



CHILD CARE AND DEVELOPMENT FUND PLAN
FOR DELAWARE
FFY 2004-2005

This Plan describes the CCDF program to be conducted by the State for the period 10/1/03 – 9/30/05. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

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

Public reporting burden for this collection of information is estimated to average 162.57 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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PART 1 -- ADMINISTRATION

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

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency: Delaware Health and Social Services
Division of Social Services
Address of Lead Agency: 1901 N. DuPont Hwy., New Castle, DE 19720
Name and Title of the
Lead Agency's Chief Executive Officer: Elaine Archangelo, Director
Phone & Fax Numbers: (302) 255-9500; fax (302) 255-4425

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

Name and Title of the
State Child Care Contact (CCDF): Norvella Brown, Social Services Administrator
Address of Contact: (Same as above)
Phone & Fax Numbers: (302) 255-9621; fax (302) 255-4425
E-Mail Address: nbrown@state.de.us

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2003 through September 30, 2004. (§98.13(a))

-CCDF: \$ 13,500,604
-Federal TANF Transfer to CCDF (if known): \$ 0
-Direct Federal TANF Spending on Child Care (if known): \$ 0
-State CCDF Maintenance of Effort Funds: \$ 5,179,330
-State Matching Funds: \$ 3,996,796
-Total Funds Available: \$ 22,676,725

1.4 The Lead Agency estimates that the following amount (and percentage) of the CCDF will be used to administer the program (not to exceed 5 percent): \$ 874,870 (5 %). (658E(c)(3), §§98.13(a), 98.52)

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

() Yes. – GO to Section 1.8.

(X) No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies. (658D(b)(1)(A), §98.11)

The lead agency, DHSS, maintains control through memoranda of understanding or through contracts when services or activities are provided through other agencies.

DHSS contracts with a private, non-profit agency to increase the supply of appropriate, affordable child care for low income families, as well as a program to facilitate access to quality, affordable child care services by providing information and referral services. DHSS is responsible for the overall management, including fiscal control of these contracts and for insuring that State and Department procurement policies and procedures are adhered to. DHSS sets performance standards and makes contractor payments based on performance accomplishments.

DHSS also has a current Memorandum of Understanding with another State agency to provide services and activities under the grant. A current MOU exists with the Department of Services for Children, Youth and Their Families (DSCYF) to improve the quality of child care. DSCYF is charged with establishing and enforcing the requirements and standards for licensed child care providers in the State. In addition, this agency administers training activities for providers and a plan to coordinate training and early childhood education to create career development opportunities.

The current MOU between DHSS and DSCYF outlines 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.

DSCYF contracts with private providers to provide training and to administer the challenge grants to help providers meet accreditation standards. Requests for

proposals are issued on one, two or three year intervals as required by the funding source or service.

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

1.6 For child care services funded under §98.50 (i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

- Determine individual eligibility of non-TANF families? YES NO
If NO, identify the name and type of agency that determines eligibility of non-TANF families for child care:

- Determine individual eligibility of TANF families? YES NO
If NO, identify the name and type of agency that determines eligibility of TANF families for child care:

- Assist parents in locating child care? YES NO
If NO, identify the name and type of agency that assists parents:

- Make payments to providers? YES NO
If NO, identify the name and type of agency that makes payments:

1.7 Is any entity named in response to section 1.6 a non-governmental entity? (See section 1.6 of the guidance). (658D(b), §§98.10(a), 98.11(a))

(X) No.

() Yes, the following entities named in section 1.6 are non-governmental:

Section 1.8 - Use of Private Donated Funds

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

- (X) No. GO TO 1.9
() Yes. The name and type of entity designated to receive private donated funds is:
Name:
Address:
Contact:
Type (see section 1.6 of the guidance):

Section 1.9 - Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

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

- (X) No.
() Yes,

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

_____ Estimated % of the MOE requirement that will be met with pre-K expenditures. (It may not exceed 20%.)

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

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

- (X) No.
() Yes, and

_____ Estimated % of the Matching Fund requirement will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the

Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

- 1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents (§98.53(h)(2)):

Part 2--DEVELOPING THE CHILD CARE PROGRAM

2.1 - Consultation and Coordination

2.1.1 Consultation. Describe the consultation the Lead Agency held in developing this Plan and the results of that consultation. At a minimum, the description must include the following:

- Representatives of local governments;
- Tribal organizations when such organizations exist within the boundaries of the State. (658D(b)(2), §§98.12(b), 98.14(b))

Local Government

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

State Agencies and the Public

In 1998, a group of Delawareans representing both governmental entities, private non-profit entities, the business community as well as private citizens came together to create a long-term plan for an early care and education system to serve all of Delaware's children. A steering committee of more than forty Delaware early childhood experts, policymakers and advocates was assembled, and sub-committees were formed. Focus groups were held throughout the State in July 1998. The end result of this effort was the production of a comprehensive plan to meet Delaware's early care and education needs for the next ten years. Delaware called this plan "Early Success" (see Attachment #1 for a copy of the "Early Success" plan).

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

In 2001, DSS conducted a series of focus groups with subsidized child care providers to examine how the payment system could be improved. A total of four focus groups were held, two each in New Castle and Sussex Counties. A total of thirty four providers participated in the sessions. Changes to authorization and payment procedures were recommended.

In February of 2003, staff from the Departments of Education, Services for Children, Youth and Their Families and Health and Social Services met to discuss their respective responsibilities under the plan, and establish a schedule for the production of the plan and public hearings. The group continued to meet throughout the spring to coordinate activities. This document is the product of that collaborative effort.

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

Check any of the following services provided by agencies with which the Lead Agency coordinates. In each case identify the agency providing the service and describe the coordination and expected results:

- Public health including programs that promote children's emotional and mental health
- Healthy Child Care America Campaign
- Employment services
- Public education
- TANF (employment)
- State Pre-K programs
- Head Start programs
- Programs that promote inclusion for children with disabilities
- Others (please identify) (658D(b)(1)(D), §98.12(a), 98.14(a)(1) & (2))
The Department of Services for Children, Youth and Their Families

Division of Public Health

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

The program, a comprehensive, interagency early intervention system for infants and toddlers (aged 0 through 2 years, inclusive) who suffer disabilities or developmental delays, has been working very closely with the child care community. It provides ongoing training and technical assistance to providers seeking information about the program, and disabilities. The program works closely with the statewide resource and referral agency to disseminate disability information to providers and makes presentations at workshops and conferences where large numbers of child care providers attend.

The Division of Public Health also provides inoculations for low-income children in clinics located in State Service Centers throughout the State.

Healthy Child Care America

The overall goals of the Healthy Child Care American project are to increase awareness of health and safety issues in child care programs and to ensure access to care through collaborative effort of public and private agencies. Activities include the development of health and safety newsletter and web site, development of a health curriculum, enhanced training of child care providers, identification and training of health care consultants, and development of a plan to link health care access to child care. Collaborative activities will continue with the child care licensing system (OCCL), early intervention programs, child care and development administration (Division of Social Services), Medicaid and the Delaware Healthy Children Program, Head Start, the Family and Workplace Connection, Wesley College, and Wilmington College School of Nursing.

One of the main objectives of the Health Child Care America (HCCA) grant is to have each state implement a Child Care Health Consultant system. The goal is for each child care provider to have the services of a child care health consultant available to them as needed. The basic function of the consultant is to prevent harm and promote optimal health in child care programs.

Delaware has trained the first class of Child Care Health Consultants. Thirteen consultants are now available to the child care system. The consultants have a variety of backgrounds: child development, special needs children, nursing, and communicable disease. Information about the consultants has been made available to the child care community. A consultant data base is maintained by the statewide resource and referral to facilitate connecting providers with consultants. Consultants were offered tuition reimbursement for free consultations. The Medical Society of Delaware has received a Robert Wood Johnson grant to continue free health consultant services. A second class of consultants will be trained in May and June 2003. The consultant training has been incorporated as a C.E.U. and course offering at Wesley College. This will ensure the sustainability of the training after the grant. The Board of Nursing has approved the consultant training for continuing education credits.

Temporary Assistance to Needy Families (TANF)

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

- provides child care to Delaware's TANF Program participants who are eligible for services;

-
- provides transportation services at minimal cost to Delaware's TANF program participants who need such services for work as well as to transport children to child care facilities;
 - refers TANF participants in need of drug or alcohol treatment and provides the supportive service of child care, as necessary, to allow a participant's involvement in the treatment process.

State Pre-K programs (ECAP)

The Delaware Department of Education is the lead agency for the Early Childhood Assistance Program (ECAP). ECAPs are operated based upon the Federal Head Start model, using Head Start revised performance standards as the foundation for structuring and providing services. Services provided to children and families include: developmentally appropriate early childhood education, health services, parent involvement, family services, nutrition, transportation, services for children with disabilities and transition supports.

Programs are operated throughout the State, with individual programs offered in each county. A variety of individual grantee agencies operate programs including: Federal Head Start Programs, community early care and education organizations, and local school districts. Services are typically provided during the normal school year, with some programs operating through the summer. Many of the ECAPs provide full day and/or wrap-around services for enrolled children. Many of these programs work directly with CCDF funded subsidized child care to support these additional services to children and parents.

Head Start programs

In 1998, the Head Start State Collaboration project launched the Child Care Partnership Initiative that culminated in August, 2002. With technical support from the Quality Linking Together initiative, seventeen partnerships have been developed or have been influenced in part or full by this initiative.

The most common form of partnership involves the provision of full day services at Head Start/ECAP sites or co-locating Head Start/ECAP classrooms in child care centers. Child care subsidies are the primary resource to extend the average day from four to ten hours or more and the school year from nine to twelve months for Head Start children.

Consistent eligibility or a funding mechanism for a full school year continue to be challenges that could insure continuity of comprehensive services for children at or below poverty. Full day, full year comprehensive programs to support working families continue to be a national priority for Head Start programs.

In 1999, DSS entered into an agreement with the Department of Education that afforded all Head Start /ECAP programs limited access to the eligibility system to verify, with applicant approval, TANF benefits and automatic eligibility for Head Start. All programs have been trained and are linked.

2.2 - Public Hearing

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. At a minimum, the description must indicate:

- Date(s) of statewide notice of public hearing May 10, 2003
- Manner of notifying the public about the statewide hearing DHSS web site announcement at <http://www.state.de.us/dhss/main/hottopics/ccdf.html>; public service announcements to broadcast media; classified advertisements in newspapers;
- Date(s) of public hearing(s) May 28 and June 5, 2003
- Hearing site(s) Wilmington (New Castle County) and Georgetown (Sussex County)
- How the content of the plan was made available to the public in advance of the public hearing(s) (658D(b)(1)(C), §98.14(c)): Draft Plan available on DHSS web site at <http://www.state.de.us/dhss/dss/childcare.html>; classified advertisements and public service announcements informing public of availability

2.3 - Public-Private Partnerships

Describe the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, including the results or expected results. (658D(b)(1), §98.16(d)):

Capacity Building Program

DSS has established a program for child care providers seeking either to expand or start-up services through the capacity building contract with the private, statewide Resource and Referral Agency (The Family and Workplace Connection). This program refers providers who are in need of capital funds to the Working Capital (a program sponsored by the YWCA) or First State Community Loan Fund for assistance with low-cost loans.

Department of Education - Office of Early Care and Education

Staff from the Office of Early Care and Education, which is funded by CCDF, co-chair the United Way of Delaware Early Childhood Sub Committee to help that group align its early childhood allocation's criteria with the recommendations of the Early Success Report. The Office of Early Care and Education also worked with the Wilmington Office of the Mayor to establish a Wilmington Early Care and Education Council which has written grants to access federal and foundation dollars to benefit early childhood initiatives in the city of Wilmington. Finally, the Early Care and Education Office provides on-going assistance to the Social Venture Partner's Foundation which has recently been established in Delaware and has designated early care and education as its focus of investment.

ECAP

The Early Childhood Assistance Program (ECAP), the state prekindergarten program is state funded. There is a provision in the state legislation that allows for-profit early care and education agencies to be grantees of ECAP funding. There is currently one for-profit child care agency that is an ECAP grantee. There is also one school district that is an ECAP grantee that has established a child care center that supports wrap-around care for enrolled children.

PART 3 -- CHILD CARE SERVICES OFFERED

Section 3.1 - Description of Child Care Services

REMINDER: The Lead Agency must offer certificates for services funded under 45 CFR 98.50. (98.30) Certificates must permit parents to choose from a variety of child care categories, including center-based care, group home care, family child care and in-home care. (§98.30(e))

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

No.

Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

3.1.2 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

No.

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

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

3.1.3 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

Yes

No, and the following are the localities (political subdivisions) and the services that are not offered:

Section 3.2 - Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care. These rates are provided as Attachment 2. The attached payment rates are effective as of 10/1/1999.

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

- The month and year when the local market rate survey(s) was completed: May 2003 . (§98.43(b)(2)) A copy of the Market Rate Survey and the results of the survey are provided as Attachment 3 .
- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

In Delaware, the rates that the agency pays range from 62 to 76.5 percent of the local market rate for homes and from 56 to 72 percent of the local market rate for centers. Providers serve children in subsidized care and there is no wait list for services.

- Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))

In addition, we note that there are approximately 320 licensed child centers operating throughout the State. Of this number, approximately 259 have agreed to accept children who receive a subsidy under the CCDF. Also, there are approximately 1,662 family home providers, providing care throughout the State. Of this number, approximately 1,115 have agreed to accept children who receive a subsidy under the CCDF.

- If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.

Payment rates reflect individual rates for the three ranges of providers with the exception of group homes. The state does not distinguish between group home and family home, therefore, rates for only three categories are shown. Also, rates for in-home care is lower because this care is typically exempt from licensing. In-home in Delaware means care by relatives either in the child's home or the relative's home; or, care by a friend or neighbor in the child's own home.

Section 3.3 - Eligibility Criteria for Child Care

By statute, all eligible children must be under the age of 13, or under age 19 if physically or mentally incapable of self-care, or under court supervision, and reside with a family whose income does not exceed 85% of the State Median Income (SMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services. (658E(c)(3)(B), 658P(3), §98.20(a))

3.3.1 Complete column (a) in the matrix below. Complete Column (b) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).

Family Size	(a) 85% of State Median Income (SMI) (\$/month)	IF APPLICABLE	
		(b) Income Level, lower than 85% of SMI, if used to limit eligibility	
		\$/month	% of SMI
1	2,555	1,478	49%
2	3,341	1,990	51%
3	4,127	2,504	52%
4	4,913	3,018	52%
5	5,699	3,530	53%

The Lead Agency uses the State Median Income (SMI) of the year 2003.

3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as Attachment 4. (§§98.16(g)(5), 98.20(b))

Income is all sources of cash from earnings such as wages as well as from unearned sources such as pensions, child support, etc. (See attached policy 11003.9.1, which defines what income sources count and which do not count toward eligibility).

3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- No
 Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

Families include children with special needs may, on a case-by-case basis, receive services if the family exceeds income limits and a condition of hardship exists (e.g., excessive medical expenses).

3.3.4 Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

- Not Applicable, CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.
 No
 Yes

3.3.5 Does the Lead Agency allow child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

- No
 Yes, and the upper age is 18.

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

- No
 Yes, and the upper age is 18.

- 3.3.7 Does the State choose 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? (§§98.20(a)(3)(ii), 98.16(f)(7))
- (X) Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)
- () No.
- 3.3.8 Does the State choose to provide respite child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))
- (X) Yes.
- () No.

Section 3.4 Priorities for Children

- 3.4.1 The following describes the priorities for serving CCDF-eligible children including how statutorily required priority is given to children of families with very low family income and children with special needs: (Terms must be defined in Appendix 2) (658E(c)(3)(B))

The following is a list of the priorities for serving CCDF-eligible children: (Terms must be defined in Appendix 2) (658E(c)(3)(B)):

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

- TANF participants
- TANF employed families
- Families who transition off TANF
- Teen parents who attend school
- Special needs child or special needs caretaker
- Homeless families
- Families with very low income
- Children with a protective need

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

DSS will provide child care as a regular supportive service to those families participating in Delaware's TANF Program.” DSS will also ensure that those families that leave assistance because of work will continue to receive child care as long as they meet income eligibility requirements. Finally, DSS also makes child care available to those low-income families who need care to keep a job, and who cannot afford to pay for all or part of their child care. Currently, DSS has no waiting list for working families who need child care assistance.

3.4.3 *The following describes how the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies:*

DSS may not be able to provide service to eligible parent/caretakers due to a lack of funding or inability to match a child care need with an available service. When service cannot be authorized, the child is placed on an unmet need waiting list. Parent/caretakers are informed that DSS is placing their child on a waiting list and that they will be informed when an opening becomes available. When services are available, care is authorized or the case is closed if service is no longer needed. Service is authorized by application date - the first on the waiting list is the first to be placed after services are available.

Section 3.5 - Sliding Fee Scale for Child Care Services

3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as Attachment 5.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

No.

Yes, and the following describes any additional factors that will be used to determine a family's contribution including, but not limited to, a maximum amount (family cap), number of children in care, cost of care, and/or whether care is full or part-time:

Each family will pay a percentage of the cost of care based on family size, income and the type of care selected (e.g., center or family; full or part-time).

3.5.2 Is the same sliding fee scale provided in the attachment in response to question 3.5.1 above in use in all parts of the State? (658E(c)(3)(B))

Yes

No, and other scale(s) are provided as Attachment ____.

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$ 1,252.

The Lead Agency must elect ONE of these options:

ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

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

SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. A description of these families is:

TANF families, non-parent caretaker families, and protective families

3.5.4 Does the Lead Agency have a policy that prohibits child care providers from charging families any unsubsidized portion of the providers' normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

- () No
(X) Yes, please describe:

Providers who have a contract with DSS agree, as part of the contract, that they will charge no additional fees for service other than field trip fees and late fees.

3.5.5 *The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))*

Delaware bases its fee scale on income, family size and cost of care (i.e., the reimbursement rate). Families pay anywhere from 1 percent to 80 percent of the cost of care based on their income and family size. A typical Delaware family with two children in care (one child in a center and the other in school based care) and with income at 135 percent of the Federal Poverty Level (FPL) will pay approximately 13 percent of their income toward child care. Families with incomes from 1 percent to 75 percent of the FPL will pay up to 4 percent of their income. These typically are TANF families. Families with incomes between 75 percent and 155 percent of the FPL will typically pay fees that represent between 4 to 16 percent of their income. Delaware families with incomes between 155 percent and 200 percent of poverty will pay a higher child care fee and thereby a higher percent of their income toward cost of care. This was done to help these families avoid the so-called “cliff effect” when these families will no longer be eligible for a child care subsidy. Since most of the families we serve fall between the 1 percent to 155 percent of the federal poverty scale, and since these families either pay a nominal fee or no greater than 16 percent of their income, we believe that the fee scale provides affordability for most families receiving subsidized care in Delaware.

Section 3.6 - Certificate Payment System

A child care certificate means a certificate, check, or other disbursement that is issued by the Lead Agency directly to a parent who may use it only to pay for child care services from a variety of providers including community and faith-based providers (center-based, group home, family and in-home child care), or, if required, as a deposit for services. (658E(c)(2)(A)), 658P(2), §§98.2, 98.16(k), 98.30(c)(3) & (e)(1))

Describe the overall child care certificate payment process, including, at a minimum:

3.6.1 A description of the form of the certificate: (§98.16(k))

Copies of the certificate forms are attached as Attachment #6.

3.6.2 A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to the choice of provider: (658E(c)(2)(A)(iii), 658P(2), §§98.2, 98.30(c)(4) & (e)(1) & (2))

Certificates allow parents the opportunity to select any provider who legally provides child care services. Parents can select a provider who either agrees to accept the State rate for child care payment or who does not agree to accept the State rate. A parent who chooses a provider who does not accept the State rate will self-arrange care with that provider. In this instance the parent pays the provider directly for services and is reimbursed by the State up to the State's payment rate. The provider whom a parent selects and who agrees to the State rate will be treated as a contracted provider.

Parents are informed by letter as well as by a child care worker that they can use a certificate to select any licensed contract or non-contract provider of their choice as well as any legally exempt provider. Parents who choose a certificate are provided with a copy of the certificate form. Parents take the form to a provider of their choice and the provider completes the form and submits a completed copy to DSS so that information can be processed to insure provider payment. (See Attachment #7 for Parent letter)

3.6.3 If the Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b))

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

DSS always conducts a formal application process for parents who desire child care services. The formal application process consists of the following:

- a parent interview (in person or by phone);
- a review and verification of eligibility;
- a review of the parent information about the child care certificate;
- determination of eligibility and a written notice of the eligibility decision;
- as necessary a determination of the fee;
- completion of an authorization form;
- completion of a payment agreement form; and
- review of parental rights and responsibilities.

PART 4 - PROCESSES WITH PARENTS

4.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

- How parents are informed of the availability of child care services and about child care options;
- Where/how applications are made;
- Who makes the eligibility determination;
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4; and
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs.
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies.

See attached policies 11004, 11004.1, 11004.2, 11004.2.1, 11004.3, 11004.4.1, 11004.5, 11004.6, 11004.7, 11004.7.1, 11004.9, 11004.9.1, 11004.11, and Administrative Notice A-12-98 and policy 3011.2 for a discussion on the above matters. (These are noted in Attachment #8.)

4.2 The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

Parents/caretakers have a right to request a list of substantiated parental complaints on any license or license exempt provider. Parents are informed as to how to make a complaint when they believe a facility is not meeting the licensing regulations or the DSS contract. When parents initiate a complaint, they complete a “Provider Complaint Information” form. The form is forwarded to the DSS Contracts Administrator who either forwards the complaint to the Office of Child Care Licensing if the complaint involves a licensing matter or DSS Child Care Monitor if the complaint involves a contract matter. The Office of Child Care Licensing maintains a record of complaints, particularly substantiated complaints and provides this information to parent/caretakers upon request.

This requirement is noted in Child Policy at Sections 11005.1 and 11006.6. (See Attachment 9.)

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- 4.3 The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

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

Licensed providers must allow parental access as a part of their licensing standards. Complaints against licensed providers who fail to provide parental access are addressed to the Office of Child Care Licensing. Exempt providers must agree to allow parental access as a part of the certificate process. Those providers who do not certify to allow access can be denied authorization to provide service.

The requirement is noted in Child Care Policy at Section 11005.1.

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

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

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

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

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

5.1 - Quality Earmarks and Set-Asides

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities.

Infants and toddlers: The Office of Child Care Licensing (OCCL) is contracting with the University of Delaware for Project INSITE. Project INSITE, in its first year, is based on use of the Infant and Toddler Environmental Rating Scale (ITERS). After the ITERS is administered, a consultant meets with the program, reviews the results and creates a plan of improvement. Some funding is available to the program to implement the improvement plan. The funds may be used for staff training, equipment, technical assistance, or curriculum resources. Following the implementation, another ITERS is administered. Improvement is evaluated. In the year following participation, another ITERS is conducted. This will allow for evaluation of the sustainability of the change.

To reach a broader base of providers an infant and toddler lecture series is also in process. There are three Saturday sessions. Scheduling nationally known experts to speak has sparked the interest of providers

Resource and referral services: A portion of the funds may be used to maintain a computer kiosk in a major State Service Center facility. Clients visiting the center can select a printed list of prospective child care providers in the area of their work or home. The balance of the funds will be used to help support an automated 24 hour/7 day per week community telephone referral line.

School-age child care: These funds are used by the nonprofit capacity building program contractor to conduct a statewide school-age child care conference offering professional development opportunities to improve quality in out-of-school-time programs. An advisory committee will plan the annual conference, and identify local and national speakers to address topics such as supervision, management, programming, activities, peer conflict resolution, and creative arts. In addition, technical assistance, educational materials accreditation support materials will be distributed to providers through resource centers.

5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51, 98.16(h)). The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

\$ 1,315,066 (5 %)

5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658E(c)(3)(B), §§98.13(a), 98.16(h))

Yes	No	
<u>X</u>	___	Comprehensive consumer education;
<u>X</u>	___	Grants or loans to providers to assist in meeting State and local standards;
<u>X</u>	___	Improving the monitoring of compliance with licensing and regulatory requirements;
<u>X</u>	___	Professional development, including training, education, and technical assistance;
<u>X</u>	___	Improving salaries and other compensation for child care providers;
<u>X</u>	___	Activities in support of early language, literacy, and numeracy development;
<u>X</u>	___	Activities to promote inclusive child care;
<u>X</u>	___	Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children;
<u>X</u>	___	Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))

5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

Comprehensive Consumer Education

The Office of Early Care and Education, funded by CCDF and state funds, staffs the Early Care and Education Council appointed by the Governor. The Council of private citizens interested in early care and education is charged with providing input on the implementation of Early Success. The Council has targeted creating public will as their primary focus. The Council has engaged a professional consultant to plan and help implement a public education and advocacy campaign. The goal of this campaign is to inform parents, employers, and the community at large concerning the developmental and economic impacts of quality early care and education programs. The Council will seek public and private sector funding toward that end. Staff of the Office has also worked in a

supportive role to the City of Wilmington's ECE Council. The Wilmington Council has set consumer education as a primary focus.

The Family & Workplace Connection distributes consumer educational materials through their free referral services and at community events.

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

The statewide nonprofit resource and referral agency has been selected to operate the Child Care Capacity Building Program to increase the supply of appropriate, affordable child care for low-income families. The primary focus will be to expand, enhance or create new services for types of child care which is in limited supply, to include: school-age care; various forms of nontraditional off-hours care; and care for infants and toddlers; disabled children; and mildly ill children. The project will also seek to increase the ability of providers to offer care that is safe, healthy and appropriate.

Improving the monitoring of compliance with licensing and regulatory requirements

CCDF supports one child care licensing specialist position and rule development manager position in the Office of Child Care Licensing. The specialist is a field position conducting on-site compliance reviews and investigating complaints in licensed facilities. The rule development manager is responsible for the research, writing, and task force work related to revising child care regulations. Quality regulations coupled with enforcement are the most effective tools in improving the overall quality of the child care system.

Professional development, including training, education, and technical assistance

CCDF strongly supports the professional development system for child care providers, Delaware First. The quality set-aside supports the development of curriculum, the provision of training sessions, the personnel registry system that documents provider education, and the network of child care resource centers. The network is comprised of four centers and three resource vans. The services are provided contractually. Staff in the Office of Child Care Licensing manage the professional development system and directly administer the Personnel Registry database. CCDF funds these two staff.

Improving salaries and other compensation for child care providers

The Delaware Early Care and Education Council is investigating the feasibility of replicating the T.E.A.C.H. Program in Delaware. This program, a successful public - private initiative which was initially created in North Carolina, ties increased compensation for providers who participate in partially subsidized professional development opportunities. CCDF funds may be used to support this effort.

The Early Childhood Apprenticeship Program, made possible through a Department of Labor 18-24 month grant, provides on-the-job training, formal education and increased compensation for professionals currently in the workforce. Apprentices receive free education through the Vo Tech High Schools, Community Colleges or the University of Delaware; support and modeling from a mentor; and increased compensation, at set

intervals, upon competency achievements. CCDF funds are not currently used for this program, but may be required to sustain the project in the future.

The Delaware Department of Labor, Division of Employment and Training's Apprenticeship and Training Unit has developed a registered Child Care Development Specialist Apprenticeship Program as a strategy for linking high quality training for providers with increased compensation. The Apprenticeship Program provides scholarships to providers whose employers agree to pay increased compensation linked to increased training. CCDF funds are being used to train some of the instructors who will provide the training for the apprenticeships.

Activities in support of early language, literacy, and numeracy development

The revision of the core curriculum reflects the changes in the field. Early language, literacy, and numeracy development are included in the core curriculum. The core curriculum explores the concepts and instruction in incorporating the concepts into children's daily activities.

The focus of the infant and toddler lecture series has been language development and early literacy. The series has been well attended and evaluated positively.

Activities to promote inclusive child care

Delaware First Core Curriculum

The core curriculum of the Delaware First professional development system has been completely revised to strongly incorporate the concept of inclusion throughout.

Capacity Building Program

The goal of the capacity building program is to increase the supply of appropriate, affordable child care for low-income families. The primary focus is to create, expand or enhance new services for types of child care which is in limited supply, including care for disabled children. On-site technical assistance is received by providers specializing in care for children with challenging behaviors.

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

A strong Healthy Child Care Delaware program does exist and a plan to promote the social and emotional development of children has been created. Although CCDF funds were not used in this effort, it is likely that CCDF supported training will be created in the area of the social and emotional development

The Head Start State Collaboration Project coordinated a public-private multi-agency planning process that led to the completion of a *Framework for Action: Partnering to Promote Emotional Wellness in Young Children* that will guide the development of a system to support children birth to five and early care and education programs. The The

Department of Education and University of Delaware are in the process of identifying and procuring grants to move this initiative forward.

Other quality activities that increase parental choice, and improve the quality and availability of child care.

- Early Success

A clear ten-year Early Success plan exists for improving the state early care and education system. The Early Success Plan is the framework for all quality improvement initiatives regardless of the funding source. CCDF quality funds have been essential to the implementation to date. State funds and other federal funds are also committed to the implementation of Early Success. Through the Office of Early Care and Education private dollars to support Early Success are also being sought.

In 2002, a system-wide study of child care programs was conducted in order to determine the baseline quality of early care and education services. An interagency group comprised of the Department of Education, Health and Social Services, and Services for Children, Youth and Their Families and conducted by the Center for Disabilities Studies at the University of Delaware and the Delaware Early Childhood Center commissioned this study. The study used teacher and director interviews, the Environmental Rating Scales and the Teacher Child Interaction Scale for the study. Almost 600 sites were evaluated. The sites included family child care, full-day centers, part-day programs, Head Start and the state-funded Early Childhood Assistance Programs. The Quality Study and its subsequent sub-reports will guide the implementation of Early Success and provide the baseline from which quality improvement will be measured. Follow-up evaluations are planned at five and ten years.

- Resource and Referral Services

The statewide, nonprofit dependent care resource and referral agency will facilitate access to quality, affordable child care services by providing information and referral services to:

1. general public – families in search of child care who do not receive resource and referral services as part of an employer plan; and
2. purchase of care clients – TANF recipients who are working and families with an income below 200% of poverty level.

The resource and referral agency will publicize the program, maintain a provider database, provide information to consumers, and provide referral services as needed.

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

() No.

(X) Yes, the following entities named in this part are non-governmental:

Name: Family and Workplace Connection - resource and referral, capacity building, resource centers and professional development programs
Type (see section 1.6 of the guidance): statewide nonprofit resource and referral agency with a provider support section

Name: Delaware Early Care and Education Council
Type (see section 1.6 of the guidance): an advisory board of private citizens whose purpose is to support the implementation of Early Success. It was created by an Executive Order of the Governor. The Council reports annually to the Governor and Legislature.

Name: Wilmington Early Care and Education Council
Type (see section 1.6 of the guidance): a city-wide committee of early care and education stakeholders who have developed a strategic plan for improving early care and education services for Wilmington children.

5.2 - Good Start, Grow Smart Planning and Development

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, Lead Agencies are asked to assess their progress toward developing voluntary guidelines on language, literacy, pre-reading, and numeracy, a plan for the education and training of child care providers, and a plan for coordination across at least four early childhood programs and funding streams.

5.2.1 - Voluntary Guidelines for Early Learning

- Indicate which of the following best describes the current **status** of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and numeracy for three to five year-olds:
 - a) ___ Preliminary thinking or planning.
 - b) ___ Guidelines are being developed.
 - c) ___ Guidelines are developed but need to be modified.
 - d) X Guidelines are developed and implementation is in progress.
 - e) ___ Guidelines are developed and implemented in pre-kindergarten programs but not in child care.
 - f) ___ Guidelines are developed and implemented.
 - g) ___ Other. Please describe:

- Describe the **process** that was used or is planned for developing the State's early learning guidelines. Indicate who or what entity provided (or is providing leadership) to the process as well as the stakeholders involved. Was (or is) the process framed by State legislation, research and/or guiding principles? If so, please describe. How are (or will) the early learning guidelines and the State's K-12 educational standards aligned? If they are not aligned, what steps will be taken to align them? If the early learning guidelines are in development, what is the expected date of completion?

Recognizing that children's earliest years are critical for learning and development, the Delaware Department of Education took the lead in developing the State's early learning guidelines entitled: Early Learning Foundations. The process involved an inclusive stakeholder group that included: a statewide committee with representatives from the early care and education community (child care centers, family child care, and private preschools), institutions of higher education, family literacy programs, Head Start, state prekindergarten program, policy makers (legislators and the Governor's office), child care licensing, state's resource and referral program, school administrators, child care administrators, kindergarten teachers, special education teachers, state's early childhood professional organization, and parents. The group joined together to define what types of experiences children should ideally have before they enter kindergarten. The group met over a years time period to

develop a description of the types of abilities and characteristics children should have the opportunity to develop before they start school. The group's mission statement indicates that the intention of this effort is to help parents/caregivers, early care and education providers, and others to provide developmentally appropriate experiences that promote children's development and their later success in school and beyond.

The Work Group met numerous times during 2001 and 2002 and examined a variety of materials to develop the draft *Early Learning Foundations for School Success* document. Among the materials reviewed were materials from the National Education Goals Panel, the Head Start Child Outcomes Framework, similar documents from other states, the Delaware Kindergarten Performance Indicators, the Work Sampling assessment being used in kindergarten, and results from a recent survey of Delaware kindergarten teachers, looking at kindergarten expectations. The goal of the group was to develop recommendations for early learning experiences that would promote school readiness, based upon the most current thinking among researchers, leading child development experts, and Delaware educators.

Four individual focus groups, representing different geographic regions across the state were convened on two separate occasions, to review the recommendations from the statewide committee. Four focus group meeting held in different locations provided an opportunity for broad review of the statewide group's work. Each focus group included preschool teachers, kindergarten teachers, special education teachers, family child care providers, early care and education administrators, higher education representatives, and parents. The focus groups provided feedback on the first draft and then met again to provide feedback on the second draft of the document.

An analysis has been completed examining the alignment of the Foundation guidelines and the State's K-12 standards. There is a ninety-eight (98%) percent alignment of the Foundation guidelines with the standards.

- Describe the **domains** of development that the early learning guidelines address or are expected to address, e.g., social, emotional, cognitive, linguistic, and physical. States that have completed early learning guidelines should include a copy as an appendix to the plan. If the guidelines are available on the web, provide the appropriate website address.

The Early Learning Foundations document is organized by seven developmental domains:

- Language development
- Mathematics
- Science
- Creative arts
- Emotional and social development
- Approaches to learning
- Physical health and development

These domains correspond to domains included in the Head Start Child Outcome Framework and also represent areas of development the committee felt were important for children's

success. Under each domain are developmental areas that further define important components of each domain. Within each developmental area, the committee has outlined the types of developmental behaviors children will demonstrate after having participated in learning experiences developed to facilitate these behaviors.

- Describe the process the State used or expects to use in **implementing** its early learning guidelines, e.g., feedback and input processes, dissemination, piloting, training in the use of the guidelines, and linkages with other initiatives such as incentives for provider education and training. To what extent is (or was) implementation anticipated in the development of the guidelines? To which child care settings do (or will) the guidelines apply and are the guidelines voluntary or mandatory for each of these settings? How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation?

Several conversations have been completed to begin to address the incorporation of the Foundations into current practice and the implementation of training on the guidelines. The Office of Child Care Licensing (OCCL), professional development section (Delaware First) has recently incorporated the Foundations into the OCCL's early care and education competency document. The OCCL, Delaware First office also plans to incorporate the Foundations into the state's Core Competency training program. The Delaware Department of Education (DDOE) has had preliminary discussions with each of Delaware's institutions of higher education to address how the Foundations can be incorporated into preservice coursework expectations. Further work on this initiative will be forthcoming.

The DDOE has begun disseminating the Foundations through presentations at state professional development conferences. This is expected to continue throughout the next several years. The DDOE also expects to develop individual training sessions on each of the seven developmental domains that can then be offered individually through a variety of training modes; ie., child care training sessions, conferences, and perhaps distance learning opportunities.

Implementation was not originally a part of the discussion during development of the guidelines. The DDOE is currently examining how to more comprehensively implement follow-up as a result of discussions with our Foundation's outside facilitator, Dr. Catherine Scott-Little. Dr. Scott-Little indicated that a preliminary analysis of a study examining other state's implementation of their early childhood guidelines indicated that one weakness was their follow-up and training structure. Based on this information, planning is taking place to explore how to better provide training and support on the Foundations.

The Foundations will be a required component to the state's prekindergarten program (Early Childhood Assistance Program), and most likely a guide for the state's preschool-special education programs implemented by local school districts. The Foundations will be voluntary for the remaining early childhood community.

The stakeholder groups (statewide advisory and local focus groups) included representatives from unique populations such as non-English speaking community groups, parents, and special education populations. Each representative had opportunities to provide input in the development of the Foundations. Careful consideration was put into developing guidelines that would address the diverse needs of our unique communities and allow for easy adaptation and accommodations where applicable.

- As applicable, describe the State's plan for **assessing** its early learning guidelines. What will be the focus of the evaluation, i.e., guideline development and implementation, programs or child care settings, and/or outcomes related to children? Will young children's progress be evaluated based on the guidelines? How will assessment be used to improve the State's guidelines, child care programs, plans and outcomes for individual children?

There are two distinct models for assessment of the guidelines. The first involves the assessment of programs required to use the Foundations. Those programs participate in an annual outcome evaluation project of the state's prekindergarten programs. Annually, programs must submit pre/post child development data on children enrolled. The Foundations will be integrated into this process. The annual outcome evaluation project is lead by the Delaware Department of Education and completed in partnership with an outside evaluation agency. Annual reports of the data are made available both individually to programs and aggregated into a statewide report.

The second initiative will involve the development of a self-assessment process. Programs will complete a self-assessment of their implementation and adherence to the Foundations document. This will enable them to determine where extra attention needs to be addressed in local curriculum planning.

Section 5.2.2 - State Plans for Professional Development

- Describe the provider training, technical assistance, and professional development opportunities that are available to child care providers. Are these opportunities available Statewide to all types of providers? If not, please describe.

Delaware has a comprehensive professional development system with statewide access for all child care providers. The Delaware First Career Development System began 12 years ago. Since then it has grown in depth and breadth. The goals of the Delaware First system are to: 1. Create high-quality training opportunities, 2. Offer training resources, and 3. Provide a Personnel Registry to document professional development. The system offers a variety of programs and services, including: career counseling; training programs; Provider Pursuits newsletter; training approval system; personnel registry; and a network of resource centers.

The linchpin of the system is the 120-hour core curriculum training that is designed to serve as a basis for pre-service training. The content of the core curriculum covers the essential skills and knowledge required for the care and education of young children. The curriculum

was developed under the guidance of Delaware First's Higher Education Committee. The current revision of center regulations establishes core curriculum as the entry-level training requirement for both teachers and assistant teachers. The curriculum is now offered as a community based program, as adult education at the community colleges and vocational high school programs, apprenticeship program, and the course objectives are embedded in the high school vocational and career paths curriculums. This ensures the preparation of both the existing workforce and future workforce.

The resource center network provides materials for professional development and curriculum development. The network includes four centers, one in each of the southern counties and two in the more populated northern county. In addition three resource vans deliver materials and technical assistance to child care programs.

- Does the State have a child care provider professional development **plan**?

(X) Yes; if so, identify the entities involved in the development of the plan and whether the plan addresses all categories of providers. As applicable, describe: how the plan includes a continuum of training and education, including articulation from one type of training to the next; how the plan addresses training quality including processes for the approval of trainers and training curriculum; how the plan addresses early language, literacy, pre-reading, and numeracy development. Indicate whether the plan is linked to early learning guidelines and, if so, how.

Delaware First Professional Development System

The state has a plan for providing professional development. The Delaware First career system was created by child care providers representing all types of care settings, higher education, interested community members and state policy makers. The system is designed to meet the professional development needs of all early care and education providers. Early care and education training is available through all the primary public and private education institutions in the state from high schools to graduate programs. These programs offer articulation mechanisms from tech-prep to two plus two. There are the beginnings of articulation mechanisms for community based training to higher education. Delaware First has a training approval system that reviews and approves the training curriculum of individual trainers and organizations. The curriculum is approved as being appropriate content to meet regulations.

The core curriculum includes content regarding understanding, supporting, and addressing the early language, pre-reading and numeracy development needs of young children. As funds are available special trainings are offered on these concepts.

The core content and training is derived from a set of competencies for early care and education providers, which in turn are aligned with the states Early Learning Foundations (ELF). Any professional development efforts support and reinforce the staff competencies and ELF.

Early Literacy Development

The Delaware Department of Education has received a federal grant from the US Department Education/Office of Special Education to develop a training program targeting early literacy development. The training will be targeted to early childhood educators working with children three and four years of age. A special focus of the grant and training will be to reduce the number of children referred for special education services based solely on their need for special literacy intervention.

() No; if no, are steps under way to develop a plan? If so, describe the time frames for completion and/or implementation, steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and numeracy.

- Are program or provider-level **incentives** offered to encourage provider training and education? If yes, please describe. Include any links between the incentives and training relating to early language, literacy, pre-reading, and numeracy.

The state at this time does not offer incentives for providers other than the Department of Labor apprenticeship program. However, implementation of the TEACH program would provide an incentive to providers to support the continuing educational activities of their employees. The program offers scholarships and elicits a commitment from the employee to remain in the sponsoring child care program for a specified amount of time. In exchange, the provider must give the employee a raise or bonus upon successful completion of the educational experience.

- What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

The expectations are that the providers will have improved skills and knowledge, and recruitment and retention will be enhanced. The Quality Study includes data on provider demographics including pay, turnover, educational levels, training experiences, motivation and intentionality. The intent of the early care and education policy makers is to assess progress by conducting the quality study again at five and ten year mark. The results of the

Quality Study will establish priorities for training content and delivery. In addition to demographics, data regarding motivation and intentionality will offer guidance to support providers in committing to the profession. The infant and toddler projects, Project CREATE and Project INSITE, both provide assessment of program quality as a direct result of training providers.

TEACH has a history of positive outcomes as related to professional development in the twenty-two states where it has already been implemented. If Delaware implements such a program, both teacher and child outcomes can begin to be measures within the first two years.

Section 5.2.3 - State Plan for Program Coordination

- Does the State have a **plan** for coordination across early childhood programs? If so, is there an entity that is responsible for ensuring that such coordination occurs? Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination. If no, what steps are under way to develop a plan for coordination?

The Office of Early Care and Education and the Early Care and Education Council are under the auspices of the Interagency Committee for Resource Management (IRMC). The IRMC was established by legislation and is comprised of the Secretaries of the Departments of Education, Health and Social Services, and Services for Children, Youth and Their Families, Director of the Office of the Budget, and the Controller General. The IRMC is charged with fostering an interagency approach in coordinating the delivery of early care and education services in Delaware. The IRMC is mandated to implement Early Success. Staff of the represented departments formed the Early Childhood Interagency Planning Group (ECIPG). ECIPG members meet regularly for joint planning and coordination of early care and education activities.

The Division of Public Health is planning to begin work on the Early Childhood Comprehensive Systems Grant in July, 2003, engaging a steering committee comprised of public and private entities. One of the goals of this program is to coordinate all of the programs and services for children birth through five years around the following areas: mental health, medical homes, early care and education, parent education and family support.

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

Early Success encompasses all aspects of a quality early care and education system including early learning guidelines, professional development, and outcomes for children. The expected result of the coordination will be the full implementation of the Early Success plan. Full implementation will ensure that Delaware's young children and their families receive affordable quality care and education for school readiness and success.

- Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

Early Success coordinates all statewide efforts through the IRMC. The structure of the IRMC and its legal mandate requires collaborative efforts among government programs. Early Success moves Delaware towards building better public/ private partnerships for building a quality system. The Early Care and Education Council creates a structure for collaboration between the private sector and early care and education community with the public sector. The state has a commitment to the goals of Early Success. Although the specific strategies to achieve the goals may require modification during implementation, the goals will remain the same.

PART 6 - HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(ONLY THE 50 STATES AND THE DISTRICT OF COLUMBIA COMPLETE PART 6.
ONLY TERRITORIES COMPLETE PART 7.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>

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

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- YES, answer 6.1.2 and proceed to 6.2.
 NO, answer 6.1.2 and 6.1.3.

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

- NO
 YES, and the changes are as follows:

During the past legislative session the licensing law was modified to clarify that part time child care programs are required to be licensed. Prior to the code change, regulation had exempted programs operating less than four hours. Preschool and school-age care programs are coming into compliance with the law.

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

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

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- YES, answer 6.2.2 and proceed to 6.3.
 NO, answer 6.2.2 and 6.2.3.

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

- NO
 YES, and the changes are as follows:

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

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

- Building and physical premises safety

- Health and safety training

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

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

YES, answer 6.3.2 and proceed to 6.4.

NO, answer 6.3.2 and 6.3.3.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan?

(§98.41(a)(2) & (3))

NO

YES, and the changes are as follows:

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

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

- Building and physical premises safety

- Health and safety training

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

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

YES, answer 6.4.2 and proceed to 6.5.

NO, answer 6.4.2 and 6.4.3.

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

NO
 YES, and the changes are as follows:

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

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

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

- Building and physical premises safety

In-home providers: Screens must be in good repair; protective receptacle covers for electrical outlets have or have access to a working telephone; operable flash lights; first aid kits; adequate space for play and movement, storage of flammable materials away from children; kitchens must be clean and food storage areas clean; compliance with applicable community regulations; play equipment must be safe; outdoor area must be accessible by a safe route; play areas near hazards must be fenced or otherwise protected, In-home providers must self-certify.

- Health and safety training

In-home providers: must read and review information provided about health and safety, and attend Office of Child Licensing workshops as deemed necessary.

In addition, these providers must attend an initial DSS sponsored workshop. This workshop explains DSS rules for care, its reimbursement policies,

payment and attendance reporting requirements, and provides tips for good child care and safety practices.

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

Section 6.5 - Exemptions to Health and Safety Requirements

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

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

All relatives are subject to criminal history and child abuse registry checks. (See Attachment #10.)

Section 6.6 - Enforcement of Health and Safety Requirements

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

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

No

Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.

All licensed family homes and child care centers are subject to at least one (1) unannounced visit annually.

- Are child care providers subject to background checks?

No

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

All licensed and license exempt providers.

- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
 - () No
 - (X) Yes, and the following describes the State’s reporting requirements and how such injuries are tracked (if applicable).

See Attachment #11

- Other methods used to ensure that health and safety requirements are effectively enforced:

The Office of Child Care Licensing conducts enforcement activities. Enforcement is action taken to monitor compliance with licensing requirements through supervisory visits. Enforcement includes the process initiated to require a facility to come into compliance with licensing requirements. Noncompliance is the failure on the part of a licensee to demonstrate conformity or adherence to a requirement.

When the licensee is determined to be in noncompliance, corrective action is required. The licensee is given an opportunity to identify or develop a corrective action plan and to specify a date for its completion. If the licensee is unable to do so or if the proposed plan is not acceptable, alternate methods will be discussed. An acceptable plan is one that provides reasonable assurance that the licensee will be in compliance at the earliest possible date.

Substantial compliance is a factor in the decision to issue an annual or provisional license. Substantial compliance means the absence of any serious deficiencies or any serious risks to health, safety or well-being of children in care. An annual license may be issued when the licensee complies substantially with the requirements taken as a whole. The licensee may be in noncompliance with a specific requirement or requirements and receive an annual license.

A provisional license may be issued when the licensee is not in substantial compliance with the requirements as a whole and when there is an acceptable plan or corrective action for each area of noncompliance.

The following steps are taken to correct noncompliance:

- The licensee is notified in writing.
- The licensee is provided a copy of the compliance record checklist, if possible, and the specific requirement identified.
- The condition or situation that is the basis for the determination is identified.
- Corrective action is required.

When corrective action cannot be completed immediately and when there is a reasonable expectation that the licensee will take corrective action:

- A deadline is set for compliance.
- The deadline and the licensee's plan for coming into compliance are confirmed in writing.
- Information is reviewed or the condition is observed at a later date to establish that the licensee has complied.

A determination of continued noncompliance may lead to one or more courses of action. The Licensing Specialist must make a recommendation to the Supervisor, based on the particular circumstances of the situation. These circumstances can include the seriousness of the noncompliance, the time and expense needed to correct it, and the attitude of the facility toward correcting it. The following courses of action may be taken:

- The time limit for correction may be extended.
- The possibility of a variance may be discussed.
- Technical assistance may be offered.
- An informal conference may be arranged.
- The licensee may be placed on probation.
- A detailed evaluation to determine the licensee's exact compliance status may be conducted.
- Revocation or denial of the license may be recommended.

Written confirmation about the decision is sent to the licensee.

Section 6.7 – Exemptions from Immunization Requirements

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

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

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

PART 7 - HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

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

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

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

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

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety

- Health and safety training

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

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

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

- Building and physical premises safety

- Health and safety training

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

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

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

- Building and physical premises safety

- Health and safety training

Section 7.5 - Exemptions to Territorial Health and Safety Requirements

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

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

Section 7.6 - Enforcement of Health and Safety Requirements

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

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - () No
 - () Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.

- Are child care providers subject to background checks?
 - () No
 - () Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

- Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
 - () No
 - () Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable).

- Other methods used to ensure that health and safety requirements are effectively enforced:

Section 7.7 – Exemptions from Immunization Requirements

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

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

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

STATE PLAN FOR

CHILD CARE & DEVELOPMENT FUND SERVICES

(FOR THE PERIOD 10/1/03 – 9/30/05)

APPENDIX 1 -- PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

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

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The Lead Agency also certifies that:

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

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APPENDIX 2 - ELIGIBILITY AND PRIORITY TERMINOLOGY:

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

- (1) *job training and educational program* – A training program or program of instruction to achieve:
 - basic literacy level of 8.9,
 - instruction in English as a 2nd language,
 - a GED, Adult Basic Education or High School Diploma,
 - completion of approved special training or certificate courses,
 - post-secondary degree of exclusive of graduate programs.
- (2) *attending* (a job training or educational program; include minimum hours if applicable) – A person is enrolled and regularly attends training or educational programs leading to employment. Would include study time as well as class time.
- (3) *in loco parentis* – one who has assumed the guardianship and control of the child.
- (4) *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) – A dysfunctional condition which disrupts the child’s normal development patterns during which the child cannot function without special care and supervision.
- (5) *protective services* – Supervision/Placement of a child by the Division of Family Services in order to monitor or prevent situations of abuse or neglect.
- (6) *residing with* – Living in the home of the parent or caretaker who is responsible for the preponderance of the child’s care and support.
- (7) *special needs child* – A dependent child under 18 years of age whose physical, emotional or developmental needs require special care (i.e., incapable of caring for self), or children from homeless families.
- (8) (8) *very low income* – Families who are at or below the state standard of need, which is 75% of the Federal Poverty Level.
- (9) *working* (include minimum hours if applicable) – Employment, either part or full time for which the parent or caretaker receives income. Also, gaps of up to one month, if employment is lost or if a parent is transitioning between jobs.

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- (10) Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

Homeless – Families living in a shelter or receiving emergency assistance to live in a temporary arrangement or families without a fixed address or not living in a permanent dwelling.

Teen Parent – Persons age 13 to 17 who are the biological parent(s) of a child. Typically these teens need child care in order to complete school and/or participate in vocational training.