com). The advisory committee also includes the PDG grant manager who is also the CCDF co-administrator. Delaware used PDG funds to create more state-funded early care and education seats that require child care professionals to be paid with competitive salaries. To date, Delaware has been unable to fully implement this target compensation scale because significant investments in wage enhancement programs, professional development stipends, loan forgiveness, and benefits for the child care workforce have not been made.

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? Delaware's approach to early childhood education is multifaceted, focusing on the professional growth of educators. The Delaware Institute for Excellence in Early Childhood (DIEEC) plays a pivotal role in nurturing the development of children by endorsing high-quality care and educational practices. It achieves this through targeted professional development programs, which include both instruction and personalized coaching.

DEEDS Early Learning evaluates the training history of early learning professionals to assess their eligibility for employment in early childhood or school-age care settings. This process is complemented by career guidance provided both prior to and throughout their professional journey. Training mandates and guidelines stipulate that providers must fulfill specific training prerequisites as "professional preparation." Some of these are pre-employment requirements, while others must be completed on an annual basis.

NOTE: There is no acronym for DEEDS; that is its name and branding. DEEDS is a system that allows applicants to submit applications to become certified to work in early care and education positions.

Traditionally, only DIEEC-endorsed trainings were recognized as meeting quality standards in Delaware. However, the state has broadened its criteria to also include trainings approved by the National Workforce Registry Alliance and the Head Start Early Childhood Learning and Knowledge Center (ECLKC). To enhance child care quality, Delaware is transitioning towards mandating the competency knowledge and demonstration signified by the Child Development Associate credential for individuals working independently with children. The Early Childhood Innovation Center (ECIC) supports this initiative by linking educators with scholarship opportunities and offering career advisement on relevant training programs. Furthermore, the Delaware Association for the Education of Young Children (DAEYC) contributes to the professional development landscape by organizing an annual conference that delivers top-tier training to early childhood educators, leaders, and directors. The professional development hours accrued from these sessions are recognized towards fulfilling the annual licensing requirements for practitioners. This comprehensive system ensures that Delaware's children receive the best possible start in life through the support of highly trained and qualified educators.

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **Delaware is currently developing an Early Childhood portal with a comprehensive set of features. This portal will serve as a valuable resource for the early childhood education community. The key components include:**
**-Early Childhood Professional Profiles: The portal will host profiles of early childhood professionals, providing essential information about their qualifications, experience, and expertise.**
**-Professional Registry: A centralized registry will track and maintain records of early childhood educators, ensuring accurate and up-to-date information.**
**-Child Care Program Supports: The portal will offer resources and guidance to child care programs, assisting them in delivering high-quality services.**
**-Caseload Management and Monitoring Systems: These systems will streamline administrative tasks related to child care licensing and quality improvement to enhance efficiency and accountability.**
**-State-Funding Grants and Quality-Improvement Awards: The portal will facilitate the application and approval process for state-funded grants and quality-improvement awards. These financial incentives will benefit educators and programs.**
**-State-Sponsored Scholarships: Educators seeking further education or professional development can explore available scholarships through the portal.**
**-Data Reporting Capabilities: Once operational (anticipated by June 2025), the portal will generate valuable data. It will provide insights into existing early childhood educators' wages, benefits, and potential disparities. Factors such as geography, role, child care setting, race, ethnicity, gender, and age of children served will be considered. This initiative aims to enhance transparency, support educators, and promote equity within Delaware's early childhood education landscape.**

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **Starting in January 2025, Delaware law mandates a minimum wage of $15 per hour. However, the lead agency provider subsidy agreements do not currently specify staff compensation levels. To enhance staff salary and benefits for recruitment and retention, Quality Improvement Awards can be utilized for bonuses and benefits. Previously, Delaware used ARPA funds to directly pay bonuses to workers. Child care educators received two bonuses: $1,000 in 2022 and $700 in 2023. Should additional funds become available in the future, Delaware is well-prepared to effectively provide bonuses to the early childhood workforce.**

## 6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a. Licensed child care centers: **Early childhood educators working 25 or more hours per week are required to obtain 18 hours of training annually. Educators working less than 25 hours per week are required to obtain 9 hours.**

b. License-exempt child care centers: **CCDF dollars are not provided to unlicensed child care centers. There are no requirements for license-exempt centers.**

c. Licensed family child care homes: **Family child care providers are required to obtain 12 hours of training annually and large family child care providers and their staff are required to obtain 15 hours of training annually.**

d. License-exempt family child care homes: **CCDF dollars are not provided to unlicensed family child care homes. There are no requirements for license-exempt family child care homes.**

e. Regulated or registered in-home child care: **Not applicable.**

f. Non-regulated or registered in-home child care: **Not applicable.**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable).
**Delaware does not have any federally recognized tribes.**

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians?
**All early childhood professionals in licensed programs must have an annual Professional Development Plan. Full-time staff in centers are required to have 18 clocks hours of training, while family providers are required to obtain 12 and large family providers need 15. Professional development hour requirements are not differentiated based on the children that are in professionals' care. This is true whether they care for children receiving child care subsidies, including children of different age groups; English-language learners; children with developmental delays and disabilities; and Native Americans, as applicable. The Professional Development Plan must include goals for the upcoming year that include the required training topics specified by licensing regulations. The planned registry/workforce profile system will allow professionals to create an online version of their annual Professional Learning Plan. This plan will be able to be printed and placed in their personnel file at their place of employment.**

**Professionals must have training in health and safety and two other areas from the following**

topics: child development; developmental curriculum planning or environment and curriculum; observation and assessment; positive behavior supports or social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; disability non-discrimination, accommodations, or modifications; and management and administration. Licensing regulations require early childhood administrators to receive specialized training in infant/toddler care if that age group is being served by the center. Additionally, all staff working with school-age children must have training specific to that age range.

The state contracts with the University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC) to provide in-person and online trainings inclusive of these topics to early childhood professionals serving all ages in family child care or center-based settings. Additionally, while the stateside professional development registry is managed by DIEEC, external organizational partners can become sponsoring organizations and offer their trainings on the registry through the state's quality assurance process. As a result, partners such as Cooperative Extension, Prevent Child Abuse Delaware, Children & Families First, Prevention & Behavioral Health, and Center for Disabilities Studies also create and deliver trainings to meet the needs of Delaware's early childhood professionals. On the registry, search functions are available to identify offerings by professional competency and intended audience, such as Infant-Toddler or School-Age educators.

DIEEC offers trainings and coaching specific to Infant-Toddler educators, covering introductory to advanced levels, available in offerings ranging from 3 hours to 26 hours. In addition to trainings for school-age educators offered through DIEEC, an asynchronous online School Age Child Care Training Series is also available to support educators statewide. DIEEC provides training and coaching follow-up on topics such as inclusion, the Pyramid Model, understanding IEPs/IFSPs, the importance of individualizing for all children, anti-bias education, and supporting dual language learners.

Delaware continues to develop strategies to recruit educators for whom English is not their first language, or who serve families for whom English is not their first language. DIEEC employs Spanish-speaking facilitators to offer trainings and provide coaching statewide and has organized a Spanish-speaking cohort consisting of family child care educators and center-based classroom educators who prefer to communicate in Spanish. The cohort meets and decides what training experiences they would like to participate in, and their requests are translated (if not already available in Spanish) and delivered by a Spanish-speaking instructor. DIEEC also ensures that communications, including the statewide newsletter, announcements, recruitment flyers are either sent in multiple languages or sent with instructions on how to access the information in their preferred language.

### 6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities

Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Effective July 01, 2023, all licensed child care providers must ensure that each enrolled child between the age of birth and 5 years old, not yet in kindergarten, undergoes developmental and social emotional screening using the Delaware Department of Education's approved screening tool, Ages & Stages Questionnaires (ASQ-3 and ASQ:SE-2), within the DDOE ASQ Enterprise System. The collaboration between the State Education Agency, Local Education Agencies, and Birth to Three Early Intervention Program provides Delaware with a robust child find system, as required by the IDEA, which facilitates referrals being made in a timely manner by special education personnel.**

**Licensed child care providers are required to complete two trainings, Supporting Family-Led Developmental Monitoring, and Introduction to the Ages & Stages Questionnaires-Developmental Screening Tools (ASQ-3 and ASQ:SE-2), to access a DDOE ASQ Online Enterprise Account. In both trainings, providers receive relevant resources and information to support completion of developmental screening and referrals for services available under Section 619 and Part C of IDEA. Providers also receive information about existing resources and services the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part through dissemination of mass email notifications, bi-monthly public meetings including the Delaware Early Child Council (DECC), bi-monthly provider meetings, and information available on local education agency and Birth to Three Early Intervention Programs websites. Additionally, the Developmental Screening Team offers ASQ Developmental Screening Provider Office Hours monthly. Content includes an overview of the ASQ Online platform, training opportunities, and specific support for child care providers.**

**More information can be found on the Delaware Department of Education's Developmental Screening Resources website at https://education.delaware.gov/families/birth-age-5/early_resources/developmental_screenings/, Early Childhood Special Education website https://www.doe.k12.de.us/Page/3624, and the Birth to Three Early Intervention Program website b23.de.org.**

## 6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe:

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[ ]** Other optional domains. Describe any optional domains:

vii. If any components above are not checked, describe:

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The current Early Learning Foundations (ELFs) provide early learning and development guidelines for early childhood professionals. Learning opportunities are suggested to expose children to new concepts, to acquire and practice those skills. The Early Learning Foundations were first created in 2003 and then revised in 2010 to be current with best practices.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://www.dieec.udel.edu/resources/early-learning-foundations/**

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **University of Delaware's Delaware Institute for Excellence in Early Childhood (DIEEC) developed a self-paced online training on the Delaware Early Learning Foundations (ELFs), available to educators statewide to review and reflect on how to scaffold activities and interactions to promote knowledge and skill development and appropriate behavior for children birth  five. DIEEC also provides statewide training and coaching focused on implementation of the Teaching Strategies GOLD developmental assessment in the classroom. Training on the ELFs 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.**

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

v. If any components above are not checked, describe:

# 7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide 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.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

## 7.1 Quality Activities Needs Assessment

### 7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated: **Use of federal funding during the pandemic has taught Delaware the need for a cyclical analysis of data, since state agencies had to make in-the-moment decisions on program design, policy, and use of resources. As a result, Delaware has aligned the Preschool Development Grant Birth through Five Needs Assessment and Strategic Plan and CCDF**

Plan writing process in an effort to establish bi-annual cycles of data gathering, analyses, and decision making that respond to the needs of children, families, and the early childhood workforce.

For Delaware to adopt a human-centered approach to this work, we must engage partners in the design of our solutions after collecting and analyzing needs. Phase I of the needs assessment includes literature reviews of existing reports and interactions with family and early childhood professional stakeholders to understand their user experience. In Phase 2 of this approach, we will move to responding to the uncovered needs by planning new policy strategy in co-design sessions. Public workshops will provide inclusive opportunities for families and early childhood professionals to uncover needs, brainstorm solutions and to respond to findings.

The Phase I needs assessment has qualitative and quantitative elements with three major audiences: families, early childhood professionals and providers, and system-level professionals. As described in Section 1 of the plan, DOE and DHSS in partnership with the contractor Social Contract conducted qualitative and quantitative research by conducting focus groups, phone and online surveys to understand family, early childhood professional and provider user experiences within the present system. Simultaneously, agency teams reviewed other early childhood needs assessments and reports (ex. MIECHV needs assessment, cost of quality report).

Phase I Needs Assessment as described in Section 1 began in January 2024 and ended in June 2024.

After outlining draft solutions based on user experiences and collected suggestions, state agency teams will circle back to our focus group settings to reengage participants and present summarized needs assessment findings. These public workshops will allow participants to co-design solutions for the opportunities uncovered within each plan topic. Based on the timeline of the new rule being released, these workshops will be scheduled for the summer and early fall of 2024. Co-designed solutions will be written into a future CCDF Plan Amendment.

We will continue to recruit for these opportunities using announcements through email blasts, social media, and flyers, in English and Spanish. In the future, we will expand our invitations. We will try asking community-based organization partners from across the state to recruit their family members to participate in qualitative interviews, surveys, and pop-up events. State agency staff will attend regularly scheduled meetings of organizations and interview employed early childhood professionals in trainings.

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: In the first year of implementing this user-centric cycle of a statewide needs assessment, the Department of Education (DOE) and the Department of Health and Social Services (DHSS) secured feedback from a variety of early childhood stakeholders to ensure both departments have a robust understanding of how users (government systems, nonprofit, and families) feel about current services and systems.

DOE and DHSS utilized a mixed methods research approach of focus groups and surveys to gather perceptions, sentiments, and recommendations from aforementioned stakeholder groups. DOE and DHSS specifically targeted the follow groups for feedback: Professionals, Agency/Nonprofits, and Families. DOE and DHSS provided in-person and virtual opportunities for focus groups, while providing families with the opportunity to weigh in via survey. Data analysis was conducted for in-person sessions and virtual sessions, then merged together for a full synthesis.

The needs assessment findings described were finalized in June 2024. Key takeaways that informed this plan are listed below.

KEY TAKEAWAYS ORGANIZED BY TOPIC

Takeaways: Workforce

- It takes a special kind of person - kind, compassionate, empathetic, nurturing - to be successful in early childhood education. These soft skills are difficult to teach and often come with learned and lived experience, while other technical skills can be learned through training and education.
- Willingness to learn and grow is really important - education and a willingness to grow is seen as more important than years of experience.
- Childcare professionals need to have a passion for the work.
- Experience is not even in the top 5 most important! Most people think you can be trained up and gain experience, but that it is more important to have the knowledge of developmentally appropriate practice/developmental stages, and a willingness to learn.
- There is a severe shortage of qualified professionals
- Retention and turnover is a contributing challenge
- It is not hard to get people through the door, but they are not qualified
- Better pay, pathways and pipeline programs, and a rebrand of the child care career can help attract people to the workforce
- There are untapped markets of people in tangentially related jobs, and suitable for careers in early childhood education
- Health and safety training is important to ensure quality; but in general, professional development opportunities are missing the mark
- Ratios are very important; the smaller the ratio, the better
- A ratio is important, and so is the type of professional in the classroom

Takeaways: Licensing Health & Safety

Note: The sample size of those who responded to the questions regarding licensing health and safety was notably reduced.

- Safety encompasses more than solely physical and environmental safety; it also includes operational procedures and interpersonal wellness
- The definition of health and safety needs to be broader
- A deep understanding of child development is important for health and safety
- The format of effective training is hands-on instruction, then coaching
- Training is best when hands on and interactive, but training alone is not enough; it needs to be coupled with coaching and measurement/accountability

Takeaways: Systems and Tools

Note: Only one group responded to the questions regarding systems and tools; thus, the sample size is notably reduced.

- The background check should be codified and streamlined for accessibility
- Additional funds should be put towards training and supporting the needs of children and staff
- More guidance on how to spend the funds would be beneficial
- When spending funds, accountability and transparency are important
- Spending data should be shared and updated frequently, in terms easily understood by the public, in user-friendly ways

STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT

Strengths in Delaware's childcare ecosystem

- Passionate workforce
- Those doing the work have a wealth of experience (e.g. already know the ideal ratios)
- Training up is possible when people are willing to learn
- There are untapped markets for recruitment
- Health and safety requirements make a difference in the quality of child care

Recruitment & Retention Opportunities

Expand salary and benefits

- More competitive salaries Geographic parity
- Create minimum salaries (paraeducators)
- Expand bonus programs (e.g. sign on, end of year, retention, performance)
- Expand benefit options (and start them earlier; 30 days after hire)
- Improve PTO and sick time

Pipeline Partnerships

- Collaborations with high schools and colleges
- FCC and center allowances to get degrees
- Para-to-teacher program

Rebrand the career

- Market the importance of this career; the youngest children need the strongest teachers
- Storytelling campaigns
- Market the flexibility that this career affords professionals
- Advertise the career growth and continuous education opportunities
- Market to librarians, parents, people in theater, bus drivers, retired teachers, etc.

Health & Safety Opportunities

Standardization

- Standardize health & safety requirements and trainings
- Codify and standardize requirements for a center to have children and be compensated for their services
- Determine ideal ratios by age group

Training

- Expand the definition of health and safety so that training can be broadened
- Require trainings in physical safety as well as child development

- **Develop training that is hands-on instruction-based and followed up with coaching**

**Summary: Professional Development Opportunities**

- **Codify and standardize trainings for building an expertise in childcare as well as safety.**
- **Create hands-on interactive learning experiences, followed up with coaching or mentoring.**
- **Develop refresher courses, and ensure that learning is continuous.**

**DOE and DHSS will continue to cycle through co-design sessions in the summer of 2024 to refine new policy ideas. They will use this feedback to inform policy and make any amendments to the CCDF State Plan.**

## 7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

### 7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **DOE and DHSS will post the Quality Progress Report on mychildde.org.**

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

**[ ]** No plans to spend in this category of activities at this time.

**[x]** Yes. If yes, describe current and future investments. **Delaware partners with the Delaware Institute for Excellence in Early Childhood (DIEEC) at the University of Delaware to offer professional development to increase access to high quality care and education for all of Delaware's children, especially those from higher risk environments. As an integral component of the state's QIS system, the DIEEC professional development team creates, reviews, and delivers on-going competency-based instruction through varied delivery methods to professionals in early care and education and school-age settings.**

**CCDF funding is used to support professional development for all program staff who choose to maintain and increase their quality. Delaware's theory of change for its quality improvement system is that investing in quality people will result in quality programs. As a result, all licensed programs are eligible to receive professional development from this state contract.**

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

**[x]** No plans to spend in this category of activities at this time.

**[ ]** Yes. If yes, describe current and future investments.

iii. Developing, implementing, or enhancing a quality improvement system.

**[ ]** No plans to spend in this category of activities at this time.

**[x]** Yes. If yes, describe current and future investments. **Delaware partners with the Delaware Institute for Excellence in Early Childhood (DIEEC) at the University of Delaware to offer technical assistance to increase access to high quality care and education for all of Delaware's children, especially those from higher risk environments.**

**As technical assistants for the state's QIS system, the DIEEC Quality Improvement Specialists team engages licensed early childhood programs in a continuous quality improvement cycle. Specialists work with early childhood professionals to create program-wide plans and write award applications for state funds to put towards their plan activities. CCDF funding is used to support technical assistance for program staff who choose to maintain and increase their quality by creating plans and applying for Quality Improvement Awards. All licensed programs are eligible to receive support from a Quality Improvement Specialist through this state contract.**

iv. Improving the supply and quality of child care services for infants and toddlers.

**[x]** No plans to spend in this category of activities at this time.

**[ ]** Yes. If yes, describe current and future investments.

v. Establishing or expanding a statewide system of CCR&R services.

**[ ]** No plans to spend in this category of activities at this time.

**[x]** Yes. If yes, describe current and future investments. **Delaware uses CCDF funding to partner with Children & Families First (CFF) for Child Care Resource and Referral (CCR&R). CFF offers different models of service to help families find child care and allow families to choose which service they prefer. CFF offers the option of searching a database from the MyChildDE website as well as a toll-free phone number to talk to a counselor. Families can receive customized lists of licensed and legally operating child care programs, usually based on zip codes.**

**They offer an "Enhanced Searches" service with customized child care searches for families that include program vacancies. Additionally, the resource and referral staff assist early childhood programs by updating their information in this database. This information makes the early childhood program more marketable because the data gathered is in response to families' needs. Early childhood programs can also request reports that contain competitive analysis on various industries to enhance their business practices. They can request statewide program data to help them decides what services and prices to offer.**

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

[ ] No plans to spend in this category of activities at this time.

[x]Yes. If yes, describe current and future investments. **Delaware uses CCDF funding to support the personnel expenses of its Office of Child Care Licensing team. The objective is to uphold licensing caseloads at a ratio of roughly 1:55. This enables licensing specialists and supervisors to stay available, offering support to individuals navigating the licensing journey, providing technical assistance to licensed programs, ensuring compliance with licensing regulations, and swiftly addressing any complaints that arise.**

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

viii. Accreditation support.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

# 8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

## 8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

### 8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **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 and the draft plan was circulated to the DECC listserv to elicit public comment. 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 childcare or school-age settings.**

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **Delaware does not have any federally recognized tribes.**

    **[x]** Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The Department of Health and Social Services, as the lead agency, oversees programs catering to children with special needs ages birth to three (Part C), while the Department of Education assumes responsibility for those ages three and above (Part B). Collaborative efforts between staff members from both departments were instrumental in crafting and refining the plan. The primary objective of this coordination is to adopt a holistic approach in meeting the needs of this demographic.**

    **This entails ensuring that parents are well-informed about their children's developmental milestones, equipped with knowledge of where to seek assistance if necessary, ensuring mandatory screenings are conducted, and facilitating timely and appropriate referrals for**

services. Ultimately, the aim is to guarantee that children requiring additional support receive it promptly and in alignment with their needs. The overarching aim is to empower parents with the information necessary to make informed decisions regarding the support required for the optimal development of their children.

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The lead agency has a Memorandum of Agreement with the Department of Education to ensure coordination of activities under the Child Care and Development Fund. 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, private child care, social welfare, health and state-funded early care and education 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 early care and education programs.**

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The lead agency, the Department of Health and Social Services is responsible for public health. The Division of Public Health which rests within DHSS 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 ensuring that children and adults receive the vaccines they need. The program ensures that 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.**

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **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. 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.**

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Department of Education is responsible for public education, including pre-kindergarten. The lead agency has a memorandum of understanding with DOE and the Associate Secretary at DOE serves as Co-Administrator of the CCDF program. The Department of Education is responsible for administering the quality portion of the CCDF program, including the Infant and Toddler**

set aside.

The goals of this coordination are to ensure extended day or year of services for families eligible for POC; 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.

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: The Department of Education is responsible for child care licensing. The lead agency has a memorandum of understanding with DOE and the Associate Secretary at DOE serves as Co-Administrator of the CCDF program. 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. The goal of this coordination is to ensure the overall coordination and implementation of quality child care services to children, providers and families by developing comprehensive health and safety standards and ensuring compliance with these standards.

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: The Department of Education is responsible for the Child and Adult Care Food Program. The lead agency has a memorandum of understanding with DOE and the Associate Secretary at DOE serves as Co-Administrator of the CCDF program. The CACFP provides nutritious snacks and meals to child and adult care institutions and family or group 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.

j. 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 and results of the coordination: The Department of Education houses the McKinney-Vento State Coordinators for homeless education. The lead agency has a memorandum of understanding with DOE and the Associate Secretary at DOE serves as Co-Administrator of the CCDF program.

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.

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: 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 child care services so that they are able to work toward self-sufficiency.

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **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.**

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **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 to ensure enhancement and alignment of quality services and linkages to comprehensive mental health services to children in child care settings.**

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The state currently holds a contract with Children and Families First, a private agency, that provide the state's child care resource and referral services and maintains the consumer education website. The goal of this collaboration is to provide information and education to parents regarding childcare types, quality childcare, and resources to support their child's development. Parents can also access a 24-hour automated phone system and case management services for assistance in securing child care 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 training and professional development to all licensed and relative care providers. The result of this collaboration is enhanced and aligned quality of services for children who need child care and who may be a part of an underserved population.**

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The lead agency coordinates with Delaware Afterschool Network (DEAN) which serves to enhance out-of-school time opportunities for children and youth, particularly disadvantaged youth. The Director of DEAN was consulted in the development of the CCDF State Plan and did provide substantive feedback regarding ways to enhance services to school age youth. The result of this coordination is assurance that youth have access to high quality learning experiences before and after the school day.**

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **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.

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

i. **[x]** 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 with children under the age of three, 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. **[x]** State/Territory institutions for higher education, including community colleges. Describe: The lead agency collaborates with institutions of higher education including the University of Delaware who provides professional development for early childhood professionals. The Department of Education partners with the Early Childhood Innovation Center (ECIC) to offer scholarships and stipends to individuals as they complete degrees or their CDA. ECIC facilitates cohorts of scholars receiving a CDA statewide. Delaware Technical and Community College, Wilmington University, Delaware State University, and University of Delaware provide AA and BA programming. The goal of this collaboration is to ensure the improvement of the knowledge and skills of the early childhood professionals.

iii. **[x]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: The lead agency collaborates with the 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 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, convenes quarterly stakeholders meetings for afterschool

**providers, partners, and champions.**

**DEAN provided detailed feedback to ensure the CCDF FY25-FY27 plan included quality initiatives to improve the practice of school-age professionals.**

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **The Department of Education is responsible for Early and Periodic Screening, Diagnostic and Treatment Program. The lead agency has a memorandum of understanding with the DOE and the Associate Secretary of the DOE co-administers the CCDF program. 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.**

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The lead agency has an MOU with the Department of Services for Children, Youth and Their Families. 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 appropriate, timely, comprehensive, and coordinated services are accessible to all of Delaware's children.**

vii. **[ ]** Child care provider groups or associations. Describe:

viii. **[ ]** Parent groups or organizations. Describe:

ix. **[ ]** Title IV B 21st Century Community Learning Center Coordinators. Describe:

x. **[ ]** Other. Describe:

## 8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds 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, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead

Agency 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 pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

**[ ]** No. (If no, skip to question 8.2.2)

**[x]** Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

**[x]** Title XX (Social Services Block Grant, SSBG)

**[ ]** Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

**[x]** State- or Territory-only child care funds

**[x]** TANF direct funds for child care not transferred into CCDF

**[ ]** Title IV-B funds (Social Security Act)

**[ ]** Title IV-E funds (Social Security Act)

**[ ]** Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, 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? **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. Policies for spending avoid duplicity of services among various child serving agencies and make following state and federal requirements less burdensome for our early childhood partners. Some of the services provided by combining funds includes full-day, full-year programming for working families, smoothing transitions for children, linking comprehensive services to children in child care.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

*Note:* Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

**[ ]** Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

**[x]** Yes. If yes, describe which funds are used: **State General Funds**

**[ ]** No.

b. Does the Lead Agency use donated funds to meet match requirements?

**[ ]** Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. **[ ]** Donated directly to the state.

ii. **[ ]** Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

**[x]** No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

  Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

  If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

  **[x]** Yes.

  **[ ]** No. If no, describe:

## 8.3 Coordination with 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 Lead Agency, 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).

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 Lead Agency.
- 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 Lead Agency and local agencies that administer funds made available through CCDF.

### 8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

**[ ]** No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

**[ ]** No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

**[x]** Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:
**Currently, the lead agency has an MOU with the Department of Education that outlines the coordination of CCDF programming. The Department of Education manages the state's resource and referral and consumer education website 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 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.**

**At this time, different partnerships collect information with and on behalf of the Department of Education and Department of Health and Social Services so that the lead agencies can analyze this information as a whole; it is not just CFF, the state's CCR&R.**
**-The Department of Education and Department of Health and Social Services collects data and provides 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.**
**-The Department of Education collects data and provides information on the supply of and demand for child care services in areas of the state.**
**-The Department of Education, Health and Social Services, and Delaware Early Childhood Council 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 these state agencies and advisory council.**

## 8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

### 8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Wilmington Early Care and Education Council (WECEC) is a local council by the city government whose mission is to ensure that all Wilmington children have access to an integrated early childhood system, which fosters collaboration among existing programs and identifies gaps in current delivery systems for children birth through 8 years old. The program leverages existing service delivery systems and increases the supply and quality of child care services by providing a professional development center for parents and providers, providing career consultation, mentoring, technical assistance, scholarships, etc. The goals of this partnership include strengthening governance and alignment of early childhood policies, programs and practices, integrating service delivery across agencies, 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.**

**Children and Families First (CFF) is the private agency that the lead agency contracts with to administer the state's resource and referral services. The lead agency also coordinates with University of Delaware which provides professional development resources and Delaware State**

**University which houses the state's Early Childhood Innovation Center. The ECIC advocates for the success of early childhood professionals and strives to empower and cultivate a highly skilled, educated and diverse workforce by providing holistic evidence-based supports.**

## 8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

### 8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The Child Care Disaster Plan was most recently updated in August 2022 to include the requirement for each licensed center and home to have an emergency plan for their own facility to meet their individual needs. Portions of the plan were updated in May 2024 to update the disaster plan contact list.**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

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

**[x]** State human services agency.

**[ ]** State emergency management agency.

**[x]** State licensing agency.

**[x]** State health department or public health department.

**[ ]** Local and State child care resource and referral agencies.

**[x]** State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

**[x]** Procedures for evacuation.

**[x]** Procedures for relocation.

**[x]** Procedures for shelter-in-place.

**[x]** Procedures for communication and reunification with families.

**[x]** Procedures for continuity of operations.

**[x]** Procedures for accommodations of infants and toddlers.

**[x]** Procedures for accommodations of children with disabilities.

**[x]** Procedures for accommodations of children with chronic medical conditions.

vi. **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[x]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe: **N/A**

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **DeCCDisasterPlanFFY2018-3-2021.pdf (delaware.gov)**

# 9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

## 9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

### 9.1.1 Parental complaint process

a. 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 child care 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/birth-age-5/occl/occl-**

**forms/make_a_complaint_online/**

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The parental complaint process can be accessed through the state's consumer education website MyChildDE. MyChildDE and all of its content, including directions on how to file a parental complaint can be translated by clicking a drop down menu and choosing another language (also visibly represented by the flag of that country).**

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The parental complaint process can be accessed through the state's consumer education website MyChildDE. MyChildDE was developed using 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.**

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

**[x]** Yes. If yes, describe: **Complaints regarding regulatory concerns are screened by the Office of Child Care Licensing (OCCL). Upon receiving a complaint, a licensing supervisor assigns the complaint into the following categories depending on the nature and urgency: Immediate Threat, Potential Threat, or Allegation Involving Possible Regulation Violation. Immediate threats require an investigation to begin within one business day. Potential threats require an investigation to begin within five business days. Allegations involving possible regulations require an investigation to begin within 10 business days. Once an investigation is completed, the licensing specialist must complete the complaint investigation report within 10 days and submit it for approval. Substantiated complaints and complaints where other non-compliance was observed require corrective action. Substantiated complaints involving serious non-compliance requires an unannounced follow-up visit by a licensing specialist to ensure compliance.**

**[ ]** No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **Records of substantiated parental complaints are maintained by the Office of Child Care Licensing through FOCUS an electronic database which was created in 2017. These complaints can be found in our child care search online.**

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **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 Child Care Licensing's website. 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/.**

## 9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: **https://www.mychildde.org/**

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

**[x]** Yes.

**[ ]** No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

**[x]** Yes.

**[ ]** No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://www.mychildde.org/providers/licensing/**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **https://www.mychildde.org/providers/licensing/**

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **https://www.mychildde.org/comprehensive-background-checks/**

iv. Provide the direct URL/website link to the offenses that prevent individuals from

being employed by a child care provider:
**https://regulations.delaware.gov/register/march2002/final/5%20DE%20Reg%201828%2003-01-02.htm**

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

**[x]** Yes.

**[ ]** No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **https://www.mychildde.org/child-care/looking-in-delaware/**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

**[ ]** License-exempt center-based CCDF providers.

**[ ]** License-exempt family child care CCDF providers.

**[ ]** License-exempt non-CCDF providers.

**[ ]** Relative CCDF child care providers.

**[x]** Other (e.g., summer camps, public pre-Kindergarten). Describe: **The lead agency contracts with Children and Families First to provide support to families searching for child care through a statewide resource and referral service. Families can search for several types of care including preschools, before and after care, holiday break care and summer camps.**

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

| Provider Information Available in Searchable Results | | | | | |
|---|---|---|---|---|---|
| | All licensed providers | License-exempt CCDF center-based providers | License-exempt CCDF family child care home providers | License-exempt non-CCDF providers | Relative CCDF providers |
| Contact information | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Enrollment capacity | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |

| | | | | | |
|---|---|---|---|---|---|
| Hours, days, and months of operation | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Provider education and training | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Languages spoken by the caregiver | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Quality information | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Monitoring reports | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Willingness to accept CCDF certificates | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Ages of children served | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Specialization or training for certain populations | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| Care provided during nontraditional hours | **[x]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. **[x]** All licensed providers. Describe: **Provider Information on MyChildDe.org includes the following:**
**-Licensing**
**-Comprehensive Background Checks**
**-Trainings**
**-Quality**
**-Child Development**
**-Other**
**-Provider Supports: Resource rooms, Scholarship program, Provider Groups, etc.**
**-Educational Homelessness Supports**
**-Covid 19 Updates**
**-Latest News Section: ECE State Level Meetings/minutes info, upcoming events, Legislative info, etc.**

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:

vi. **[ ]** Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. **[ ]** Quality improvement system.

ii. **[x]** National accreditation.

iii. **[ ]** Enhanced licensing system.

iv. **[x]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[ ]** Meeting pre-Kindergarten quality requirements.

vi. **[ ]** School-age standards.

vii. **[x]** Quality framework or quality improvement system.

viii. **[ ]** Other. Describe:

b. For what types of child care providers is quality information available?

i. **[x]** Licensed CCDF providers. Describe the quality information: **Mychildde.org describes Delaware Stars for Early Success, the state's Quality Improvement System (QIS). This voluntary program is used to measure, improve and communicate the level of quality in early care and education and school-age settings. It links to the QIS Revision Update page, which includes the latest available information related to Delaware's new early childhood support system. It has the Quality Indicators and Key Practices for center-based programs and FCC programs, along with updates related to the QIS revision shared by DOE.**

ii. **[x]** Licensed non-CCDF providers. Describe the quality information: **The quality improvement system information provided above is relevant to all licensed programs.**

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. **[x]** Relative child care providers. Describe the quality information: **The information provided above is for all licensed programs, and can be helpful for Relative child care providers as they navigate resources and supports available to them.**

**However, there is no information on Relative Care on mychildde.org. There are guidelines on when Relative care can be used at this link: https://www.mychildde.org/families/child-care-options/other-child-care-options/**

vii. **[ ]** Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education

website. This aggregate data must 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 child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

a. 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. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

   ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

   iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

   iv. **[x]** The total number of children in care by provider category and licensing status.

   v. If any of the above elements are not included, describe: **The US Department of Education gives guidance on reporting data when the "N" size of the sample is too small and could therefore lead to public identification of personal information. Due to the "N" size of the number of licensed Youth Camps in Delaware, two camps, we are unclear about how we should be providing Youth Camp information in the aggregate data. Delaware will request technical assistance on how to meet this requirement with only two licensed camps.**

b. 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 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 child care providers must submit reports of any serious injuries or deaths of children occurring in child care.**

   **Children & Families First (CFF), which contracts with the Department of Education, reaches out the beginning of each new year (early January) to Office of Child Care Licensing (OCCL). They give CFF numbers for deaths and serious injuries by each type of child care provider for the previous year.**
   **OCCL also provided the substantiated child care abuse numbers. This January, they connected with the Institutional Abuse Unit at DSCYF.**
   **CFF uses the first OCCL report for the year on the number of providers in each type along with their licensing capacity. We then update the chart so that there is at least 3 years of data.**

   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.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **https://www.mychildde.org/families/child-care-options/concerns-in-child-care/**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

**[x]** Yes.

**[ ]** No.

**[ ]** Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: **Yes, Children & Families First's contact information is listed on the website in multiple places since it is the only CCR&R in the state.**

**https://www.mychildde.org/contact-us/**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

**[x]** Yes.

**[ ]** No.

b. Provide the direct URL/website link to this information: **https://www.mychildde.org/contact-us/**

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

**[x]** Yes.

**[ ]** No.

b. Provide the direct URL/website link to the sliding fee scale.
**https://dhss.delaware.gov/dhss/dss/childcr.html**

## 9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

### 9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.
**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.**

### 9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).

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

**[x]** Yes.

**[ ]** No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. 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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

**[x]** Yes.

**[ ]** No. If no, describe:

9.3.4 Informing families about best practices on child development

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, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **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 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 Lead Agency makes information available for parents, providers, and general public regarding developmental screening information through the following materials: I Am the Expert on My Child video informs and educates families on the purpose and importance of developmental screening and monitoring, Quick Start Guide on the Developmental Screening Resources website https://education.delaware.gov/families/birth-age-5/early_resources/developmental_screenings/ offers strategies for child care providers for successful parent and family engagement to complete developmental screening, Practice Activities created by Brookes Publishing are sent to families and child care providers when they complete the screenings, CDC Milestone Checklist are sent to families and child care providers when screenings are completed and is posted on the developmental screening website, Just in Time Parenting Newsletter is sent to families and child care providers when screenings are completed and sent from our partners from 211 Help Me Grow, Birth to Three Early Intervention Regional Programs, and LEAs.

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.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

**[x]** Yes.

**[ ]** No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral 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: 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. Social emotional development is among the developmental domains evaluated and assessed to determine

eligibility for early intervention services. Children and families found eligible for early intervention supports may have access to social and emotional support and coaching. Professionals providing these supports include psychologists, mental health professionals, and early childhood educators, to name a few.

Information regarding social-emotional/behavioral and early childhood mental health of young children is shared with parents through many agencies across the state and within various state agencies. Delaware's Department of Education, Office of Early Childhood Intervention (OECI), administers the statewide developmental screening initiative. A major component to this initiative is the collaborative effort between child care educators and parents in completing the Ages and Stages Questionnaire, Third Edition, (ASQ-3) and the Ages and Stages: Social Emotional, Second Edition (ASQ:SE-2). To support both child care providers and families, the OECI's developmental screening team prepares and distributes educational documents that guide parents in completing screenings as well as follow up enrichment activities for parents and caregivers. The OECI supports child care providers in collaborating with families and improving data collection at the state level to track the impact of developmental screening. This data is used to inform families of their child's results, which also indicate whether the child and family would benefit in further evaluation, which is completed by the state's Birth to Three early intervention program.

Furthermore, Delaware's Department of Services for Children, Youth, and their Families, Division of Prevention and Behavioral Health Services provides behavior-focused early intervention and prevention services for children ages, as well as 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, and other community partners also share information focused on social and emotional health. Some of the information shared incudes stages of child development, kindergarten readiness, age-appropriate behavioral expectations, and positive disciplinary strategies. The state provides information via direct communication, one on one consultation, and literature, which is placed in state and community agencies that support parents with young children and their families

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have 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. Describe those policies and 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 team, and the state's Part C and Part B Coordinators 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 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 an implementation memo and 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. In addition, the lead agency worked with the University of DE to develop a mandatory training on suspension and expulsion for CCDF providers. Non-CCDF providers were encouraged to participate in this training. Information about suspension and expulsion can also be found on MyChildDE, the state's consumer education website.er education website.

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds:
Delaware's policy to prevent suspension and expulsion of children is applicable for children of all ages in child or youth care settings receiving CCDF. It will be updated to include children up through age 12 in child or youth care settings, since it currently only reads as for children up to five years. It can be found on our mychildde.org website here: https://www.mychildde.org/families/child-care-options/concerns-in-child-care/suspension-and-expulsion-statement/

Delaware Department of Health and Social Services, Division of Social Services Program, Policy and Development Unit, Purchase of Care
Best Practice Statement for the Prevention of Expulsion and Suspension In Delaware Early Childhood Programs
For the purpose of this statement, Early Childhood Programs shall mean all Delaware licensed child care programs participating in the Purchase of Care program, caring for children five years of age and younger.
Background
The early years of a child's life are influenced by all experiences, both negative and positive. These years set the trajectory for relationships and successes that they will experience for the rest of their lives. Therefore, it should be of great concern to everyone in the early education field that recent national data indicates that children are being suspended or expelled from early education programs at alarmingly high rates. In the 2003 and 2004 school years, more than 5,000 pre-K students across the nation were expelled from state-funded programs. In addition, the research indicates that there are significant racial and gender disparities in this practice with African American males making up only 19% of preschool enrollment, but 45% of preschoolers suspended. [i] Young children who are expelled are 10 times more likely to drop out of high school, hold negative school attitudes and face incarceration than those who are not. [ii] The decision to suspend or expel a child from an early education program may not be based solely on the child's behavior, however. Some other factors which often influence the decision to suspend or expel include program issues such as group sizes, child-teacher ratios, the availability of consultants to assist classroom teachers and support staff, the level of a teacher's education, teacher depression, teacher job stress, etc. [iii]
Further, when administered in a discriminatory manner, suspension and expulsion of children may violate Federal civil rights laws. Recipients of Federal financial assistance are obligated to administer student discipline without regard to race, color or national origin.[iv] This research demonstrates that this is, in fact, what is occurring and is the impetus for the joint policy statement on suspension and expulsion in early childhood programs from the U.S. Dept. of Health and Human Services and the U.S. Dept. of

Education. States are now required to heighten awareness and are strongly encouraged to develop a statewide suspension and expulsion policy. Also, each state must document in its Child Care and Development Fund State Plan how it intends to address this issue. Delaware is committed to ensuring that all of our children receive the best early education possible by using a proactive and systemic approach to building resilience, and finding alternatives to preschool suspension and expulsion. Using this as a foundation, Delaware has developed this Best Practice Statement for the Prevention of Expulsion and Suspension from Early Childhood Programs.

Definitions [v]

Expulsion-terminating enrollment of a child or family in the regular group setting because of a challenging behavior or a health condition.

Suspension-all other reductions in the amount of time a child may be in attendance of the regular group setting, either by requiring the child to cease attendance for a particular period of time or reducing the number of days or amount of time that a child may attend.

Best Practice Statement

This Best Practice Statement applies to all children in early childhood programs, and is designed to prevent, severely limit and ultimately eliminate the use of expulsion, suspension and other exclusionary discipline practices due to children's challenging behaviors.

All Delaware licensed child care programs serving children five years of age and younger and who accept Purchase of Care families are required to develop and implement a suspension and expulsion policy with the understanding that these exclusionary measures are to be used only as a last resort in these cases:

1. There is a determination of a serious safety threat and
2. A detailed progression of intermediate interventions for the child or others has been implemented and documented.

Part B and Part C Inclusion

When a child with an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP) exhibits persistent challenging behaviors, special considerations are enacted due to procedural safeguards and due process rights ensured under the Individuals with Disabilities Act (IDEA), Parts C and B. Documentation may be required by the IFSP or IEP teams detailing attempts to address the behaviors and alternate placement plans developed to ensure continuation of special education and related services.

The policy is to be clearly communicated to staff upon hire and families upon enrollment. A comprehensive policy should include but is not limited to:

1. Preventive guidance and discipline practices: Programs must develop and clearly communicate appropriate social-emotional and behavioral health promotion practices, discipline and intervention procedures. These practices should include a systematic, uniform process for managing challenging behavior prior to the use of an exclusionary method. This must include communication with a parent regarding the behavior, and could include consultation with a school counselor when appropriate or consultation with an early childhood mental health specialist, etc.
2. Development of an Expulsion and Suspension Policy: Programs must develop and clearly communicate its policy on this method of discipline in its parent and staff handbooks. The focus should be on inclusion and positive collaboration with families. Program staff and families should be made aware that such a policy exists and specifically what it entails. Program staff and families should be aware that this practice is a last resort after all supports have been exhausted including the use of an early childhood

mental health professionals.

3. Staff training and support: Program staff should be trained to provide social and emotional nurturing and redirection for each individual child, particularly those who present challenging behaviors. Trainings should include topics such as developmentally appropriate behavior, cultural responsiveness, family engagement, Adverse Childhood Experiences, Trauma Informed Care, and evidence-based practices. These trainings should be provided on an ongoing basis. Staff should be encouraged to use online/free resources. Program staff should have access to additional supports such as early childhood mental health consultants, and, if available school counselors. Finally, programs should remain compliant with Delacare Regulations including appropriate staff-to-child ratios to reduce teacher burn out and/or stress.

4. Data Collection: Programs should begin to collect baseline data to determine program goals and ensure fairness, equity and continuous quality improvement. Data should be monitored at least annually to assess progress and modify practices as necessary. Some examples of useful data include:

*Number of behavior incidents reported by race, gender and age
*Number of suspensions/expulsions reported by race, gender and age
*Number of behavior referrals reported by teacher

5. Set Goals for Improvement: Based on data collected, programs should set realistic goals for improvement. Some goals could be:

*Provide annual professional development on cultural responsiveness
*Adopt a program-wide positive behavior intervention in one year
*Reduce the number of suspension and expulsions by 50% within a year

[i] Gilliam, W.S. (2005). Prekindergartners left behind: Expulsion rates in state prekindergarten systems. New York, NY: Foundation for Child Development.
[ii] Lamont, J.H. Devore, C.D., Allison, M., Ancona, R., Barnett, S.E., Gunther, R., and, Young, T. (2013) Out-of-Time suspension and expulsion. Pediatrics, 131(3), e1000-e1007.
[iii] What Could Make Less Sense Than Expelling a Preschooler? By Walter S. Gilliam, https://psychologybenefits.org/2014/12/13/preschool-expulsions/
[iv] Department of Education Office of Civil Rights and DOJ, Dear Colleague Letter on the Nondiscriminatory Administration of School Discipline, at 3-4(2014), www.ed.gov/ocr/letters/colleague-201401-title-vi.pdf
[v] American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at http://nrckids.org.

## 9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children

who receive child care assistance, including the coordinated use of 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; and,

- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

**[x]** Yes.

**[ ]** No. If no, describe:

b. 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 Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

**[x]** Yes.

**[ ]** No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

**[x]** Yes. If yes, 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.**

**[ ]** No. If no, describe:

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

**[x]** Yes.

**[ ]** No. If no, describe:

# 10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

## 10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

### 10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The lead agency has a Policy and Program Development Unit where there is an Administrator for each of the subsidy programs. The Administrator is responsible for managing the subsidy program which includes revising, developing, and interpreting the respective policies, managing contracts, responding to stakeholder inquiries, etc. There is also a fiscal/procurement team who manages the fiscal aspects of the subsidy programs and some of there responsibilities include draw down of the funds, managing the pass through to other agencies, reporting. The lead agency has MOUs with CCDF partners that outline the responsibilities and reporting requirements. CCDF partnering agencies also submit Time and Effort reports twice a year which details the time and effort each of their team members put forth toward administration of the CCDF program. The policy unit and the fiscal unit meet on a quarterly basis to discuss status of grant spending, deadlines for obligating and liquidating funds, etc. Child care monitors are also a part of the team. Their responsibilities include monitoring provider contracts, annual site visits, verifying attendance and implementing corrective action when discrepancies are identified. Additionally the lead agency works with other state agencies to identify potential fraud risks when fraud is detected in any of our programs.**

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.

3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Lead Agency ensures the state and department procurement policies and procedures are adhered to and sets performance standards. MOU's are developed to establish responsibilities and reporting requirements with partnering agencies. Contracts are monitored through monthly reports requiring statistics and data. Additionally, the Lead Agency 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.**

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **The lead agency utilizes contracts and MOU's that detail budgets, and specific statements of work and how CCDF funds will be used. Spreadsheets are used to track monthly expenditures.**

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **State and federal reports are listed on a monthly meeting agenda as a reminder. This includes the due dates and person responsible.**

d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **Fiscal management is the process of keeping the divisions spending within the limits of the funding allocations by planning, controlling and monitoring financial resources.**

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The lead agency uses develops spending estimates, develops budgets, seeks formal approval of budgets, only spends funds that are authorized, implements policies and procedures, established a procurement team who manages suppliers based on formal and transparent processes, ensures audit trails by retaining all information related to**

**financial activities and transactions to support expenditures, conducts audits and communicates spending estimates and plans to state legislatures and other stakeholders to ensure transparency.**

c. How the results inform implementation. Describe: **The lead agency uses audit results and results of fiscal management practices to inform continuous quality improvement, to inform spending allocation or revisions to approved budgets.**

d. Other. Describe: **N/A**

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The state does not currently have a process in place; however, 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. The frequency of each risk assessment. Describe: **N/A**

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **N/A**

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **N/A**

e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

   i. Describe the training provided to staff members around CCDF program requirements and program integrity: **New Staff and experienced staff participate in the Lead Agency's training academy. Staff participate in training specific to childcare policy and application. The lead agency conducts annual "Roadshows" by attending eligibility team meetings statewide to review childcare subsidy policy and address questions/ concerns.**

   ii. Describe how staff training is evaluated for effectiveness: **Trainings are evaluated for effectiveness by including interactive activities to gauge comprehension and knowledge transfer to determine ability to apply what was learned. Evaluation**

**also includes performance measurement. Error rates are a key indicator of training effectiveness. Provider trainings are evaluated for effectiveness by including interactive activities to gauge comprehension and knowledge transfer to determine ability to apply what was learned. Evaluation also includes performance measurement.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The lead agency uses error rate results to inform ongoing staff training needs. Monthly meetings are held with QC team who is responsible for case reviews. At these meetings, we discuss error trends. Based on the trends identified topics are chosen for Podcasts, policy briefs, roadshows, etc.**

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **Licensed childcare providers who have been approved to serve children receiving funds receive an orientation from the Lead Agency. This orientation explains program requirements and integrity expectations.**

ii. Describe how provider training is evaluated for effectiveness: **Provider trainings are evaluated for effectiveness by including interactive activities to gauge comprehension and knowledge transfer to determine ability to apply what was learned.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Providers are monitored by the lead agency's Child Care Monitors. If errors are identified in attendance submission, billing, etc. Providers received one on one training based on the identified error.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The triennial report is shared with leadership which includes the eligibility team leads.**
**Based on the results, these team members are involved in the development of the CAP.**

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit reports are shared with the leadership team which includes all program administrators. Findings are reviewed and corrective action is put in place to address identified findings.**

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **A state audit indicated missing time and effort reports from CCDF administering agencies. The lead agency met with these agencies to review the findings, reporting expectations and revised the T/E**

**reporting protocol.**

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. **[ ]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.

b. **[x]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **A state audit indicated missing time and effort reports from CCDF administering agencies. The lead agency met with these agencies to review the findings, reporting expectations and revised the T/E reporting protocol.**

## 10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls 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 and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. **[x]** 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)).

   i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 also uses the Work Number to verify employment and income. The Lead Agency's audit and recovery management team uses several different data match programs to determine if fraud has been committed by comparing this information to was reported to the Lead Agency.**

   ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 this information to was reported to the Lead Agency.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: **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. These databases will also reveal agency/administrative errors.**

b. **[x]** Run system reports that flag errors (include types).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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. Provider errors are addressed by notifying providers with a written communication and recouping monies if necessary. Additionally, there are several databases used to verify client data, e.g., the Work Number which verifies employment and vital statistics which verifies birth records/relationships.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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. Client program violations are addressed by reviewing them with the client and implementing corrective action.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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.**

c. **[x]** Review enrollment documents and attendance or billing records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 recoupment is generated.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 recoupment is generated.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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 lead agency will reimburse the provider the difference in the amount.**

d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 is policy was accurately applied. Patterns of error are then discussed with eligibility staff**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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 is policy was accurately applied. Patterns of error are then discussed with eligibility staff.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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 is policy was accurately applied. Patterns of error are then discussed with eligibility staff.**

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Childcare monitors perform**

**announced and unannounced visits to subsidy providers. During the review, the monitor will compare the provider's summary attendance, daily attendance, sign-in and sign-out sheet. If discrepancies are identified, the provider must revise and resubmit attendance records and a system generated recoupment will occur.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Childcare monitors perform announced and unannounced visits to subsidy providers. During the review, the monitor will compare the provider's summary attendance, daily attendance, sign-in and sign-out sheet. If discrepancies are identified, the provider must revise and resubmit attendance records and a system generated recoupment will occur.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Childcare monitors perform announced and unannounced visits to subsidy providers. During the review, the monitor will compare the provider's summary attendance, daily attendance, sign-in and sign-out sheet. If discrepancies are identified, the provider must be reimbursed for the difference in the amount.**

f. **[x]** Train staff on policy and/or audits.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **New staff and experienced staff (as needed) participate in the Lead Agency's training academy. During the training, staff are provided with a thorough review of childcare policy and procedure. This is done through instructor led training which also includes members of the childcare policy team. Additionally, staff are trained to review the eligibility budget prior to confirming the benefits to ensure the correct benefits are issued.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **New staff and experienced staff (as needed) participate in the Lead Agency's training academy. During the training, staff are provided with a thorough review of childcare policy and procedure. This is done through instructor led training which also includes members of the childcare policy team. Additionally, staff are trained to review the eligibility budget prior to confirming the benefits to ensure the correct.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **New staff and experienced staff (as needed) anticipate in the Lead Agency's training academy. During the training, staff are provided with a thorough review of childcare policy and procedure. This is done through instructor led training which also includes members of the childcare policy team. Additionally, the quality control team reviews case in reporting and non-reporting years. Errors are shared with individual eligibility teams through a TEAMS file. Eligibility teams will review these errors and mitigate when applicable. Based on identified errors policy briefs are disseminated, podcasts are used to address the errors and roadshows are conducted with eligibility teams where the errors are again addressed.**

g. **[ ]** Other. Describe the activity(ies):

i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The Lead Agency is responsible for pursuing fraud and overpayments.**

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. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. 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. **[x]** 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 based on the most recent analysis: **When an improper payment is discovered, the provider is immediately notified inwriting of the discovery, the amount of the improper payment and the recoupment process. Recovery is required after a minimum overpayment of $1.00.**

ii. **[x]** 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 based on the most recent analysis: **The lead agency coordinates with other state agencies maintaining federal grants to discuss provider fraud when it is identified to ensure that we are all aware of the fraud as it may be co-occurring in our respective programs. The lead agency has the power to enforce recoupment of misspent funds and does coordinate with the Department of Justice should the discovery of fraud lead to felony prosecution.**

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **A recoupment process is built into the Lead Agency's billing system. When a provider is required to repay based on billing discrepancies identified, the system will automatically establish a recoupment amount and recoupment is automated in increments**

**monthly through the provider's account.**

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **A recoupment process is built into the Lead Agency's billing system. When a provider is required to repay based on billing discrepancies identified, the system will automatically establish a recoupment amount and recoupment is automated in increments monthly through the provider's account.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **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 because of an overpayment of benefits in a public welfare program administered by DHSS.**

viii. **[ ]** Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

**[ ]** No.

**[x]** Yes.

If yes, check and describe below 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.

i. **[x]** 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 based on the most recent analysis: **When an improper payment is discovered, the provider is immediately notified inwriting of the discovery, the amount of the improper payment and the recoupment process. Recovery is required after a minimum overpayment of $1.00.**

ii. **[x]** 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 based on the most recent analysis: **The lead agency coordinates with other state agencies maintaining federal grants to discuss provider fraud when it is identified to ensure that we are all aware of the fraud as it may be co-occurring in our respective programs. The lead agency has the power to enforce recoupment of misspent funds and does**

**coordinate with the Department of Justice should the discovery of fraud lead to felony prosecution.**

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **A recoupment process is built into the Lead Agency's billing system. When a provider is required to repay based on billing discrepancies identified, the system will automatically establish a recoupment amount and recoupment is automated in increments monthly through the provider's account**

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **A recoupment process is built into the Lead Agency's billing system. When a provider is required to repay based on billing discrepancies identified, the system will automatically establish a recoupment amount and recoupment is automated in increments monthly through the provider's account**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **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 because of an overpayment of benefits in a public welfare program administered by DHSS.**

viii. **[ ]** Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

**[ ]** No.

**[x]** Yes.

If yes, 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. **[x]** 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 based on the most recent analysis: **When an improper payment is discovered, the provider is immediately notified inwriting of the discovery, the amount of the improper payment and the recoupment process. Recovery is required after a minimum overpayment of $1.00.**

ii. **[x]** 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 based on the most recent analysis: **The lead agency coordinates with other state agencies maintaining federal grants to discuss provider fraud when it is identified to ensure that we are all aware of the fraud as it may be co-occurring in our respective programs. The lead agency has the power to enforce recoupment of misspent funds and does coordinate with the Department of Justice should the discovery of fraud lead to felony prosecution.**

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **A recoupment process is built into the Lead Agency's billing system. When a provider is required to repay based on billing discrepancies identified, the system will automatically establish a recoupment amount and recoupment is automated in increments monthly through the provider's account.**

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **A recoupment process is built into the Lead Agency's billing system. When a provider is required to repay based on billing discrepancies identified, the system will automatically establish a recoupment amount and recoupment is automated in increments monthly through the provider's account.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]**Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **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 because of an overpayment of benefits in a public welfare program administered by DHSS.**

viii. **[ ]** Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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 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.

ii. **[x]**Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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.**

iii. **[x]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **The lead agency will prosecute any childcare subsidy providers who commits intentional fraud. 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).**

iv. **[ ]** Other. Describe the activities and the results of these activities based on the most recent analysis:

## Appendix 1: Lead Agency Implementation Plan

**The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.**

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

## Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

| A. Action Steps for Implementation | B. Responsible Entity(ies) | C. Expected Completion Date |
|---|---|---|
| **Step 1:** | | |
| **Step 2 (as necessary):** | | |
| **[Additional steps added as necessary]** | | |
| **Overall Target Date for Compliance:** | | |