

Delaware Child Care Development Fund (CCDF) Plan with Conditional Approval Letter for FY 2016-2018
Date: Monday, June 27, 2016

The Office of Child Care (OCC) is pleased to release the PDF (Portable Document Format) copy of the approved FY 2016-2018 Delaware CCDF Plan that became effective June 1, 2016 and the conditional approval letter. The Plan serves as the application for CCDF funds by providing a description of, and assurance about, the grantee's child care program and all services available to eligible families. OCC asked States and Territories to write their Plans based on a reasonable interpretation of the Act, pending completion of a final regulation. States and Territories had the option to outline an implementation plan for one or all of the 26 new areas if the State/Territory was not yet able to certify compliance. Thus, these Plans are conditionally approved until each State/Territory fully implements all new requirements of the CCDBG Act of 2014. The OCC will partner with States and Territories to support and monitor the successful and timely implementation of all provisions of the Act. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to amend their program at any time. All amendments must be submitted to OCC for approval within 60 days of the effective of the change.

Please find the following two documents within this PDF:

2016-2018 Delaware CCDF Plan Conditional Approval Letter – OCC issued a letter with the conditions of approval for each State and Territory. In reviewing plans and waiver/extension requests, OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period. The approval letter covers the CCDF Plan for the period of June 1, 2016, through September 30, 2018. A “conditionally approved” plan is a fully approved plan with conditions to be met based on waiver requests, if applicable, and implementation and corrective action plans for unmet requirements. The conditions will be deemed fully met once all provisions in the Child Care and Development Block Grant (CCDBG) Act of 2014 are fully implemented.

2016-2018 Delaware CCDF Plan - The Plan describes the CCDF program to be administered by Delaware for the period 6/1/2016 – 9/30/2018 as conditionally approved by OCC. The Plan serves as the application for CCDF funds by providing a description of, and assurance about, the grantee's child care program and all services available to eligible families. 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 therein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

NOTE: *The CCDF Plan reflects the services and activities as reported by the Delaware Lead Agency in their CCDF Plans for Fiscal Years 2016-2018. The CCDF Plans offer a snapshot into current and planned efforts, initiatives and implementation plans for each State/Territory through September 30, 2018. These Plans are not a catalog of all activities undertaken by the State/Territory. Administration for Children and Families (ACF) is not responsible for the contents of these CCDF plans.*



ADMINISTRATION FOR
CHILDREN & FAMILIES

330 C Street, S.W., Washington DC 20201 | www.acf.hhs.gov

June 13, 2016

Ray Fitzgerald, DSS Director
Department of Health and Social Services/DSS
1901 N. Dupont Hwy
New Castle, DE 19720

Dear Director Fitzgerald:

The Office of Child Care (OCC) recognizes that there are many new requirements included in the Child Care and Development Block Grant (CCDBG) Act of 2014 that you are working to implement during this Plan period. We appreciate the time and energy that you put into developing your Child Care and Development Fund (CCDF) Plan to reform and effectively administer your program. I am pleased to inform you that the Delaware CCDF Plan for the period of June 1, 2016, through September 30, 2018, has been conditionally approved. A "conditionally approved" plan is a fully approved plan with conditions to be met based on your waiver requests, if applicable, and implementation plans for unmet requirements. The conditions will be deemed fully met once all provisions in the CCDBG Act of 2014 are fully implemented and implementation plan action steps are completed. At that time the Delaware CCDF Plan will be approved without conditions. OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period.

The following conditions apply to your CCDF Plan:

- Waiver Requests – The CCDBG Act of 2014 gives the Secretary the option to waive statutory provisions or penalties for up to 3 years if certain statutory conditions are met. Background Check provisions were not considered under this waiver implementation process because the Act provided for a separate extension

process for States and Territories unable to comply by September 30, 2017. Decisions regarding your waiver requests are listed below.

- Your waiver request(s) for Graduated Phase-Out (3.1.5) has been approved through the date listed in your Implementation Plan, not to exceed one year.
- The Administration for Children and Families considers health and safety training critical to reducing risk of injury and death for children receiving assistance. According to the Program Instruction CCDF-ACF-PI-2015-09 issued December 2015, all new and existing caregivers and teachers serving children receiving CCDF assistance must have completed these training requirements by this date. Delaware will not meet the health and safety training provision by the effective date of September 30, 2016; therefore you will be on a Corrective Action Plan starting October 1, 2016. You will now have an additional year to achieve this goal. You have 60 days following receipt of this letter to formally submit your extended timeline for implementing this requirement, not to exceed one year, by completing or revising the Implementation Plan at 5.1.6b in the ACF-118 system.

Key principles of the CCDF are to provide equal access to child care for children receiving child care assistance and to ensure parental choice. Provider payment rates set too low undermine these principles. As you are aware, the CCDBG Act of 2014 requires states and territories to take the cost of quality into account when setting rates, and to set rates based on the results of the most recent market rate survey or alternative methodology. We continue to be concerned that your rates may not allow for equal access. OCC plans to make review of payment rates a priority for our upcoming implementation monitoring visits. Thus, the conditional approval of your Plan **does not** constitute a final determination that your payment rates are sufficient to provide access to child care services for eligible families that are comparable to those provided to families that do not receive subsidies, as required by law.

You will receive a Notice of Grant Award in October 2016 from the Office of Administration in the Administration for Children and Families. The notice will include the amount of your award and any additional terms and conditions for the receipt of CCDF program funds. During the effective period of this plan, any substantial changes to the Delaware program must be submitted as a plan amendment to your Regional Office for approval in accordance with 45 CFR 98.18(b).

We remind you that your CCDF-funded child care program for in-home providers must comply with all applicable Federal laws and regulations, including Federal wage and income tax laws governing domestic workers. Questions regarding Federal wage laws should be directed to your local or district office of the Wage and Hour Division within the U.S. Department of Labor. Likewise, questions regarding Federal income tax laws should be directed to your local or district office of the Internal Revenue Service.

We look forward to working together toward implementation of the CCDBG Act of 2014 and promoting the early learning and development of children along with family economic stability and success. If you have any questions, please contact Beverly Wellons, Child Care Program Manager, Office of Child Care at (215) 861-4020 or Beverly.wellon@acf.hhs.gov. Thank you for all you do each day for children and families.

Sincerely,

Rachel Schumacher
Director
Office of Child Care

cc: Belvie S. Herbert, Social Service Senior Administrator
Beverly Wellons, Regional Program Manager, Office of Child Care Region III

Child Care and Development Fund (CCDF) Plan For Delaware FFY 2016-2018

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

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

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

Name of Lead Agency: [Department of Health and Social Services/DSS](#)

Address of Lead Agency: [1901 N. Dupont Hwy, New Castle, DE 19720](#)

Name and Title of the Lead Agency Official: [Ray Fitzgerald, DSS Director](#)

Phone Number: [302-255-9500](#)

E-Mail Address: Ray.Fitzgerald@state.de.us

Web Address for Lead Agency (if any): www.dhss.delaware.gov

1.1.2 Who is the CCDF administrator?

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

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: [Belvie S. Herbert](#)

Title of CCDF Administrator: [Social Service Senior Administrator](#)

Address of CCDF Administrator: [1901 Dupont Hwy, New Castle, DE 19720](#)

Phone Number: [302- 255-9611](#)

E-Mail Address: belvie.herbert@state.de.us

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

Name of CCDF Co-Administrator:

Title of CCDF Co-Administrator:

Phone Number:

E-Mail Address:

Description of the role of the Co-Administrator:

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): [302-255-9611](tel:302-255-9611)

Web Address for CCDF program (for the public) (if any): www.dhss.delaware.gov

Web Address for CCDF program policy manual (if any): www.dhss.delaware.gov

Web Address for CCDF program administrative rules (if any):

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

Outreach and Consumer Education (section 2)

Agency/Department/Entity [Division of Social Services \(DSS\)/ Dept. of Health and Social Services](#)

Name of Lead Contact [Belvie S. Herbert](#)

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity [DSS/DHSS](#)

Name of Lead Contact [Belvie S. Herbert](#)

Licensing/Monitoring (section 5)

Agency/Department/Entity [Office of Child Care Licensing/Dept. of Services for Children, Youth and Their Families](#)

Name of Lead Contact [Kelly McDowell](#)

Child Care Workforce (section 6)

Agency/Department/Entity [Dept. of Education \(DOE\)](#)

Name of Lead Contact [Carmen Gallagher](#)

Quality Improvement (section 7)

Agency/Department/Entity [Department of Education](#)

Name of Lead Contact [Carmen Gallagher](#)

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity [Division of Social Services/Dept. of Health and Social Services](#)

Name of Lead Contact [Belvie S. Herbert](#)

[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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level?

In other words, identify whether CCDF program rules and policies are established by the state

or territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

- All program rules and policies are set or established at the State/Territory level.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

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

- State/Territory
- County.

If checked, describe the type of eligibility policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set

Other.

Describe:

Sliding fee scale is set by the:

- State/Territory
- County

If checked, describe the type of sliding fee scale policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set

Other.

Describe:

Payment rates are set by the:

- State/Territory

County.

If checked, describe the type of payment rate policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set

Other.

Describe:

Other.

List and describe (e.g., quality improvement systems, payment practices):

1.2.2 How is the CCDF program operated in your State/Territory?

In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply. and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

The lead agency has satellite offices in each county where families in need of services may go to get information and access those services.

Child care resource and referral agencies

Describe.

Community-based organizations

Describe.

Other.

Describe.

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

CCDF Lead Agency

TANF agency

Describe.

Any parent who is eligible for TANF is automatically eligible for childcare and is provided with resources and information at the time of intake to assist them in locating providers. The lead agency and the TANF agency are one in the same.

Other State/Territory agency.

Describe.

Parents who express a need can find this information at many agencies throughout the state including the Office of Child Care Licensing, The Department of Education and Children and Families First, a private agency that provides a statewide Resource and Referral system.

Local government agencies such as county welfare or social services departments

Describe.

The lead agency has satellite offices where families are able to access this and other services.

Child care resource and referral agencies

Describe.

The lead agency contracts with Children and Families First, a private agency, to

provide a statewide resource and referral system for parents who express a need for child care.

Community-based organizations

Describe.

Other.

Describe.

c) Who issues payments?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

Child care resource and referral agencies

Describe.

Community-based organizations

Describe.

Other.

Describe.

1.3 Consultation in the Development of the State Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply).

For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

- [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns

Describe:

An overview of the key legislative changes to the CCDF program was presented to the Interagency Resource Management Committee. This committee is made up of the Secretaries of the lead agency, The Department of Education and The Department of Services for Children, Youth and Their Families, the Director of the Office of Management and Budget, the Controller General and the Chair of the Early Childhood Council. The committee promotes interagency collaboration in the delivery of early childhood services to young children and their families.

- [REQUIRED IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

Describe:

An overview of the new legislation regarding the CCDF program was presented to the Delaware Early Childhood Council in September 2015 and the Wilmington Early Care and Education Council in January 2016. A draft of the CCDF plan was presented to the Delaware Early Childhood Council and the Wilmington Early Care

and Education Council in February 2016 and comments were solicited.

If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

Yes,

No.

If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy

[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes.

Describe, including which Tribe(s) you consulted with

Check N/A if no Indian Tribes and/or Tribal organizations in the State

State/Territory agency responsible for public education.

Describe:

The lead agency has a Memorandum of Agreement with the Dept of Education to ensure coordination of activities under the Child Care and Development Fund. A part of this coordination includes meeting the requirements to share information or services for CCDF subsidy families, the use of CCDF Discretionary dollars to fund several positions at DOE including an Education Specialist, and Administrative Assistant. The Department of Education assisted in drafting and revising the plan.

State agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool).

Describe:

The lead agency is responsible for programming for children with special needs from birth to 3 (Part C). The Department of Education is responsible for programming for children with special needs for ages 3 and up. The Department of Education assisted in drafting and revising the plan.

- State/Territory institutions for higher education, including community colleges.

Describe:

The lead agency contracts with University of Delaware-Delaware Institute for Excellence in Early Childhood who provides pre-service and ongoing professional development to our Relative Care Providers. University of Delaware and DIEEC - UD is the EHS grantee for New Castle and Kent counties and has been operating EHS child care partnerships since 1998. DIEEC also provides quality assured training, a workforce training registry, and the QRIS TA and monitoring. The University of Delaware assisted in developing and revising the plan.

- State/Territory agency responsible for child care licensing.

Describe:

The lead agency has a Memorandum of Agreement with the The Department of Services for Children, Youth and Their Families which is the agency responsible for child care licensing. The agreement ensures the coordination of activities under the Child Care and Development Fund. A part of that coordination includes the use of CCDF dollars to fund two full time positions at DSCYF. These positions include one Licensing Inspector and one Social Service Administrator. The office of Child Care Licensing assisted in drafting and revising the plan.

- State/Territory office/director for Head Start State collaboration

Describe:

The Department of Education Head Start State collaboration establishes linkages among Head Start, childcare, social welfare, health and state funded pre-school programs. These programs provide high quality early childhood education, nutrition, health, mental health, disabilities and social services with a strong parental involvement. The Department of Education assisted in drafting and revising the plan.

- State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

The lead agency has a Memorandum of Understanding with the Department of Education who is the EHS-CC Partnership grantee. The lead agency has partnered with the Early Head Start program to provide comprehensive full day full year services for children in the EHS program. These services include mental health

and behavioral screenings, nutrition, parental engagement, etc. The Department of Education assisted in drafting and revising the plan.

- State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

The Department of Education is responsible for the CACFP which provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children. The Department of Education assisted in drafting and revising this plan.

- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention

Describe:

The lead agency administers the WIC program. The primary goal of this program is to ensure that low to moderate income pregnant women, recently delivered women, breastfeeding woman, infants and children up to age 5 who may be a nutrition risk receive assistance in obtaining nutritious/healthy meals. Another goal is education regarding statistics on childhood obesity, portion sizes, importance of physical activity, and poor nutrition habits.

- Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services.

Describe:

- State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant

Describe:

The lead agency is responsible for implementing the Maternal and Child Home Visitation program.

- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

The lead agency is responsible for Medicaid/early and periodic screening, diagnostic and treatment.

McKinney-Vento State coordinators for Homeless Education.

Describe:

The lead agency did consult with a local McKinney-Vento Coordinator from the The Department of Education regarding their definition of homeless, special considerations for homeless families and outreach being done to address their needs. The lead agency plans to continue outreach by attending local meetings with the Homeless Planning Council and ensuring that members are aware of any and all social services available to them including childcare.

State/Territory agency responsible for public health.

Describe:

The lead agency is responsible for public health under the Division of Public Health. The mission of the Division of Public Health is to protect and improve the health of the people who live and work in Delaware.

State/Territory agency responsible for mental health.

Describe:

The lead agency has a Memorandum of Agreement with the Department of Services for Children, Youth and Their Families which is the agency responsible for child mental health. The department provides a statewide continuum of prevention services, early intervention services and mental health and substance abuse treatment programs for children and youth. DSCYF assisted in drafting and revising the plan.

State/Territory agency responsible for child welfare.

Describe:

The lead agency has a Memorandum of Agreement with the Department of Services for Children, Youth and Their Families which is the agency responsible for child welfare. The department promotes the safety and well-being of children and their families through prevention, protection and permanency. DSCYF assisted in drafting and revising the plan.

State/Territory liaison for military child care programs.

Describe:

The lead agency collaborates with the military liaison to provide quality child care for military families during drill weekends. The military liaison for the state assisted in drafting and revising the plan.

The lead agency collaborates with the Military Child Care Liaison, a Department of Defense project. The goal of this collaboration is to ensure military families who do not have access to on- installation child care are provided with high quality community-based child care. The lead agency collaborates with the Military Child Care Liaison to coordinate efforts in the planning and development of priorities and quality initiatives of mutual interest. Delaware implemented the Little Heroes Drill Weekend Child Care Project to address the need for non- traditional hours of care for drill weekends for military families.

State/Territory agency responsible for employment services/workforce development.

Describe:

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

Temporary Assistance for Needy Families (TANF) is Delaware's main cash assistance program. It is administered through a joint effort of the Division of Social Services (DSS), Delaware Department of Labor, Delaware Department of Transportation and the Delaware Economic Development Office. The goal of TANF is to give people temporary help until they get a job. Within the program both the State and the TANF client have responsibilities. The State provides positive incentives for the family to become self-sufficient, and the family must accept responsibility to become self-sufficient and self-supporting. Time on TANF is limited for most people. You can get benefits for 36 months, but you must work or participate in work related activities for 30 hours a week to receive a TANF check. The lead agency provides this service.

State/community agencies serving refugee or immigrant families.

Describe:

Currently, Delaware contracts with Jewish Family Services of Delaware (JFS) for social services statewide. For families meeting the eligibility for the Temporary Assistance for Needy Families (TANF) program, refugees can receive benefits as

permitted by the TANF program. Social services can be provided for five (5) years after arrival. These social services include employment services, English as a second language, literacy, counseling, enculturation, and case management services as needed. The lead agency provides this service.

Child care resource and referral agencies.

Describe:

The lead agency contracts with Children and Families First, a private organization which provides the statewide resource and referral system for the state. The agency also administers our Capacity grant which is used to increase the capacity for children in underserved areas such as infant/toddler, children with special needs, children who need care during non-traditional hours and children who are English language learners.

Provider groups or associations.

Describe:

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

Other.

Describe:

1.3.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)).

Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, the description should include:

a) Date(s) of notice of public hearing: 12/31/2015

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

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

Notice of the public hearing was published in a classified advertisement in the Delaware News Journal, the daily newspaper for the state, a notice was placed on the Provider Self Service portal which is the portal that all CCDF providers use to enter attendance, an email blast was sent to all licensed child care providers via the Office of Child Care Licensing.

c) Date(s) of public hearing(s): 01/21/2016

Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed The public hearing was held in Dover, Delaware so that it was centrally located and equally accessible to the public from each of the three counties in Delaware. An overview of the plan was also presented on two more occasions once to the Delaware Early Education Council and to the Wilmington Early Care and Education Council.

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) The plan was placed on the lead agency's website, links to the plan were provided in the notice of the public hearing, email blasts of the plan itself were sent to different advisory groups and to providers.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Public comments have been reviewed and revisions were considered based on analysis of the information and program requirements.

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

Working with advisory committees.

Describe:

The lead agency provided an overview of the key changes as well as an overview of the plan to the Delaware Early Childhood Council, the Wilmington Early Care and

Education Council and the Interagency Resource Management Committee.

Working with child care resource and referral agencies.

Describe:

Providing translation in other languages.

Describe:

Making available on the Lead Agency website.

List the website:

www.dhss.delaware.gov

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

Describe:

Email blasts of the plan itself were sent to all members of the Delaware Early Childhood Council and the Wilmington Early Care and Education Council, and licensed providers.

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

A public hearing was held on January 21, 2016 where an overview of the plan was presented via PowerPoint. Handouts of the PP were also made available to those that attended.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to

efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O))

Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

- [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.).

Describe:

Delaware is a EHS-CC Partnership grantee and has been working with Early Head Start to provide full day / full year comprehensive programming for EHS children. The lead agency has a contract with Children and Families First, a private local agency to expand the capacity of providers who provide quality care for underserved populations. The lead agency contracts with the City of Wilmington to provide professional development center, career consultation, scholarships, etc to providers in an effort increase the capacity of quality early childhood centers in the city of Wilmington.

- [REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

N/A

- Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

- [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities.

Describe:

The lead agency provides a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services and supports for infants

and toddlers with disabilities and developmental delays and their families. The lead agency coordinates with external partners through interagency agreements. One of these partners, the Department of Education, coordinates appropriate and individualized services for infants and toddlers from age 3 and up with developmental delays.

[REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act).

Describe:

The lead agency currently coordinates with Early childhood programs and provides exemptions for children and families who are considered homeless. Some of these exemptions include waiving of co-pays and grace periods for collecting necessary documentation for enrollment. This coordination of services denotes the homeless as a priority population and therefore ensures accessibility of childcare for homeless families.

[REQUIRED] Early childhood programs serving children in foster care.

Describe:

Per the McKinney-Vento Homeless Education Assistance Improvement Act all children in foster care are considered homeless. Children in foster are given the same priority as homeless children. The lead agency currently coordinates with Early childhood programs and provides exemptions for children and families who are considered homeless. Some of these exemptions include waiving of co-pays and grace periods for collecting necessary documentation for enrollment ensuring accessibility to childcare.

State/Territory agency responsible for child care licensing.

Describe:

The lead agency coordinates with the office of Child Care Licensing who ensures health and safety compliance of licensed childcare facilities. This coordination safeguards and enhances quality for children in out of home care and ensures enhancement and alignment of quality services.

State/Territory agency with Head Start State collaboration grant.

Describe:

The lead agency collaborates with the Department of Education Head Start State Collaboration office to ensure alignment of policies, plans, and collective decisions that effect children in early education programs.

State Advisory Council authorized by the Head Start Act.

Describe:

The lead agency collaborates with the Delaware Early Childhood Council and the Wilmington Early Care and Education Council to ensure alignment of policies, plans, and collective decisions that effect children in early education programs.

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

The lead agency collaborates with the Department of Education who is a grantee. The purpose of this collaboration is to ensure the provision of full day/full year services for families; smooth transitions for children between programs or as they age into school, enhancement and alignment of quality services, and linkage of comprehensive services to children in child care settings.

McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons

Describe:

The lead agency did consult with a local McKinney-Vento Coordinator from the The Department of Education regarding their definition of homeless, special considerations for homeless families and outreach being done to address their needs. The lead agency plans to continue outreach by attending local meetings with the Homeless Planning Council and ensuring that members are aware of any and all social services available to them including childcare. The goal of this collaboration is to ensure alignment of quality services for children who are considered part of a vulnerable population.

Child care resource and referral agencies.

Describe:

The lead agency contracts with Children and Families First to provide the state's child care resource and referral services. The goal of this collaboration is to provide information and education to parents regarding child care types, quality childcare, child development, etc. 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.

State/Territory agency responsible for public education.

Describe:

The Department of Education was involved in the drafting and revising the plan and was consulted on sections of the plan addressing Pre-K and Kindergarten program requirements, Head Start collaboration, and the professional development curriculum for providers. DOE is responsible for ensuring compliance with pre-k and kindergarten requirements that incorporate the state's Early Learning and developmental guidelines describing what children should know and be able to do. The goal of this collaboration is to ensure enhancement and alignment of quality services and linkage to comprehensive services to children in childcare settings.

State/Territory institutions for higher education, including community colleges.

Describe:

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

State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

The lead agency collaborates with the Department of Education which is the agency responsible for administering the CACFP. The program ensures that nutritious meals that contribute to the health, wellness and development of young children are being served in early education programs. The goal of this collaboration is to enhance and align the quality services and provide linkages to comprehensive services for children in early education programs.

State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention.

Describe:

The lead agency administers the WIC program. The primary goal of this program is to ensure that low to moderate income pregnant women, recently delivered women,

breastfeeding woman, infants and children up to age 5 who may be a nutrition risk receive assistance in obtaining nutritious/healthy meals. Another goal is education regarding statistics on childhood obesity, portion sizes, importance of physical activity, and poor nutrition habits.

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 Department of Services for Children, Youth and Their Families and the Department of Education. DSCYF provides mental health consultation services to providers, and DOE through our Quality Rating and Improvement System trains providers in administering developmental screenings so that they are able to assess children at risk, and provide or refer to appropriate services to address developmental needs.

State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant.

Describe:

The lead agency collaborates with the Department of Education (Parents as Teachers) and Children and Families First (Nurse Family Partnership) to provide home visiting services throughout the state. The program aims to improve the maternal and prenatal health, increase school readiness, reduce child maltreatment, etc. Some of the services provided are needs assessments and evidence based programming.

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

The lead agency is responsible for this service. Medicaid provides medical assistance to eligible families whose income is insufficient to meet the cost of necessary medical services. The lead agency offers screening and testing for HIV, newborns, tuberculosis, etc. as well as treatment.

State/Territory agency responsible for public health.

Describe:

The Division of Public Health is a service of the lead agency. The lead agency collaborates with the Department of Education, the Department of Services for Children, Youth and Their Families, and Children and Families First, to expand accessibility and continuity of care. The goals for with the various agencies include:

extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings and developing supply of quality care for vulnerable populations.

State/Territory agency responsible for mental health.

Describe:

The lead agency collaborates with the Department of Services for Children, Youth and Their Families which is the agency responsible for ensuring comprehensive/ coordinated mental health services are accessible to early education programs. The goal of this collaboration is ensure enhancement and alignment of quality services and linkages to comprehensive services to children in early education settings.

State/Territory agency responsible for child welfare.

Describe:

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

State/Territory liaison for military child care programs.

Describe:

The lead agency collaborates with the Military Child Care Liaison, a Department of Defense project. The goal of this collaboration is to ensure military families who do not have access to on- installation child care are provided with high quality community-based child care. The lead agency collaborates with the Military Child Care Liaison to coordinate efforts in the planning and development of priorities and quality initiatives of mutual interest. Delaware implemented the Little Heroes Drill Weekend Child Care Project to address the need for non- traditional hours of care for drill weekends for military families.

State/Territory agency responsible for employment services/workforce development.

Describe:

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 sustaining them and their families. The board also collaborates with the business industry to provide

them 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 services to low income families.

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

The lead agency is responsible for TANF and does ensure that individuals are placed in employment that enables them to enter the workforce and maintain meaningful jobs. Those that qualify for TANF automatically receive child care services so that they are able to work toward self sufficiency.

State/Territory community agencies serving refugee or immigrant families

Describe:

The lead agency provides cash, medical assistance, employment services and child care to refugees in effort to support their eventual self sufficiency.

Provider groups or associations.

Describe:

N/A

Worker organizations.

Describe:

N/A

Parent groups or organizations.

Describe:

N/A

Other.

Describe:

N/A

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood

programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow 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 or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits

(https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes, If yes, describe at a minimum:

How do you define "combine"

The lead agency will use CCDF funds in conjunction with other program funding to expand and enhance services for children and families.

Which funds will you combine

Lead agency will combine funds with DOE- Head Start, ECAP, Title 1 Part B, 21st Century, Community Learning Centers, DSCYF, etc.

Goal(s) of combining funds (why?) and expected outcomes, 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

Funds are combined to increase the capacity of child care for vulnerable populations, support the infant/toddler infrastructure, provide comprehensive

services for children with special needs, and children with mental and behavioral health concerns, provide full day/full year comprehensive services for children in Early Head Start programs including dental, nutrition and mental health services.

Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?)

At the state level the lead agency will be combining funds by layering funds. For example with EHS-CC Partnership the lead agency will subsidize a portion of the day to ensure full day/ full year comprehensive services for children involved in the EHS-CC partnership. Also tiered reimbursement payments are layered onto purchase of care payments. These payments are made monthly to providers.

How are the funds tracked and method of oversight

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

No.

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level - State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal

organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

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. The Council 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. The program provides professional development, career consultation, mentoring, technical assistance, scholarships, etc. Some of the goals of this partnership include strengthening governance and alignment of early childhood policies, programs and practices, integrating service delivery across agencies, enhancing the state's data collection system, establishing and coordinating state-wide, cross sector early childhood professional development system, and improving the alignment and efficiency of the use of early childhood funding across agencies.

The **Delaware Early Childhood Council** (DECC) is the state's interagency council created to promote the development of a comprehensive coordinated early childhood system. Seats on the council are held by various stakeholders from public and private agencies including child care providers, DHSS, DSCYF, DOE, etc. The council leverages existing service delivery systems and increases the supply and quality of child care services by strengthening governance and alignment of early childhood policies, programs and practices, integrating service delivery across agencies, enhancing the state's data collection system, establishing and coordinating a state-wide, cross sector early childhood professional development system, and improving the alignment and efficiency of the use of early childhood funding across agencies.

The **T.E.A.C.H.** program provides scholarships for those working in licensed early care and education or school age program. The T.E.A.C.H. program leverages existing service delivery systems and increases the supply and quality of child care services by: providing scholarship opportunities to early childhood educators, encouraging child care programs to support continuing education staff, providing increased compensation, reducing staff turnover, providing a sequential professional development path and creating a model partnership for improving the quality of care that children receive.

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

management, business management, etc.

The **Nemours Foundation** is committed to improving social-emotional and physical wellness in children recognizing that health care goes beyond the delivery of medical care to assure the health of any population. Thus, in 2004 the Foundation created Nemours Health and Prevention Services (NHPS) in order to expand the foundation's focus beyond children's medical care delivery into prevention and health promotion and to extend health care beyond the clinical setting taking it into the community where children live, learn and play. In the Child Care Sector, NHPS aided in strengthening the child care system advocating for the incorporation of healthy eating and physical activity requirements of child care regulations and they have trained thousands of child care providers to develop and implement wellness policies and practices in their centers. They adapted an existing curriculum, Early Childhood Physical Activity and Healthy Eating Curricula for Child Care Centers, and designed new developmentally appropriate teaching tools for child care providers to teach pre-school children about both physical activity and nutrition. These materials include provider/teacher manuals; activities and equipment to use with the children (lesson plans), parent information, and guidelines for implementation for child care center administrators. Curriculum adaption entailed understanding the existing materials, adapting the curriculum (e.g., Planet Health curriculum from Harvard) and creating original materials with careful attention to child development principles. This work was a collaborative among academic, medical and community partners including Children's Health Media (KidsHealth), the Sesame Workshop and local partners such as the University of Delaware, who helped to design, test and vet the new curriculum.

Children and Families First, a non profit social services agency provides our statewide resource and referral system for families seeking childcare. Through this service families can find information on family child care homes, child care centers, pre-schools, and summer camps, as well as information on Delaware's child care licensing regulations, child development and information regarding care for children with special needs. The resource and referral website also provides information on the QRIS system and lists providers by their star level.

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

States may use funds to support or establish Child Care Resource and Referral (CCR&R) systems (also see section 7.4). If they do, there are specific requirements for CCR&Rs (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory

- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

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

- Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4.

If yes, the local or regional referral agency is required to do all of the activities listed here.

See also related follow-up questions in Section 7.1 and 7.4. Does the CCR&R system provide all services identified below:

The lead agency contracts with Children and Families First, a private agency, to provide a statewide resource and referral system. CFF specifically provide families with information on a full range of child care options and works directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs. CFF is also charged with increasing the capacity of providers who serve children with special needs, children who are English language learners, children who need care during non-traditional hours, and children in the infant/toddler population. CFF collects data and provides information on the supply of and demand for child care services in local areas. In addition CFF works to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care home providers to increase the supply and quality of child care services

throughout the state.

- No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State's Statewide Child Care Disaster Plan.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and

descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12. The CCDBG Act of 2014 includes key purposes that address the role of parents as child

care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. 1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
- 2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
 - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
 - b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
 - c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

[2.1 Information about Child Care Financial Assistance Program Availability and Application Process](#)

Lead Agencies must inform parents of eligible children and the general public of the process by

which they can apply for and potentially receive child care services. (658D(b)(1)(A)), 658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

The lead agency contracts with Children and Families First, a private agency that has considerable outreach history with providers statewide. CFF currently manages the lead agency's Capacity grant and our statewide Resource and Referral system. CFF conducts targeted outreach to the Office of Child Care Licensing, The Birth to Three program, the Office of Early Learning, etc to identify populations and areas of potentially eligible families by way of the providers who serve low-income children and families in high needs areas. High needs areas are identified as the following: Wilmington River Area, Center City of Wilmington, Western Wilmington, Southern Kent, Southern Dover, Georgetown area, Northern Sussex, Western Sussex, and Eastern Sussex.

The lead agency also has local social service centers in these targeted communities where potentially eligible families can go to seek assistance.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

The lead agency contracts with Children and Families First, a private agency that has considerable outreach history with providers statewide. CFF currently manages the lead agency's Capacity grant and our statewide Resource and Referral system. CFF conducts targeted outreach to the Office of Child Care Licensing, The Birth to Three program, the Office of Early Learning, etc to identify populations and areas of potentially eligible families by way of the providers who serve low-income children and families in high needs areas. The lead agency partners with pediatricians, faith based services, local community centers, etc to ensure that literature regarding our services is readily available at these sites. Child care providers are often a source of information for potentially eligible families.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach)?

The lead agency has state service centers strategically located throughout each county where the public can go to apply for assistance. The lead agency also uses Public Service Announcements on local radio stations and highway billboards to inform the public of the services available to them. Potentially eligible families can also find information on the websites of OCCL, OEL, and Delaware STARS. Literature regarding services can also be found at local state service centers, community centers, and community outreach meetings.

2.1.2 How can parents apply for services? Check all that apply.

Electronically via online application, mobile app or email.

Provide link <https://assist.dhss.delaware.gov/>

In-person interview or orientation.

Describe agencies where these may occur:

Local state service centers located throughout the state.

Phone

Mail

At the child care site

At a child care resource and referral agency.

Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations.

Describe:

The leadagency has placed computers throughout the state in local social service office to assist those families that would prefer to file their application on line.

Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time).

Describe:

Parents applying for other benefits such as Temporary Assistance for Needy Families and Employment and Training are sometimes automatically eligible for child care and may apply for it at the initial interview using one application.

Other strategies.

Describe:

2.2 Consumer Education Website

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP) for which families may also qualify.
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including social and emotional development, early childhood development, meaningful parent and family engagement, and physical health and development (particularly healthy eating and physical activity), and
- State/Territory policies regarding the social-emotional behavioral health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children, in early childhood programs receiving child care assistance (CCDF).

Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public

The lead agency contracts with CFF to provide a statewide resource and referral system where the public can find information on the full diversity of child care services. The public can also get this information from any of the state service centers

where they would apply for other benefits. There are several websites where this information can be found including that of the OCCL, Great Starts Delaware, and Delaware STARS.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

The lead agency provides written materials in English and Spanish. Eligible families receive information during the initial interview. The lead agency also contracts with a translation service to assist families in their native tongue.

c) Describe who you partner with to make information about the full diversity of child care choices available

The lead agency contracts with Children and Families First to provide a statewide resource and referral system. Child care providers are often a source of information for potentially eligible families. Many other organizations such as The Office of Early Learning and The Office of Child Care Licensing provide this information to families.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

The lead agency contracts with Children and Families First to provide a statewide resource and referral system where parents, providers and the general public can find information about the quality of child care services available in the state. This information can be found on the websites of Delaware STARS, the OCCL, Great Starts Delaware and CFF. This information is also made available through agency newsletter, pamphlets found at state service centers and local community agencies.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

The lead agency contracts with Children and Families First to provide a statewide resource and referral system which provides information by way of direct communication. The lead agency provides written materials in English and Spanish. Eligible families receive information during the initial interview. The lead agency also contracts with a translation service to assist families in their native tongue.

c) Describe who you partner with to make information about child care quality available

The lead agency contracts with Children and Families First to provide a statewide resource and referral system. Child care providers are often a source of information for potentially eligible families. Many other organizations such as Nemours, The Office of Early Learning and The Office of Child Care Licensing provide this information to families.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs.

For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF)

The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, toll free number, etc. This information is provided through literature and websites of partners including CFF, OEL, and OCCL.

b) Head Start and Early Head Start Programs

The Department of Education provides this information through outreach to providers,

community events, etc. This information is provided through promotional materials, and websites of partners, agency newsletters, etc.

c) Low Income Home Energy Assistance Program (LIHEAP)

The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, toll free number, etc. This information is also provided through literature and websites of partners including CFF, OEL, and OCCL.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website and toll free number, etc. This information is provided through literature and websites of partners including CFF, OEL, and OCCL.

e) Women, Infants, and Children Program (WIC)

The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website and toll free number, etc. This information is provided through literature, intake interview and the lead agency website. This information is also distributed through partner agencies such as DOE, CFF, etc.

f) Child and Adult Care Food Program(CACFP)

The Department of Education provides this service to families. Information regarding this program can be found through literature distributed by DOE to local faith based organizations, child care providers, local community centers, etc. This information can also be found on the department's website.

g) Medicaid

The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, toll free number, etc. This information is provided through literature at intake and the lead agency website.

h) Children's Health Insurance Program (CHIP)

The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, toll free number, etc. This information is provided through literature, intake interviews, and lead agency website.

i) Individuals with Disabilities Education Act (IDEA)

The Department of Education provides educational services for school age children with disabilities. DOE provides information via literature, department's website and targeted outreach. The lead agency provides this information for the birth to three population. The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, toll free number, etc. This information is provided through literature at intake and the lead agency website.

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)

This information can be found on the Dept of Education's Office of Early Learning website. This information is also made available through literature that is distributed throughout communities and at community meetings, through media including newsletters and PSAs.

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

The lead agency provides this information through intake with frontline workers, linkages from online application, providers, Division of Social Service website, pediatric medical offices, toll free number, etc. This information is provided through literature, intake interviews, and lead agency website.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs.

For example, does the State/Territory provide information to providers through

CCR&Routreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc?

a) Temporary Assistance for Needy Families (TANF)

The lead agency contracts with Children and Families First to provide a statewide resource and referral system which is available to providers as well as parents. Through the resource and referral agency providers can learn about other social service programs such as TANF. The lead agency makes this information available to providers who serve children receiving assistance and at the time of contract initiation. This information is also shared at provider meetings, through community resource centers, community meetings, and literature available at local social service centers and the lead agency's main campus.

b) Head Start and Early Head Start Programs

The lead agency as well as the Office of Early Learning through the Department of Education makes this information available to providers who serve children receiving assistance. This information is also shared at provider meetings, through community resource centers, community based meetings, the media such as PSAs and newsletters as well as literature available at the lead agency's main campus.

c) Low Income Home Energy Assistance Program (LIHEAP)

The lead agency makes this information available to providers who serve children receiving assistance at the time of contract initiation, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the the lead agency's main campus.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

The lead agency makes this information available to providers who serve children receiving assistance at the time of contract initiation, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the the lead agency's main campus.

e) Women, Infants, and Children Program (WIC)

The lead agency makes this information available to providers who serve children

receiving assistance at the time of contract initiation, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the the lead agency's main campus.

f) Child and Adult Care Food Program(CACFP)

The Department of Education shares this information with providers via outreach during site visits, literature and DOE website. The lead agency makes this information available to providers who serve children receiving assistance at the time of contract initiation, through provider meetings, through community resource centers, community based meetings, etc.

g) Medicaid

The lead agency makes this information available to providers who serve children receiving assistance through 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 agencies main campus.

h) Children's Health Insurance Program (CHIP)

The lead agency makes this information available to providers who serve children receiving assistance through 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 agencies main campus.

i) Individuals with Disabilities Education Act (IDEA)

The lead agency makes this information available to providers who serve children receiving assistance through 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 agencies main campus. Department of Education also makes this information available to providers via the website, media campaigns and literature.

j) Other State/Federally Funded Child Care Programs (example-State Pre-K)

The lead agency makes this information available to providers who serve children receiving assistance through 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 agencies main campus. This information is also made available through other community partners such as the Department of Education also makes this information available to providers via the website, media campaigns and literature., the University of Delaware, Delaware Institute for Excellence in Early Childhood.

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

The lead agency makes this information available to providers who serve children receiving assistance through 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 agencies main campus. This information is also made available through other community partners such as the Department of Education who makes this information available to providers via the website, media campaigns and literature., the University of Delaware, Delaware Institute for Excellence in Early Childhood.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

The lead agency contracts with Children and Families first to provide a statewide resource and referral system where the general public can access this information. This information can also be found on the websites of many partners including the Office of Early Learning, the Office of Child Care Licensing, and Delaware STARS.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Research regarding child development and best practices can be found on the Children and Families First website, Delaware STARS website and the Department of Education website. Children and Families First also offers tip sheets for parents on child development, licensing regulations and quality child care. This information is made available through literature and direct communication.

c) Describe who you partner with to make information about research and best practices in child development available

The lead agency partners with the Department of Education, the Office of Child Care Licensing, Children and Families First, etc to make information about research and best practice in child development available.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to 1) parents of eligible children, 2) providers and 3) the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents

The lead agency has a statewide early intervention program for children ages birth to 3. The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of these young children.

Information regarding social-emotional /behavioral and early childhood mental health of young children is shared with parents through many agencies including the Division of

Prevention and Behavioral Health Services which provides prevention services, early intervention services and public behavioral healthcare to children and families statewide, The Department of Education, Children and Families First, the Parent Information Center, University of Delaware, Delaware Institute for Excellence in Early Childhood, etc.

Some of the information shared includes stages of child development, kindergarten readiness, behavior and discipline, special education laws, etc.

The state provides information via direct communication, one on one consultation, literature which can be found in local social service agencies, community centers, doctor's offices, newsletters, and websites of many agencies including the Department of Education, Children and Families First, the Parent Information Center, University of Delaware, Delaware Institute for Excellence in Early Childhood, Great Starts Delaware, the Delaware Early Childhood Council.

Some of the services offered include audiology, family training and counseling, occupational therapy, screenings/ assessments, referral for services, Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, and Early Childhood Mental Health Consultation, workshops at local schools and community centers, online resource centers, webinars, etc.

ii. Providers

The lead agency has a statewide early intervention program for children ages birth to 3. The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of these young children.

Information regarding social-emotional /behavioral and early childhood mental health of young children is shared with parents through many agencies including the Division of Prevention and Behavioral Health Services which provides prevention services, early intervention services and public behavioral healthcare to children and families statewide, The Department of Education, Children and Families First, the Parent Information Center, University of Delaware, Delaware Institute for Excellence in Early Childhood, etc.

Some of the information shared includes stages of child development, kindergarten readiness, behavior and discipline, special education laws, etc.

The state provides information via direct communication, one on one consultation, literature which can be found in local social service agencies, community centers, doctor's offices, newsletters, and websites of many agencies including the Department of

Education, Children and Families First, the Parent Information Center, University of Delaware, Delaware Institute for Excellence in Early Childhood, Great Starts Delaware, the Delaware Early Childhood Council.

Some of the services offered include audiology, family training and counseling, occupational therapy, screenings/ assessments, referral for services, Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, and Early Childhood Mental Health Consultation, workshops at local schools and community centers, online resource centers, webinars, etc.

iii. General public

The lead agency has a statewide early intervention program for children ages birth to 3. The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of these young children.

Information regarding social-emotional /behavioral and early childhood mental health of young children is shared with parents through many agencies including the Division of Prevention and Behavioral Health Services which provides prevention services, early intervention services and public behavioral healthcare to children and families statewide, The Department of Education, Children and Families First, the Parent Information Center, University of Delaware, Delaware Institute for Excellence in Early Childhood, etc.

Some of the information shared includes stages of child development, kindergarten readiness, behavior and discipline, special education laws, etc.

The state provides information via direct communication, one on one consultation, literature which can be found in local social service agencies, community centers, doctor's offices, newsletters, and websites of many agencies including the Department of Education, Children and Families First, the Parent Information Center, University of Delaware, Delaware Institute for Excellence in Early Childhood, Great Starts Delaware, the Delaware Early Childhood Council.

Some of the services offered include audiology, family training and counseling, occupational therapy, screenings/ assessments, referral for services, Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, and Early Childhood Mental Health Consultation, workshops at local schools and community centers, online resource centers, webinars, etc.

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

Information regarding social-emotional /behavioral and early childhood mental health of young children is shared with parents through many agencies including the Division of Prevention and Behavioral Health Services which provides prevention services, early intervention services and public behavioral healthcare to children and families statewide, The Department of Education who delivers an effective system of education for students with disabilities that is in full compliance with Federal and state laws. This mission is accomplished by having in place a legal framework, collaborative relationships, needs assessment, program supports, and monitoring to ensure that students receive a free and appropriate public education, Children and Families First our statewide Resource and Referral agency provides information to parents who seek childcare for children with special needs, and awards grants and technical assistance to providers who serve this population, the Parent Information Center which provides information and support to parents of children with disabilities from birth to 26 to help them access appropriate education and related services for their children. University of Delaware, Delaware Institute for Excellence in Early Childhood whose goal is to improve the quality of early care and education experiences for young children and their families, with an emphasis on high-risk children. This is accomplished through the design, development, and testing of model programs and practices in areas such as professional development, technical assistance, and early intervention benefiting the early learning community. etc

c) Does the State have a written policy regarding preventing expulsion of:

Preschool children (from birth to five) in early childhood programs receiving child care assistance?

Yes.

If yes, If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link

No.

School-age children from programs receiving child care assistance?

Yes.

If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

List the Lead Agency policy citation(s) and:

For children ages birth to three the lead agency has a coordinated, interagency program designed to meet the needs of children suspected of having a developmental delay or disability. If referred and is eligible for services, an Individualized Family Service Plan will be developed with information and input provided by both parents and professionals. For school aged children the Department of Education In Delaware, has a process of referring children age three through twenty-one suspected of having a developmental delay or a disability through Child Find. The Child Find Program is a way for residents of Delaware to have their children screened for developmental delays, such as a speech problem or a fine motor problem. The evaluations and treatment are of high quality, administered through school districts, Schools have the responsibility to identify students in need of special services, and parents can initiate that process by requesting an educational evaluation in writing.

Programs involved with QRIS must use an approved child development screening tool, have a written contract with a school district and require training certificates to

assure they are qualified to administer the screening. The screening must occur annually unless the child has an IFSP or IEP. Results must be shared with families, follow-up determined and appropriate referrals made.

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

Programs involved with QRIS must use an approved child development screening tool, have a written contract with a school district and require training certificates to assure they are qualified to administer the screening. The screening must occur annually unless the child has an IFSP or IEP. Results must be shared with families, follow-up determined and appropriate referrals made.

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays

Programs involved with QRIS must use an approved child development screening tool, have a written contract with a school district and require training certificates to assure they are qualified to administer the screening. The screening must occur annually unless the child has an IFSP or IEP. Results must be shared with families, follow-up determined and appropriate referrals made.

For children ages birth to three the lead agency has a coordinated, interagency program designed to meet the needs of children suspected of having a developmental delay or disability. If referred and is eligible for services, an Individualized Family Service Plan will be developed with information and input provided by both parents and professionals. For school aged children the Department of Education In Delaware, has a process of referring children age three through twenty-one suspected of having a developmental delay or a disability through Child Find. The Child Find Program is a way for residents of Delaware to have their children screened for developmental delays, such as a speech problem or a fine motor problem. The evaluations and treatment are of high quality and are administered through school districts. Schools have the responsibility to identify students in need of special services; and parents can initiate that process by requesting an educational evaluation in writing.

All child care providers are offered Ages and Stages 3 and Ages and Stages SE training free of charge. After taking training they will receive free Ages and Stages Developmental Screening Kits along with the User Guide and the Ages and Stages

Learning Activities Book. Technical Assistance is also provided.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint

DE defines a substantiated parent complaint as one where the preponderance of evidence supports a violation of a licensing regulation occurred.

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

DE maintains a database that includes information on complaints. This database was created in 1994.

c) How does the State/Territory make substantiated parental complaints available to the public on request

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. Using this link:

<http://www.apex01.kids.delaware.gov:8081/occl>. A person must select the provider they would like to see information on. Complaint information is posted for the last 5 years.

d) Describe how the State/Territory defines and maintains complaints from others about providers

DE uses the same system to define and maintain complaints from others about providers.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other

None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages

The lead agency contracts with several translation services and is able to assist clients whose primary languages are Spanish, Creole, Korean, etc. The services include Alina's Consulting and Environmental Services (this service is provided via phone), Para Plus Translation Services (in office), All World Language Consultation (provide sign language), Delaware Relay Service (for hearing impaired), and HP Enterprise Services (Spanish only-in office and over the phone). We are able to provide application interviews, employment and training interviews, child care eligibility interviews, fair hearings and written translation services.

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities

The lead agency will utilize All World Language Consultation and Delaware Relay Service for the hearing impaired applicants. The eligibility workers are available to assist those who need help with reading and writing during the application process.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing processes for licensing and monitoring child care providers, processes for conducting criminal background checks, and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse.

The State/Territory must make public certain information about the results of such monitoring on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of

the monitoring on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

- Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

Provide the link to the website: <http://kids.delaware.gov/occl/occl.shtml>

and describe how the consumer education website meets the requirements to:

a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe

DE's Office of Child Care Licensing's website lists the inspection dates, history of violations, and substantiated complaints for the past 5 years

b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe

All regulations related to child care are found on this website. The posted violations show a brief description of the violation and a link to the appropriate set of regulations.

c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe

This information is included in the FAQs section of the website.

d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

The announcements page shows an aggregate total of the number of serious injuries and deaths. The child care search shows the number of accidents/injuries and deaths at each type of child care facility.

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe

The website is consumer-friendly because of the following reasons: it is written using plain language; the child care search function allows someone to search for care by city, zip code, type of care, county, school district, star level, or by the provider's name; instructions on how to use the child care search include definitions of terms used; frequently asked questions are included; the site shows limited text to make it easier to use; the site is grouped into the 9 topics (for providers, start a child care business, careers in child care, regulations and exemptions, for parents, announcements, search for child care, make a complaint, and FAQs) to help the consumer find information relevant to their needs; the for parents section includes: child care options, steps to choosing quality care, search for child care, paying for child care, child care regulations, assistance programs available for your family, head start and early head start programs, and useful links;and the site is easy to locate because it is listed first when a person Google's find child care DE.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with to complete implementation of this activity

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements - and the opportunity for children to form trusting relationships with teachers - are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase-out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

In order to be eligible for services, children must (1) be under the age of 13, (2) reside with a

family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from 0/0/0 (weeks/months/years) to 13 years (through age 12).

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



Yes, and the upper age is 18 (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity: A child under the age of 19 years of age whos physical, emotional or developmental needs require special care. The need and care must be verified by a medical or other professional with the authority to do so.



No

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



Yes and the upper age is (may not equal or exceed age 19)



No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with -

Living in the home of a parent or caretaker

b) in loco parentis -

Adult acting in place of a parent

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

* working:

Either part time or full time work for which the parent/caretaker receives wages equal to minimum wage or equivalent.

* attending job training

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

* attending education

This also includes participation in post secondary education as long as it leads to completion of a high school diploma or GED.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

Yes.

No.

If no, describe additional requirements

c) Does the Lead Agency provide child care to children in protective services?

Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services -

The supervision/placement of a child by the Division of Family Services for the purposes of monitoring and prevention of abuse/neglect.

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

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

No.

3.1.4 Eligibility Criteria Based on Family Income

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

* Definition of income -

Any type of monetary payment that is of gain or benefit to a family. Some examples include wages, social security pension, child support, public assistance, etc.

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI.

Note - If the income eligibility limits are not statewide, check here

Describe how many jurisdictions set their own income eligibility limits

Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	4169	3543				
2	5216	4434				
3	6024	5120				
4	6963	5918				
5	6957	5914				

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm>.

c) SMI Source and year

<http://www.census.gov/hhes/www/income/data/statemedian/index.html>

d) These eligibility limits in column (c) became or will become effective on: **October 2015**

e) Provide the link to the income eligibility limits www.dhss.delaware.gov/dss/childcr.html

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income.

Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv))

This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called an "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out

- Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2017](#)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) [Not yet started](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[None implemented to date.](#)

Unmet requirement - Identify the requirement(s) to be implemented [A graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[The lead agency will develop a graduated phase out policy and an internal administrative notice. The policy will be implemented once approved by the Division Director and the Department Secretary. The lead agency will inform staff of the new requirement and provide necessary training.](#)

Projected start date for each activity: [04/01/2016](#)

Projected end date for each activity: [09/30/2017](#)

Agency - Who is responsible for complete implementation of this activity [The lead agency is responsible for completion of this activity.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[N/A](#)

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note - this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

[Policy 11003.9.5 Making Income Determinations](#)

[Staff will use the gross monthly income in all cases except self employment income. If the income is different from pay to pay use the income from the previous month or the average of the last three months income, whichever is less.](#)

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or

tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information.

Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational

standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

Applicant identity.

Describe:

[Driver's license](#)

Applicant's relationship to the child.

Describe:

[Birth certificate](#)

Child's information for determining eligibility (e.g., identity, age, etc.).

Describe:

[Birth certificate](#)

Work.

Describe:

[Pay stubs, or a statement from the employer with work days, hours and wages](#)

Job Training or Educational Program.

Describe:

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

Family Income.

Describe:

[Pay stubs](#)

Household composition.

Describe:

[Self attestation](#)

Applicant Residence.

Describe:

[Current bill.](#)

Other.

Describe:

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

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

Time limit for making eligibility determinations.

Describe length of time :

Track and monitor the eligibility determination process

Other.

Describe:

The lead agency currently requires every office in the state to maintain a log to identify and track all applications being submitted to the Division at each local office. This includes walk-in clients completing an application, paper applications, ASSIST (Online) applications, etc. This log allows upper management to regularly review and monitor due dates to ensure that client needs are met in a timely manner and that the Division is in compliance with Federal guidelines and Division policy.

The lead agency has also begun the process of developing and implementing a triage pilot to assist in moving clients through their experience and interaction with DSS in a more efficient and effective manner when visiting a local office.

The lead agency is now also tracking all calls coming in to each location to monitor the call volume, wait times, and number of calls connected and dropped to ensure that we are assisting all clients in any manner that they choose.

None

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

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2) of the Social Security Act.

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

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

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

State/Territory TANF Agency **The TANF agency and the lead agency are one in the same.**

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

"appropriate child care":

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

"reasonable distance":

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

"unsuitability of informal child care":

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

"affordable child care arrangements":

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

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

In writing

Verbally

Other.

Describe:

List the citation to this TANF policy.

List:

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient

Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

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

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs": A child under the age of 19 years of age whose physical, emotional or developmental needs require special care. The need and care must be verified by a medical or other professional with the authority to do so.

and describe how services are prioritized:

Providers who care for these children are paid at a higher rate. These providers can also apply for the Capacity Grant in order to purchase special needs materials, equipment, etc.

b. Provide definition of "Families with very low incomes": Families whose household income is less than 200% of the Federal Poverty Level

and describe how services are prioritized:

Families automatically qualify for subsidy and co-pays may be waived.

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act)

These families automatically qualify for child care and co-pays may be waived for TANF families who are below poverty level.

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current

requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)(I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:

a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements

The lead agency currently has a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements. The lead agency provides child care for up to 3 months or until the family is able to obtain suitable living arrangements. Once they have suitable living arrangements services can be provided based on some other need such as employment.

b. Procedures to conduct outreach to homeless families to improve access to child care services

The lead agency has developed a partnership Delaware Homeless Council, and the local McKinney-Vento liaison, and has begun to attend Continuum of Care meetings to ensure that members are aware of any and all social services available to this population including childcare. The lead agency will distribute literature regarding services and ensure also that members are knowledgeable about information on the DSS website.

c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services

The lead agency currently has a grace period that allows homeless children and

children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements. The lead agency provides child care for up to 3 months or until the family is able to obtain suitable living arrangements. Once they have suitable living arrangements services can be provided based on some other need such as employment.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.3 Protection for Working Parents

3.3.1 Twelve Month Eligibility

The CCDBG Act of 2014 establishes a 12-month eligibility period for CCDF families. States are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) &(ii))

Note that this change means a State may not terminate CCDF assistance during the 12 month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State may not terminate assistance prior to the end of the 12 month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. For example, if a working parent is temporarily absent from employment due to extended medical leave, changes in seasonal work schedule, or a parent enrolled in training or educational program is temporarily not attending class between semesters, the state should not terminate assistance.

Describe the status of the State's establishment of a 12-month eligibility re-determination period for CCDF families.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

Policy # 11004.12.1 Continuing Child Care After Loss of Need

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

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option - but does not require them - to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible.

(658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-

month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period - the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

- Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY.
List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs

11004.12.1 Continuing Child Care after Loss of Need, 45 CFR 98.20

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

- No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to

come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

A six month interim report is used to re-determine eligibility for other services. Also during the SNAP periodic report families can report changes. Delaware also uses a short form at redetermination so that families are able to submit necessary information online.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size.

Note - If the sliding fee scale is not statewide, check here and describe how many jurisdictions set their own sliding fee scale

Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Maximum Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	353.00	5.74	1%	1962.00	458.98	80%

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Maximum Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
2	478.00	5.74	1%	2655.00	458.98	80%
3	603.00	5.74	1%	3349.00	458.98	80%
4	728.00	5.74	1%	4042.00	458.98	80%
5	852.00	5.74	1%	4735.00	458.98	80%

a) What is the effective date of the sliding fee scale(s)? [October 2015](#)

b) Provide the link to the sliding fee scale [N/A](#)

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

Check all that the Lead Agency has chosen to use.

- Fee as dollar amount and
 - Fee is per child with the same fee for each child
 - Fee is per child and discounted fee for two or more children
 - Fee is per child up to a maximum per family
 - No additional fee charged after certain number of children
 - Fee is per family
- Fee as percent of income and
 - Fee is per child with the same percentage applied for each child
 - Fee is per child and discounted percentage applied for two or more children
 - Fee is per child up to a maximum per family
 - No additional percentage applied charged after certain number of children
 - Fee is per family
 - Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

Other.

Describe:

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

Yes, and describe those additional factors using the checkboxes below.

Number of hours the child is in care

Lower copayments for higher quality of care as defined by the State/Territory

Other.

Describe other factors.

Additional factors that the state will use are age of child and provider type.

No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size.

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

Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size.

The poverty level used by the Lead Agency for a family size of 3 is \$ \$1,675.00

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

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable?

Check all that apply:

Limits the maximum co-payment per family.

Describe:

The child care co-pay is based on household size, and household income, as a

percentage of the poverty scale and the cost of care.

- Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit.

Describe:

- Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5.

Describe:

- Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying.

Describe:

- Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider.

Describe:

Providers are not allowed to charge extra fees such as a registration fee.

- Other.

Describe:

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: 1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

Parents are advised of all eligible child options at intake.

4.1.2 Describe how the parent is informed of the option to choose from a variety of child care categories - such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care homes, or in-home providers (658E(c)(2)(A)(i), 658P(2), 658Q))

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of application
- Community outreach, workshops or other in-person activities
- Other.

Describe

4.1.3 Child Care Services Available through Grants or Contracts

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

- Yes. If yes, **describe**

the type(s) of child care services available through grants or contracts

The lead agency contracts with Children and Families First a private agency that provides a statewide resource and referral system. CFF also has a contract with the lead agency to act as the administrator of the Capacity grant which is awarded to providers who serve children who need care during non traditional hours, children who are English language learners, children with disabilities and children who are infants/toddlers.

The lead agency is also a partner in the EHS-CC Partnership with the Department of Education and does provide child care services through

contracts with specified providers.

the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)

The lead agency contracts with Children and Families First, a private agency to provide a statewide resource and referral system. CFF also administers grants to child care providers who provide care for underserved populations such as infants and toddlers, English language learners, children with disabilities and children who need care during non-traditional hours.

the process for accessing grants or contracts

Children and Families First has a contract with the lead agency to award Capacity grants to providers. Providers who are interested in receiving a grant must complete an application which is available on the CFF website. The applications are reviewed by the Capacity Advisory committee and grants are awarded accordingly.

the range of providers available through grants or contracts

Providers who care for less served populations are eligible to receive a Capacity grant. Less served populations include infants and toddlers, children who need care during non-traditional hours, children who are English language learners and children with disabilities.

how rates for contracted slots are set for grants and contracts

Rates are based on the market rate.

how the State/Territory determines which entities to contract with for increasing supply and/or improving quality

The state uses an RFP process to determine which entities to contract with for increasing the supply and/or improving quality.

if contracts are offered statewide and/or locally:

Contracts and grants are offered statewide.

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts

for:

Programs to serve children with disabilities

- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other.

Describe:

- Improve the quality of child care programs with grants or contracts for:
 - Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
 - Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
 - Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
 - Programs to serve children with disabilities or special needs
 - Programs to serve infants and toddlers
 - Programs to serve school-age children
 - Programs to serve children needing non-traditional hour care
 - Programs to serve homeless children
 - Programs to serve children in underserved areas
 - Programs that serve children with diverse linguistic or cultural backgrounds
 - Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other.

Describe:

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds.

(658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

Describe the policies and procedures for unlimited access

Policy 11005.1 Parent/Caretaker Rights

Parents/Caretakers have the right to have unlimited access to their children and the child care provider during normal working hours and whenever the children are in the provider's care.

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

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

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

Describe:

In home care is limited to families in which four or more children require care.

Restricted based on provider meeting a minimum age requirement

Describe:

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

Describe:

Restricted to care by relatives

Describe:

Restricted to care for children with special needs or medical condition

Describe:

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

Describe:

Other

Describe:

In home care is limited to families with fewer than four children only as a matter of "last resort".

No.

4.2 Assessing Market Rates and Child Care Costs

The new law revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval. (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the MRS or alternative methodology, including by posting the results on the Internet.

The State must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the State must take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

MRS

Alternative Methodology.

Describe:

Both.

Describe:

Other.

Describe:

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

Describe:

The 2015 Market Rate Survey was conducted by Workplace Solutions in consultation

with the lead agency's Director who assistance and supported the contractor by encouraging providers to participate in the study; the lead agency's Chief Administrator who provided ongoing guidance throughout the project. Workplace Solutions also consulted with Children and Families First who assisted with the provider-sampling frame and the Delaware Institute for Excellence in Early Childhood at the University of Delaware who assisted with communication to the provider community.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable.

To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

Describe:

The goal of the 2015 Local Child Care Market Rate Study was to develop statistically credible information on the 2015 market prices charged by child care providers in the state. The Rate Study met this goal since the researchers used a statistically valid methodology and the 2015 market prices for Delaware childcare providers were estimated with a verifiable and high degree of precision. The estimates of precision presented are the 95% confidence intervals for the 75th percentile of prices. For the infant, toddler and preschool-age market segments for family child care markets, the 95% confidence interval is typically about plus or minus 5%-6% of the estimate. The range was higher for family child care for infants in Kent and Sussex counties. There simply were not very many Kent and Sussex family child care providers who had private-paying infants in their care. To increase the accuracy of infant prices for Kent and Sussex counties, the researchers combined the prices for the two counties into one K&S infant cell. These cells had also been combined in previous Delaware market rate studies. This improved the level of accuracy so that the accuracy for this market segment is now in line with the other full-time family child care market segments. To

achieve a similar level of accuracy for the infant, toddler and preschool-age market segments for center child care markets, the researchers combined the prices for Kent and Sussex counties in each age group. For infant and school-age care these cells had been combined in previous Delaware child care market rate studies. Again, the estimates of precision presented are the 95% confidence intervals for the 75th percentile of prices. The intervals are typically about plus or minus 5%-7% of the estimate. For school-age care, the 95% confidence interval is typically about plus or minus 6%-10% of the estimate. This is not because the confidence intervals are wider. It occurs because the prices are lower (this is not full-time care). The sampling design attempted to equalize accuracy in absolute terms, not percentage terms across cells, so there is now a higher uncertainty in percentage terms when the prices are lower, as they are for school-age care. For centers, the Kent and Sussex school-age cells were combined into one K&S cell. This improved the level of accuracy for the center school-age prices at the 75th percentile in both Kent and Sussex counties. For all of the market segments in the study, the level of accuracy achieved would be considered a more than acceptable high level of statistical precision. The researchers stress that it is not just a high degree of precision that was attained, but also that the study quantified how high a degree of precision was attained.

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

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

Prices varied by geographic area with prices in Kent and Sussex County being lower than prices in New Castle County.

b) Type of provider:

At the 75th percentiles, the price of care is lower for family child care than for center care for all age categories for each county.

c) Age of child:

The 75th percentile of daily market prices of full-time care in centers decreases as the age of the child increases.

d) Describe any other key variations examined by the market rate survey, such as quality level
N/A

4.2.5 Describe the process used by the State to make the results of the market rate survey widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016)
05/01/2015

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 06/01/2015

c) How the report containing results was made widely available and provide the link where the report is posted if available

The MRS was made available on the DSS website. www.dhss.delaware.gov

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children).

Note - If the payment rates are not set by the State/Territory, check here
Describe how many jurisdictions set their own payment rates

a) Infant (6 months), full-time licensed center care in most populous geographic region

Rate \$ 32.68 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 65th

b) Infant (6 months), full-time licensed FCC care in most populous geographic region

Rate \$ 23.00 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 65th

c) Toddler (18 months), full-time licensed center care in most populous geographic region

Rate \$ 28.71 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 65th

d) Toddler (18 months), full-time licensed FCC care in most populous geographic region

Rate \$ 22.00 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 65th

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$ 26.50 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 65th

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 20.69 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 65th

g) School-age child (6 years), full-time licensed center care in the most populous geographic region

Rate \$ 25.40 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 65th

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 20.00 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 65th

i) Describe the calculation/definition of full-time care:

Full time care is care that is needed for 4 to 10 hours per day.

j) Provide the effective date of the payment rates : [October 1, 2011](#)

k) Provide the link to the payment rates : www.dhss.delaware.gov

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care.

In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

Tiered rate/rate add-on for non-traditional hours.

Describe:

Tiered rate/rate add-on for children with special needs as defined by the State/Territory.

Describe:

Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on).

Describe:

Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory.

Describe:

In 2011 the state of Delaware began paying STAR 3, 4, and 5 programs Tiered Reimbursement Bonus payments based on the number of days of attendance per child eligible for the Purchase of Care Program and the rates set by the lead agency. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month.

Tiered rate/rate add-on for programs serving homeless children.

Describe:

Other tiered rate/rate add-on beyond the base rate.

Describe:

None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

Describe:

Payment rates are currently based on the 2011 market rate survey. Delaware did conduct a market rate survey in May 2015 and found that the daily market prices for full time care at the 75th percentile range from \$25 to \$53.36. Specifically in New Castle County the rates for full time care for an infant in a family child care home at the 65th percentile of the 2011 rate is \$23 compared to the 75th percentile of the 2015 market rate which is \$35 - a difference of \$12. The comparison rates for infant care in a licensed center are as follows: \$32.68 / 53.36 - a difference of 20.68. The comparison rates for toddlers in a family child care home are as follows: \$22 / \$35 - a difference of \$13. The comparison rates for toddler care in a licensed center are as follows: \$28.71 / \$47.30 a difference of \$18.59. The comparison rates for a pre-school age children in family child care home are as follows: \$20.69 / \$33 - a difference of \$12.31. The comparison rate for a pre-school age child in a center is as follows: \$26.50 / 41.50 - a difference of \$15. The comparison rates for a school age child (part day) in family child care are as follows: \$20 / \$15 - a difference of \$5 with the 2011 rate being higher than the 2015 rate. The comparison rates for a school-age child in a center are as follows: \$25.40 / \$20 - a difference of \$5.40 with the 2011 rate being higher than the 2015 rate. Currently Delaware is paying providers based on 2011 rates as based on fiscal projections we would not have adequate funding each year to pay providers at the 75 percentile of the 2015 market rate. Also Delaware continues to be able to provide child care to all eligible families and has never had a waiting list. Providers also have the option of utilizing the Purchase of Care Plus payment rate which is a care option that allows providers to charge Division of Social Service

clients the difference between the DSS reimbursement rate up to the provider's private fee for service. The provider receives the DSS rate, the DSS determined child care parent fee, if applicable, and any additional provider determined co-pay. Providers who join the Quality Rating and Improvement System known as Stars can potentially receive up to one hundred percent of the market rate for each child in attendance based on the provider's Star level.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014.

For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

Describe:

In 2011 the state of Delaware began paying STAR 3, 4, and 5 programs Tiered Reimbursement Bonus payments based on the number of days of attendance per child eligible for the Purchase of Care Program and the rates set by the lead agency. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month. Tiered reimbursement payments were analyzed by Anne Mitchel based on the cost of achieving higher standards through QRIS. As a result, Stars 4 and 5 rates were increased in 2014 using Early Learning Challenge funds.

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that

would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access - such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- Payment rates are set at the 75th percentile or higher of the most recent survey.

Describe:

- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- Rates based on data on the cost to the provider of providing care meeting certain standards

Describe:

In 2011 the state of Delaware began paying STAR 3, 4, and 5 programs Tiered Reimbursement Bonus payments based on the number of days of attendance per child eligible for the Purchase of Care Program and the rates set by the lead agency. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month. Tiered reimbursement payments were analyzed by Anne Mitchel based on the cost of achieving higher standards through QRIS. As a result, Stars 4 and 5 rates were increased in 2014 using Early Learning Challenge funds.

- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile.

Describe:

- Data on the proportion of children receiving subsidy being served by high-quality providers.

Describe:

- Data on where children are being served showing access to the full range of providers. .

Describe:

- Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF.

Describe:

- Feedback from parents, including parent survey or parent complaints.

Describe:

- Other.

Describe:

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016.

Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access

The lead agency contracts with Workplace Solutions who conducts Market Rate studies of provider rates statewide. Workplace Solutions submits the final estimates to the lead agency and the information obtained from these surveys is used to inform state decisions regarding reimbursement rates for child care services purchased by the state. Information from the study helps ensure that reimbursement rates allow subsidized low-income children equal access to early education and care. In May 2015 Workplace Solutions conducted a survey to assess present market prices charged by providers in Delaware.

Delaware payment rates are currently set at the 65th percentile of the 2011 market rate plus .50 per day, per child. However In 2011 the state of Delaware began paying STAR 3, 4, and 5 programs Tiered Reimbursement Bonus payments based on the number of days of attendance per child eligible for the Purchase of Care Program and the rates set by the lead a gency. Tiered Reimbursement payments reflect the level of quality achieved and/or sustained by a program during the attendance month. Tiered

reimbursement payments were analyzed based on the cost of achieving higher standards through QRIS. As a result, Stars 4 and 5 rates were increased in 2014 using Early Learning Challenge funds.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory - so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment

and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe.

The Lead Agency

Pays prospectively prior to the delivery of services.

Describe:

Pays within no more than 21 days of billing for services.

Describe:

Providers are generally paid within 10 days of billing or submission of attendance.

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance.

Describe including the State/Territory's definition of occasional absences

The lead agency will pay providers for absent days. The number of absent days per month is equal to or less than the number of days authorized per week.

Providers are paid up to a maximum of five absent days. Providers are also paid for 6 holidays and any business day that the Governor declares a travel restricted state of emergency.

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe

Specify percent and describe

The lead agency will pay providers for absent days. The number of absent days per month is equal to or less than the number of days authorized per week.

Providers are paid up to a maximum of five absent days. Providers are also paid for 6 holidays and any business day that the Governor declares a travel restricted state of emergency.

Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month.

Specify the number of absence days allowed and paid for and describe

Providers are paid for 5 absent days.

- Pays on a full-time or part-time basis (rather than smaller increments such as hourly)

Describe:

Child care fees are based on full time (5 days a week, 4 or more hours a day) and part time(4 hours or less a day).

- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)

Describe:

Providers are required to waive registration fees.

- Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

Describe:

Providers have 24 hour access to that information on the Provider Self Service Portal.

- Has a timely appeal and resolution process for payment inaccuracies and disputes.

Describe:

All inaccuracies and disputes are given priority and resolved in a timely manner by the Purchase of Care team.

- Other.

Describe:

- For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory.

Providers are paid after service is rendered. The state does not pre-pay for services.

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- Policy on length of time for making payments.

Describe length of time:

The lead agency policy dictates that payments are to be made within 30 days of submission of attendance record, however providers are typically paid within 10 days.

- Track and monitor the payment process

Describe:

The payment process is tracked and monitored through an electronic system.

- Use of electronic tools (e.g., automated billing, direct deposit, etc.)

Describe:

The lead agency uses an automated billing system where providers submit attendance electronically; providers are also required to have direct deposit in order to receive payments.

- Other.

Describe:

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

- Yes.

Describe data sources

Kids Count Delaware, an arm of the Annie E Casey work, collects data on demographics - number of children, where they are, how many families are

working, how many working families use child care slots, and need is extrapolated from that data.

No.

If no, how does the State/Territory determine most critical supply needs?

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

The lead agency contracts with Children and Families First, a non profit agency, to administer capacity grants to providers who provide care for underserved populations. Providers who are awarded these grants receive financial incentives as well as quality improvement technical assistance which assists them in enhancing the quality of their programs and building the supply of child care that is limited certain areas such as infant/toddler care and child care during non-traditional hours. Children and Families First also conducts outreach to recruit providers who serve these populations.

The lead agency contracts with the University of Delaware to provide professional development to our relative care providers. The requirement for relative care providers is now 28 hours of professional development, with a pre-service requirement and 3 hours of annual training.

Through the Delaware Stars program tiered reimbursement is offered to assist programs via on-going financial support and technical assistance as they work on continuous quality improvement of their programs.

b) Children with disabilities (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

The lead agency contracts with Children and Families First, a non profit agency, to administer capacity grants to providers who provide care for underserved populations. Providers who are awarded these grants receive financial incentives as well as quality improvement technical assistance which assists them in enhancing the quality of their programs and building the supply of child care that is limited certain areas such as infant/toddler care and child care during non-traditional hours and children with disabilities. Children and Families First also conducts outreach to recruit providers who serve these populations.

The lead agency contracts with the University of Delaware to provide professional development to our relative care providers. The requirement for relative care providers is now 28 hours of professional development, with a pre-service requirement and 3 hours of annual training.

Through the Delaware Stars program tiered reimbursement is offered to assist programs via on-going financial support and technical assistance as they work on continuous quality improvement of their programs.

c) Children who receive care during non-traditional hours (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

The lead agency contracts with Children and Families First, a non profit agency, to administer capacity grants to providers who provide care for underserved populations.

Providers who are awarded these grants receive financial incentives as well as quality improvement technical assistance which assists them in enhancing the quality of their programs and building the supply of child care that is limited certain areas such as infant/toddler care and child care during non-traditional hours. Children and Families First also conducts outreach to recruit providers who serve these populations.

The lead agency contracts with the University of Delaware to provide professional development to our relative care providers. The requirement for relative care providers is now 28 hours of professional development, with a pre-service requirement and 3 hours of annual training.

Through the Delaware Stars program tiered reimbursement is offered to assist programs via on-going financial support and technical assistance as they work on continuous quality improvement of their programs.

d) Homeless children (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q))

Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

- Fully implemented and meeting all Federal requirements outlined above.

Describe

The lead agency contracts with Children and Families First to provide grants and technical assistance to providers who serve children and families with an emphasis on serving low-income children in high needs areas, infants/toddlers, English Language Learners, children who need care during non traditional hours and children with special needs. High needs areas are identified in the following: Wilmington River Area, Center City of Wilmington, Western Wilmington, Southern Kent, Southern Dover, Georgetown area, Northern Sussex, Western Sussex, and Eastern Sussex.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

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5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State is required to certify it has in effect licensing requirements applicable to all child care services provided within the State (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(I)(i))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to child care services provided within the State.

(658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

DE has five licensed facility types. Family Child Care Homes- child care in a private home for one to six children preschool-age or younger and one to three school-age children. Large Family Child Care Homes - child care in a private home or commercial (non-residential) setting for seven to twelve children preschool-age or younger and one or two school-age children. Early Care and Education and School-Age Centers (includes day care centers, nursery schools, preschools, and before/after school care) - child care in a commercial (non-residential) setting for thirteen or more children. Residential Child Care Facilities and Day Treatment Programs- services for children with behavioral dysfunction; developmental, emotional, mental or physical impairments; and/or chemical dependencies. Child Placing Agencies - adoption and foster care services

5.1.2 Does your State/Territory exempt any child care providers from its licensing requirements?

Yes.

Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

Currently Delaware exempts summer camps, extended day and full day programs run by public and private schools (that offer instruction through grade 6) care provided in a child's own home, care set up in connection with a religious institution, business, etc. provided for brief periods of time while the parents are on the premises. Relative care providers are also exempt. As a condition of being a Purchase of Care provider relative caregivers receive health and safety reviews, at least annually, by the Division of Social Services Child Care monitors who use a checklist when conducting site visits to ensure compliance with health and safety concerns. Some of the health/safety concerns reviewed by monitors include: a check of whether the trash in the home is properly contained, a check of whether there are working utilities, i.e. water, electric, phone, etc., a check for signs of mold or infestation of insects or rodents, a check of the Outdoor play area to determine if there are any hazards endangering the child such as abandoned cars,

equipment, unsecured trash, etc. Also relative caregivers are required to take 28 hours of pre-service and on-going professional development on health and safety topics that include nutrition, child development, first aid/CPR, prevention / response to emergencies due to food and allergic reactions, etc. Providers have 12 months to complete the training and are required to take 3 hours of professional development annually. The lead agency contracts with the University of Delaware to provide this service as well as track provider participation.

License Exempt providers who receive CCDF funds will be required to obtain a license. The process and procedures regarding this new requirement will be developed by the lead by November 2016.

No.

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

- Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition:

"Infant" means a child who is less than one year old.

- Ratio:

1 staff to 4 infants.

- Group Size:

The maximum group size is 8.

2. Toddler

- State/Territory age definition:

" Toddler" means a child who is between the age of 12 months and less than 36 months of age.

- Ratio:

1 staff to 6 toddlers.

- Group Size:

The maximum group size is 12.

3. Preschool:

- State/Territory age definition:

"Preschool-age child" means a child three through five years of age who is not yet attending a public or private kindergarten program. If a child is older than five years of age and is not yet attending a public or private kindergarten program, that child shall be considered in the preschool-age group until attending kindergarten or first grade, whichever comes first.

- Ratio:

1 staff to 10 preschool children,

- Group Size:

The maximum group size is 20.

4. School-Age

- State/Territory age definition:

"School-age child" means a child who is attending kindergarten or a higher grade. A child shall be considered school-age for staff/child ratio purposes beginning the first day of attending kindergarten or first grade, whichever comes first.

- Ratio:

1 staff to 15 school-age children.

- Group Size:

The maximum group size is 30

5. If any of the responses above are different for exempt child care centers, describe:

Exempt child care centers must abide by a series of health and safety regulations such as food preparation, fire safety, etc. There are currently no regulations

regarding ratios of provider to child or maximum group size. Exempt providers who serve children receiving CCDF assistance will be required to obtain a license. Procedures regarding this new regulation will be in place by November 2016.

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups.

The ratios and group sizes are followed for the youngest child present in the group

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

" Infant" means a child who is less than one year old.

- Ratio:

If five children under 12 months are in attendance two staff are needed. If six or more children under 24 months are present three staff are needed.

- Group Size:

The maximum group size is 12-14 children depending on if the provider is a Type One or Type Two provider.

There are two types of Large Family Providers:

- Type One Large Family Child Care Home shall be licensed to provide child care as follows: A. Total of twelve children preschool-age or younger, and two additional school-age children that do not live in the Large Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than two of the twelve children as mentioned above are under the age of twelve months; and ii. No more than four of the twelve children as mentioned above are under the age of twenty-four months.
- Type Two Large Family Child Care Home (Infant/Toddler Home) shall be licensed to provide child care as follows: A. Total of twelve children who are primarily infants and/or toddlers. Child care in an Infant/Toddler Home may also be provided for preschool-age children in accordance with the Delacare: Rules for Large Family Child Care Homes. If six or more children under the age of twenty-four months are present, a third staff member qualified as least a Large Family Child Care Assistant shall be required to be present.

ii. Care for school-age children who do not live in the Large Family Child Care Home and additional children of any age due to a change of shift shall not be permitted in a Type Two Large Family Child Care Home (Infant/Toddler Home).

2. Toddler

- State/Territory age definition:

"Toddler" means a child who is between the age of 12 months and less than 36 months of age.

- Ratio:

If six or more children under 24 months are present three staff are needed.

- Group Size:

The maximum group size is 12-14 children depending on if the provider is a Type One or Type Two provider.

There are two types of Large Family Providers:

- Type One Large Family Child Care Home shall be licensed to provide child care as follows: A. Total of twelve children preschool-age or younger, and two additional school-age children that do not live in the Large Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than two of the twelve children as mentioned above are under the age of twelve months; and ii. No more than four of the twelve children as mentioned above are under the age of twenty-four months.
- Type Two Large Family Child Care Home (Infant/Toddler Home) shall be licensed to provide child care as follows: A. Total of twelve children who are primarily infants and/or toddlers. Child care in an Infant/Toddler Home may also be provided for preschool-age children in accordance with the Delacare: Rules for Large Family Child Care Homes. If six or more children under the age of twenty-four months are present, a third staff member qualified as least a Large Family Child Care Assistant shall be required to be present. ii. Care for school-age children who do not live in the Large Family Child Care Home and additional children of any age due to a change of shift shall not be permitted in a Type Two Large Family Child Care Home (Infant/Toddler Home).

3. Preschool:

- State/Territory age definition:

"Preschool-age child" means a child three through five years of age who is not yet attending a public or private kindergarten program. If a child is older than five years of age and is not yet attending a public or private kindergarten program, that child shall be considered in the preschool-age group until attending kindergarten or first grade, whichever comes first.

- Ratio:

When there are seven or more children preschool age and present 2 staff are needed.

- Group Size:

The maximum group size is 12-14 children depending on if the provider is a Type One or Type Two provider.

There are two types of Large Family Providers:

- **Type One Large Family Child Care Home shall be licensed to provide child care as follows: A. Total of twelve children preschool-age or younger, and two additional school-age children that do not live in the Large Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than two of the twelve children as mentioned above are under the age of twelve months; and ii. No more than four of the twelve children as mentioned above are under the age of twenty-four months.**
- **Type Two Large Family Child Care Home (Infant/Toddler Home) shall be licensed to provide child care as follows: A. Total of twelve children who are primarily infants and/or toddlers. Child care in an Infant/Toddler Home may also be provided for preschool-age children in accordance with the Delacare: Rules for Large Family Child Care Homes. If six or more children under the age of twenty-four months are present, a third staff member qualified as least a Large Family Child Care Assistant shall be required to be present. ii. Care for school-age children who do not live in the Large Family Child Care Home and additional children of any age due to a**

change of shift shall not be permitted in a Type Two Large Family Child Care Home (Infant/Toddler Home).

4. School-Age

- State/Territory age definition:

"School-age child" means a child who is attending kindergarten or a higher grade. A child shall be considered school-age for staff/child ratio purposes beginning the first day of attending kindergarten or first grade, whichever comes first.

- Ratio:

When there are seven or more children preschool age and present 2 staff are needed.

- Group Size:

The maximum group size is 12-14 children depending on if the provider is a Type One or Type Two provider.

There are two types of Large Family Providers:

- **Type One Large Family Child Care Home shall be licensed to provide child care as follows: A. Total of twelve children preschool-age or younger, and two additional school-age children that do not live in the Large Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than two of the twelve children as mentioned above are under the age of twelve months; and ii. No more than four of the twelve children as mentioned above are under the age of twenty-four months.**
- **Type Two Large Family Child Care Home (Infant/Toddler Home) shall be licensed to provide child care as follows: A. Total of twelve children who are primarily infants and/or toddlers. Child care in an Infant/Toddler Home may also be provided for preschool-age children in accordance with the Delacare: Rules for Large Family Child Care Homes. If six or more children under the age of twenty-four months are present, a third staff member qualified as least a Large Family Child Care Assistant shall be required to be present. ii. Care for school-age children who do not live in the Large Family Child Care Home and additional children of any age due to a**

change of shift shall not be permitted in a Type Two Large Family Child Care Home (Infant/Toddler Home).

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

The maximum number of children is 14 for Type One and 12 for Type Two.

Children living in the home who attend public or private school outside of the home do not count in the home's capacity.

6. If any of the responses above are different for exempt group child care homes, describe

All child care homes are licensed with the exception of Relative Care Providers.

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

There are two types of Family Child Care Homes:

- **A Level I Family Child Care Home shall be licensed to provide child care as follows: A. Total of five children preschool-age or younger; and no additional school-age children that do not live in the Family Child Care Home; i. No more than two of the five children preschool-age or younger as mentioned above are under the age of twelve months; and ii. No more than three of the five children preschool-age or younger as mentioned above are under the age of twenty-four months; or B. Total of four children preschool-age or younger; and two additional school-age children that do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than two of the four children preschool-age or younger as mentioned above are under the age of twelve months; and ii. No more than three of the four children preschool-age or younger as mentioned above are under the age of twenty-four months; or C. Total of six school-age children who do not**

live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger. D. Other combinations of age-groupings of children shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level.

- A Level II Family Child Care Home shall be licensed to provide child care as follows: A. Total of six children preschool-age or younger; and three additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than two of the six children preschool-age or younger as mentioned above are under the age of twelve months; and ii. No more than three of the six children preschool-age or younger as mentioned above are under the age of twenty-four months; or B. Total of six children preschool-age or younger; and two additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than two of the six children preschool-age or younger as mentioned above are under the age of twelve months; and ii. No more than four of the six children preschool-age or younger as mentioned above are under the age of twenty-four months; or C. Total of five children preschool-age or younger; and no additional school-age children who do not live in the Family Child Care Home; i. No more than three of the five children preschool-age or younger as mentioned above are under the age of twelve months; and ii. No more than four of the five children preschool-age or younger as mentioned above are under the age of twenty-four months; or D. Total of four children under the age of twenty-four months; and two additional school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; i. No more than three of the four children preschool-age or younger as mentioned above are under the age of twelve months; or E. Total of nine school-age children who do not live in the Family Child Care Home and attend only for before and/or after school, and/or during school holidays, and/or school vacation during the summer; and no children preschool-age or younger. F. Other combinations of age-groupings of children shall be possible when staying within the limits of the maximum number of children allowed for an age group and for this Level.

Describe the group size:

The group size depends on the provider's level as well as the age of children

enrolled. In most situations a Level I provider has 6 children and a Level II provider has 9 children.

Describe the threshold for when licensing is required:

If a person has in custody or control one child or more under the age of 18 years, unattended by parent or guardian, for the purpose of providing such child or children with care, education, protection, supervision or guidance; is compensated for their services; and advertises or holds himself, herself or itself out as conducting such child care a license is required. This does not include care for relatives meaning a person having any of the following relationships by blood, marriage, or adoption between the Licensee, Substitute, household member and the child in child care: parent, grandparent, great-grandparent, brother, sister, aunt, uncle, stepparent, stepbrother, and stepsister. A cousin, for the purpose of this definition, shall not be considered a relative.

Describe the maximum number of children that are allowed in the home at any one time:

The group size depends on the provider's level as well as the age of children enrolled. In most situations a Level I provider has 6 children and a Level II provider has 9 children.

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

School-age children living in the home who attend a public or private school outside the home do not count in the ratio or group size.

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

The ratios are above.

2. If any of the responses above are different for exempt family child care home providers, describe

All family child care homes are licensed.

d) Any other eligible CCDF provider categories:

Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

Delaware allows children to be cared for in the child's home. The ratio is 1 adult to 4 children. This relates to relative care only. The provider must be related to the children.

Describe group size:

N/A

Describe the threshold for when licensing is required:

N/A

Describe maximum number of children that are allowed in the home at any one time:

The ratio is 1 adult to 4 children.

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

N/A

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

N/A

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher

An early childhood teacher must be at least 18 years of age and meet one of the following education and experience qualifications:

- **Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a group setting.**

- Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
- High school diploma or equivalent recognized by Delaware Department of Education in any area of study, successful completion of at least nine credits of which three credits must be in early childhood education, child development, and positive behavior management., valid Child Development Associate Credential, CDA, successful completion of Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2), Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program, successful completion of the Delaware Department of Labors Early Childhood Apprenticeship Program, successful completion of a vocational or technical high schools three year program in early childhood education approved by Delawares Department of Education, or successful completion before 2007 of a one year early childhood diploma program from a two year college and 12 months of experience working with children birth through second grade in a group setting,

and assistant teacher qualifications:

An assistant teacher must be at least 18 years of age and meet the following education and experience qualifications: High school diploma or equivalent recognized by Delaware Department of Education in any area of study, successful completion of at least three credits in early childhood education and three credits in child development, successful completion of Training for Early Care and Education 1 (TECE 1), or successful completion of a traditional high schools career pathway program in early childhood education approved by Delawares Department of Education and six months of experience working with children birth through second grade in a group setting.

2. Toddler lead teacher

An early childhood teacher must be at least 18 years of age and meet one of the following education and experience qualifications:

- Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a

group setting.

- Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
- High school diploma or equivalent recognized by Delaware Department of Education in any area of study, successful completion of at least nine credits of which three credits must be in early childhood education, child development, and positive behavior management., valid Child Development Associate Credential, CDA, successful completion of Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2), Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program, successful completion of the Delaware Department of Labors Early Childhood Apprenticeship Program, successful completion of a vocational or technical high schools three year program in early childhood education approved by Delawares Department of Education, or successful completion before 2007 of a one year early childhood diploma program from a two year college and 12 months of experience working with children birth through second grade in a group setting,

and assistant teacher qualifications:

An assistant teacher must be at least 18 years of age and meet the following education and experience qualifications: High school diploma or equivalent recognized by Delaware Department of Education in any area of study, successful completion of at least three credits in early childhood education and three credits in child development, successful completion of Training for Early Care and Education 1 (TECE 1), or successful completion of a traditional high schools career pathway program in early childhood education approved by Delawares Department of Education and six months of experience working with children birth through second grade in a group setting.

3. Preschool lead teacher

An early childhood teacher must be at least 18 years of age and meets one of the following education and experience qualifications:

- Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months

of experience working with children birth through second grade in a group setting.

- Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
- High school diploma or equivalent recognized by Delaware Department of Education in any area of study, successful completion of at least nine credits of which three credits must be in early childhood education, child development, and positive behavior management., valid Child Development Associate Credential, CDA, successful completion of Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2), Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program, successful completion of the Delaware Department of Labor's Early Childhood Apprenticeship Program, successful completion of a vocational or technical high school's three year program in early childhood education approved by Delaware's Department of Education, or successful completion before 2007 of a one year early childhood diploma program from a two year college and 12 months of experience working with children birth through second grade in a group setting,

and assistant teacher qualifications:

An assistant teacher must be at least 18 years of age and meet the following education and experience qualifications: High school diploma or equivalent recognized by Delaware Department of Education in any area of study, successful completion of at least three credits in early childhood education and three credits in child development, successful completion of Training for Early Care and Education 1 (TECE 1), or successful completion of a traditional high school's career pathway program in early childhood education approved by Delaware's Department of Education and six months of experience working with children birth through second grade in a group setting.

4. School-Age lead teacher

A school-age lead teacher must be at least 20 years of age and meet the following education and experience qualifications: at least a high school diploma or equivalent recognized by the Delaware Department of Education, successful completion of at least 12 college or university credits in recreation, elementary education, school-age care, or school-age administration, and 12 months of

experience working with children kindergarten through sixth grade in a group setting.

and assistant teacher qualifications:

A school-age assistant teacher must be at least 18 years of age and meet one of the following education and experience qualifications:

- **High school diploma or equivalent recognized by Delaware Department of Education any area of study, successful completion of three credits in recreation, elementary education, school-age care, or school-age administration or 45 clock hours of quality assured training related to the needs of the school-age children, and served part-time employment for one school year from September to June providing education/care to children kindergarten through sixth grade in a group setting or full-time employment during the majority of one summer season (June through August) providing education/care to children kindergarten through sixth grade in a group setting.**
- **High school diploma or equivalent recognized by Delaware Department of Education in any area of study, successful completion of at least 15-clock-hours of quality-assured training in school-age care within 12 months of employment, and part-time employment from September to June for two school years or full-time employment for one school year providing education/care to children kindergarten through sixth grade in a group setting or full-time employment during the majority of two summer seasons (June through August) providing education/care to children kindergarten through sixth grade in a group setting.**

5. Director qualifications:

A director must be at least 21 years of age and have at least a bachelor's degree or associate degree from a regionally accredited college or university with successful completion of at least 15 credit hours from a regionally accredited college or university with at least three credit hours in each of the following areas: child development/learning, environment/curriculum, social-emotional development, observation/assessment; and one three-hour school-age elective of the learner's choice, and 18 months of experience working with children kindergarten through sixth grade in a group setting.

b) Licensed Group Child Care Homes:

1. Infant lead teacher

A large family provider must be at least 21 and have completed one of the following: Training for Early Care and Education 1 and 2; a Child Development Associate Credential (CDA) that is kept valid/current; Delaware Department of

Labor's Early Childhood Apprenticeship Program; A high school diploma from a vocational/technical high school three year program in early childhood education approved by Delaware's Department of Education; nine college/university credits - three in early childhood education, three in child development, and three in positive behavior management; one year early childhood diploma program from a two year college; an Associate degree from an accredited college or university and six college/university credits of child development or early childhood education; or qualified as an at least an Early Childhood Teacher as per Delaware; Rules for Early Care and Education and School-Age Centers. This individual must have two years of experience working with children in a group setting.

and assistant qualifications:

There are two types of assistants those with no previous experience or training and those with experience and training.

- **To qualify as an assistant with no previous experience or training a person must be 18 and have proof of completing First Aid course and current certification in CPR within six months of the date of hire. The First Aid and CPR training shall be in accordance with the ages of the children enrolled in the Large Family Child Care Home at any given time; and twelve clock hours of training within 12 months of the date of hire. This training shall be approved by the Office of Child Care Licensing specifically for qualifying for a Large Family Child Care Assistant and include at least three clock hours in each of the following topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, and Families/Communities; or C. Qualified as an Early Childhood Intern as per Delaware: Rules for Early Care and Education and School-Age Centers (2007) within 12 months of the date of hire. This person can never be left alone with a group of children.**
- **An assistant with training and experience may be left alone with children and must have completed one of the following in addition to having six months of experience working with children in a group setting: 60 clock hours of training with at least a minimum of three clock hours in each of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism; three college/university credits in courses related to any of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism; or qualified as at least an Early Childhood Assistant Teacher as per Delaware: Rules for Early Care and Education and School-Age Centers (2007).**

2. Toddler lead teacher

See infant lead teacher.

and assistant qualifications:

See above.

3. Preschool lead teacher

See infant lead teacher.

and assistant qualifications:

See above.

4. School-Age lead teacher

See infant lead teacher.

and assistant qualifications:

See above.

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications

There are two types of Family Child Care providers Level I and Level II.

A Level I provider must be at least eighteen years of age and have at least a high school diploma or its equivalent to qualify as a Level I Family Child Care Home. The Licensee shall successfully complete twelve clock hours of training within the first year of licensure. This training shall be approved by the Office of Child Care Licensing specifically for qualifying for a Level I Family Child Care Home and include at least three clock hours in each of the following topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, and Families/Communities.

A Level II provider must have the following experience to qualify as a Level II Family Child Care Home: 24 months of experience working with children in a group setting; three months of supervised student teaching with children in a group setting; or 24 months providing child care as a Licensed Level I Family Child Care Home with no substantiated complaints, or substantial noncompliance. The Level II provider must also be at least 18 years of age and have at least a high school diploma or its equivalent, and successfully complete of one the following to qualify as a Level II Family Child Care Home: 60 clock hours of training with a minimum of three clock hours in each of the following core topic areas: Child Development, Educational

Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families, and Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility; or three college/university credits in courses related to any of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility; or qualified as at least an Early Childhood Assistant Teacher as per Delacare: Rules for Early Care and Education and School-Age Centers (2007).

d) Other eligible providers qualifications:

Some providers may be grandfathered from some qualifications if they were licensed before 2009.

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics.

(658E(c)(2)(l)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State certifies that it has health and safety requirements for individuals (providers) receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and

vehicular traffic

- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016.

Provide a citation and a link if available

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [08/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[The regulations for centers were changed to reflect these topics.](#)

Unmet requirement - Identify the requirement(s) to be implemented [Prevention of sudden infant death syndrome and use of safe sleeping practices](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[The family and large family child care regulations will be changed to reflect these topics.](#)

Projected start date for each activity: [5/01/2016](#)

Projected end date for each activity: [07/01/2017](#)

Agency - Who is responsible for complete implementation of this activity
[Delaware's Office of Child Care Licensing.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[These additional topics will be added to the Family and Large Family regulations:](#)

- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)) and
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

Projected start date for each activity: [05/01/2016](#)

Projected end date for each activity: [07/01/2017](#)

Agency - Who is responsible for complete implementation of this activity
[Delaware's Office of Child Care Licensing.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge,

competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

- Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016.

Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [07/01/2017](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Family Child Care Homes require preservice First Aid and CPR pre-service, an orientation regarding the regulations, and 12 hours of annual training. Large Family Child Care Homes require pre-service First Aid and CPR, attend an orientation regarding the regulations, and 15 hours of annual training. Center staff must receive an orientation prior to working with children that includes the new topics. CPR and first aid must be completed within 2 months of hire. Staff must be qualified to be left alone with children. 18 hours of annual training are required for staff working more than 25 hours a week and nine clock hours are required for those working less than 25 hours a week.](#)

Unmet requirement - Identify the requirement(s) to be implemented [pre-service \(prior to initial service\) or orientation \(period from when service started\)](#) appropriate to the

provider setting that address each of the requirements relating to the required topic areas

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Pre-service training appropriate to provider setting will be developed for all CCDF providers.

Projected start date for each activity: 05/20/2016

Projected end date for each activity: 07/01/2017

Agency - Who is responsible for complete implementation of this activity The Office of Child Care Licensing

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Not applicable

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition (including age appropriate feeding).

Describe:

All of the child care regulations include information on the requirements for proper nutrition including serving sizes based on the child's age.

Access to physical activity.

Describe:

All of the child care regulations include a requirement for time to be listed on the daily schedule for physical activity.

Screen time.

Describe:

All of the regulations limit screen time to no more than one hour per day unless a special activity occurs.

Caring for children with special needs.

Describe:

All of the regulations require accommodations for children with special needs as

well as prohibitions against discrimination.

- Recognition and reporting of child abuse and neglect.

Describe:

All of the regulations require training in the recognition and reporting of child abuse and neglect.

- Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety.

Describe:

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from these CCDF health and safety requirements.

Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics?

- Yes, all relatives are exempt from all health and safety training requirements.

If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.

As a condition of being a Purchase of Care provider relative caregivers receive health and safety reviews, at least annually, by the Division of Social Services Child Care monitors who use a checklist when conducting site visits to ensure compliance with health and safety concerns. Some of the health/safety concerns reviewed by monitors include: a check of whether the trash in the home is properly contained, a check of whether there are working utilities, i.e. water, electric, phone, etc., a check for signs of mold or infestation of insects or rodents, a check of the Outdoor play area to determine if there are any hazards endangering the child such as abandoned cars, equipment, unsecured trash, etc. In addition relative caregivers are required to take 28 hours of pre-service and on-going professional development on health and safety topics that include nutrition, child development, first aid/CPR, prevention / response to emergencies due to food and allergic

reactions, etc. Providers have 12 months to complete the training and are required to take 3 hours of professional development annually. The lead agency contracts with the University of Delaware to provide this service as well as track provider participation.

- Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.
- No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory shall have in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

- Yes.
- The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [12/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented,

substantially implemented, other) **Not yet started**

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

The Delaware Child Care Act (

<http://delcode.delaware.gov/sessionlaws/ga141/chp165.shtml>) **is the law that**

supports the regulation of all child care facilities in the state. There are 5 sets of regulations that include Delacare requirements for child placing agencies,

Delacare: Requirements for Residential Child Care and Day Treatment

Programs, Delacare: Regulations for Early Care and Education and School-age

Centers, Delacare: Rules for Family Child Care Homes, and Delacare: Rules for

Large Family Homes.

Unmet requirement - Identify the requirement(s) to be implemented **policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements.**

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The Family and Large Family Child Care regulations need to be changed to include prevention of sudden infant death syndrome and use of safe sleeping practices, allergies due to food and allergic reactions, building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic, prevention of shaken baby syndrome and abusive head trauma, Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a mancaused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1), and handling and storage of hazardous materials and the appropriate disposal of bio contaminants. The OCCL will offer web based training regarding these new regulations.

Projected start date for each activity: **05/01/2016**

Projected end date for each activity: **12/3/0/2016**

Agency - Who is responsible for complete implementation of this activity **The**

Office of Child Care Licensing

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) **06/30/16**

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) **Partially implemented**

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Licensing inspectors are required to have at least a Bachelor's degree in education, behavioral or social science, or a related field and receive training in all of the state's licensure requirements. Their training also includes attendance at regulation orientations, going out with other licensing inspectors to all the facility types the new specialist will be assigned to, regular meetings with the supervisor to discuss regulations, licensure process, enforcement action, citing non-compliance, developing corrective action plans, review of the office's procedures manual, and supervisor observation in the field before being allowed to work independently.

Unmet requirement - Identify the requirement(s) to be implemented **ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements.**

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Currently licensed inspectors will be trained in CPR and First-aid on 6/08/16 at an all staff meeting. They will be required to take Administration of Medication by 6/30/16. Also, licensing inspectors will be required to complete training in the following topics by 6/30/16 using <http://depdnow.com> :

- Prevention and control of infectious diseases (including immunization);
- SIDS and use of safe sleep practices;
- Prevention/response to food allergies;
- Building and physical premises safety;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning;
- Storage of hazardous materials and biocontaminants;
- Precautions in transporting children; and
- Nutrition and physical activity.

New hires will be required to complete these trainings within the first three months

of hire. These topics will be added to the orientation form used to track the training and observation an inspector is required to complete.

Projected start date for each activity: 3//1//2016

Projected end date for each activity: 6//30/2016

Agency - Who is responsible for complete implementation of this activity OCCL is responsible for completing this.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

All licensed facilities are required to have a pre-licensing visit, an annual unannounced full compliance review, and an unannounced monitoring visit when a complaint is lodged against the facility.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) -

It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Not yet started](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Unmet requirement - Identify the requirement(s) to be implemented [policies and practices that require licensing inspectors \(or qualified monitors designated by the lead agency\) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider \(unless the provider is described in section \(658P\(6\)\(B\)\)\)](#).

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[License exempt providers will be required to become licensed and will need to abide by licensing rules and regulations in order to continue to provide child care services to children receiving CCDF funding.](#)

[The lead agency will convene another provider meeting to update providers regarding the new licensing requirement.](#)

[The lead agency will meet with the Office of Child Care Licensing to set up preliminary inspections of license exempt providers.](#)

[The lead agency will continue to provide support to OCCL and all providers throughout the licensing process.](#)

Projected start date for each activity: [4/01/2016](#)

Projected end date for each activity: [9/30/2016](#)

Agency - Who is responsible for complete implementation of this activity [The lead agency is responsible for this activity.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[The lead agency will need to collaborate with the Office of Child Care Licensing to complete implementation of this activity.](#)

d) **Ratio of Licensing Inspectors**) - It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes.

The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

The ratio allowed per Delaware Code is 150 facilities to one licensing inspector. However the caseloads are typically around 82 facilities per licensing inspector. Annual visits were completed for 100% of the licensed providers and complaints were investigated in a timely manner.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

e) **Child Abuse and Neglect Reporting** - That child abuse reporting requirements are in

place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

Yes.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s):

[58 Del. Laws, c. 154](#); [60 Del. Laws, c. 494, § 1](#); [64 Del. Laws, c. 108, § 4](#); [68 Del. Laws, c. 440, § 2](#); [70 Del. Laws, c. 186, § 1](#); [71 Del. Laws, c. 199, § 4](#); [73 Del. Laws, c. 412, §§ 26, 27](#); [77 Del. Laws, c. 320, § 3](#); [78 Del. Laws, c. 403, § 3](#);

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF)

regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A) from inspection requirements.

Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

Yes, all relatives are exempt from all inspection requirements.

If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

As a condition of being a Purchase of Care provider relative caregivers receive health and safety reviews, at least annually, by the Division of Social Services Child Care monitors who use a checklist when conducting site visits to ensure compliance with health and safety concerns. Some of the health/safety concerns reviewed by monitors include: a check of whether the trash in the home is properly contained, a check of whether there are working utilities, i.e. water, electric, phone, etc., a check for signs of mold or infestation of insects or rodents, a check of the Outdoor play area to determine if there are any hazards endangering the child such as abandoned cars, equipment, unsecured trash, etc. Also relative caregivers are required to take 28 hours of pre-service and on-going professional development on health and safety topics that include nutrition, child development, first aid/CPR, prevention / response to emergencies due to food and allergic reactions, etc. Providers have 12 months to complete the training and are required to take 3 hours of professional development annually. The lead agency contracts with the University of Delaware to provide this service as well as track provider participation.

Yes, some relatives are exempt from inspection requirements.

If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF

funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry. Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks - Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency - The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process - The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual

background checks.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

Fully implemented and meeting all Federal requirements outlined above.

List the policy citation within the Lead Agency's rules and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2017) [07/31//2017](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

We have criminal background check regulations proposed. They should be adopted by July 30, 2016. We currently conduct the SBI and FBI fingerprint checks.

Unmet requirement - Identify the requirement(s) to be implemented. [Requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers \(other than relatives\) that are licensed, regulated or registered under State/Territory law or receive CCDF funds.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

We are in the process of adopting new regulations. Additional policies will be developed based on these regulations. We have gone over each new requirement and have tried to determine what the Federal expectations are.

We have concerns that certain requirements are not feasible to accomplish. There is a lack of consistency across states procedures for providing child abuse and neglect information which makes it difficult to obtain results. Additionally, the requirement to conduct a new background check every 5 years is going to be a huge financial burden on the state.

Projected start date for each activity: 03/01/2016

Projected end date for each activity: 7/31/2017

Agency - Who is responsible for complete implementation of this activity **The lead agency DHSS defers to OCCL's criminal history unit to conduct the background checks.**

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

OCCL is the responsible agency partnering with the lead agency, DHSS.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. **Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children.**

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

We currently conduct FBI and SBI fingerprint checks and Delaware child protection registry checks on this population. The remainder of the requirements are not met.

Projected start date for each activity: 1//31/2017

Projected end date for each activity: 7//31/2017

Agency - Who is responsible for complete implementation of this activity
OCCL's criminal history unit.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

OCCL, Delaware State Police, FBI, other states.

Unmet requirement - Identify the requirement(s) to be implemented. **State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years;**

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Conduct online searches and make requests to states as needed.

Projected start date for each activity: 01/01/2016

Projected end date for each activity: 07/31//2017

Agency - Who is responsible for complete implementation of this activity
OCCL's criminal history unit.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

OCCL and other states.

Unmet requirement - Identify the requirement(s) to be implemented. **Includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years.**

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

OCCL will develop policies on this once more staff are hired to meet this need.

Projected start date for each activity: 1/01/2016

Projected end date for each activity: 7/31/2017

Agency - Who is responsible for complete implementation of this activity **OCCL.**

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[OCCL, Delaware State Police, FBI, and other states.](#)

Unmet requirement - Identify the requirement(s) to be implemented. [State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years,](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[We need to conduct out of state child abuse and neglect searches. We are going to make these requests as needed. We are waiting for a database to be created and more staff.](#)

Projected start date for each activity: [1/01/2016](#)

Projected end date for each activity: [7/31/2017](#)

Agency - Who is responsible for complete implementation of this activity
[OCCL's criminal history unit.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[OCCL and other states.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented. [National Crime Information Center \(run by the FBI\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

We were told this does not exist anymore because there is no state agency access to NCIC.

Projected start date for each activity: 1/01/2016

Projected end date for each activity: 3/15/2016

Agency - Who is responsible for complete implementation of this activity No one.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Same .

Unmet requirement - Identify the requirement(s) to be implemented. National Sex Offender Registry.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

We will conduct online searches. We are waiting for a database to be developed and more staff.

Projected start date for each activity: 1/01/2016

Projected end date for each activity: 7/031/2017

Agency - Who is responsible for complete implementation of this activity OCCL.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

OCCL.

Unmet requirement - Identify the requirement(s) to be implemented. Conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

We cannot guarantee requests will not exceed 45 days. The turn around time

depends on when we receive replies from all state entities we request from along with any necessary further investigation. This is also dependent on the database development and staffing.

Projected start date for each activity: 1/01/2016

Projected end date for each activity: 7//31/2017

Agency - Who is responsible for complete implementation of this activity
OCCL's criminal history unit.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
OCCL and other states.

Unmet requirement - Identify the requirement(s) to be implemented. A process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

At the time the criminal background regulations are adopted, there will be an opportunity for administrative reviews (appeals) for individuals that have prohibited criminal convictions on their SBI and FBI fingerprint results.

Projected start date for each activity: 1/01/2016

Projected end date for each activity: 7/30/2016

Agency - Who is responsible for complete implementation of this activity
OCCL's criminal history unit.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
OCCL.

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

Describe:

The lead agency, DHSS, defers to DSCYF to conduct the background checks. DSCYF is audited by the the State Bureau of Identification and the Federal Bureau of Investigation to ensure checks are being conducted in a manner consistent with confidentiality requirements and that appeals are provided when an adverse decision is made or when a person questions the background checks results. Child care staff members who refuse a background check cannot employed by any child care provider.

5.3.3 Describe how the State/Territory is assisting other States process background checks, including which agency/entity is responsible for working with other states

Describe:

DSCYF works with other states when receiving requests to conduct child abuse and neglect checks under the Adam Walsh Act. DSCYF complies with all out of state requests under this Act and provides results in a timely manner.

5.3.4 Does the State have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Yes.

Describe:

Delaware has law, policy, and proposed regulationssurrounding criminal convictions and disqualifying parameters.

No.

5.3.5 Does the Lead Agency disqualify child care staff members based on their conviction for other crimes not specifically listed above?

Yes.

Describe:

Delaware has state law, proposed regulations, and policy surrounding criminal convictions and disqualifying parameters.

No.

5.3.6 Does your State State/Territory exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from background checks?

- Yes, all relatives are exempt from all background check requirements.
- Yes, some relatives are exempt from the background check requirements. If the State /Territory exempts some relatives from background check requirements, describe which relatives are exempt. from which requirements (some or all).

Describe.

- No, relatives are not exempt from background checks.

5.3.7 Describe how fees charged for completing the background checks do not exceed the actual cost of processing and administration, including how the State State/Territory ensures that 3rd party vendors or contractors do not charge fees that exceed the actual cost of processing and administration, if applicable.

Lead Agencies can report that no fees are charged if applicable:

Describe.

No fees are charged.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

Describe.

Information regarding the criminal history policies and procedures can be found on OCCL's website.

5.3.9 Does the Lead Agency release aggregated data by crime?

- Yes.

List types of crime included in the aggregated data:

 No.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for

recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State's training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.)

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

- Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.1.2 Describe how the State provides ongoing training and professional development, provides for a progression of professional development (such as allows an individual to build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements) reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce:

- State/Territory professional standards and competencies.

Describe.

The state has Early Learning Foundations (standards for children to receive opportunities to learn as a part of activities, lesson plans and curriculum) for Infants, Toddlers and Preschoolers aligned with Common Core for children from Kindergarten through high school; and competencies (Core Knowledge and Skills - what professionals should know and be able to do) for both early childhood and school-age professionals.

- Career ladder or lattice.

Describe.

The state has a career lattice reflecting the educational requirements an early childhood or school-age professional needs at Steps 1-10. This Career Lattice is used in the state's QRIS, Delaware Stars, as a standard and is used for the state's compensation system, CORE.

- Articulation agreements between two- and four-year postsecondary early childhood education or degree programs.

Describe.

The state has a long-standing articulation agreement between the two and four

year higher education institutions.

- Community-based training approved by a state regulatory body to meet licensing or regulatory requirements.

Describe.

The state supports community-based training through a contract between the Delaware Department of Education and the University of Delaware, the Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates the training, maintains a web-based list of offerings and a registry with transcripts for those who successfully complete these trainings. In addition, the Office of Child Care Licensing maintains successful completion of trainings not approved by DIEEC as a part of their regulatory process for required annual hours.

- Workforce data, including recruitment, retention, registries or other documentation, and compensation information.

Describe.

The state maintains workforce data directly and through contracts with community partners: DIEEC and the Delaware Association for the Education of Young Children, DAEYC. The state has completed three workforce studies: 2002, 2007 and 2012 through contracts with the University of Delaware. The state is in process of contracting with the University to complete a workforce study in 2016 for center-based professionals. In addition, OCCL and DDOE maintains workforce information reflecting regulatory requirements, in their databases: OCCL has a regulatory database, FACTS; DDOE has a database, DPEC (Delaware Practitioners in Early Childhood) and has access to the K-12 DEEDS database, where some professionals retain dual certification. DIEEC maintains a database for on-going, quality assured professional development (training). DAEYC maintains a database on professional development through T.E.A.C.H. Early Childhood and CORE.

- Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework.

Describe.

The state has an advisory structure through the Early Childhood Council.

- Continuing education unit trainings and credit-bearing professional development.

Describe.

The state has continuing professional development hours through the PD system

or quality assurance and the annual licensing hours as required through regulations. The state acknowledges credit-bearing continuing education through regionally accredited higher education institutions and has at least one articulation agreement for Administration and Leadership, leading to nine college credits

State-approved trainings.

Describe.

See above. The state has a training approval system.

Inclusion in state and/or regional workforce and economic development plans.

Describe.

The state has a cross sector professional development system, working with Part C Early Intervention, Part B Section 619, home visiting, head start and child care.

Other.

Describe.

The state has an active scholarship program for those pursuing CDA, State Credentials (credit-bearing), Associate and Bachelor Degrees, through T.E.A.C.H. Early Childhood.

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Describe.

The state developed Delaware First in 1991. As the state's strategic plan (Early Success) began in the early 2000's, the Delaware Early Childhood Council (DECC) had a Professional Development Advisory Committee that reported to DECC. The most recent strategic plan revision, the workforce issues (education, professional development, recruitment, retention and compensation) became part of a larger Quality Programs and Professional Goal 2 Committee.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements

Describe.

The state contracts with DIEEC to coordinate on-going training, including the topics of early learning foundations, health and safety and social emotional development/behavioral supports. These trainings include community-based face-to-face and online through a state developed website: www.depdnow.com

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

Describe.

Not applicable

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Describe.

Early childhood professionals are not required to complete specific training topics, but are able to complete courses on a wide variety of topics, including infants, toddlers, preschoolers and school-age; inclusion, and diversity. DIEEC coordinates and advertises topics approved through the quality assurance process through an on-line calendar. The training/professional development is offered by DIEEC and other partners such as Cooperative Extension, Nemours, Prevent Child Abuse Delaware, Children's Beach House and Prevention & Behavioral Health.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Financial assistance for attaining credentials and post-secondary degrees.

Describe.

Through T.E.A.C.H. Early Childhood, early childhood professionals are able to obtain scholarships for state credentials, CDA, Associate and Bachelor degrees. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.

Financial incentives linked to education attainment and retention.

Describe.

The state created a compensation program in 2013, through the Early Learning Challenge Grant. The compensation program, CORE, provides Awards to qualified professionals working in programs participating in Delaware Stars, the state's QRIS. Qualified professionals receive CORE Awards as they move up the Career Lattice and/or for retaining their employment in their early childhood programs year to year. Qualification include working a minimum of 30 hours per week with children Birth through five years and meeting salary maximums. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.

Registered apprenticeship programs.

Describe.

The state has had an Early Childhood Apprenticeship program for over 13 years, managed through the Delaware Department of Labor. The first year, apprentices successfully complete the 120 hour state developed training, Training for Early Care and Education (TECE) 1 & 2. The second year apprentices successfully complete three 3-credit college courses. During the two year commitment, apprentices receive on-the-job training and then become a Journey person upon completion.

Outreach to high school (including career and technical) students.

Describe.

The state has eleven comprehensive and three VoTech high schools that offer an

early childhood career path. Three of these high schools have piloted a dual enrollment with higher education institutions through the Early Learning Challenge Grant. The high school curriculum is aligned with the early childhood system: Early Learning Foundations, Competencies, Delaware Stars and Regulations.

Policies for paid sick leave.

Describe.

The state encourages this through the QRIS, Delaware Stars standards. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.

Policies for paid annual leave.

Describe.

The state encourages this through the QRIS, Delaware Stars standards. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.

Policies for health care benefits.

Describe.

The state encourages this through the QRIS, Delaware Stars standards. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.

Policies for retirement benefits.

Describe.

The state encourages this through the QRIS, Delaware Stars standards. Some individual early childhood programs have chosen to use their Tiered Reimbursement Bonus and/or QRIS grants for this purpose.

Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services).

Describe.

Other.

Describe.

The state provides free leadership professional development through the Early Learning Challenge Grant: Early Learning Leadership Initiative is a partnership with the McCormick Early Childhood Leadership Center at National Louis University,

makes the Aim4Excellence curriculum available to Administrators and other leaders employed by programs participating in Delaware Stars. This series of nine modules is an online self-paced series with intensive homework and tests that participants complete over a nine month period of time. Each month, participants meet in a community of practice with their peers. This series is available to articulate into nine college credits with support from T.E.A.C.H. Early Childhood.

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

Describe.

The state will need to develop strategies to recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages
- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- Other.

Describe.

- None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages

The lead agency contracts with several translation services and is able to assist clients whose primary languages are Spanish, Creole, Korean, etc. The services include Alina's Consulting and Environmental Services (this service is provided via phone), Para Plus Translation Services (in office), All World Language Consultation (provide sign language), Delaware Relay Service (for hearing impaired), and HP Enterprise Services (Spanish only-in office and over the phone). We are able to provide application interviews, employment and training interviews, child care eligibility interviews, fair hearings and written translation services.

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Yes.

The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families.

Describe that training and technical assistance for providers

DIEEC is in the process of developing training on serving children homeless children and families. The training will have two parts, one for all teachers and educators and one for administrators. The early head start child care partners are working on meeting that head start standard.

No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary

legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds](#)

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 If checked yes to 7.1 in the next section, check which content is included training and professional development activities. Check all that apply.

Yes, If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Delaware Stars for Early Success is a Quality Rating and Improvement System for early care and education programs, used to assess, improve and communicate the level of quality.

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe:

Other funds.

Describe:

State General Funds are also used for professional development, Early Childhood Apprenticeship, T.E.A.C.H. Early Childhood and career development. Early Learning Challenge Grant funds are used for TEACH Early Childhood, Aim4Excellence, targeted professional development related to Stars standards and CORE Awards. Race to the Top Early Learning Challenge funds are used to subsidize the Quality Rating Improvement System.

c) Check which content is included in training and professional development activities. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c.

Describe:

Numerous trainings are offered in this domain through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, as face-to-face trainings in the community. Other offerings in this domain are free and available through www.depdnow.com.

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors,

including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2).

Describe:

Numerous trainings are offered in this domain through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, as face-to-face trainings in the community. Other offerings in this domain are free and available through www.depdnow.com.

- Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development.

Describe:

Numerous trainings are offered in this domain through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, as face-to-face trainings in the community. Other offerings in this domain are free and available through www.depdnow.com.

- Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards.

Describe:

Numerous trainings are offered in this domain through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, as face-to-face trainings in the community. Other offerings in this domain are free and available through www.depdnow.com.

- On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development.

Describe:

Numerous trainings are offered in this domain through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, as face-to-face trainings in the community. Other offerings in this domain are free and available through www.depdnow.com.

Using data to guide program evaluation to ensure continuous improvement.

Describe:

Numerous trainings are offered in this domain through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, as face-to-face trainings in the community. Other offerings in this domain are free and available through the following website: www.depdnow.com.

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe:

Numerous trainings are offered in this domain through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, as face-to-face trainings in the community. Other offerings in this domain are free and available through the following website: www.depdnow.com.

Caring for and supporting the development of children with disabilities and developmental delays.

Describe:

Numerous trainings are offered in this domain through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, as face-to-face trainings in the community. Other offerings in this domain are free and available through the following website: www.depdnow.com.

Supporting positive development of school-age children.

Describe:

Other.

Describe:

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

- State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities
- Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education
- Other.

Describe:

The lead agency contracts with the Delaware Association for the Education of Young Children to administer the Teacher Education and Compensation Helps (T.E.A.C.H.) program. T.E.A.C.H provides scholarship opportunities as well as coaching and mentoring to early childhood educators. The program encourages child care programs to support continuing education of staff, and provides a sequential professional development path for early childhood staff.

DAEYC also administers the Compensation, Retention and Education (C.O.R.E.) Awards. This is a program that offers financial compensation to professionals and programs along with technical assistance and career advisement to support the professional growth and development of early childhood staff.

The lead agency also contracts with the Wilmington Early Care and Education Council, a local council by the city of government whose mission is to ensure that all Wilmington children have access to an integrated early childhood system. The program provides professional development, career consultation, mentoring, technical assistance, and scholarship opportunities to early childhood educators.

No.

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas?

States and Territories are encouraged to consult with Caring for our Children for best practices and recommended time needed to address training hour requirements.

Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content
Full time center staff is required to attend 18 hours annually; part time center staff is required to attend 9 hours annually. Attendance at a Licensing Orientation is required if not completed previously.

2) Number of on-going hours and any required areas/content
A minimum of three content domains is required.

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content
Large Family Child Care Providers are required to attend 15 hours annually. Attendance at a Licensing Orientation is required if not completed previously.

2) Number of on-going hours and any required areas/content
A minimum of three content domains is required.

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content
Family Child Care Providers are required to attend 12 hour annually. Attendance at a Licensing Orientation is required if not completed previously.

2) Number of on-going hours and any required areas/content
A minimum of three content domains are required.

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content
Relative Caregivers, who are license exempt and contract with the Division of Social Services for child care subsidy, are required to complete 6 hours of pre-service training and 22 hours of subsequent trainings in different content areas within 12 months.

2) Number of on-going hours and any required areas/content
They are also now required to take 3 hours of training annually.

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

Fully implemented - as of March 1, 2016.

Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

A series of business practice trainings are available for Family Child Care as a part of the Family Child Care Credential. Aim4Excellence delves into these topics as a part of the Administration Credential for center-based leaders. Both center and family child care providers receive technical assistance in these areas through Delaware Stars and/or through the Capacity Building Grant. In addition, Delaware Stars has identified Family Child Care Ambassadors who provide support to their peers.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State's early learning and development guidelines appropriate for children from birth to kindergarten entry.

- The State assures that the early learning and development guidelines are:
 - Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
 - Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
 - Updated as determined by the State. List the date or frequency

Early Learning and Development Guidelines are updated approximately every five years. The Foundations are in process of being revised this year. 2015-2016.

- Fully implemented and meeting all Federal requirements outlined above - as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implement this activity

6.3.2 Check for which age group(s) the State has established early learning and development guidelines:

- Birth-to-three

Provide a link:

<http://www.doe.k12.de.us/Page/587>

- Three-to-Five

Provide a link:

<http://www.doe.k12.de.us/Page/587>

Birth-to-Five

Provide a link:

Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards).

Describe and provide a link:

Other.

Describe:

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines.

Describe:

The technical assistance is linked to the State's/Territory's quality rating and improvement system.

Describe:

Stars establishes quality standards for programs, provides technical assistance and limited financial support to enrolled programs as they engage in quality improvement efforts. Providers who enter the QRIS program are

provided with ongoing technical assistance in their endeavor to move up in STARS and maintain their STAR levels.

- Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Providers working with infants and toddlers receive TA and financial incentives through the STARS program.

- Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

- Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Providers working with infants and toddlers receive TA and financial incentives through the STARS program and the Capacity Building grant administered by Children and Families First.

b) Indicate which funds are used for this activity (check all that apply)

- CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Quality set-aside funds are used for this activity as well at Race to the top Early Learning Challenge funds.

- Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Race to the Top Early Learning Challenge funds are used for this activity.

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be

used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used to deny children eligibility to participate in the CCDF program
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

Yes.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)

- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

[7.1 Activities to Improve the Quality of Child Care Services](#)

7.1.1 What are your overarching goals for quality improvement?

Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

The overarching goal is to ensure all children will have access to high-quality early childhood programs and professionals; and to invest in participating programs to increase access to high quality care for all of Delaware's children, especially those from low-income families. Delaware Stars for Early Success is a Quality Rating and Improvement System for early care and education programs, used to assess, improve and communicate the level of quality. Stars establishes quality standards for programs, provides technical assistance and limited financial support to enrolled programs as they engage in quality improvement efforts.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State General Funds and Early learning Challenge funds are used for Tiered reimbursement Bonuses.

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Quality set-aside funds are used through the CAPACITY BUILDING grant.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Early Learning Challenge and State General Funds

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all

that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Early Learning Challenge and State General Funds

Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

CCDF quality funds

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State general funds

Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

CCDF quality funds

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State general funds

Supporting accreditation. If checked, respond to 7.7. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

[7.2 Quality Rating and Improvement System](#)

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Yes, the State/Territory has a QRIS operating State/Territory-wide.

Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

The QRIS, Delaware Stars, is a voluntary system managed by the Department of Education, implemented under contract by the University of Delaware, Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC sub-contracts with Children & Families First. www.delawarestars.udel.edu

Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels

Provide a link, if available

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

Participation is voluntary

Participation is mandatory for providers serving children receiving subsidy.

If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)

Participation is required for all providers

Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels

Supports and assesses the quality of child care providers in the State/Territory

Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers

Embeds licensing into the QRIS.

Describe:

Programs in good standing with the Office of Child Care Licensing and not on an Enforcement Action are able to participate in Delaware Stars at a Star 1. Licensing is the Baseline.

Designed to improve the quality of different types of child care providers and services

- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services.

If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

Tiered reimbursement Bonuses available to Stars 3, 4 & 5 programs; Quality Improvement Grants are available to Stars 2-4 programs; Infant Incentives are available to Stars 4 & 5 programs, in addition to T.E.A.C.H. and CORE Awards.

- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State pre-kindergarten or preschool program
- Local district supported pre-kindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Other.

Describe:

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs

and services in the State/Territory.

Describe:

Delaware Stars for Early Success is a Quality Rating and Improvement System for early care and education programs, used to assess, improve and communicate the level of quality. Through both Delaware Stars and the Child Care Capacity Building Programs, early childhood programs participate in program assessment using either the Infant Toddler Environment Rating Scale-Revised (ITERS-R) or Family Child Care Environment Rating Scale-Revised (FCCERS-R) to improve the quality in programs serving Infants and Toddlers. These improvements are supported with onsite technical assistance. As part of the Early Learning Challenge, Delaware Stars is being evaluated, through a validation study. This study will be available in 2016, noting the differences in the Star levels related to child outcomes and system design.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers?

Check all that apply and describe.

- Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

Through the Capacity Building program existing child care programs serving infants and toddlers are able to receive financial incentives and technical assistance to enhance/expand their programs.

- Establishing or expanding the operation of community or neighborhood-based family child care networks.

Describe:

- Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

This is done through the professional development system, state credentials for Infant/Toddler Professionals and through the technical assistance in Delaware Stars and Capacity Building Programs.

- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

Financial incentives are provided through the Delaware Stars and Capacity Building programs.

- Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists.

Describe:

Coaching and counseling is also provided through the Delaware Stars and Capacity Building programs.

- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)

Describe:

Due to the cross sector nature of both Delaware Stars and the professional development system, coordination has been smooth. In addition, many school districts provide Itinerant Care for children with IFSP's and therefore supports in

the natural environment, often a community child care program. On a state level, both Part C and Part B staff participate in the Stars Management Committee and the Goal 2 committee.

- Developing infant and toddler components within the State's/Territory's QRIS.

Describe:

Stars has standards related to best practices for Infants and Toddlers including continuity of care, inclusion, low staff child ratios, credentials and family engagement

- Developing infant and toddler components within the State's/Territory's child care licensing regulations.

Describe:

Licensing Regulations have separate sections for programs serving infants and toddlers related to areas such as feeding, diapering, health and safety.

- Developing infant and toddler components within the early learning and development guidelines.

Describe:

Delaware's Early Learning Foundations were revised in 2010 to align with the birth through five continuum. The Foundations will be revised 2015-2016 and continue through Age 8.

- Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care.

Describe:

Families are able to access quality indicators on a variety of websites and through outreach activities. The Office of Child Care Licensing has information on all licensed programs; the Division of Social Services contracts with Children & Families First to conduct resource and referral activities for families, including consumer education and Stars ratings; and the Office of Early Learning through the Early Learning Challenge Grant has a website and consumer education www.greatstartsdelaware.com and provides outreach through community events, with written materials in English and Spanish.

- Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being.

Describe:

Through both Delaware Stars and the Child Care Capacity Building Programs, early childhood programs participate in program assessment using either the Infant Toddler Environment Rating Scale-Revised (ITERS-R) or Family Child Care Environment Rating Scale-Revised (FCCERS-R) to improve the quality in programs serving Infants and Toddlers. These improvements are supported with onsite technical assistance. In addition, Delaware is a grantee for the Early Head Start-Child Care Partnership Grant and thus improving access to quality professional development for teachers/educators and administrators for those serving infants and toddlers.

- Other.

Describe:

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

Describe:

As part of the Early Learning Challenge, Delaware Stars is being evaluated, through a validation study. This study will be available early in 2016, noting the differences in the Star levels related to child outcomes and system design.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

- State/Territory has a CCR&R system operating State/Territory-wide.

Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary

The lead agency currently contracts with Children and Families First to operate a statewide resource and referral system for the general public, clients involved with the lead agency as well as those with difficult to place children including infant/toddlers, children who need care during non-traditional hours, children with disabilities and children in remote locations. Children and Families First is charged with maintaining an up to date data base of providers, which they update monthly, providing toll free 24 hour telephone access to parents requesting information about available child care; distributing educational materials on quality child care, child development, children's behavior, etc. CFF maintains a web enabled online search engine that enables staff to perform a live search for appropriate child care for clients by zip code. CFF assists clients by determining child care needs, assisting in their search for appropriate providers, verifying database information to determine possible openings, providing referrals, making follow-up calls to ensure child care is found and following up with a consumer satisfaction survey. CFF advertises the resource and referral services on their website, through public service announcements, literature in English and Spanish and participation in community events. Delaware does intend to redesign its Resource and Referral system in the future.

State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide

Describe:

State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Measures used are related to the QRIS: standards achieved across the four domains: Family & Community Partnerships; Qualifications and Professional Development; Management & Administration; and Learning Environment & Curriculum. In addition, each program participating in Delaware Stars must go through an outside evaluation

using the Environment Rating Scale tools as they move from Stars 3 through 5. These scales include: ITERS-R, ECERS-R, FCCERS-R and SACERS, each developed and implemented based on the age group or type of care and education provided.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards?

Describe:

Through a Memorandum of Agreement with the Department of Services for Children, Youth and Their Families the lead agency uses CCDF quality funds to subsidize one full time Licensing Specialist position and one Social Service Administrator position within the Office of Child Care Licensing. The Office of Child Care Licensing performs regular monitoring visits of all licensed child care providers in order to confirm compliance with child care regulations, provides technical assistance to providers, investigates complaints of alleged non-compliance with regulations and allegations of unlicensed care, and conducts frequent monitoring visits of programs on an enforcement action. Providers who have a history of repeated non-compliance or with serious non-compliance which place children at risk, may be placed on the enforcement action of warning of probation or probation or have their license revoked, suspended, or denied.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

All licensed child care facilities receive at least one monitoring visit per year to observe the facility's operation and confirm compliance with regulations. Non-compliance are cited and a correction action plan developed with dates by which the non-compliance must be corrected. Complaint investigations or regular monitoring

visits that reveal significant or repeated non-compliance may result in the enforcement action of warning of probation, probation, license suspension, or license revocation. Increased monitoring visits and additional technical assistance will occur during the enforcement action period.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings.

Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

Measures used are related to the QRIS: standards achieved across the four domains: Family & Community Partnerships; Qualifications and Professional Development; Management & Administration; and Learning Environment & Curriculum. In addition, each program participating in Delaware Stars must go through an outside evaluation using the Environment Rating Scale tools as they move from Stars 3 through 5. These scales include: ITERS-R, ECERS-R, FCCERS-R and SACERS, each developed and implemented based on the age group or type of care and education provided.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Through the Early Learning Challenge Grant, the RAND Corporation will be conducting a validation study of the QRIS, making recommendations for system improvement using child outcome and system's data.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the State/Territory has supports operating State/Territory-wide.

Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation

Through the QRIS the state supports accreditation as an alternative pathway.

Yes, the State/Territory has supports operating as a pilot or in a few localities

Describe:

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

A crosswalk of both the QRIS, Delaware Stars, with NAEYC standards and Head Start Standards was completed and revisited with QRIS changes. Accredited programs are included in the RAND study.

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Please describe:

Not applicable

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

Not applicable

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

Not applicable

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State ensures that their definitions for violations have been modified, staff trained, and program integrity procedures revised to reflect new requirements.

Describe:

The lead agency participated in the state Self Assessment Meeting with federal partners on November 18 and 19th. Through this meeting we discovered that we will need to modify our definitions as they have not been recently modified. The Quality Control Unit is currently working on this concern in preparation for our next review cycle. When the modifications are complete all eligibility staff will be trained accordingly. We will also continue quarterly error reduction meetings to address patterns of error found by Quality Control. Quality Control will continue to do reviews in non-reporting years to identify and address problem areas ahead of reporting years. There is also a Strategic Work Group that meets monthly to address concerns identified during the review cycle. The group which consists of Policy staff, Field staff, Professional Development staff, and Quality Control is charged with developing procedures to monitor the accuracy of child care case processing. Delaware continues to have a 12 month authorization period and is currently working on an Administrative Notice that will inform workers how to continue authorization when Child Care is linked to other programs with different eligibility periods.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements.

Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
 - Orientations
 - Onsite training
 - Online training
- Regular check-ins to monitor implementation of the new policies.

Describe:

- Other.

Describe:

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF.

The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors"). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

Describe:

The lead agency contracts with several non-government entities including Children

and Families First (CCF), The University of Delaware, and The Delaware Association for the Education of Young Children. CFF is our statewide Child Care Resource and Referral Agency and is charged with facilitating access to quality, affordable child care services by providing information and referral services to our families. The Delaware Association for the Education of Young Children manages a scholarship program for Early Childhood Educators. Through these scholarships those in the field can earn an Associate degree, a Bachelors degree or their CDA. The University of Delaware provides pre-service and ongoing professional development to our relative care providers. DHSS is responsible for the overall management and fiscal control of these contracts. The lead agency ensures the state and department procurement policies and procedures are adhered to and sets performance standards. Contracts are monitored through monthly reports requiring statistics, data, etc and monthly meetings with vendors. The contracts are awarded on a continuing yearly basis for five years. The lead agency also has a Memorandum of Agreement (MOA) with two non-TANF state agencies to provide services and activities under the grant. An MOA exists with the Department of Services for Children, Youth and Their Families (DSCYF) and the Department of Education (DOE) to improve the quality of child care. DSCYF is charged with establishing and enforcing the requirements and baseline standards for licensed child care providers in the state. In addition, DSCYF conducts criminal history records (federal and state) and child protection registry checks for licensed and licensed exempt providers for the protection of children. Additionally, DOE is responsible for updating and maintaining Delaware's agenda for improvement of early care and education and providing information to private sector entities. The MOAs between DHSS, DSCYF and DOE outline each Department's separate and joint responsibilities. The topics covered include program planning, financial procedures, training, licensing, and the investigations of complaints about child care providers. The Secretary of DHSS is also an active participant of the Interagency Resource Management Committee (IRMC). The IRMC is a state created interagency council consisting of the Secretaries of the Departments of Education; Services for Children Youth and Their Families; Health and Social Services; and the Budget director and Controller General. The IRMC is charged with fostering an interagency approach in coordinating the delivery of early care and education services in Delaware. The lead agency utilizes reports such as the 800, 801 and 696. Contractors are required to submit monthly, quarterly and or yearly reports.

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency.

Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))

Run system reports that flag errors (include types)

Describe:

The Lead agency uses the share/match system database to run system reports for Quality Control case reviews which are done in reporting and non-reporting years to flag errors.

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types)

Describe:

The lead agency uses the share/match system database to run system reports for Quality Control case reviews which are done in reporting and non-reporting years to flag errors.

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory?

The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: **\$1**

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe:

The lead agency recoups improper payments from providers by a monthly electronic repayment method. If that business is no longer viable the name is turned over to Audit Recovery Management Services for recoupment (ARMS). ARMS is also responsible for recouping improper payments from clients. Audit and Recovery Management Services (ARMS) identifies, investigates and refers for criminal prosecution or civil litigation acts of fraud or error that cause an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is also responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: **\$1**

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

Audit and Recovery Management Services (ARMS) identifies, investigates and refers for criminal prosecution or civil litigation acts of fraud or error that cause an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is also responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, include action steps and completion timelines:

c) Check which activities the Lead Agency will use for administrative error?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: **\$1**

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

Audit and Recovery Management Services (ARMS) identifies, investigates and refers for criminal prosecution or civil litigation acts of fraud or error that cause

an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is also responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client.

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

Clients who are found to have committed an intentional program violation or fraud are disqualified. The recoupment process is conducted through ARMS. The lead agency provides an opportunity for a fair hearing to any individual who is dissatisfied with a decision of the lead agency (i.e., to deny, suspend, delay, reduce, terminate, or sanction a Division-issued benefit, etc.). The purpose of a fair hearing is to give all applicants and recipients an opportunity for an impartial, objective review of actions taken in programs administered by the Division. Every person is informed in writing at the time of application and at the time of any action affecting their benefits of their right to a fair hearing and the method by which they may request a hearing. They may appear for the hearing by themselves or may be represented by counsel or by another person at the hearing.

Disqualify provider.

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

Providers who are found to have committed an intentional program violation or fraud will be notified of the discovery. 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. 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.

Prosecute criminally

Other.

Describe: