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**Child Care and Development Fund (CCDF) Plan**

**for**

**State/Territory: Delaware**

**FFY 2019–2021**

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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## Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Pub. L. 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for state and territory grantees. In September 2016, the final rule was released. The final rule makes regulatory changes to the CCDF program based on the CCDBG Act of 2014. These changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable, child care for low-income children; and enhance the quality of child care and the early childhood workforce.

The Plan is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule. The Preprint provides a tool for states and territories to describe to ACF their progress on the following sections:

1. Define CCDF Leadership and Coordination With Relevant Systems
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Families
5. Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements and deadlines.

### *CCDF Plan Submission*

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

## 1 Define CCDF Leadership and Coordination With Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Coordination with child care resource and referral (CCR&R) systems are explained, and Lead Agencies outline the work they have done on their disaster preparedness and response plans.

### 1.1 CCDF Leadership

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

Which Lead Agency is designated to administer the CCDF program?

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Delaware Health and Social Services

Street Address: 1901 N. Dupont Highway

City: New Castle

State: DE

ZIP Code: 19720

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

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Ray

Lead Agency Official Last Name: Fitzgerald

Title: Director

Phone Number: 302-255-9645

Email Address: ray.fitzgerald@state.de.us

Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than

one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Belvie

CCDF Administrator Last Name: Herbert

Title of the CCDF Administrator: Social Service Senior Administrator

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address:

City:

State:

ZIP Code:

Phone Number: 302-255-9611

Email Address: belvie.herbert@state.de.us

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

CCDF Co-Administrator First Name:

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Address of the CCDF Co-Administrator (if different from the Lead Agency):

Street Address:

City:

State:

ZIP Code:

Phone Number:

Email Address:

Description of the role of the Co-Administrator:

## 1.2 CCDF Policy Decision Authority

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

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

- All program rules and policies are set or established at the state or territory level.
- Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
  1. Eligibility rules and policies (e.g., income limits) are set by the:
    - State or territory
    - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
    - Other. Describe: .
  2. Sliding-fee scale is set by the:
    - State or territory
    - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
    - Other. Describe: .
  3. Payment rates are set by the:
    - State or territory
    - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
    - Other. Describe: .
  4. Other. List other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply.

- a) Who conducts eligibility determinations?
  - CCDF Lead Agency
    - Temporary Assistance for Needy Families (TANF) agency
    - Other state or territory agency
    - Local government agencies, such as county welfare or social services departments
    - Child care resource and referral agencies
    - Community-based organizations
    - Other.
- b) Who assists parents in locating child care (consumer education)?

- CCDF Lead Agency
  - TANF agency
  - Other state or territory agency
  - Local government agencies, such as county welfare or social services departments

- Child care resource and referral agencies
  - Community-based organizations
  - Other.

c) Who issues payments?

- CCDF Lead Agency
  - TANF agency.
  - Other state or territory agency.
  - Local government agencies, such as county welfare or social services departments.
  - Child care resource and referral agencies.
  - Community-based organizations.
  - Other.

What processes will the Lead Agency use to monitor administrative and implementation responsibilities performed by agencies other than the Lead Agency as indicated above, such as through written agreements or monitoring and auditing processes (98.11(a)(3))? Describe those processes and any indicators or measures used to assess performance.

The lead agency has Memorandums of Understanding with the Department of Services for Children, Youth and Their Families who is responsible for licensing and monitoring and The Department of Education/Office of Early Learning who is responsible for carrying out the state early education mandates such as Head Start programming. The MOUs detail each agencies' responsibilities, reporting process, etc.

Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a) (11)). Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

The lead agency- [Pending information from lead agency's Information Systems Unit and Information Resource Mangement Unit](#)

Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally-identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally-identifiable information.

[Pending information from Lead agency's Information Systems Unit and Support Services Team](#)

### Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of units of general purpose local government—(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).

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

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

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

Describe the Lead Agency's consultation in the development of the CCDF plan.

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

The lead agency ensures collaboration by providing an overview of the CCDF Plan to the Delaware Early Childhood Council, the Interagency Resource Management Council, The Sussex Early Education Council, the Wilmington Early Care and Education Council and Interagency Coordinating Council.

- b) Describe how the Lead Agency consulted with the State Advisory Council.

An overview of the CCDF State Plan is provided for the Delaware Early Childhood Council and members are given the opportunity to provide feedback prior to final plan submission.

- c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state.

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

The lead agency ensures collaboration by providing an overview of the CCDF Plan to the Delaware Early Childhood Council, the Interagency Resource Management Council, The Sussex Early Education Council, the Wilmington Early Care and Education Council and Interagency Coordinating Council

Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). *Reminder:* Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to

enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date(s) of notice of a public hearing. *April 27, 2018 Reminder:* Must be at least 20 calendar days prior to the date of the public hearing.
- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include specific website links if used to provide notice.

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

- c) Date(s) of the public hearing(s). *May 17, 2018. Reminder:* Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan.
- d) Hearing site(s) or method(s), including how geographic regions of the state or territory were addressed.

The public hearing will be held in Dover, DE which is centrally located so that it will be easily accessible to those coming from Sussex or New Castle County.

- e) How the content of the Plan was made available to the public in advance of the public hearing(s).

The Plan was made public on the DHSS Website in advance of the public hearing.

- f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

The public is provided the opportunity to comment on the state plan at the public hearing but will have 30 days after the public hearing to submit comments. The comments will be reviewed and the plan revised at the lead agency's discretion.

Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)).

- a) Provide the website link to where the plan, any plan amendments, and/or waivers are available. [HTTP://intranet.dhss.state.de.us](http://intranet.dhss.state.de.us)
- b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees. Describe:

An overview of the CCDF State Plan was provided for the Delaware Early Childhood Council on March 3, 2018. Council members were made aware of the timeline including when the plan would be made public, the date of the public hearing and due date for public comments.

Working with child care resource and referral agencies. Describe:

Members of the Resource and Referral agency are members of the Council.

- Providing translation in other languages. Describe:

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

The CCDF State Plan will be shared on the lead agency's Facebook page.

Providing notification to stakeholders (e.g., provider groups, parent groups). Describe: Stakeholders are notified via the Delaware News Journal and the Provider Self Service Portal which is the site where providers enter their attendance for reimbursement. Information regarding the CCDF Plan is also shared with our QRIS team, the Office of Early Learning, the Office of Child Care Licensing and vendors who contract with the lead agency.

Other. Describe:  

### 1.3 Coordination With Partners to Expand Accessibility and Continuity of Care

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

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

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

Include in the descriptions the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school; enhancing and aligning the quality of services; linking comprehensive services to children in child care settings; or developing the supply of quality care for vulnerable populations. Check who you will coordinate with and describe all that apply.

(REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process:

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

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

An overview of the 2019-2021 CCDF Plan and key legislative changes to the CCDF program was presented to the Delaware Early Childhood Council in March 3, 2018 and the Interagency Resource Management Committee on April 12, 2018.

Does the Lead Agency have official representation and a decision-making role in the State Advisory Council (or similar coordinating body)?

No

Yes

(REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted:

N/A—There are no Indian tribes and/or tribal organizations in the State.

(REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe the coordination goals and process:

The lead agency is responsible for programming for children with special needs from birth to 3 (Part C). The Department of Education is responsible for programming for children with special needs for ages 3 and up. The Department of Education assisted in drafting and revising the plan. The goal of coordination is to ensure that the state appropriately addresses the special needs population and that all children who require services receive them in an appropriate and timely manner.

(REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process:

The goal of collaboration is to establish linkages among Head Start, childcare, social welfare, health and state funded pre-school programs in an effort to ensure smooth transitions between programs. These programs provide high quality early childhood education, nutrition, health, mental health, disabilities and social services with a strong parental involvement. The Department of Education assisted in drafting and revising the plan.

(REQUIRED) State agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process:

The Lead agency is responsible for public health. The Division of Public Health Immunization Program's goal is to prevent vaccine-preventable diseases by making sure children and adults receive the vaccines they need. The program assures: All citizens of Delaware have

access to vaccines; Healthcare providers are aware of immunization standards of practice; the latest recommendations on vaccines are available to providers; and providers and the public have access to up-to-date answers to vaccine questions.

X (REQUIRED) State agency responsible for employment services/workforce development. Describe the coordination goals and process:

The lead agency collaborates with the Delaware Workforce Development Board which ensures the citizens of Delaware are provided with occupational training and employment service opportunities to help them achieve employment sustaining them and their families. The board also collaborates with the business industry to provide them with qualified workers to meet their employment needs. The goal of this collaboration is to ensure the enhancement and alignment of quality services and to ensure accessibility of services to low income families. The lead agency now has a newly developed Community Partners Support Unit which is instrumental in engaging the community on many levels including the development of employment opportunities for low income individuals.

X (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK). Describe the coordination goals and process:

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

X (REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process:

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

X (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process:

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

X (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals and process:

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

X (REQUIRED) State/territory agency responsible for employment services and workforce development. Describe the coordination goals and process:

The lead agency is responsible for employment services and workforce development. The lead agency collaborates with the Delaware Workforce Development Board which ensures the citizens of Delaware are provided with occupational training and employment service opportunities to help them achieve employment that will sustain them and their families. The board also collaborates with the business industry to provide them with qualified workers to meet their employment needs. The goal of this collaboration is to ensure the enhancement and alignment of quality services and to ensure accessibility of services to low income families. The lead agency now has a newly developed Community Partners Support Unit which is instrumental in engaging the community on many levels including the development of employment opportunities for low income individuals.

X (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and process:

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

X (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process:

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

**X (REQUIRED)** State/territory agency responsible for mental health. Describe the coordination goals and process:

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

**X (REQUIRED)** Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process:

The lead agency contracts with Children and Families First to provide the state's childcare resource and referral services. The goal of this collaboration is to provide information and education to parents regarding child care types, quality childcare, child development, etc. Parents can also access a 24-hour automated phone system and case management services for assistance in securing child care for children with special needs.

**X (REQUIRED)** Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process:

The Delaware Afterschool Network (DEAN) serves to enhance out-of-school time opportunities for children and youth, particularly disadvantage youth. The goal is to ensure youth have access to high quality learning experiences before and after the school day. The lead agency contracts with many of the providers who serve children before and after school. The lead agency consulted with DEAN in the development of the CCDF State Plan and continues collaborating to ensure support of high quality afterschool programs.

**X (REQUIRED)** Agency responsible for emergency management and response. Describe the coordination goals and process:

The lead agency is responsible for public health emergency management and response. The Office of Preparedness takes the lead and collaborates with partners and the community to develop, implement, and maintain a comprehensive program to prepare for, mitigate, respond to, and recover from public health threats and emergencies.

The Delaware Emergency Management Agency (DEMA) is the lead state agency for coordination of comprehensive emergency preparedness, training, response, recovery and mitigation services in order to save lives, protect Delaware's economic base and reduce the impact of emergencies.

The lead agency has a designated liaison who coordinates with DEMA, the Department of Services for Children, Youth and Their Families and other agencies to develop the state child care disaster plan.

*The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.*

State/territory/local agencies with Early Head Start – Child Care Partnership grants.

Describe:

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

State/territory institutions for higher education, including community colleges. Describe:

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

Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

The lead agency provides developmental screenings and referral services for children ages birth to three. The lead agency also collaborates with the Department of Services for Children, Youth and Their Families and the Department of Education in the state's endeavor to address early childhood and school age developmental services. DSCYF provides mental health consultation services to providers, and mental health services to school age youth. The Department of Education provides developmental services for children age 3 and older to ensure that they are screened when necessary and have access to appropriate follow-up services to address developmental needs.

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

The lead agency is responsible for this service

Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment. Describe:

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

**X** State/territory agency responsible for child welfare. Describe:

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

- State/territory liaison for military child care programs. Describe:
- Provider groups or associations. Describe:
- Parent groups or organizations. Describe:
- Other. Describe:

#### 1.4 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between the Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: [https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

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

No.

Yes. If yes, describe at a minimum:

a) How you define “combine”

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

b) Which funds you will combine

State general funds, ECAP, Title 1 Part B, 21<sup>st</sup> Century, Department of Services for Children, Youth and Their Families and EHS funds.

c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

The goal of combining funds is to provide full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, developing the supply of child care for vulnerable populations, etc.

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

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

e) How are the funds tracked and method of oversight

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

*Use of PreK for Maintenance of Effort:* The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state’s or territory’s maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

*Use of Private Funds for Match or Maintenance of Effort:* Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal

match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the child care program (98.55(f)).

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

*Note:* The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

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

- If checked, identify the source of funds: [State General Funds](#)
- If known, identify the estimated amount of public funds that the Lead Agency will receive: \$

- Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

If checked, are those funds:

- donated directly to the State?
- donated to a separate entity(ies) designated to receive private donated funds?

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

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

- State expenditures for preK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with preK expenditures (not to exceed 30 percent): 
  - If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:
  - If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$

Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

- State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,  
The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).
  - No

Yes

Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents: [REDACTED]

Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent): [REDACTED]

- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care: [REDACTED]
- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$ [REDACTED]

### 1.5 Public-Private Partnerships

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

Identify and describe the entities with which and the levels at which the state/territory is partnering (level—state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

The [Wilmington Early Care and Education Council \(WECEC\)](#) is a local council by the city government whose mission is to ensure that all Wilmington children have access to an integrated early childhood system which fosters collaboration among existing programs, and identifies gaps in current delivery systems for children birth through 8 years old. The program leverages existing service delivery systems and increases the supply and quality of child care services through the following: provides a professional development center for parents and providers provides career consultation, mentoring, technical assistance, scholarships, etc. Some of the goals of this partnership include strengthening governance and alignment of early childhood policies, programs and practices, integrate service delivery across agencies, enhance the state's data collection system, establish and coordinate state-wide, cross sector early childhood professional development system, and improve the alignment and efficiency of these of early childhood funding across agencies.

The [Delaware Association for the Education of Young Children](#) is a private agency that the lead agency contracts with DeAEYC to administer the T.E.A.C.H. Program. The [T.E.A.C.H.](#) program provides scholarships for those working in licensed early care and education or school age program. The T.E.A.C.H. program leverages existing service delivery systems and

increases the supply and quality of child care services by: providing scholarship opportunities to early childhood educators, encouraging child care programs to support continuing education staff, providing increased compensation, reducing staff turnover, providing a sequential professional development path and creating a model partnership for improving the quality of care that children receive.

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

#### **1.6 Coordination With Local or Regional Child Care Resource and Referral Systems**

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

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

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

*Note:* Use section 7.6 to address how quality set-aside funds, if applicable, are used to support a statewide CCR&R system.

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

No. The state/territory does not fund a CCR&R system and has no plans to establish one.

Yes. The state/territory funds a CCR&R system. If yes, describe the following:

a) What services are provided through the CCR&R system?

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

b) How the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated.

Children and Families First is a private agency that the lead agency contracts with to provider comprehensive resource and referral services to low income families. If you are searching for child care the lead agency provides this search free of charge through AccessCare. AccessCare is a free child care referral service and will match a parent's needs with the appropriate provider. AccessCare can help to find care in centers, family homes, preschools, school age programs and summer camps. Parents may go online and do an indepent real time search of the database or they may call to receive a list of legally operating providers in Delaware.

## 1.7 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c) (2) (U)). They must demonstrate how they will address the needs of children—including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan that, for a

State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

The lead agency collaborates with emergency management that is initiated and carried out through the Incident Command System in accordance with National Incident Management guidelines. The state uses a Unified Command structure for incident management. This organizational framework places a state official side by side with a local official at Section, Division and Branch level. The lead agency also collaborates with the Department of Services for Children, Youth and Their Families who develops a statewide child care disaster plan every two years. This plan is included in the lead agency's childcare disaster plan.

Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

Applications Sites: DSS will operate from established DSS office sites and State Service Centers when practical. DSS will also have access to Disaster Recovery Centers in which a team of DSS eligibility workers and supervisors will be stationed to assist with the application process. Families may also apply on line through Delaware's on line web site: [assist.dhss.delaware.gov](http://assist.dhss.delaware.gov)

**New applications:** A family that applies during this period will be determined eligible based on declared information. Child care will open and authorization set for 12 months. Families will have 60 days to provide verifications on declared need for the child care.

**Redeterminations:** At the time of redetermination, use self-declaration to determine continued eligibility and set authorization for 12 months. Allow the family 60 days to return mandatory verifications.

**Changes:** Families may self-declare changes to their case. This may include changing of providers and hours of need for care. Allow the family 60 days to provide verification of reported changes.

**Employment:** In the event that a family is temporarily out of work, cannot work, or engaged in job search because of the emergency or disaster, child care will remain open until next review date.

**Income:** The income counting will only be that of the normal wages that would have been received if the disaster or emergency did not occur. All unearned income that was received prior to the event will continue to count.

Do not count any overtime or additional income added to the wages that the employer may have paid due to the disaster or emergency.

Do not count any income received by the household that is considered contributions: i.e. churches, local community services, any type of disaster relief funds.

**Parent Fees:** Parent fees will be waived during a declared State of Emergency.

### **Reimbursement for Subsidized Child Care**

The Division of Social Services will ensure that providers are reimbursed as quickly as possible following an emergency or a disaster. The mainframe system is supported by Sunguard as a backup. However, the Provider Self Service may be inaccessible during an event.

The following procedure has been created and will be implemented.

Providers will receive payment in the amount of the previous month of payment. Reconciliations will take place once all systems have been restored.

Families of children that are unable to attend current authorized site due to closing will contact the local DSS emergency on site center. The Form 626 will be completed by eligibility workers and the family will provide the form to new provider accepting the child.

Providers are to document the children in their care along with the hours and days they provided care for the children.

Attendance documentation will be submitted to the local child care monitor. After attendance is reviewed by the monitor, the monitor will forward attendance documentation to Division of Management Services (DMS).

Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

The lead agency will implement a Damage Assessment Group. The mission of the Damage Assessment Group (DAG) is to acquire, compile and analyze information regarding the extent of damages incurred as a result of a disaster or emergency; and, provide accurate, processed information to decision-makers for their use in making response and recovery decisions.

**DSS will have the following responsibilities:**

1. Identify and train personnel to assist in the damage assessment of private homes, apartments and other residential structures (in conjunction with the American Red Cross and other entities).
2. Assist in developing plans, policies and guidance for conducting damage assessment activities within the organization's legal or operational area of responsibility, and for reporting same to

the State EOC during emergencies. Ensure the Essential Elements of Information section of the various components of the DEOP are referenced in the development of said plans.

3. Begin reporting damage assessment information per policy or procedure through appropriate chain as warranted by incident. Assessment reports will, at a minimum, include information outlined in the Essential Elements of Information section of the DEOP where each agency is tasked.

4. Assemble and deploy personnel to conduct damage assessments in response to tasking issued by the State EOC, consistent with the capabilities and technical expertise available. Compile and report damage information as outlined in the mission assignment or tasking order.

5. Ensure originals of all damage assessment information are forwarded to the State EOC for archival purposes.

#### **Documentation Unit**

The mission of the Documentation Unit (Doc Unit) is to maintain accurate and complete incident files, including a complete record of the major steps taken to resolve the incident; to provide duplication services to incident personnel; and to file, maintain, and store incident files for legal, analytical, and historical purposes.

#### **DSS will have the following responsibilities:**

1. Provide training and briefings in appropriate document processing and management requirements for emergency and disaster operations.
2. Ensure all copies of all relevant records, reports, forms, and other documentation are forwarded to Documentation Unit.
3. Ensure final copies/originals of all relevant records, reports, forms and other documentation are forwarded to the Documentation Unit for archival purposes.

#### **Resource Tracking Unit**

The mission of the Resource Tracking Unit (RTU) is to keep Track of the status of resources committed to the incident to ensure resources are utilized effectively and efficiently. This is accomplished by overseeing the check-in of all resources, maintaining a status-keeping system indicating current location and status of all resources, and maintenance of a master list of all resources.

#### **DSS will have the following responsibilities:**

1. Keep the Resource Tracking Unit apprised of the status of deployed personnel, units and equipment throughout the response to the incident.
2. Notify Resource Tracking Unit as personnel, units and equipment are demobilized.

#### **Demobilization Unit**

The mission of the Demobilization Unit (Demob Unit) is to plan for demobilization and assist incident sections/units in ensuring orderly, safe and cost effective removal of personnel and equipment from an incident.

#### **DSS will have the following responsibilities:**

1. Identify personnel and resources deployed to the incident, and keep the Demobilization Unit apprised of the need/requirement for demobilization planning.

2. Ensure all demobilized units, personnel and resources return to their home base as per the Demobilization Plan (or otherwise appropriate).
3. Keep the Demobilization Unit apprised of the status of all returning personnel and assets.

### **Technical Assistance Unit**

The mission of the Technical Assistance Unit (TAU) is to locate, secure, and coordinate technical specialists required to support state emergency operations. Technical specialists are those individuals or organizations who possess specialized knowledge, skills or abilities not found within DEMA or the State EOC during most common emergencies.

Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

The lead agency has an MOU with the Department of Services for Children, Youth and Their Families. This is the agency responsible for implementing CCDF mandates regarding the monitoring of providers for compliance with licensing regulations. DSCYF ensures that all providers have these procedures in place.

Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

The lead agency has an MOU with the Department of Services for Children, Youth and Their Families. This is the agency responsible for implementing CCDF mandates regarding the monitoring providers for compliance with licensing regulations. DSCYF ensures that all providers have these procedures in place

Provide the link to the website where the statewide child care disaster plan is available:

<http://dhss.delaware.gov/dhss/>

## **2 Promote Family Engagement Through Outreach and Consumer Education**

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to “promote involvement by parents and family members in the development of their children in child care settings” (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them

in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

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

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

Describe how the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language:

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

Describe how the Lead Agency or partners provide outreach and services to eligible families with a person(s) with a disability:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) provides a broad range of services to support older persons, persons with disabilities, and caregivers. Some of these services are operated directly by DSAAPD staff. Others are funded through DSAAPD and operated under contract by outside organizations. Some of these services include adult day care, adult protective services, case management, community living, etc.

## 2.2 Parental Complaint Process

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

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

Complaints of abuse or neglect are handled by the Department of Services for Children, Youth and Their Families. Reporters can call the hotline number and anonymously report any suspected child abuse or neglect. Parents who have a complaint about a child care provider may call the Office of Child Care Licensing to voice their concerns. Parents are also able to call the lead agency's Purchase of Care call center or customer relations office to voice concerns.

Describe the Lead Agency's process for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

All licensed providers are monitored annually by the Office of Child Care Licensing. The OCCL responds to all complaints against any licensed provider. This includes an investigation, substantiation, corrective action and monitoring. All CCDF providers in the state are required to be licensed.

Describe the Lead Agency's process for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

All licensed providers are monitored annually by the Office of Child Care Licensing. The OCCL responds to all complaints against any licensed provider. This includes an investigation, substantiation, corrective action and monitoring.

Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

The Department of Services for Children, Youth and Their Families maintains records of substantiated parental complaints through an electronic database. The database was created in 1994.

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

DE posts a summary of all the substantiated complaints for each Family Child Care Home, Large Family Child Care Home, and Child Care Center on the Office of ChildCare Licensing's website. Using this link <https://kids.delaware.gov/occl/parents.shtml>, a person must select the provider they would like to see information on. Complaint information is posted for the last 5 years. This information will also be included on the state's consumer education website.

## 2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c) (2) (E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved are considered substantial changes and CCDF Plan Amendments will be required.

Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

The consumer education website is currently being developed. The state intends to ensure that the website is consumer friendly by using the best navigation practices such as “previous” “next” and “home” buttons as well as other tools such as indicators of where the user is now and where the user has been within the site. The developer will also consider readability in terms of the grade level of the target audience as well as ensure compliance with federal laws regarding access to consumers.

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

The website will include a translator that will ensure access to information in languages other than English.

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

The consumer education website is currently being developed; but will be developed to provide comparable access to data and information technology for people with disabilities to those without them. Therefore the website will conform to the Section 508 standard.

Lead Agency processes related to child care.

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

- a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:  
<https://kids.delaware.gov/occl/occl.shtml>
- b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:  
<https://kids.delaware.gov/occl/occl.shtml>
- c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.6:  
<https://kids.delaware.gov/occl/occl.shtml>

List of providers

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

- a) Provide the website link to the searchable list of child care providers:  
<http://www.cffde.org/accesscare>
- b) Which providers are included in the searchable list of child care providers:
  - Licensed CCDF providers
  - Licensed non-CCDF providers
  - License-exempt center-based CCDF providers
    - License-exempt family child care (FCC) CCDF providers
  - License-exempt non-CCDF providers
  - Relative CCDF child care providers
    - Other. Describe:
- c) Describe what information is available in the search results. Specify if the information is different for different types of providers:

The information available in the search results includes the type of facility, whether it is a center or family child care, summer program, school age program, the hours of operation, capacity, location, quality rating if involves in Delaware Stars, etc.

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

- a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

Quality rating and improvement system

- National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start requirements
- Meeting prekindergarten quality requirements
- Other. Describe:

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

Licensed CCDF providers. Describe the quality information:

The Delaware Stars program is the state's QRIS system. Programs are rated from star level one through star level 5. Programs participating in the Delaware Stars program will have their star rating displayed on the AccessCare child care search site.

- Licensed non-CCDF providers. Describe the quality information:
- License-exempt center-based CCDF providers. Describe the quality information:
- License-exempt FCC CCDF providers. Describe the quality information:
- License-exempt non-CCDF providers. Describe the quality information:
- Relative child care providers. Describe the quality information:
- Other. Describe:

Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available.

Certify by describing:

- a) How monitoring and inspection reports are in plain language. Include a website link to a sample monitoring report, or if reports are not in plain language, describe how plain-language summaries are used to meet the regulatory requirements. Include a link to a sample report and summary.

Monitoring and inspection reports are in plain language to ensure ease of readability. Those searching can find a brief summary of the complaint, compliance reviews and any enforcement action. <https://kids.delaware.gov/occl/parents.shtml>

- b) How monitoring and inspection reports and/or their plain-language summaries prominently display any health and safety violations, including any fatalities or serious injuries.

The Office of Child Care Licensing prominently displays monitoring reports including any health and safety violations as well as fatalities and serious injuries on the agency's website. <https://kids.delaware.gov/occl/parents.shtml>

- c) The process for correcting inaccuracies in reports.

If an error is made, the licensing specialist will correct the information and the website will be updated within 24 hours.

- d) The process for providers to appeal the findings in the reports, including the time requirements.

At a conference a provider may dispute non-compliance with regulations cited by a licensing specialist during a compliance review, complaint or other visit, or discuss the denial of a variance request.

- e) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe.

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

- f) How many years of reports that the state/territory posts on its website, if any, beyond the required minimum of 3 years, where available (98.33(a)(4)(iv)).

Reports are posted for the last 5 years. <https://kids.delaware.gov/occl/parents.shtml>



- g) The policy for removing reports after a certain amount of time has passed (e.g., after 7 years).

The non-compliance and complaint investigations are posted for 5 years.

- h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.
- License-exempt non-CCDF providers
  - Relative child care providers
  - Other. Describe:

Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. The information on serious injuries and deaths should be organized by category of care and licensing status, however, Lead Agencies are not required to breakdown the instances of substantiated child abuse by category of care and licensing status.

Certify by providing:

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

The Department of Services for Children, Youth and Their Families is the designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care. Data from the designated entity is obtained by the lead agency through electronic database.

- b) The definition of “substantiated child abuse” used by the Lead Agency for this requirement.

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

- c) The definition of “serious injury” used by the Lead Agency for this requirement.

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

- d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

<https://kids.delaware.gov/occl/parents.shtml>

The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R

agencies through the consumer education website? Describe and include a website link to this information:

The consumer education website will include contact information on referrals to the statewide resource and referral agency. The comprehensive consumer education website is currently being developed.

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

The consumer education website will include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. The comprehensive consumer education website is currently being developed.

Provide the website link to the Lead Agency's consumer education website.

The comprehensive consumer education website is currently being developed.

## 2.4 National Website and Hotline

The CCDBG Act of 2014 required the U.S. Department of Health and Human Services to establish a national website at ChildCare.gov, which includes a ZIP Code-based search of available child care providers, provider-specific information about the quality of care and health and safety compliance, referrals to local CCR&R organizations, and information about child care subsidy programs and other financial supports available to families (658L(b)). Lead Agencies must also provide a description of how they will respond to complaints submitted through the national website and hotline (98.16(hh)).

Describe how the Lead Agency responds to complaints submitted through the national website and hotline regarding both licensed and license-exempt child care providers.

Complaints regarding providers will be handled by the Office of Child Care Licensing who will investigate, substantiate or deem unfounded, enforce corrective action and monitor for compliance if warranted. Complaints regarding child abuse/neglect will be handled by the Division of Family Services who will investigate, substantiate or deem unfounded, enforce corrective action and monitor for compliance if warranted.

Identify the designee responsible for receiving and responding to complaints submitted through the national website and hotline.

The Department of Services for Children, Youth and Their Families is the designee responsible for receiving and responding to complaints submitted through the national website and hotline.

## 2.5 Additional Consumer and Provider Education

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

In questions 2.5.1 through 2.5.4, certify by describing:

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

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

The partnerships formed to make information about the availability of child care services available to families.

The lead agency partners with the Department of Education, the Department of Services for Children, Youth and Their Families, the statewide Resource and Referral agency, the local libraries, local businesses, etc to make information about the availability of child care services available to families.

How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description, include at a minimum what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

Temporary Assistance for Needy Families program:

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

**X Head Start and Early Head Start programs:**

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

**X Low Income Home Energy Assistance Program (LIHEAP):**

The lead agency makes this information available to providers, the general public and parents through the agency website, at the time of intake and contract initiation, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the the lead agency's main campus.

**X Supplemental Nutrition Assistance Programs (SNAP) Program:**

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

**X Women, Infants, and Children Program (WIC) program:**

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

**X Child and Adult Care Food Program (CACFP):**

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

**X** Medicaid and Children’s Health Insurance Program (CHIP):

The lead agency makes this information available to providers, the general public and parents through the agency website, at intake/at the time of contract initiation, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the lead agency’s main campus.

**X** Programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA):

The lead agency makes this information available to providers, the general public and parents through the agency website, at intake/at the time of contract initiation, through provider meetings, through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the lead agency’s main campus.

Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children’s development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

This information is made available through CCDF implementing agencies including the Department of Education and the Department of Services for Children, Youth and Their Families. This information can also be found on Delaware 211, Delaware Thrives, etc. On these sites parents, providers and the general public can find information successful parent engagement, best practices and research concerning child development, etc. This information is also provided through community resource centers, community based meetings, the media including PSAs and newsletters as well as literature available at local social service centers and the lead agency’s main campus. The lead agency as well as its partners uses translation services when necessary and produces literature in a variety of languages in an effort to ensure that the information is tailored to a variety of audiences.

Describe how information on the Lead Agency’s policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

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

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

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

The lead agency in collaboration with a variety of Delaware stakeholders including the Office of Child Care Licensing, the Office of Early Learning, the Director of the Delaware Stars program, the state's Part C and Part B Coordinators, etc. developed the state's best practice statement to prevent the suspension and expulsion of children from early education programs. The Office of Child Care Licensing will also include this initiative in the state's licensing regulations in an effort to heighten awareness and ensure that all providers implement a suspension and expulsion policy. Once approved the best practice statement will be shared with parents, providers and the general public via an awareness campaign, literature, as well as the websites of the lead agency and collaborating partners.

## **2.6 Procedures for Providing Information on Developmental Screenings**

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA),, in conducting those developmental screenings and in providing referrals to services for children who receive

subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

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

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

- b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

EPSDT is a part of the Medicaid program. Once a child is eligible for Medicaid, their developmental screening with their primary care physician would be part of EPSDT. All of the ways we are assuring that physicians conduct developmental screening are integrated with EPSDT and the Medicaid program.

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

The lead agency handles parent eligibility and therefore parents and child care providers as well a part of the the larger promotion of early childhood resources and developmental screenings. Outreach occurs within physicians offices, early childhood conferences targeted to child care such as the “Making a Difference” conference, Head Start conferences, community wide readiness teams, Delaware Stars, and through such websites as Help Me Grow, Delaware Thrives, the Office of Early Learning, the Office of Child Care Licensing, and other ways that reach families who receive child care subsidies. Through the work of the Early Childhood Comprehensive Systems Impact grant, place based community teams attend outreach events to share promotional materials on screenings and developmental

milestone with attendees. Additionally, the teams partner with child care providers to ensure families receive information on developmental screenings.

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

Developmental screenings occur at most physicians offices and through child care providers who participate in the Delaware Stars program, as well as through Parents As Teachers, Help Me Grow, Head Start, and the Division of Family Services. There is a comprehensive referrals network for children birth to three who are at risk for cognitive and other developmental delays to be referred to Child Development Watch, and for children age 3 to 5 to be referred to their local school districts preschool programs for children with disabilities. Help Me Grow is also assisting with referrals and follow-up. Child Development Watch early intervention programs utilize a common referral form for ease of referral and receive electronic referrals with parent consent from all the Nemours physician satellite offices. There is a new effort in Delaware to promote awareness of Adverse Childhood Experiences and to connect staff and parents to available resources. Through the ECCS Impact grant ASQ kits were purchased and made available to providers who can borrow the kits from a local resource center. Additionally kits were purchased for providers who are not participating in the Delaware Stars program.

- e) How child care providers receive this information through training and professional development.

Child Care providers receive training through the Office of Early Learning

- f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

The state law on developmental screening CHAPTER 207

And there are requirements in IDEA Part C and CAPTA for early identification of infants and toddlers who are high risk.

## 2.7 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

- a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

Not yet developed but will be included on the consumer education website

- b) What is included in the statement, including when the consumer statement is provided to families.

The consumer statement will include the following information: information about the child care provider selected by the parent including health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. The state will describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact the statewide resource and referral agency or other community-based supports that assist parents in finding and enrolling in quality child care. The consumer statement will be made available on the consumer education website. The consumer statement is not yet developed.

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

Not yet developed but once developed will be included on the consumer education website.

### 3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

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

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

#### 3.1 Eligible Children and Families

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

Eligibility criteria based on a child's age

- a) The CCDF program serves children from **birth** (weeks/months/years) to **12 years** (through age 12). *Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).*
- b) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?

No

Yes, and the upper age is **18** (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical or mental incapacity:

**A child under the age of 19 who has physical, emotional and/or developmental needs require special needs. The need must be verified by a medical or other professional with the authority to do so.**

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

No

Yes, and the upper age is **18** (may not equal or exceed age 19).

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

“residing with”: **Living in the home with a parent, guardian or caretaker**

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

Eligibility criteria based on reason for care

- a) How does the Lead Agency define “working or attending a job training and educational program” for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

“Working”: **Part-time or full-time work which the person receives wages equal to minimum wage**

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

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

“Attending job training or education” (e.g. number of hours, travel time): **Employment and training where there is a reasonable expectation that the training course will lead to a job within**

a foreseeable timeframe such as on the job training and apprenticeship or vocational skills program.

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

No. If no, describe the additional work requirements: \_\_\_\_\_

Yes. If yes, define the job-search time limit, keeping in mind a minimum of 3 months is required to be provided when a parent experiences a non-temporary loss or cessation of eligible activity:

Parent/Caretakers are given 3 months of childcare when loss of employment occurs.

c) Does the Lead Agency consider engaging in a job search or seeking employment an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination (must provide a minimum of 3 months)?

No.

Yes. If yes, describe the policy or procedure.

Job search is now an eligible criteria. Applicants will need to participate in the agency's Employment and Training program.

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

No.

Yes. If yes:

i. Please provide the Lead Agency's definition of "protective services":  
Protective Services refers to those children who were referred by the Department of Services for Children, Youth and Their Families because of risk of abuse or neglect.

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

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

No

Yes

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

No

Yes

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

No

Yes

Eligibility criteria based on family income

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

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

- b) Provide the CCDF income eligibility limits in the table below. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children).

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

	(a)	(b)	(c)	(d)
<b>Family Size</b>	<b>100% of SMI (\$/Month)</b>	<b>85% of SMI (\$/Month) [Multiply (a) by 0.85]</b>	<b>(IF APPLICABLE) (\$/Month) Maximum “Entry” Income Level if Lower Than 85% of Current SMI</b>	<b>(IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI</b>
1	4169	3543		
2	5216	4434		
3	6024	5120		
4	6963	5916		
5	6957	5914		

*Reminder:* Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

- d) SMI source and year

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

- e) What was the date that these eligibility limits in column (c) became effective?

October 2017

- f) Provide the citation or link, if available, for the income eligibility limits.

[www.dhss.delaware.gov/dss/childcr.html](http://www.dhss.delaware.gov/dss/childcr.html)

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

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

[Checkoff on child care application.](#)

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

No.

Yes. If yes, please identify the policy or procedure:

[Families in need of protective services are not required to prove income eligibility.](#)

Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).  

Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Examples include partnering with Head Start, prekindergarten, or other high-quality programs to create a package of arrangements that accommodates parent's work schedules; providing more intensive case management for families with children with multiple risk factors; and including in the eligibility determination process a question about whether a child has an Individualized Education Program or Individual Family Service Plan. Describe the Lead Agency's policies and procedures that take into consideration children's development and learning and that promote continuity of care when authorizing child care services.

[The lead agency currently partners with the Office of Early Learning to provide EHS-CCP services to 144 families. The lead agency currently contracts with Children and Families First, a private agency that manages a statewide resource and referring system and assists POC families in securing childcare. In particular the agency works with families whose children may have special needs, may be English Language Learners, who need care during non-traditional hours and who are infants and toddlers.](#)

[In 2010 Delaware implemented the Delaware Stars program, a Quality Rating and Improvement System which provides TA and tiered reimbursement payments to those POC providers who achieve star levels by meeting certain quality criteria.](#)

[The lead agency has developed a graduated phaseout policy which will enable a family to receive an additional 12 months of child care once they meet the income eligibility limit.](#)

Graduated phase-out of assistance.

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

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- i. 85 percent of SMI for a family of the same size
- ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

(A) Takes into account the typical household budget of a low-income family

(B) Provides justification that the second eligibility threshold is:

- (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
- (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)).

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

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

- N/A—The Lead Agency sets its initial eligibility level at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- The Lead Agency sets the second eligibility threshold at 85 percent of SMI.
  - Describe the policies and procedures. [REDACTED]
  - Provide the citation for this policy or procedure. [REDACTED]

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

- Provide the second eligibility level for a family of three. 200% of the FPL.

- 11004.13 Determining Graduated Phase-out for Child Care
- 45 CFR 98.21
- Describe how the second eligibility threshold:
  - i. Takes into account the typical household budget of a low-income family:

The graduated phase out of assistance will allow low income families to experience moderate increases in income without disrupting their child care services. It will also allow the family an additional 12 moths of child care to learn to budget accordingly taking into account the additional expense of child care.
  - ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

The graduated phase out of assistance will allow low income families to experience moderate increases in income without disrupting their child care services. It will also allow the family and additional 12 months of child care to learn to budget accordingly taking into account the additional expense of child care.
  - iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:
  - iv. The graduated phase out of assistance will allow low income families to experience moderate increases in income without disrupting their child care services. It will also allow the family an additional 12 months of child care to learn to budget accordingly taking into account the additional expense of child care.
  - v. Provide the citation for this policy or procedure:

b) Does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

No

Yes

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

Families co-pay may increase during the graduated phase out period.

If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (*Note:* Additional reporting requirements are also discussed in section 3.3.3 of the plan.)

No.

Yes. Describe:

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

Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)).

Describe the Lead Agency's policy related to the fluctuation in earnings requirement, including how temporary increases that result in a monthly income exceeding 85 percent of SMI **(calculated on a monthly basis) do not affect eligibility or family copayments.**

#### Policy 11003.9.5 Making Income Determinations

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

Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

Applicant identity. Describe: [Driver's License](#)

Applicant's relationship to the child. Describe: [Birth Certificate](#)

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: [Birth Certificate](#)

Work. Describe: [Pay stubs, or a statement from employer with work days, hours and wages.](#) Job training or educational program. Describe:

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

Family income. Describe: [Pay Stubs](#)

Household composition. Describe: [Self Attestment](#)

Applicant residence. Describe: [Current bill](#)

Other. Describe:

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

Time limit for making eligibility determinations. Describe length of time

Track and monitor the eligibility determination process

Other. Describe

None

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

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

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

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

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

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

The TANF agency and the lead agency are one in the same.

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

- “Appropriate child care”:

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

- “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 the types of providers and that would meet the need of most children and their parents.

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

In writing

Verbally

Other. Describe:

- d) Provide the citation for the TANF policy or procedure:

### 3.2 Increasing Access for Vulnerable Children and Families

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

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

Describe how the Lead Agency will prioritize or target child care services for the following children and families.

- a) How does the Lead Agency define “children with special needs” and include a description of how services are prioritized:

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

- b) How does the Lead Agency define of “families with very low incomes” and include a description of how services are prioritized:

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

- c) Describe how services are prioritized for children experiencing homelessness, as defined by the CCDF:

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

- d) Describe how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)):

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

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

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

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

- b) Describe the procedures to conduct outreach for children experiencing homelessness (as defined by the CCDF) and their families.

The lead agency has begun to conduct outreach by providing services at local libraries throughout the state. Social Workers have offices at the libraries and are able to conduct intake and refer clients for services while at the library. Through DIEEC, the State developed "Supporting Children When They Are Homeless," a free three-hour training offered online through [www.depnow.com](http://www.depnow.com). All Lead Agency staff are able to access this. Providers are trained on the identification and service of homeless families as a part of their curriculum.

*Note:* The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

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

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

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

Children experiencing homelessness (as defined by CCDF).

The lead agency currently has a grace period that allows homeless children to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements. Provide the citation for this policy and procedure:

### 11003.7.2 Income Eligible/Homeless

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

Children who are in foster care. Delaware considers children in Foster Care to be homeless. Provide the citation for this policy and procedure.

### 11003.7.2 Income Eligible/Homeless

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

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

The lead agency ensures that all involved parties are aware of the grace period allowed for homeless families. Providers, licensing, etc are made aware of the policies through the Department's Child Care Monitors, through the DHSS electronic policy manual, administrative notices and monthly Early Childhood Council updates. At intake families are given information regarding other services available to them.

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

No.

Yes. Describe:

### 3.3 Protection for Working Families

12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or

education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; any changes in age, including turning 13 years old during the 12-month eligibility period; and any changes in residency within the state, territory, or tribal service area.

- a) Describe the Lead Agency’s policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

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

- b) How does the Lead Agency define “temporary change?”

A temporary change shall mean any break due to seasonal employment, medical leave, break in educational program due to end of a semester.

Provide the citation for this policy and/or procedure.

Policy # 11004.12.1 Continuing Child Care after Loss of Need

Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent’s *non-temporary* loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent’s eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

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

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

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

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

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

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

Describe what specific actions/changes trigger the job-search period.

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

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

3 months

Provide the citation for this policy or procedure.

11004.12.1 Continuing Child Care after Loss of Need

- b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

- Not applicable.

Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Define the number of unexplained absences identified as excessive:  

Provide the citation for this policy or procedure:

The lead will terminate a family for excessive unexplained absences despite multiple attempts to contact the family and provider. The lead does extend notification of a possible discontinuation of assistance. Policy regarding termination of services needs to be revised to include this reason.

**X** A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:

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

**X** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

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

Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

*Note:* Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family’s income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent’s eligible activity).

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

No

**X** Yes

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

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

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

Describe:

Changes that impact the Lead Agency’s ability to contact the family. Describe:

Changes that impact the Lead Agency’s ability to pay child care providers. Describe:

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

- c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

Phone

Email

Online forms

Extended submission hours

Other. Describe:

- d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report. N/A
- ii. Provide the citation for this policy or procedure.

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

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and that information required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination.

- a) Describe the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. List relevant policy citations.

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

b) How are families allowed to submit documentation for redetermination? Check all that apply.

Mail

Email

Online forms

Fax

In-person

Extended submission hours

Other. Describe:

### 3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

*Note:* To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies *only* to families in their initial/entry eligibility period. See section 3.1.4 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest "Entry" Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest "Entry" Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	353.00	5.74	1%	1962.00	458.98	80%
2	478.00	5.74	1%	2655.00	458.98	80%
3	603.00	5.74	1%	3349.00	458.98	80%
4	728.00	5.74	1%	4042.00	458.98	80%
5	852.00	5.74	1%	4735.00	458.98	80%

- b) What is the effective date of the sliding-fee scale(s)? October 2017
- c) Provide the link to the sliding-fee scale: <http://www.dhss.delaware.gov/dhss/dss/fpl.html>
- d) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)). [REDACTED]

How will the family’s contribution be calculated, and to whom will it be applied? Check all that apply.

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

- The fee is per family.
- The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
- Other. Describe:

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

No.

- Yes, check and describe those additional factors below.
  - Number of hours the child is in care. Describe:
  - Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:
  - Other. Describe:

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

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$3,404 gross monthly income.
- Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.

### 11003.7.7 Income Waiver

DSS will waive the 200 percent income eligibility limitation for families when the child is receiving or needs to receive protective services. The need for care in this instance is coordinated with the Division of Family Services and is part of a range of services being provided to and/or required of the parent to help ensure the protection of the child.

- Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation. .

Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- No.
- Yes. If yes:

- a) Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families?  
Providers are allowed assess families who have a co-pay additional charges when the cost of the slot exceeds the subsidy payment. This is known as our Purchase of Care Plus Program. This was an option designed to offset the low subsidy reimbursement rates. However parents are not required to pay these additional fees. If there is no “regular” slot available a parent may choose another facility. Providers must fully disclose that they are a plus provider, clearly explain the option to parents and have parents complete an addendum to their contract detailing their knowledge and participation in the program.
- b) Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

The POC Plus Program was designed to offset the state’s subsidy reimbursement rates. The state has recently revised it’s POC Plus policy and now requires POC Plus Providers to have equal amounts of regular slots and POC Plus slots.

- c) Describe the Lead Agency’s analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.  
The POC Plus Program was designed to offset the low subsidy reimbursement rates. The majority of providers, however are not POC Plus providers. In 2011 Delaware implemented its Quality Rating and Improvement System (Delaware Stars) which provides TA and tiered reimbursement payments to those providers who are POC providers participating in the Delaware Stars Program. Delaware Stars is an option for all licensed POC providers.

How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds? Check all that apply.

Limit the maximum co-payment per family. Describe:

Families will be required to pay 10% of the gross family income. (tentative)

Limit the combined amount of co-payment for all children to a percentage of family income.

List the percentage of the co-payment limit and describe.

Family co-pays will be capped at 10% of the gross family income. (tentative)

Minimize the abrupt termination of assistance before a family can afford the full cost of care (“the cliff effect”) as part of the graduated phase-out of assistance discussed in 3.1.5. Describe:

Families who experience an increase in income but still fall below 85% of the SMI will receive an additional 12 months of child care in order to get acclimated to managing a budget taking into account the expense of child care.

Other. Describe:

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family’s needs. Parents

have the option to choose from center-based care, family child care or care provided in the child’s own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care.

**4.1 Parental Choice in Relation to Certificates, Grants, or Contracts**

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

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

The child care certificate is issued to a parent before the parent has selected a provider. Information on the certificate includes: Name of the provider, site ID#, number of hours, parent fees, etc.

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

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

Child care services available through grants or contracts.

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

No. If no, skip to 4.1.4.

Yes. If yes, describe:

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

Parents are informed at intake about their ability to select a provider of their choice. Parents are given a list of providers to choose from and are also referred to the statewide resource and referral program for assistance with securing child care.

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

EHS-CCP, providers who care for vulnerable populations such as ELL and children with disabilities are eligible to receive grants.

The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

Child care providers

The process for accessing grants or contracts:

Child care providers who provide care for underserved populations such as infants and toddlers and children with disabilities are able to apply for grants through our resource and referral agency. The Lead agency currently has an MOU with the Dept. of Education to provide full day/full comprehensive services to children in early education programs. Families who are eligible for EHS and POC are targeted for the EHS-CCP program.

How rates for contracted slots are set through grants and contracts:

Rates are based on the current reimbursement rates set by the Market Rate Survey

How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

In order to increase supply and improve quality of care the lead agency provides opportunities for providers to apply for grants if they are serving children who are ELL, children with disabilities, infants and toddlers or who need care during non-traditional hours.

If contracts are offered statewide and/or locally:

The lead agency contracts with Children and Families First, a private agency, to provide a statewide resource and referral system. CFF administers the grants to providers who care for underserved populations such as I/T, ELL, children with disabilities and children who need care during non-traditional hours.

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

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

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

The lead agency has the following policy in place: Policy 11005.1 Parent/Caretaker Rights Parents/Caretakers have the right to to have unlimited access to their children and the child care provider during normal working hours and whenever the children are in the provider's care.

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

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
  - Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:  

In home care is limited to families in which four or more children require care.
  - Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe:  

In Delaware relatives must be 21 years of age to provide care.
  - Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
  - Restricted to care by relatives. Describe:  

Relatives must provide proof of relationship such as a birth certificate or a court decree.
  - Restricted to care for children with special needs or a medical condition. Describe:

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

#### 4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

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

- Provide an overview of the Lead Agency’s proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State’s Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care—such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up-to-date data.
- Describe the estimated reporting burden and cost to conduct the approach.

Please identify the methodology(ies) used below to assess child care prices and costs.

MRS

Alternative methodology. Describe:

Both. Describe:

Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors prior to developing and conducting the MRS or alternative methodology.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or other state-designated cross-agency body:

The lead agency met several times with Delaware stakeholders while considering the use of an alternative methodology. The lead agency opted against the alternative methodology and will rely only on a Market Rate Study to determine reimbursement rates. The lead agency consulted with the Delaware Early Childhood Council regarding a strategic communication plan to Delaware stakeholders prior to making the MRS public. The lead agency shared the process for the development of the MRS with the DECC on March 20, 2018.

b) Local child care program administrators:

Child Care Administrators are a part of the Delaware Early Childhood Council.

c) Local child care resource and referral agencies:

The local resource and referral agency is also a part of the Delaware Early Childhood Council but is also instrumental in facilitating the study as it provides information regarding all licensed and unlicensed providers in the state for the researchers conducting the study.

d) Organizations representing caregivers, teachers, and directors:

These organizations are also a part of the Delaware Early Childhood Council. However the lead agency attended local organizational meetings to share all CCDF initiatives. Some of the organizations include the Interagency Coordinating Council, the Interagency Resource Management Council, the Wilmington Care and Early Education Council, The Sussex County Early Childhood Council, etc.

e) Other. Describe:

Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.

The goal of the 2018 Local Child Care Market Rate Study was to develop statistically credible information on the 2018 market prices charged by child care providers in the state. The Rate

Study met this goal since the researchers used a statistically valid methodology and the 2018 market prices for Delaware childcare providers were estimated with a verifiable and high degree of precision. For all of the market segments in the study, the level of accuracy achieved would be considered a more than acceptable high level of statistical precision. The researchers stress that it is not just a high degree of precision that was attained, but also that the study quantified how high a degree of precision was attained.

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

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

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

b) Type of provider. Describe:

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

c) Age of child. Describe:

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

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

N/A

After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public.

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)).

The lead agency posted the full report on its website.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018).

May 1, 2018

b) Date the report containing results was made widely available—no later than 30 days after the completion of the report.

May 22, 2018

- c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The MRS will be made available on the DSS website on May 22, 2018.

- d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The MRS results were included in the 2019 CCDF State Plan which was also posted on the DHSS website for public comment. A public hearing was held on May 17, 2018 where Delaware stakeholders were able to publicly comment on all contents of the plan. Those not in attendance were given 30 days to send comments via email to the CCDF Administrator.

### 4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates *at least* every 3 years.

Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. If the Lead Agency conducted an MRS (only or in combination with an alternative methodology), also report the percentiles based on the most recent MRS. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children).

**The lead agency is currently conducting the 2018 Market Rate Study and the final report will be available by May 22, 2018 prior to submission of the CCDF State Plan.**

- a) Infant (6 months), full-time licensed center care in the most populous geographic region  
Rate \$  per  unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS:
- b) Infant (6 months), full-time licensed FCC home in the most populous geographic region  
Rate \$  per  unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS:
- c) Toddler (18 months), full-time licensed center care in the most populous geographic region  
Rate \$  per  unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS:
- d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region  
Rate \$  per  unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS:

- e) Preschooler (4 years), full-time licensed center care in the most populous geographic region  
Rate \$ [ ] per [ ] unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: [ ]
- f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region  
Rate \$ [ ] per [ ] unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: [ ]
- g) School-age child (6 years), full-time licensed center care in most populous geographic region  
Rate \$ [ ] per [ ] unit of time (e.g., hourly, daily, weekly, monthly, etc.)  
Percentile of most recent MRS: [ ]
- h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region  
Rate \$ [ ] per [ ] unit of time (e.g., hourly, daily, weekly, monthly)  
Percentile of most recent MRS: [ ]
- i) Describe how part-time and full-time care were defined and calculated. [ ]
- j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). [ ]
- k) Provide the citation or link, if available, to the payment rates. [ ]
- l) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). [ ]

Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

- Differential rate for *non-traditional hours*. Describe: [ ]
- Differential rate for *children with special needs*, as defined by the state/territory. Describe:

Providers who care for children with special needs are reimbursed at a higher rate. . The lead agency also contracts with Children and Families First, a private agency, to administer the Capacity Grant. This grant is awarded to providers who serve children with special needs, children who need care during non-traditional hours, children who are English language learners and children who are infant/toddler age. Through this grant providers are able to expand and/or enhance services for financial incentives and technical support.

- Differential rate for *infants and toddlers*. Describe:

Providers who care for infants and toddlers are reimbursed at a higher rate. The lead agency also contracts with Children and Families First, a private agency, to administer the Capacity Grant. This grant is awarded to providers who serve children with special needs, children who need care during non-traditional hours, children who are English language learners and children who are infant/toddler age. Through this grant providers are able to expand and/or enhance services for financial incentives and technical support.

Differential rate for *school-age programs*. Describe:

Differential rate for *higher quality*, as defined by the state/territory. Describe:

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

Other differential rates or tiered rates. Describe:

The lead agency allows providers who qualify to become POC Plus providers. These providers are able to charge parents, who choose this type of slot, the difference between the state reimbursement rate and the providers' private rate.

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

Tiered or differential rates are not implemented.

#### 4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

- a) Describe how a choice of the full range of providers pursuant to 98.30(e)(1) is made available; the extent to which child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices

The lead agency contracts with Children and Families First, a private agency who provides statewide resource and referral services to families who are searching for childcare. Families who are eligible for subsidized childcare are given a list of child care options at intake. Families may also conduct independent searches for childcare on the website of the resource and referral agency. Child care providers are incentivized to participate in the CCDF system by allowing the use of the POC Plus program, allowing participation in

Delaware Stars and providing grants such as the Capacity grant to providers who provide care to specific populations of children. There are no barriers to participation.

- b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology  
The lead agency conducted a MRS in 2018 and has established current payment rates based on this study. Payment rates are based on information on current payment practices of Delaware's child care providers.
- c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF  
Payment rates are based on information from providers regarding current payment practices.
- d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality  
In 2011 the state of Delaware implemented a Quality Rating and Improvement System based on star levels from 1 to 5. Programs at a star level 3, 4, and 5 receive Tiered Reimbursement Bonus payments based on the number of days of attendance per child eligible for the Purchase of Care Program and the rates set by the lead agency. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month. The state is also an EHS-CCP state and now has 144 EHS-CCP slots.
- e) How co-payments based on a sliding fee scale reported in 3.4.1 are affordable (response provided in 3.4.6)  
Co-payments are based on family size and gross monthly income.
- f) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers  
The lead agency's payment practices support equal access in the following ways: ensuring the timeliness of payments by paying within no more than 21 calendar days of the services, delinking provider payments from a child's occasional absences as providers are permitted to bill for 5 absent days per month, allowing providers to participate in the POC Plus program, and allowing providers to participate in the Delaware Stars program.

Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

Geographic area. Describe:

The lower counties of the state have a lower reimbursement rate than New Castle County.

Type of provider. Describe:

Relative Care providers, Family Child Care and Centers are all reimbursed at different rates.

Age of child. Describe:

Providers are reimbursed based on the age of the child. The younger the child the higher the reimbursement.

Quality level. Describe:

In 2011 the state of Delaware implemented a Quality Rating and Improvement System based on star levels from 1 to 5. Programs at a star level 3, 4, and 5 receive Tiered Reimbursement Bonus payments based on the number of days of attendance per child eligible for the Purchase of Care Program and the rates set by the lead agency. Tiered Reimbursement payments reflect the level of quality achieved or sustained by a program during the attendance month.

Other.

Providers who care for children with a diagnosed special need such as a medical condition are reimbursed at a higher rate.

g) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access:

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

Describe: [redacted]

Feedback from parents, including parent surveys or parental complaints. Describe:

[redacted]

Other. Describe: [redacted]

#### 4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact

payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

Certify by describing the payment practices that the Lead Agency has implemented for all CCDF child care providers,

- a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
- Paying prospectively prior to the delivery of services. If implemented describe the policy or procedure. [REDACTED]
  - Paying within no more than 21 calendar days of the receipt of a complete invoice for services. If implemented describe the policy or procedure.  
**Providers are generally paid within 10 days of billing or submission of attendance**
- b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by:
- Paying based on a child's enrollment rather than attendance. If implemented describe the policy or procedure. [REDACTED]
  - Providing full payment if a child attends at least 85 percent of the authorized time. If implemented describe the policy or procedure. [REDACTED]
  - Providing full payment if a child is absent for 5 or fewer days in a month. If implemented describe the policy or procedure.  
**Providers are reimbursed for up to five absent days per month.**
  - Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. [REDACTED]
- c) Reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies, which must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)). [REDACTED]
- Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).  
**Child care fees are based on full time (5 days a week, 4 or more hours a day) and part time (4 hours or less a day).**
  - Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure.  
**Providers are required to waive registration fees.**
- d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

Providers have 24 hour access to the Provider Self Service Portal that details information the referenced information. All inaccuracies and disputes are given priority and resolved in a timely manner by the Purchase of Care Team.

- e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

Providers have 24 hour access to the Provider Self Service Portal that details information the referenced information

- f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

All inaccuracies and disputes are given priority and resolved in a timely manner by the lead agency.

Do payment practices vary across regions, counties, and/or geographic areas?

- No, the practices do not vary across areas.  
 Yes, the practices vary across areas. Describe:

#### 4.6 Supply-Building Strategies To Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

For each of the following types of providers, identify any shortages in the supply of quality child care providers, the data sources used to identify shortages, and the method of tracking progress to support equal access and parental choice.

- a) Children in underserved areas:

Kids Count Delaware, an arm of the Annie E Casey work, collects data on demographics number of children, where they are, how many families are working, how many working families use child care slots, and need is extrapolated from that data.

Children and Families First, the state resource and referral agency has also conducted a study of child care deserts to identify underserved areas.

- b) Infants and toddlers:

Kids Count Delaware, an arm of the Annie E Casey work, collects data on demographics number of children, where they are, how many families are working, how many working families use child care slots, and need is extrapolated from that data. Children are separated by age group. We have not identified a shortage in supply but have done a scan of Delaware's policies regarding our I/T infrastructure to determine how we can improve on it.

- c) Children with disabilities (include the Lead Agency definition in the description):

Kids Count Delaware, an arm of the Annie E Casey work, collects data on demographics number of children, where they are, how many families are working, how many working families use child care slots, and need is extrapolated from that data. Kids with disabilities are identified separately. There is no known shortage in quality care for children with disabilities.

d) Children who received care during non-traditional hours:

Kids Count Delaware, an arm of the Annie E Casey work, collects data on demographics number of children, where they are, how many families are working, how many working families use child care slots, and need is extrapolated from that data. There is a shortage in this type of care. The lead agency has enlisted TA from our state systems specialist to address this concern.

e) Other. Please describe any other shortages in the supply of high-quality providers. [REDACTED]

Based on the analysis in 4.6.1, describe what method(s) is used to increase supply and to improve quality for the following.

a) Infants and toddlers. Check all that apply.

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe: [REDACTED]

b) Children with disabilities. Check all that apply.

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe: [REDACTED]

c) Children who receive care during non-traditional hours. Check all that apply.

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support

- Recruitment of providers
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging
- Other. Describe: [REDACTED]

d) Other. Check and describe:

- Grants and contracts (as discussed in 4.1.3). Describe: [REDACTED]
- Family child care networks. Describe: [REDACTED]
- Start-up funding. Describe: [REDACTED]
- Technical assistance support. Describe: [REDACTED]
- Recruitment of providers. Describe: [REDACTED]
- Tiered payment rates (as discussed in 4.3.2)
- Support for improving business practices, such as management training, paid sick leave, shared services, and leveraging. Describe: [REDACTED]
- Other. Describe: [REDACTED]

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

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

High needs areas are identified in the following: Wilmington River Area, Center City of Wilmington, Western Wilmington, Southern Kent, Southern Dover, Georgetown area, Northern Sussex, Western Sussex, and Eastern Sussex.

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

The The lead agency contracts with Children and Families First to provide grants and technical assistance to providers who serve children and families with an emphasis on serving low-income children in high needs areas, infants/toddlers, English Language Learners, children who need care during non traditional hours and children with special needs.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to child care services in the state/territory. States and territories may allow licensing exemptions, but they must describe how such exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care. Lead Agencies also must certify that there are in effect health and safety requirements applicable to providers serving CCDF children. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to

monitoring and enforcement procedures to ensure that providers are complying with the health and safety requirements.

This section covers licensing requirements, health and safety requirements and training, and monitoring and enforcement procedures to ensure that child care providers comply with licensing and health and safety requirements (98.16(n)) as well as exemptions (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)). Criminal background check requirements are included in this section (98.16(o)).

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of CCDF providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.409(a)(2)(iv)).

[DE certifies that it has licensing requirements applicable to childcare services provided within the State. All providers \(except relative care\) serving children who receive CCDF funding are required to be licensed](#)

To certify, describe the licensing requirements applicable to child care services provided within the state/territory and note if providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

[DE has three licensed facility types. Family Child Care Homes- child care in a private home for one to six children preschool-age or younger and one to three school-age children. Large Family Child Care Homes - child care in a private home or commercial \(non-residential\) setting for seven to twelve children preschool-age or younger. Early Care and Education and School-Age Centers - \(includes child care centers, nursery schools, preschools, and before/after school care\) child care in a commercial \(non-residential\) setting for thirteen or more children.](#)

Which providers in your state/territory are subject to licensing under this CCDF category? Check all that apply and provide a citation to the licensing rule.

Center-based child care. Provide a citation:

[DELACARE: Regulations for Early Care and Education and School-Age Centers](#)

Family child care. Provide a citation:

[DELACARE: Regulations for Family and Large Family Child Care Homes](#)

In-home care. Provide a citation:

Are any providers in your state/territory that fall under this CCDF category exempt from licensing (98.40(2)(i) through (iv))? If so, describe exemptions based on length of day, threshold on the number of children in care, or any other factors applicable to the exemption.

Center-based child care. If checked, describe the exemptions.

Currently Delaware exempts summer camps, extended day and full day programs run by public and private schools (that offer instruction through grade 6), care provided in a child's own home, and care set up in connection with a religious institution, business, etc. provided for brief periods while the parents are on the premises.

Family child care. If checked, describe the exemptions.

In-home care. If checked, describe the exemptions.

Relative care providers are exempt.

Describe how any exemptions identified above do not endanger the health, safety, or development of children in:

a) Center-based child care if checked in 5.1.3.

License exempt providers who receive CCDF funds will be required to obtain a license by May 31, 2018. Summer camps who receive CCDF funds will now be required to be inspected per the new CCDF regulations.

b) Family child care if checked in 5.1.3e. N/A

c) In-home care if checked in 5.1.3.

As a condition of being a Purchase of Care provider relative caregivers receive health and safety reviews, at least annually, by the Division of Social Services Child Care monitors who use a checklist when conducting site visits to ensure compliance with health and safety concerns. Some of the health/safety concerns reviewed by monitors include: a check of whether the trash in the home is properly contained, a check of whether there are working utilities, i.e. water, electric, phone, etc., a check for signs of mold or infestation of insects or rodents, a check of the outdoor play area to determine if there are any hazards endangering the child such as abandoned cars, equipment, unsecured trash, etc. In addition, relative caregivers are required to take 28 hours of pre-service and on-going professional development on health and safety topics that include nutrition, child development, first aid/CPR, prevention/response to emergencies due to food and allergic reactions, etc. Providers have 12 months to complete the training and are required to take 3 hours of professional development annually. The lead agency contracts with the University of Delaware to provide this service as well as track provider participation.

## 5.2 Health and Safety Standards and Requirements for CCDF Providers

Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories.

a) Licensed CCDF center-based care

1. Infant

- How does the State/territory define infant (age range):  
“Infant” means a child who is less than one year old.
- Ratio: 1 staff to 4 infants.
- Group size: The maximum group size is 8.
- Teacher/caregiver qualifications:  
An early childhood teacher must be at least 18 years of age and meet one of the following education and experience qualifications:
  - Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a group setting.
  - Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
  - High school diploma or equivalent recognized by Delaware Department of Education in any area of study; and with at least 12 months of experience working with children birth through second grade in a group setting and successful completion of one of the following:
    - Nine credits of which three credits must be in early childhood education, child development, and positive behavior management;
    - Valid Child Development Associate Credential, CDA;
    - Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2);
    - Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program;
    - successful completion of the Delaware Department of Labor's Early Childhood Apprenticeship Program;
    - A vocational or technical high school's three year program in early childhood education approved by Delaware's Department of Education;
    - or
    - Before 2007 of a one year early childhood diploma program from a two year college and,

An assistant teacher must be at least 18 years of age and have a high school diploma or equivalent recognized by Delaware Department of Education, six months of experience working with children birth through second grade in a group setting, and successful completion of one of the following: at least three credits in early childhood education and three credits in child development; Training for Early Care and Education 1 (TECE 1); or a traditional high school's career pathway program in early childhood education approved by Delaware's Department of Education.

## 2. Toddler

- How does the State/territory define toddler (age range):  
Toddler means a child who is between the age of 12 months and less than 36 months of age.  
Ratio: 1 staff to 6 toddlers for one year old children and 1 staff to 8 toddlers for two year old children.
- Group size:  
The maximum group size is 12 for one-year-old children and 16 for two-year-old children.

- Teacher/caregiver qualifications:

An early childhood teacher must be at least 18 years of age and meet one of the following education and experience qualifications:

- Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a group setting.
- Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
- High school diploma or equivalent recognized by Delaware Department of Education in any area of study; and with at least 12 months of experience working with children birth through second grade in a group setting and successful completion of one of the following:
  - Nine credits of which three credits must be in early childhood education, child development, and positive behavior management;
  - Valid Child Development Associate Credential, CDA;
  - Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2);
  - Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program;
  - successful completion of the Delaware Department of Labor's Early Childhood Apprenticeship Program;

- A vocational or technical high school's three year program in early childhood education approved by Delaware's Department of Education; or
- Before 2007 of a one year early childhood diploma program from a two year college.

An assistant teacher must be at least 18 years of age and have a high school diploma or equivalent recognized by Delaware Department of Education, six months of experience working with children birth through second grade in a group setting, and successful completion of one of the following: at least three credits in early childhood education and three credits in child development; Training for Early Care and Education 1 (TECE 1); or a traditional high school's career pathway program in early childhood education approved by Delaware's Department of Education.

### 3. Preschool

- How does the State/territory define preschool (age range):  
Preschool-age child means a child three through five years of age who is not yet attending a kindergarten program. If a child is older than five years of age and is not yet attending a kindergarten program, that child shall be considered in the preschool-age group.
- Ratio: 1 staff to 10 three year old children and 1 staff to 12 four year old and five year old children who have not yet started kindergarten.
- Group size: The maximum group size for three year old children is 20 and 24 for children ages four and five.
- Teacher/caregiver qualifications:

An early childhood teacher must be at least 18 years of age and meet one of the following education and experience qualifications:

- Bachelor's degree or associate degree from a regionally accredited college or university in early childhood education, child development, elementary education, elementary special education, or child psychology, successful completion of at least six credits in child development or early childhood education and three months of supervised student teaching birth through second grade or six months of experience working with children birth through second grade in a group setting.
- Bachelor's degree or associate degree from a regionally accredited college or university in any other area of study/majors, successful completion of at least six credits in child development or early childhood education, and six months of experience working with children birth through second grade in a group setting.
- High school diploma or equivalent recognized by Delaware Department of Education in any area of study; and with at least 12 months of experience working with children birth through second grade in a group setting and successful completion of one of the following:
  - Nine credits of which three credits must be in early childhood education, child development, and positive behavior management;
  - Valid Child Development Associate Credential, CDA;
  - Training for Early Care and Education 1 and 2 (TECE 1 and TECE 2);

- Montessori Infant and Toddler Full/Associate Credential or Montessori Early Childhood Full/Associate Credential from a MACTE approved training program;
- successful completion of the Delaware Department of Labor’s Early Childhood Apprenticeship Program;
- A vocational or technical high school’s three year program in early childhood education approved by Delaware’s Department of Education; or
- Before 2007 of a one year early childhood diploma program from a two year college.

An assistant teacher must be at least 18 years of age and have a high school diploma or equivalent recognized by Delaware Department of Education, six months of experience working with children birth through second grade in a group setting, and successful completion of one of the following: at least three credits in early childhood education and three credits in child development; Training for Early Care and Education 1 (TECE 1); or a traditional high school’s career pathway program in early childhood education approved by Delaware’s Department of Education.

#### 4. School-age

- How does the State/territory define school-age (age range):  
“School-age child” means a child who is attending kindergarten or a higher grade. A child shall be considered school-age for staff/child ratio purposes beginning the first day of attending kindergarten or first grade, whichever comes first.
- Ratio: **1 staff to 15 school-age children**
- Group size: The maximum group size is 30.
- Teacher/caregiver qualifications:

Teacher/caregiver qualifications: A School-Age Site Coordinator must be at least 20 years of age and meets the following education and experience qualifications:

- At least a high school diploma or equivalent recognized by the Delaware Department of Education,
- Successful completion of at least 12 college or university credits in recreation, elementary education, school-age care, or school-age administration, and
- 12 months of experience working with children kindergarten through sixth grade in a group setting.

A School-Age Site Assistant must be at least 18 years of age and meets one of the following education and experience qualifications:

- High school diploma or equivalent recognized by Delaware Department of Education,
  - Successful completion of three credits in recreation, elementary education, school-age care, or school-age administration
- or -

45 clock hours of quality-assured training related to the needs of the school-age children served; and

- Part-time employment for one school year from September to June providing education/care to children kindergarten through sixth grade in a group setting - or -  
Full-time employment during the majority of one summer season (June through August) providing education/care to children kindergarten through sixth grade in a group setting.

Or

- High school diploma or equivalent recognized by Delaware Department of Education;
- Successful completion of at least 15-clock-hours of quality-assured training in school-age care within 12 months of employment; and
- Part-time employment from September to June for two school years or full-time employment for one school year providing education/care to children kindergarten through sixth grade in a group setting - or - Full-time employment during the majority of two summer seasons (June through August) providing education/care to children kindergarten through sixth grade in a group setting.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers.

Exempt child care centers must abide by a series of health and safety regulations such as food preparation, fire safety, etc. There are currently no regulations regarding ratios of provider to child or maximum group size. Exempt providers who serve children receiving CCDF assistance will be required to obtain a license by May 31, 2018.

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

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

7. Describe the director qualifications for licensed CCDF center-based care.

At least a bachelor's degree or associate degree from a regionally accredited college or university;

Successful completion of at least 15 credit hours from a regionally accredited college or university with at least three credit hours in each of the following areas: child development/learning, environment/curriculum, social-emotional development, observation/assessment; and one three hour early childhood elective of the learner's choice; and

18 months of experience working with children ages birth through second grade in a group setting.

- b) Licensed CCDF family child care provider

1. Infant

- How does the State/territory define infant (age range):  
A child who is less than one year old.
- Ratio: See 5.2.1 C1
- Group size: See 5.2.1 C2
- Teacher/caregiver qualifications:
- There are two types of Family Child Care providers Level I and Level II. A Level I provider must be at least eighteen years of age and have at least a highschool diploma or its equivalent. The Licensee shall successfully complete twelve clock hours of training within the first year of licensure. This training shall be approved by the Office of Child Care Licensing specifically for qualifying for a Level I Family Child Care Home and include at least three clock hours in each of the following topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, and Families/Communities. A Level II provider must have the following experience to qualify as a Level II Family Child Care Home: 24 months of experience working with children in a group setting; three months of supervised student teaching with children in a group setting; or 24 months providing child care as a licensed substantiated complaints, or substantial noncompliance. The Level II provider must also be at least 18 years of age and have at least a high school diploma or its equivalent, and successfully complete one of the following: 60 clock hours of training with a minimum of three clock hours in each of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, **Families, and** Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility; or three college/university credits incourses related to any of the following core topic areas: Child Development, Educational Activities for Children, Positive Behavior Management, Health, Safety, Nutrition, Families/Communities, and Professionalism/Business Practices/Administration related to operating a Family Child Care Home or child care facility; or qualified as at least an Early Childhood Assistant Teacher as per Delacare: Rules for Early Care and Education and School-Age Centers (2007).

2. Toddler

- How does the State/territory define toddler (age range):  
Toddler means a child who is between the age of 12 months and less than 36 months of age.
- Ratio: See 5.2.1 C1
- Group size: See 5.2.1 C2
- Teacher/caregiver qualifications: Same as above for infant.

3. Preschool

- How does the State/territory define preschool (age range):  
Preschool-age child means a child three through five years of age who is not yet attending a kindergarten program.

- Ratio: See 5.2.1 C1
- Group size: See 5.2.1 C2
- Teacher/caregiver qualifications:

4. School-age

- How does the State/territory define school-age (age range):  
School-age child" means a child who is attending kindergarten or a highergrade. A child shall be considered school-age for staff/child ratio purposes beginning the first day of attending kindergarten or first grade, whichever comes first.

- Ratio: See 5.2.1 C1
- Group size: See 5.2.1 C2
- Teacher/caregiver qualifications: Same as above for infant

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes.  

c) In-home CCDF providers:

1. Describe the ratios.

A. A Level I family home shall be licensed to provide child care for up to four children preschool-age or younger and for up to two additional school-age children that do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

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

B. Another option for a Level I family home is to provide child care for up to five children preschool-age and younger and no additional school-age children that do not live in the family home;

- No more than two of the five children may be under the age of 12 months; and
- No more than three of the five children may be under the age of 24 months.

C. A Level II family home shall be licensed to provide child care for up to six children preschool-age or younger and for up to three additional school-age children who do not live in the family home and attend only before school, after school, during school holidays, and during school vacation;

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

2. Describe the group size.

A Level I provider may have a maximum of 6 children and a level two may have a maximum of 9 children depending on the children's ages as described in 5.2.1 C 1.

3. Describe the threshold for when licensing is required.

When a person is providing care for children in their home for payment, a license is required. Child care provided only to a person's own children, grandchildren, nieces, nephews, and stepchildren does not require a family child care license.

4. Describe the maximum number of children that are allowed in the home at any one time.

A Level I provider may have a maximum of 6 children and a level two may have a maximum of 9 children depending on their ages as described in 5.2.1 C 1. The provider's own school-age children do not count in the maximum number.

5. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size.

The provider's own household members who are preschool-age and younger count in the ratio.

6. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day.

No more than two infants are allowed. Depending on the provider's Level, either two or three school-age children are permitted.

#### Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note –

This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

1. Prevention and control of infectious diseases (including immunization)

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to prevent and control infectious diseases including immunization. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.
- List the citation for these requirements.  
Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
License exempt providers who serve CCDF recipients are now required to be licensed.
- Describe any variations based on the age of the children in care. N/A
- Describe if relatives are exempt from this requirement.  
Relatives are not exempt from this requirement and receive 28 hours of training which they must complete within a year. They are also required to receive three hours of health and safety training annually.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to prevent sudden infant death syndrome and to use safe sleep practices. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.
- List the citation for these requirements.  
Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
All licensed providers are required to complete this training unless care is provided only for school age children.  
All licensed providers are required to complete this training unless care is provided only for school age children.

- Describe any variations based on the age of the children in care. School age child care providers are exempt from this requirement.
  - Describe if relatives are exempt from this requirement.  
[Relatives are not exempt from this requirement](#)
3. Administration of medication, consistent with standards for parental consent
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
[This standard is defined as the child care provider \(center, large family, and family\) knowing the steps to properly administer medication. This includes the provider/child care staff studying from a self-guide and passing a test on the content. Currently, being certified to administer medication is optional, however the Office of Child Care Licensing is in the process of revising regulations to ensure that in all types of care at least one person is certified to administer medication. This regulation should be final in August 1, 2018.](#)
  - List the citation for these requirements.  
[Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58](#)
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). [There are no variations.](#)
  - Describe any variations based on the age of the children in care. [There are no variations.](#)
  - Describe if relatives are exempt from this requirement.  
[Relatives are exempt from this requirement.](#)
4. Prevention of and response to emergencies due to food and allergic reactions
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
[This standard is defined as the child care provider \(center, large family, and family\) knowing the steps necessary to prevent and respond to emergencies due to food and allergic reactions. The content covered is found in Better Kid Care's \(BKC\) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.](#)
  - List the citation for these requirements.  
[Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58](#)
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
[There are no variations](#)
  - Describe any variations based on the age of the children in care.  
[There are no variations](#)
  - Describe if relatives are exempt from this requirement.  
[Relatives are not exempt from this requirement.](#)

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic
  - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to maintain a safe building/home area for children. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.
  - List the citation for these requirements.

Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations
  - Describe any variations based on the age of the children in care.

School age only programs are exempt from covering electrical outlets.
  - Describe if relatives are exempt from this requirement.

Relatives are not exempt from this requirement
6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.
  - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to prevent shaken baby syndrome, abusive head trauma, and child maltreatment. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.
  - List the citation for these requirements.

Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no variations
  - Describe any variations based on the age of the children in care.

There are no variations
  - Describe if relatives are exempt from this requirement.

Relatives are not exempt from this requirement.
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and

volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to respond to natural and manmade disasters. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.
  - List the citation for these requirements. Delacare:  
Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
There are no variations.
  - Describe any variations based on the age of the children in care.  
There are no variations.
  - Describe if relatives are exempt from this requirement.  
Relatives are not exempt from this requirement.
8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to handle and store hazardous materials and dispose of biocontaminants. The content covered is found in Better Kid Care's (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing's health and safety training that was developed using content from BKC.
  - List the citation for these requirements.  
Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
There are no variations
  - Describe any variations based on the age of the children in care.  
There are no variations
  - Describe if relatives are exempt from this requirement.  
Relatives are not exempt
9. Precautions in transporting children (if applicable)
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
This standard is defined as the child care provider (center, large family, and family) knowing the steps necessary to properly transport children. The content covered is

found in Better Kid Care’s (BKC) Health and Safety Basics: Requirements for Certification and the Office of Child Care Licensing’s health and safety training that was developed using content from BKC.

- List the citation for these requirements.  
Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
There are no variations
- Describe any variations based on the age of the children in care.  
The types of child restraints required in vehicles varies based on the ages of the children in care.
- Describe if relatives are exempt from this requirement.  
Relatives are not exempt

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
The Office of Child Care Licensing accepts the American Red Cross, Heartsaver and numerous other trainings to meet the requirements. CPR training must include “hands on” skills demonstration to be accepted.
- List the citation for these requirements.  
Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
Licensed family and large family providers must be certified in CPR and First Aid. All staff who work alone with children in centers must be certified in First Aid and CPR.
- Describe any variations based on the age of the children in care.  
Providers who care for infants must have infant CPR in addition to just pediatric CPR.
- Describe if relatives are exempt from this requirement.  
Relatives are not exempt.

11. Recognition and reporting of child abuse and neglect

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
The Office of Child Care Licensing accepts the Department’s Mandatory Child Abuse and Neglect training as well as DE PD Now’s online training. The Office of Child Care Licensing hosts trainings on this topic throughout the year.
- List the citation for these requirements.  
Regulations for Early Care and Education Regulation 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
There are no variations

- Describe any variations based on the age of the children in care.  
[There are no variations](#)
- Describe if relatives are exempt from this requirement.  
[Relatives are not exempt](#)

a) The Lead Agency may also include optional standards related to the following:

1. Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
[The Office of Child Care Licensing requires that meals and snacks to contain specific meal componets.](#)
- List the citation for these requirements.  
[Delacare: Regulations for Early Care and Education Regulations 63 and 64 Delacare Regulations for Family and Large Family Homes Regulations 37 and 38.](#)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). [\[REDACTED\]](#)
- Describe if relatives are exempt from this requirement. [\[REDACTED\]](#)

2. Access to physical activity

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
[The standard is that weather permitting, children go outside each day to play. The regulations require that for every three hours of care 20 minutes of moderate to vigorous activity is provided.](#)
- List the citation for these requirements.  
[Delacare: Regulations for Early Care and Education Regulations 63 and 64 Delacare Regulations for Family and Large Family Homes Regulations 24 and 39.](#)
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
[There are no variations](#)
- Describe if relatives are exempt from this requirement.  
[Relatives are exempt](#)

3. Caring for children with special needs

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)  
[The regulations require that care be provided for all children including those with special needs.](#)
- List the citation for these requirements.  
[Delacare: Regulations for Early Care and Education Regulations 63 and 64 Delacare Regulations for Family and Large Family Homes Regulations 39 and 40.](#)  
Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
[There are no variations](#)
- Describe if relatives are exempt from this requirement.

Relatives are exempt

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:
  - Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.)  
The Office of Child Care Licensing has many requirements for the physical indoor and outdoor environments of child care facilities that promote the health and safety of children
  - List the citation for these requirements.  
Delacare: Regulations for Early Care and Education Regulations 63 and 64 Delacare Regulations for Family and Large Family Homes Regulations 21-36.
  - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).  
There are no variations
  - Describe if relatives are exempt from this requirement.  
Relatives are exempt

Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

**Pre-Service or Orientation Training Requirements**

- a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:
  1. Licensed child care centers: 15
  2. Licensed FCC homes: 15
  3. In-home care:  
This category would include relative providers only. These providers receive pre-service training.
  4. Variations for exempt provider settings:  
Relative providers are exempt but also receive pre-service training.
- b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)  
Providers must take pre-service training prior to working with children.

c) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.](#)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14 and 58.](#)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

3. Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 25 and 60 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14 and 58.](#)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes

No

[In centers, typically a few people who are medication certified are assigned to administer medication. Currently, centers, family and large family providers may opt out of providing medication. However, the Office of Child Care Licensing is currently revising the regulations to require someone to be onsite to administer medication when a child in care may need medication. This person must be certified to administer medication](#)

4. Prevention and response to emergencies due to food and allergic reactions

- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.](#)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.](#)
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No
6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.](#)
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event
- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.](#)  
Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No
8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.](#)
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No
9. Appropriate precautions in transporting children (if applicable)
- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.](#)
  - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No
10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 34 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.](#)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 34 and Delacare Regulations for Family and Large Family Homes Regulations 6, 14, and 58.](#)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement.  
[Delacare: Regulations for Early Care and Education Regulations 27 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 59.](#)
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

13. Describe other requirements

- Provide the citation for other training requirements. [N/A](#)
- Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
 Yes  
 No

### Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

a) Licensed child care centers:

[Full-time child care staff are required to complete 18 hours of training annually. Part-time employees are required to complete 9 hours. The staff may choose health and safety as a topic area. The Office of Child Care Licensing is currently revising the regulations to include three hours of training in health and safety.](#)

b) Licensed FCC homes:

Family child care home providers are required to complete 12 hours of training annually. Large Family child care home providers are required to complete 15 hours of training annually. The Office of Child Care Licensing is currently revising the regulations to include three hours of training in health and safety.

c) In-home care:

This category would include relatives who are required to have 3 hours of training in health and safety annually.

d) Variations for exempt provider settings:

Relatives are exempt providers. If they serve CCDF recipients they are now required to be licensed.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)

- Provide the citation for this training requirement.  
Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58.
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation for this training requirement.  
Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58.
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

All licensed child care providers and center staff are required to take this training before working with children.

3. Administration of medication, consistent with standards for parental consent

- Provide the citation for this training requirement.  
Delacare: Regulations for Early Care and Education Regulations 25 and 60 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58
- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

The Office of Child Care Licensing is in the process of revising regulations which will require providers to renew their administration of medication certification every five years. Currently these certifications do not expire.

4. Prevention and response to emergencies due to food and allergic reactions
  - Provide the citation for this training requirement.  
Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58
  - How often does the state/territory require that this training topic be completed?
    - Annually.
    - Other. Describe:  
All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.
5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic
  - Provide the citation for this training requirement.  
Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58
  - How often does the state/territory require that this training topic be completed?
    - Annually.
    - Other. Describe  
All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.
6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
  - Provide the citation for this training requirement.  
Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58
  - How often does the state/territory require that this training topic be completed?
    - Annually.
    - Other. Describe:  
All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event
  - Provide the citation for this training requirement.

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

All licensed child care providers and center staff are required to develop a plan and train staff as well as substitutes on this plan. This must be done each time the plan is updated. They may choose to complete it as a part of their annual required training.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

- Provide the citation for this training requirement.

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation for this training requirement.

Delacare: Regulations for Early Care and Education Regulations 25 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

- How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

All licensed child care providers and center staff are required to take this training before working with children. They may choose to complete it as a part of their annual required training.

10. Pediatric first aid and CPR certification

- Provide the citation for this training requirement.

Delacare: Regulations for Early Care and Education Regulations 34 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

How often does the state/territory require that this training topic be completed?

Annually.

Other. Describe

**This Training is valid for two years depending on the instructor.**

11. Recognition and reporting of child abuse and neglect

- Provide the citation for this training requirement.  
Delacare: Regulations for Early Care and Education Regulations 34 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58
- How often does the state/territory require that this training topic be completed?  
 Annually.  
Center staff are required to complete this training annually.  
 Other. Describe  
Family and Large Family child care providers are required to complete this training before becoming licensed.They may choose to complete it as a part of their annual training.

12. Child development (98.44(b)(1)(iii))

- Provide the citation for this training requirement.  
Delacare: Regulations for Early Care and Education Regulations 27 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 59
- How often does the state/territory require that this training topic be completed?  
 Annually.  
 Other. Describe  
Child care providers and center staff are required to complete this training before working alone with children. They may choose to complete training in this topic area to meet their annual training requirement.

13. Describe other requirements.

- Provide the citation for other training requirements. N/A
- How often does the state/territory require that this training topic be completed?  
 Annually.  
 Other. Describe

**5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers**

Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note – Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements.

The Delaware Child Care Act is the law that supports the regulations of all child care facilities in the state. There are two sets of regulations that the Office of Child Care Licensing uses to monitor CCDF providers. They are Delacare: Regulations for Early Care and Education and School-age Centers and Delacare: Regulations for Family and Large Family Child Care Homes.

Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by responding to the questions below to describe your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a) Licensed CCDF center-based child care

1. Describe your state/territory’s requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards.  
All licensed facilities are required to have a pre-licensing visit to determine compliance with the regulations before a license is issued.
2. Describe your state/territory’s requirements for annual, unannounced inspections of licensed CCDF child care center providers.  
An unannounced full compliance review is conducted annually and an unannounced monitoring visit is conducted when a complaint is lodged against the center.
3. Identify the frequency of unannounced inspections:  
 Once a year  
 More than once a year. Describe
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.  
Licensed centers receive a full compliance review annually.
5. List the citation(s) for your state/territory’s policies regarding inspections for licensed CCDF center providers  
Delacare: Regulations for Early Care and Education and School-Age Centers

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards. All licensed facilities are required to have a pre-licensing visit to determine compliance with the regulations before a license is issued.
2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF family child care providers. An unannounced full compliance review is conducted annually and an unannounced monitoring visit is conducted when a complaint is lodged against the home.
3. Identify the frequency of unannounced inspections:
  - Once a year
  - More than once a year. Describe [redacted]
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards. Licensed family homes receive a full compliance review annually.
5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers  
Delacare: Regulations for Family and Large Family Child Care Homes

c) Licensed in-home CCDF child care

N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards. [redacted]
2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers. [redacted]
3. Identify the frequency of unannounced inspections:
  - Once a year
  - More than once a year. Describe [redacted]
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards. [redacted]
5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers [redacted]

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. [redacted]

5.3.3 Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from

this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

All providers serving CCDF recipients are now required to be licensed.

Provide the citation(s) for this policy or procedure.

Delacare: Regulations for Early Care and Education Regulations 34 and Delacare Regulations for Family and Large Family Homes Regulations 6, 47, and 58

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. N/A

Provide the citation(s) for this policy or procedure. \_\_\_\_\_

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. N/A

Provide the citation(s) for this policy or procedure. \_\_\_\_\_

5.3.4 The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). The state/territory may determine if exempt relative providers (as described in section (658P(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (98.41(a)). To certify, describe the policies and practices for the annual monitoring of:

- a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. [REDACTED]

Provide the citation(s) for this policy or procedure. [REDACTED]

- b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used. [REDACTED]

Provide the citation(s) for this policy or procedure. [REDACTED]

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. [REDACTED]

- d) Provide the citation(s) for this policy or procedure. [REDACTED]

5.3.5 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1)).

- a) To certify, describe how the Lead Agency ensures that licensing inspectors are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1)).

All of the Office of Child Care Licensing's licensing specialists and supervisors completed health and safety training in each of the required topics.

- b) Provide the citation(s) for this policy or procedure.

Newly hired staff are required to complete these trainings as a part of their orientation within three months of hire.

5.3.6 The States and Territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e., number of providers per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

The current inspector to provider ratio is 1 to 80

- b) Provide the policy citation and state/territory ratio of licensing inspectors.

Per Delaware Code the ratio allowed is 1 inspector to 150 facilities

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

- Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care. [REDACTED]

Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

Relatives are exempt from the state's licensing regulations, however they are monitored by the lead agency's Child Care Monitors and are required to take 28 hours of training which includes CPR/First Aid. They are also required to have 3 hours of training in a health and safety topic of their choice annually.

No, relatives are not exempt from inspection requirements.

#### 5.4 Criminal Background Checks

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met. In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met and apply for the time-limited waiver by responding to questions 5.4.1a through 5.4.1h below.

As a reminder, the CCDBG Act requires States and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care providers that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. This requirement does not apply to individuals who are related to all children for whom child care services are provided.

A criminal background check must include 8 specific components, which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

1. Criminal registry or repository using fingerprints in the current state of residency (in-state);
2. Sex offender registry or repository check in the current state of residency (in-state);
3. Child abuse and neglect registry and database check in the current state of residency (in-state);
4. FBI fingerprint check (national);
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (national);
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional (inter-state);
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years (inter-state); and
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years (inter-state).

**Milestone Prerequisites for Time-Limited Waivers**

By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 45 CFR 98.43 and 98.16(o):

- The national FBI fingerprint check; and,
- The three in-state background check provisions for the current state of residency:
  - state criminal registry or repository using fingerprints;
  - state sex offender registry or repository check;
  - state-based child abuse and neglect registry and database .

All four components are required in order for the milestone to be considered met.

If the milestone prerequisites are met, then time-limited waivers may be requested for the components as outlined in the table below.

<b>Background Check Components</b>	<b>If milestone is met, time-limited waiver allowed for:</b>
1) In-state criminal w/fingerprints	Conducting background checks on backlog of current (existing) staff only
2) In-state sex offender registry	
3) In-state state-based child abuse and neglect registry	
4) FBI fingerprint check	
5) NCIC National Sex Offender Registry (NSOR)	Establishing requirements and procedures  AND/OR  Conducting background checks on all new (prospective) child care staff  AND/OR  Conducting background checks on backlog of current (existing) staff
6) Inter-state state criminal registry	
7) Inter-state state sex offender registry	
8) Inter-state child abuse and neglect registry	

States and Territories will apply for the initial waiver for a one-year period (starting October 1, 2018 and ending September 30, 2019) as part of the submission of this Plan. If approved, States and Territories will have the option to renew these waivers for one additional year as long as

progress is demonstrated during the initial waiver period. Additional guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

- Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017
- Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018
- One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019
- Waiver renewal deadline (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Use questions 5.4.1a through 5.4.1d below to describe achievement of the milestone components, use questions 5.4.1e through 5.4.1h to provide the status for the remaining checks, and as applicable, use questions 5.4.1a through 5.4.1h to request a time-limited waiver for any allowable background check requirement.

- a) Briefly summarize the requirements, policies and procedures for the search of the state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

All current and prospective child care persons must be fingerprinted in Delaware by the State Bureau of Identification. Child care persons who currently reside outside of Delaware must contact their state of residence and request a criminal history search. After the out of state search is completed, the facility/home must submit the results immediately to the Office of Child Care Licensing, Criminal History Unit to review and make an eligibility determination.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). This is regulated by the Office of Child Care Licensing and applies to all facilities and homes.
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). This is regulated by the Office of Child Care Licensing and applies to all facilities and homes.
- iii. Has the search of the state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

Yes.

No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. 9/30/18 Describe the status of conducting the search of the state criminal registry or repository, with the use of fingerprints for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all

other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

[It has been implemented, but current staff are still being re-fingerprinted for Delaware and there are significant delays in receiving results from other states](#)

iv. List the citation:

[Delacare Regulations for Early Care and Education and School-Age Centers Regulation 22 and Delacare Regulations for Family and Large Family Child Care Homes Regulation 12](#)

b) Briefly summarize the requirements, policies and procedures for the search of the state sex offender registry or repository in the state where the staff member resides.

[The Office of Child Care Licensing, Criminal History Unit staff conduct the out of state sex offender checks online.](#)

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).

[This is regulated by the Office of Child Care Licensing and applies to all licensed facilities and homes.](#)

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

[Exempt providers serving CCDF recipients are required to abide by all criminal background check requirements as outlined by the Office of Child Care Licensing.](#)

iii. Has the search of the state sex offender registry or repository been conducted for all current (existing) child care staff?

Yes

No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. [9/30/18](#) Describe the status of conducting the search of the state sex offender registry or repository for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

It has been implemented, but current staff are still being re-fingerprinted. We are pending the fingerprint results in order to conduct the out of state sex offender searches

- iv. List the citation:

Delacare Regulations for Early Care and Education and School-Age Centers Regulation 22 and Delacare Regulations for Family and Large Family Child Care Homes Regulation 12.

- c) Briefly summarize the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in the state where the staff member resides.

The Office of Child Care Licensing, Criminal History Unit conducts the Delaware child abuse and neglect checks as part of the background check process. If a staff member resides out of state, he/she is responsible for requesting the check and the results are forwarded by the facility/home to the Criminal History Unit.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). This is regulated by the Office of Child Care Licensing and applies to all licensed facilities and homes

- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).

Exempt providers serving CCDF recipients are required to abide by all criminal background check requirements as outlined by the Office of Child Care Licensing.

- iii. Has the search of the state-based child abuse and neglect registry and database been conducted for all current (existing) child care staff?

Yes

No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. 9/30/18 Describe the status of conducting the search of the state-based child abuse and neglect registry and database for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

It has been implemented, but current staff are still being re-fingerprinted for Delaware. We are pending those results to conduct the Delaware child abuse and neglect checks. For out-of-state checks, there are significant delays in receiving results.

- iv. List the citation:  
Delacare Regulations for Early Care and Education and School-Age Centers Regulation 22 and Delacare Regulations for Family and Large Family Child Care Homes Regulation 12.

- d) Briefly summarize the requirements, policies and procedures for the FBI fingerprint check using Next Generation Identification.

All current and prospective child care persons must be fingerprinted in Delaware by the State Bureau of Identification. Part of that fingerprinting process includes FBI fingerprint check using Next Generation

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). This is regulated by the Office of Child Care Licensing and applies to all licensed facilities and homes.
- ii. Describe how these requirements apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). Exempt providers serving CCDF recipients are required to abide by all criminal background check requirements as outlined by the Office of Child Care Licensing.
- iii. Has the search of the FBI fingerprint check using Next Generation Identification been conducted for all current (existing) child care staff?

Yes

No. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. 9/30/18 Describe the status of conducting the FBI fingerprint check using Next Generation Identification for current (existing) child care staff. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

It has been fully implemented, but current staff are still being re-fingerprinted.

- iv. List the citation:

- e) [Delacare Regulations for Early Care and Education and School-Age Centers Regulation 22 and Delacare Regulations for Family and Large Family Child Care Homes Regulation 12.](#)
- f) Describe the status of the requirements, policies and procedures for the search of the NCIC's National Sex Offender Registry.
- Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the search of the NCIC's NSOR check on all new and existing child care staff.
    - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). [\[REDACTED\]](#)
    - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). [\[REDACTED\]](#)
    - iii. List the citation: [\[REDACTED\]](#)

In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. [9/30/18](#) Describe the status of implementation of requirements, policies and procedures for the NCIC's National Sex Offender Registry. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

[It has been fully implemented, but current staff are still being re-fingerprinted. This search occurs at the time the fingerprint results are processed at the Delaware SBI.](#)
- g) Describe the status of the requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states.
- Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state criminal registry check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). [REDACTED]
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o). [REDACTED]
- iii. List the citation: [REDACTED]

In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. 9/30/19 Describe the status of implementation of requirements, policies and procedures for the search of the criminal registries or repositories in other states where the child care staff member resided during the preceding 5 years, with the use of fingerprints being optional in those other states. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

We attempted to implement, but the backlog in pending out of state results for current employees became unmanageable. It was decided that it would better to finalize the checks based on the results from the child care person's current residence and work on developing new procedures for other out-of-state residences in the previous 5 years. There have been ongoing issues with child care persons not being able to get information from various states and additional delays in states not providing results.

- h) Describe the status of the requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years.
  - Fully implemented for all required child care providers (all licensed, regulated or registered; and all (prospective and existing) child care providers eligible to provide care for children receiving CCDF assistance). This means that the State/Territory has requirements and procedures in effect, and has conducted the inter-state state sex offender registry check on all new and existing child care staff.
    - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o). [REDACTED]
    - ii. Describe how these requirements, policies and procedures apply to all providers eligible to care for children receiving CCDF, in accordance with 98.43 and 98.16(o). [REDACTED]
    - iii. List the citation: [REDACTED]

In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement. 9/30/18 Describe the status of implementation of requirements, policies and procedures for the search of the state sex offender registry or repository in each state where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF; 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

This is fully implemented, but current child care persons are still being re-fingerprinted. These searches occur after the fingerprint results are received by the Office of Child Care Licensing, Criminal History Unit.

- i) Describe the status of the requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years.

Fully implemented for all prospective and existing required child care providers (all licensed, regulated or registered; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers)). This means that the State/Territory has requirements and procedures in effect, and has conducted the state-based child abuse and neglect registry check on all new and existing child care staff.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43 and 98.16(o).
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43 and 98.16(o).
- iii. List the citation:

In progress. Check here to indicate request for time-limited waiver for this requirement  and enter the expected date of full implementation of this requirement 9/30/19 Describe the status of implementation of requirements, policies and procedures for the search of the state-based child abuse and neglect registry and database in each State where the staff member resided during the previous 5 years. At a minimum, the description should briefly summarize: 1) efforts to date to implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers); 2) key activities planned toward implementation of this requirement; 3) key challenges to implementing this requirement; and 4) strategies used to address challenges:

We attempted to implement, but the backlog in pending out of state results became unmanageable. It was decided that it would better to finalize the checks based on the results from the child care person's current residence and work on developing new procedures for other out of state residences in the previous 5 years. There have been ongoing issues with child care persons not being able to get information from various states and additional delays in states not providing results.

- 5.4.2 A child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective child care staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter. A prospective child care staff member may begin to work on a provisional basis for a child care provider after completing either a Federal Bureau of Investigation (FBI) fingerprint check or a search of the state/territory criminal registry or repository using fingerprints (in the state/territory where the staff member resides. However, the child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).
- 5.4.3 Does the state/territory allow prospective staff members to begin work on a provisional basis (if supervised at all times) after completing the FBI fingerprint check or a fingerprint check of the state criminal registry or repository in the state where the child care staff member resides?
- No.
- Yes. Describe:
- The Office of Child Care Licensing regulations stipulate that a person is not to be left unsupervised until the background check results are received and the person is determined eligible.
- 5.4.4 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.
- 5.4.5 Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

As stipulated on Delaware's consent form, requests are processed within 15 working days.

- 5.4.6 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

*Note:* The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

- 5.4.7 Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(h)?

No.

Yes. Describe:

Delaware has state law and policy pertaining to child care persons, which contain other “prohibited” and “ineligible” convictions/child protection registry substantiations.

- 5.4.8 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2–4)).

We ensure privacy by only sending the background check results to the employee/prospective employee. All child care persons that are determined prohibited or ineligible are given an opportunity to challenge the accuracy or completeness of the background check report at the time the determination is made. The appeal opportunity is provided in the written results of the background check, which are sent to the child care person.

- 5.4.9 The State/Territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost

of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

No fees are charged.

5.4.10 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, States have the flexibility to decide which background check requirements relatives, as defined by CCDF, must meet. *Note:* This exception only applies if the individual cares *only* for relative children. Does the state/territory exempt relatives from background checks?

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from *all* background check requirements.

**X** Yes, relatives are exempt from *some* background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

The 5 year out of state residency criminal checks and out of state child abuse and neglect checks. However, if something is returned on the FBI that indicates there could be out of state child abuse and neglect history, the Office of Child Care Licensing will follow up with that state.

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

### 6.1 Professional Development Framework

6.1.1 Describe how the state/territory developed its training and professional development Each State or Territory must describe their professional development framework for training, professional development, and post-secondary education, which is developed in consultation

with the State Advisory Council on Early Childhood Education and Care. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework. Describe how the state/territory's framework for training and professional development addresses the following required elements:

- State/territory professional standards and competencies. Describe:  
Currently, Professional Delaware Competencies for Early Childhood Professionals and for School-Age Professionals are written as core knowledge and skills of what professionals should know and be able to do for both early childhood and school-age professionals, respectively. Delaware's Professional Standards are being revised as part of the statewide "Early Learning Workforce Professional Development Plan." To assist them in meeting these competencies, professionals follow the Delaware Early Learning Foundations as standards for learning opportunities through activities, lesson plans and curriculum for Infants, Toddlers and Preschoolers. These standards are aligned with Common Core State Standards for children from Kindergarten through high school.
- Career pathways. Describe:
  - Delaware's Career Lattice reflects the educational requirements for all levels of early childhood professionals in the state. As a result, the lattice delineates multiple pathways for entry into the profession as well as the steps to a higher certification. The State currently has career pathways starting in the vocational and comprehensive high schools. These pathways have recently been re-designed to align with the PK-12 Teacher Academy in the state. The students completing the career pathway in high school will be entering with college credits that lead to an associate degree. The Department of Education's Office of Early Learning (DOE OEL) will be reviewing the Career Lattice and outlining career pathways as part of the statewide "Early Learning Workforce Professional Development Plan."
- Advisory structure. Describe:  
Delaware Early Childhood Council serves as the advisory structure for the state. Delaware Early Childhood Council represents numerous early childhood and community agencies throughout the state, as per Delaware's legislative code. The Council meets every other month and is supported by DDOE OEL.
- Articulation. Describe:  
Delaware has a long-standing articulation agreement between the two and four year higher education institutions. Delaware's community and technical college has articulation agreements with the state's four year institutions.
- Workforce information. Describe:  
Delaware Institute for Excellence in Early Childhood (DIEEC) is the state's professional development entity that provides training and resources to early childhood

professionals. Early childhood professionals are required to register with DIEEC in order to participate in their courses. Registry and training evaluation information is analyzed by DDOE OEL to determine the professional development statewide needs for educators and administrators. Delaware Association for the Education of Young Children (deaeyc) is another community partner that collects data from the workforce through T.E.A.C.H Early Childhood<sup>®</sup> Delaware and Child Care WAGES<sup>®</sup> Delaware. The State's early childhood qualification system, Delaware Practitioners in Early Childhood (DPEC), captures data on the entire workforce through the qualification licensure process, and DDOE OEL has access to the PK-12 DEEDS database, where some professionals retain dual certification. The Office of Child Care Licensing tracks regulatory workforce requirements using the FOCUS (For Our Children's Ultimate Success) database. Delaware Stars, the State QRIS system, uses a database to record additional information on the workforce that is required as part of higher Stars standards.

- **Financing. Describe:**
- DIEEC's public trainings are offered for a nominal entry fee per person based on the length of the session. Onsite trainings follow a cost structure not per person, but based on the number hours and days of the training series. Many DIEEC trainings, both public and onsite, are state-sponsored or sponsored by an outside organization and are therefore at no cost to professionals. Outside organizations that are approved to offer quality assured training determine their own cost structure. Professional development offered online through the state developed website [www.depdnow.com](http://www.depdnow.com) is free.

The following phrases are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

**X** Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:

The state has quality assured continuing professional development hours that can serve as annual licensing hours as required through regulations. The State acknowledges credit-bearing continuing education through regionally accredited higher education institutions and encourages enrollment in credit bearing college courses through the State's Early Childhood Credential system. DIEEC has recently shifted the Credential requirements away from allowing community-based training hours with portfolio completion; coursework for college credit is the only route for professionals to receive a credential.

**X** Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework.

Describe:

The State supports community-based training through a contract between the Delaware Department of Education and the University of Delaware, the Delaware Institute for Excellence in Early Childhood (DIEEC). DIEEC coordinates the training, maintains a web-

based list of offerings and a registry with transcripts for those who successfully complete these trainings. In addition, the Office of Child Care Licensing maintains successful completion of trainings not approved by DIEEC as a part of their regulatory process for required annual hours.

**X** Other. Describe:

DOE OEL and DIEEC will develop coaching models to enhance their training options offered through the Institute in FY19-FY21. Through hybrid coaching, outside organization and online training content will be reinforced in the classroom. In partnership with ECAP and Early Head Start-Child Care Partnerships, practice based coaching is being implemented to support early childhood professionals' use of effective practices that will lead to positive outcomes for children and families.

- 6.1.2 Describe how the state/territory developed its training and professional development requirements in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or with another state or state-designated cross-agency body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Delaware Early Childhood Council (DECC) will be revising its strategic plan for calendar year 2019. The current strategic plan highlights workforce issues such as education, professional development, recruitment, retention, and compensation of the early childhood workforce. A subcommittee of the Council, the Professional Committee, strategizes around these particular goals outlined in the DECC strategic plan. These members were a part of the Early Learning Workforce Professional Development Committee that drafted recommendations for Delaware's workforce. This work will drive overarching strategic goals for the way the state re-conceptualizes professional development, training, and education of child care providers and staff during FY19-FY21. Within the existing professional development system, DECC members work with state partners who identify training from a variety of sources. The early childhood professional development topic requirements from the Office of Child Care Licensing are developed by DIEEC and outside organizations.

- 6.1.3 Identify how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Check and describe all that apply.

**X** Financial assistance to attain credentials and post-secondary degrees. Describe:

Through T.E.A.C.H. Early Childhood<sup>®</sup> Delaware, early childhood professionals are able to obtain scholarships for state credentials, CDA, Associate and Bachelor degrees.

**X** Financial incentives linked to educational attainment and retention. Describe:

The State has re-designed the previous compensation award that the Office of Early Learning created through the Early Learning Challenge Grant. Delaware has adopted a national-based model called WAGE\$. Child Care WAGE\$<sup>®</sup> Delaware is an education based salary supplement for professionals making less than \$17.00 per hour in a Delaware Stars

level 2 or above program. It is designed to increase workforce retention, education and compensation. In addition, some Delaware Stars early childhood programs that receive a tiered reimbursement financial incentive at a Star 3, 4, or 5 level use this to retain their staff by paying higher wages.

**X Financial incentives and compensation improvements. Describe:**

Child Care WAGES® Delaware recently went through a re-structure, increasing the salary cap to \$17.00 per hour from \$15.00 and opening eligibility to professionals in Star level 2 programs.

**X Registered apprenticeship programs. Describe:**

The state has had an Early Childhood Apprenticeship program for over 13 years, managed through the Delaware Department of Labor. The first year, apprentices successfully complete the 120 hour state developed training, Training for Early Care and Education (TECE) 1 & 2. The second year apprentices successfully complete three 3-credit college courses. During the two year commitment, apprentices receive on-the-job training and then become a Journeyperson upon completion.

**X Outreach to high school (including career and technical) students. Describe:**

The state has thirteen comprehensive and four VoTech high schools that offer an early childhood career pathway. The VoTech high schools have continued with a dual enrollment agreement that was initiated through the Early Learning Challenge Grant, allowing students to graduate with three to six credits at graduation. The Career and Technical Education (CTE) Early Childhood Education high school curriculum has gone through a re-structure to align with the structure of the CTE K-12 high school curriculum. The new curriculum continues to align with the Early Learning Foundations, Competencies for Early Childhood Professionals, Delaware Stars Standards and Office of Child Care Licensing Regulations.

**X Policies for paid sick leave. Describe:**

The State encourages local, program-designed policies through the Delaware Stars standards. Some individual early childhood programs have chosen to use their tiered reimbursement financial incentive for this purpose.

**X Policies for paid annual leave. Describe:**

The State encourages local, program-designed policies through the Delaware Stars standards. Some individual early childhood programs have chosen to use their tiered reimbursement financial incentive for this purpose.

**X Policies for health care benefits. Describe:**

The State encourages local, program-designed policies through the Delaware Stars standards. Some individual early childhood programs have chosen to use their tiered reimbursement financial incentive for this purpose.

**X Policies for retirement benefits. Describe:**

The State encourages local, program-designed policies through the Delaware Stars standards. Some individual early childhood programs have chosen to use their tiered reimbursement financial incentive for this purpose.

Support for providers’ mental health, such as training in reflective practices and stress-reduction techniques and health and mental health consultation services. Describe:

DOE OEL and DIEEC analyze professional development evaluations to identify topics of future training and professional development experiences. “Mindfulness” and “accessing health and mental health resources for staff” are topics in development at DIEEC. DIEEC has also sought out outside organization partners to offer these topics to the early childhood workforce as part of the state’s quality assured course catalog.

Other. Describe: \_\_\_\_\_

## 6.2 Training and Professional Development Requirements

The state/territory must develop training and professional development requirements, including pre-service or orientation training (to be completed within 3 months) and ongoing requirements designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

- 6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development requirements (98.44(b)(2)(ii)).

The State contracts with DIEEC to develop linguistically and culturally responsive training based on child developmental domains (such as cognitive, social, emotional, physical and approaches to learning), as articulated in the State’s early learning and developmental guidelines for children birth to kindergarten, the Early Learning Foundations. DIEEC coordinates the statewide registry and this ongoing training; specific topics include training directly on early learning foundations, health and safety requirements as outlined by the Office of Child Care Licensing, and social emotional development/behavioral support models such as positive behavior support. These trainings include community-based in-person training both publically and onsite, as well as online through a state developed website: [www.depdnow.com](http://www.depdnow.com).

- 6.2.2 Describe how the state/territory’s training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). **N/A**
- 6.2.3 Describe how the state/territory will recruit and facilitate the participation of providers with limited English proficiency and persons with disabilities (98.16(dd)).

The State will continue to develop strategies to recruit professionals with disabilities and for whom English is not their first language, or who will serve and be available for families for whom English is not their first language. DOE OEL is partnering with ECAP, Early Head Start-Child Care Partnership and Head Start Programs to better understand the barriers to access for professionals with limited English proficiency and professionals with disabilities. Learning about these experiences will inform the QRIS revision process; specifically, DIEEC will be redesigning how it structures professional learning experiences to better serve all professionals.

- 6.2.4 If the Lead Agency provides information or services to providers in other non-English languages, please identify the three primary languages offered or specify that the State has the ability to have translation/interpretation in primary and secondary languages.

The state will need to develop strategies to recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language. DIEEC has contracted with Spanish-speaking facilitators to offer trainings statewide. The lead agency contracts with several translation services and is able to assist clients whose primary languages are Spanish, Creole, Korean, etc. The services include Alina's Consulting and Environmental Services (this service is provided via phone), Para Plus Translation Services (in office), All World Language Consultation (provide sign language), Delaware Relay Service (for hearing impaired), and HP Enterprise Services (Spanish only-in office and over the phone). We are able to provide application interviews, employment and training interviews, child care eligibility interviews, fair hearings and written translation services.

- 6.2.5 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii-iv)).

Early childhood professionals in licensed programs must have a professional development plan in their personnel file that is updated annually. The plan must include professional development goals for the upcoming year; these goals include the required training specified by licensing regulations. Professionals must have training in at least three core areas specified by Office of Child Care Licensing Delaware Regulations in: child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; and management and administration. The State contracts with DIEEC to provide trainings in these topics to professionals serving all ages in family child care or center settings. DIEEC coordinates and advertises topics, such as inclusion and dual language learning approaches, approved through the quality assurance process through an online course catalog. The training and professional development is offered by DIEEC and other partners such as

Cooperative Extension, Nemours, Prevent Child Abuse Delaware, Children’s Beach House and Prevention & Behavioral Health.

6.2.6 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (658E(c)(3)(B)(i)).

a) Describe the state/territory’s training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

Through DIEEC, the State developed “Supporting Children When They Are Homeless,” a free three-hour training offered online through [www.depdnow.com](http://www.depdnow.com). This course provides staff with an understanding of homelessness as defined by the McKinney-Vento act, an opportunity to be reflective about the impact on children and families, as well as give them strategies and resources to assist families. The Department of Education also offers an online training for Homeless Liaisons in each local education agency to prepare them to train their staff on identifying and serving homeless children and their families.

b) Describe the state/territory’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving homeless children and their families (connects to question 3.2.2).

Through DIEEC, the State developed “Supporting Children When They Are Homeless,” a free three-hour training offered online through [www.depdnow.com](http://www.depdnow.com). All Lead Agency staff are able to access this training.

6.2.7 The states and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

Issue policy change notices

Issue new policy manual

Staff training

Orientations

Onsite training

Online training

Regular check-ins to monitor the implementation of CCDF policies

The type of check-ins, including the frequency. Describe:

Licensing specialists in the Office of Child Care Licensing monitors programs at least once per year. OCCL also tracks compliance with CCDBG increased training requirements for providers. Child Care Monitors within the lead agency ensures compliance of all exempt providers who serve CCDF recipients.

Other. Describe:

6.2.8 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory’s strategies to strengthen provider’s business practices, which can include training and/or TA efforts.

a) Identify the strategies that the state/territory is developing and implementing for training and TA.

A series of business practice trainings are currently available through DIEEC’s course catalog. Additionally, DOE OEL has contracted with DIEEC to develop more business-focused training options for administrators, which would also include a technical assistance and/or coaching component to the model. Both center and family child care providers at all levels in Delaware Stars receive technical assistance in this area. Furthermore, the State accepts credit-bearing business coursework through regionally accredited higher education institution for the state’s Administrator Early Childhood Credential. Partners across state agencies are participating in a federal technical assistance opportunity to further develop the State’s plan for administrator’s education requirements, training, and technical in FY19.

b) Check the topics addressed in the state/territory’s strategies. Check all that apply.

Fiscal management

Budgeting

Recordkeeping

Hiring, developing, and retaining qualified staff

Risk management

Community relationships

Marketing and public relations

Parent-provider communications, including who delivers the training, education, and/or technical assistance

Other. Describe:

### 6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. *Note:* States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

- a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry.

The Early Learning Foundations is a document intended to be a curriculum framework that provides an outline of the types of developmentally appropriate learning opportunities children need before they come to kindergarten. The Foundations for preschool-aged children are linked to the skill expectations children need as they enter kindergarten, and make explicit that every child is unique and is accepted for his/her differences in development, culture, home environment, and learning style. The Foundations document is organized into eight domains: Social and Emotional; Approaches to Learning; Language and Literacy; Mathematics; Science; My Family, My Community, My World; Creative Expression; Physical Development; and Health. Each domain begins with a brief summary of the key messages about development for that topic area followed by a chart containing the subdomains, learning opportunities, listing of actions children might do, and a listing of supportive practices. Delaware also supports Teaching Strategies *GOLD*<sup>®</sup> Objectives for Learning and Development through the sponsorship of online portfolios. Teaching Strategies *GOLD*<sup>®</sup> is a comprehensive assessment tool through a third party company based on the latest developmental research, and it has been proven valid and reliable. *GOLD*<sup>®</sup> Objectives for Learning and Development's domains, objectives, and indicators that list widely held expectations for children from birth through age five are fully aligned with the Common Core State Standards, Delaware's Early Learning Foundations, and The Head Start Child Development and Early Learning Framework.

- b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

Delaware has crosswalks between the Early Learning Foundations, Common Core State Standards for K-12, Teaching Strategies *GOLD*<sup>®</sup> indicators, and The Head Start Child Development and Early Learning Framework to demonstrate alignment between the birth through five and K-12 guidelines. Professionals using Early Learning Foundations and Teaching Strategies *GOLD*<sup>®</sup> indicators of widely held expectations show the continuum of knowledge, skills, and behaviors that children from birth through age five are expected to develop.

- c) Check the domain areas included in the state/territory's early learning and developmental guidelines. Check all that apply.

- Cognition, including language arts and mathematics
- Social development
- Emotional development
- Physical development
- Approaches toward learning
- Other. Describe:

For Infants and Toddlers: Cognition and approaches to learning are under the heading of “Discoveries.” For Preschoolers: Additional domains include Science; Social Studies (“My Family, My Community, My World”); Arts (“Creative Expression”)

- d) Describe how the state/territory’s early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or other state or state-designated cross-agency body if there is no SAC.

The Early Learning Foundations were developed by a cross-agency Advisory Revision Work Group. The Department of Education, Department of Health and Social Services, and the Department of Children, Youth, and their Families participated in researching and revising the Foundations, led by an expert facilitator. Future revisions to the Foundations will also be led by a cross-agency Work Group. The Department of Education Office of Early Learning is specifically responsible for implementation by distributing hard copies of the document and posting it online; additionally, DOE OEL has created training on using the Early Learning Foundations and *GOLD*® Objectives for Learning and Development in the classroom.

- e) Describe how the state/territory’s early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates. [REDACTED]

The Early Learning Foundations were first created in 2003 and then revised in 2010. The Department of Education Office of Early Learning plans to revise the Early Learning Foundations and subsequently all alignments between Common Core State Standards for K-12, Teaching Strategies *GOLD*® Objectives for Learning and Development, and The Head Start Child Development and Early Learning Framework for publication by FY20.

- f) Provide the Web link to the state/territory’s early learning and developmental guidelines.

<https://dieecpd.org/early-learning-foundations>

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory’s early learning and developmental guidelines are used.

The Early Learning Foundations provide a curricular guide for early childhood professionals. Suggested learning opportunities are intended to be sets of broad-based activities through which children are exposed to new learning concepts, thus having the opportunity to acquire new skills, practice those skills. As development progresses, children build upon earlier skills and develop more complex skill sets. The continuum of widely held expectations articulated through

the domains, objectives, indicators, and examples of Teaching Strategies *GOLD*® Objectives for Learning and Development illustrate scaffolded knowledge, skills, and behavior appropriate to each year of age between birth and five. The Early Learning Foundations and Teaching Strategies *GOLD*® indicators provide a solid basis upon which professionals can plan their daily, weekly, monthly, and annual instructional activities. Training on the Early Learning Foundations and *GOLD*® Objectives for Learning and Development teaches: how to read and use each document, how to observe and assess children in these domains, and how this data can assist teachers in writing individualized lesson plans.

- 6.3.3 If quality funds are used to develop, maintain, or implement early learning guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

DOE OEL plans to develop and implement a revision to the Early Learning Foundations by the end of FY20. This revision is a part of a review of the statewide quality rating and improvement system, Delaware Stars, which will take place between FY19-FY21. QRIS revision efforts will include an evaluation of any newly designed program standards, monitoring and technical assistance procedures. The choice of assessment and/or verification tools to determine how new Early Learning Foundations impact the quality of child care programs will be based on research of evidence-based practices. Indicators tied to teacher interactions must be observed in the classroom, which will be a significant infrastructure change considered within larger systems changes. Potentially, classroom observations can provide evidence of instructional practices from curricular materials aligned to revised Early Learning Foundations and staff interview questions can address use of the curriculum within the program's philosophy.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in

improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)).

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

## **7.1 Quality Activities Needs Assessment for Child Care Services**

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Through technical assistance received from the State Capacity Building Center Infant/Toddler Specialist Network, the state conducted a "scan" of the I/T infrastructure to determine how our state is working to strengthen the quality and supply of child care services and programs for infants toddlers and their families. The statewide resource and referral agency through Child Care Awar also conducted a "mapping" of the child care deserts in the state to determine where our child care gaps are.

- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

The scan of our I/T infrastructure revealed that one overarching goal was the need for specialized I/T professional development. The results of the child care desert mapping initiative are currently being compiled.

## 7.2 Use of Quality Funds

- 7.2.1 Check the quality improvement activities in which the state/territory is investing.

Supporting the training and professional development of the child care workforce

If checked, respond to section 7.3 and indicate which funds will be used for this activity.

Check all that apply.

CCDF funds

Other funds

Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

**7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds**

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce.

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies. Describe:

This content is the foundation of all trainings contracted through DIEEC. Thus, numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State’s quality assurance process. Other offerings in this topic are free online, available through [www.depdnow.com](http://www.depdnow.com). Examples of available trainings on this topic: “Child Development;” “Birth to Five: An Introduction to Motor Development;” “Talking Toddlers: Language Development & Strategies.”

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood

mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age 5 for such behaviors. (See also section 2.5.) Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through [www.depdnow.com](http://www.depdnow.com). Examples of available trainings on this topic: "Facing the Challenge: Understanding and Addressing Challenging Behavior in Children;" "Helping Children Develop Social Skills;" "Social and Emotional Development: Creating a Positive Classroom Environment."

**X** Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through [www.depdnow.com](http://www.depdnow.com). Examples of available trainings on this topic: "Supportive Responses to Troubled Parent-Child Interactions;" "Building Positive Parent-Teacher Relationships;" "Building Protective Factors in Families."

**X** Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through [www.depdnow.com](http://www.depdnow.com). Examples of available trainings on this topic: "Supporting Children Learning English as a Second Language;" "Supporting Sensory Learning: Infant Toddler & Beyond;" "Literacy Environments in Family Child Care Settings."

**X** Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through [www.depdnow.com](http://www.depdnow.com). Examples of available trainings on this topic: "Family and Community Partnerships;" "Making Connections and Building Relationships."

**X** Using data to guide program evaluation to ensure continuous improvement. Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through [www.depdnow.com](http://www.depdnow.com). Examples of available trainings on this topic: "Implementing Teaching Strategies *GOLD*® Child Assessment for Teachers: The Power of Practice;" "Advanced Assessment for Administrators: Data Driven Decision Making;" "Advanced Assessment for Teachers: Purposeful Planning."

**X** Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. A partnership with Children & Families First provides training on trauma-informed care to the early childhood workforce. Other offerings in this topic are free online, available through [www.depdnow.com](http://www.depdnow.com). Examples of available trainings on this topic: "Culturally Responsive Practices in Early Childhood Education;" "The Impact of Trauma on the Developing Child."

**X** Caring for and supporting the development of children with disabilities and developmental delays. Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. DOE OEL also creates trainings specifically for LEA coordinators of Section 619 Part B early learning programs. Examples of available trainings on this topic: "Rock Solid Foundations: Responsive Environments;" "ADHD: Positive Strategies to Re-charge the Classroom;" "Aspergers, Autism: Positive Strategies to Re-Charge the Classroom."

**X** Supporting the positive development of school-age children. Describe:

Numerous public in-person and onsite trainings are offered in these domains through DIEEC, Prevention & Behavioral Health and Prevent Child Abuse Delaware, and other outside partner organizations that have undergone the State's quality assurance process. Other offerings in this topic are free online, available through [www.depdnow.com](http://www.depdnow.com). Examples of available trainings on this topic: "Advocating for Play in Early Childhood Education;" "Moving Youth Ahead: Introduction to School-Age Care."

**X** Other. Describe:

The State recognizes credit-bearing continuing education through the State’s Early Childhood Credential system. This encourages enrollment in credit-bearing college courses for the following specialty areas: Administrator, Curriculum & Assessment, Inclusion, Family Child Care, Infant & Toddler, Preschool, and School Age.

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling

Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities

Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

Other. Describe:

Resources for providers are also available through the City of Wilmington’s Professional Development Center.

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Currently, self-reported evaluations are used to determine the satisfaction with and efficacy of professional development for Delaware’s early childhood workforce. Delaware Stars assessors use the Environment Rating Scales (ERS) to conduct observations of the learning environment as part of the assessment process to a higher Star level. The ERS are observational tools used to assess the quality of early care and education programs including those that serve infants, toddlers, preschoolers, and/or school age children. QRIS revision efforts between FY19 – FY21 will reconsider requirements for professional preparation and professional learning opportunities as well as whether the QRIS assessment tool is the most appropriate evaluation measure of individual-level progress. The Early Learning Professional Development Plan includes understanding the financing needs of this twofold professional development strategy: for professional preparation, the costs of supporting increased qualification requirements with a corresponding compensation structure; for continuous quality improvement, the cost of meeting the needs of the workforce through in-person and online training coupled with cohort support, coaching, and mentoring in the classroom. Part of this financial planning is to develop a sustainable evaluation system for measuring teacher-child interactions in the classroom; these evaluations will be used to better inform the State’s professional development offerings.

## 7.4 Quality Rating and Improvement System

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS.

7.4.1 Does your state/territory have a quality rating and improvement system?

Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

The QRIS, Delaware Stars, is a voluntary system managed by the Department of Education Office of Early Learning, implemented under contract by the University of Delaware, Delaware Institute for Excellence in Early Childhood (DIEEC). The QRIS is implemented statewide in Delaware to all three counties. DIEEC sub-contracts with Children & Families First, the statewide CCR&R entity, to assist in technical assistance to programs in Stars. Website Link to Delaware Stars: [www.delawarestars@udel.edu](mailto:www.delawarestars@udel.edu)

- Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. [REDACTED]
- If Yes, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [REDACTED]
- No, but the state/territory is in the QRIS development phase.
- No, the state/territory has no plans for QRIS development.

7.4.2 QRIS participation.

a) Are providers required to participate in the QRIS?

Participation is voluntary.

- Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). \_\_\_\_\_
- Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply.

- Licensed child care centers
- Licensed family child care homes
- License-exempt providers
- Early Head Start programs
- Head Start programs
- State prekindergarten or preschool programs

- Local district-supported prekindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
  - Tribally operated programs
  - Other. Describe: \_\_\_\_\_

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. *Note:* If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.7.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No.
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system).
  - Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
    - Other. Describe: \_\_\_\_\_
    - None.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No.
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.
  - Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
    - Embeds licensing into the QRIS.
    - State/territory license is a "rated" license.
    - Other. Describe: \_\_\_\_\_

Not linked.

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS.

No.

Yes. If yes, check all that apply.

One time grants, awards, or bonuses

Ongoing or periodic quality stipends

Higher subsidy payments

Training or technical assistance related to QRIS

Coaching/mentoring

Scholarships, bonuses, or increased compensation for degrees/certificates

Materials and supplies

Priority access for other grants or programs

Tax credits (providers or parents)

Payment of fees (e.g., licensing, accreditation)

Other:

None

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Delaware Stars is a five star rating scale. When programs reach Star Level 2, they can work toward higher standards in four areas to reach the next star level: Learning Environment and Curriculum, Family and Community Partnerships, Management and Administration, and Professional Development and Qualifications. These standards, organized by program type, go above Office of Child Care Licensing (OCCL) requirements. The design of Delaware Stars is flexible so that it meets the needs of each individual program while guiding development in each of the four areas; only certain standards are considered “essential” required standards while all other standards are given a point value. Meeting standards is verified by thorough document review and points are accumulated to designate Star Levels 3-5. Under the section of the standards for Learning Environment and Curriculum, Delaware Stars uses the Environment Rating Scales (ERS) to conduct observations of the learning environment. Programs must complete the ERS assessments of their program and meet the minimum ERS scores for the designated Star Level. After 10 years of implementation, 70% of center-based child care and 29% of family child care programs in the state are a part of Delaware Stars. 65% of all Stars programs are at Star Level 4 or 5. Through QRIS revision efforts between FY19 – FY21, the State will further evaluate standards that progress quality and determine the most effective assessment tool at the program-level and at the individual-level. Program standard and assessment revisions will be aimed at incentivizing all of

Delaware's early learning programs to improve quality through Delaware Stars' technical assistance and assessment process.

## 7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care.

- 7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe:

Through the Capacity grant Early Education programs serving infants and toddlers are able to receive financial incentives and technical assistance to enhance or expand their programs. Grant awards will include, but are not limited to: purchasing educational materials, professional development/staff training, classroom furnishings, or services that will improve efficiency in operations. Funding is not intended to be used to pay for construction or renovations. Technical assistance may be provided upon request to programs once a week for up to three months. The length of each visit and the number of visits will vary based on the need(s) being addressed. Technical assistance may be offered in such areas as: Start-up and operating; fee schedules and cash management; staffing, personnel policies, staff evaluations, etc.; business and classroom management.

Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe: \_\_\_\_\_

Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe:

DIIEC offers infant and toddler specific training through in-person and online professional development. The state-sponsored Early Childhood Credentials for infant and toddler professionals identify infant and toddler-focused higher education coursework offered through Delaware's institutes of higher education.

**X** Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists. Describe:

Delaware Stars programs can request the services of the Infant and Toddler (I&T) Specialty Technical Assistant through their assigned contact at Delaware Stars. The I&T Technical Assistants can provide on-site support on caring for and educating infants and toddlers through modeling, coaching, mentoring, and resource sharing with observation and feedback. Throughout FY19, DIEEC will build the registry infrastructure to support coaching and mentoring for quality assured clock hours.

**X** Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe:

Department of Education (DOE) and Department of Health and Social Services (DHSS) staff meet regularly to coordinate statewide efforts to improve services to children birth to three. Both Part C (DHSS) and Part B (DOE) state staff participate on the Delaware Stars QRIS Revision organizing team due to the cross-sector nature of Delaware Stars and the professional development system housed with DIEEC. Early Intervention Specialists can participate in all DIEEC training offerings. Per the state of Delaware Special Education Regulations (Title 14 Delaware Administrative Code, sections 922-929) several categories of disabilities entitle children ages birth to three to a free and appropriate public education (birth mandate). These categories of eligibility are: Autism, Hearing Impairment, Visual Impairment including Blindness and Deaf-Blind. Local school districts are legally responsible to evaluate and determine eligibility for these specific categories only for the birth to three population. This entails close collaboration with Part C (DHSS) to ensure families are kept at the center of this process. Once eligibility is determined, families have an option to continue with the Part C Early Intervention system or to engage with the Early Childhood Special Education program at the school district (Part B) for supports and services which may be through an itinerant service delivery model in a community program, such as child care, at home or the child may attend a center based program at the school district.

**X** Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe:

Delaware Stars has standards related to best practices for Infants and Toddlers including continuity of care, inclusion, low staff to child ratios, credentials and family engagement. Programs in Delaware Stars can request I&T Technical Assistants to provide on-site support with caring for infants and toddlers in areas such as language and interactions, routines and transitions, developmentally appropriate play, outdoor play ideas, social emotional supports, etc.

**X** Developing infant and toddler components within the state/territory's child care licensing regulations. Describe:

Licensing Regulations have separate sections for programs serving infants and toddlers related to areas such as feeding, diapering, health and safety. Classroom ratios for infants and toddlers are lower than preschool and school-age ratios. Administrators of centers serving infants or toddlers must successfully complete clock hours of approved training in infant and toddler development and curriculum, and infant and toddler-specific Early Learning Foundations must be used to develop lesson plans.

**X** Developing infant and toddler components within the early learning and developmental guidelines. Describe:

The Early Learning Foundations differentiate between infants and toddlers and preschoolers to outline developmentally appropriate learning opportunities based on age. For infants and toddler guidelines, children's skills have been divided into the domains of Social Emotional, Language and Literacy, Discoveries, and Physical Development and Health. The domains have been divided into four different growth periods: Young Infant (0-6 months), Older Infant (6-12 months), Young Toddler (12-24 months) and Older Toddler (24-36 months). This was done to help the professional see the sequence of individual skills as children develop. Each domain begins with a brief summary of the key messages about development for that topic area followed by a chart containing the subdomains, learning opportunities, listing of actions children might do, and a listing of supportive practices.

**X** Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe:

Families are able to access quality child care indicators on a variety of websites and through outreach activities. The Office of Child Care Licensing has information on all licensed programs; the Division of Social Services contracts with Children & Families First to conduct resource and referral activities for families, including consumer education. Children & Families First manages AccessCare, a free online referral program, and has a phone line to discuss care options with a child care specialist. The State partners with volunteer-based community teams, Delaware Readiness Teams, who organize family engagement activities and outreach; for example, teams host family activity nights with early learning programs and school districts, providing family resources such as QT30 activity booklets. Families will soon be able to access transparent and easy to understand information on the state's consumer education website once developed.

**X** Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Describe:

Through Delaware Stars, early childhood programs participate in program assessment using either the Infant Toddler Environment Rating Scale-Revised (ITERS-R) or Family Child Care

Environment Rating Scale-Revised (FCCERS-R) to improve the quality in programs serving infants and toddlers. These improvements are supported with onsite technical assistance. In addition, Delaware is a grantee for the Early Head Start-Child Care Partnership Grant and is developing professional learning opportunities that address the Head Start Early Learning Outcomes Framework. These offerings will be made available statewide to improve access to quality professional development for educators and administrators serving infants and toddlers.

Other. Describe: \_\_\_\_\_

- 7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

Through QRIS revision efforts between FY19 – FY21, the State will further evaluate standards that progress quality and determine the most effective assessment tools for the program-level and for the individual-level. Program standard and assessment revisions will continue to differentiate for early learning programs serving infants and toddlers.

## 7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

- 7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.
- 7.6.2 The lead agency currently contracts with Children and Families First to operate a statewide resource and referral system for the general public, clients involved with the lead agency as well as those with difficult to place children including infant/toddlers, children who need care during non-traditional hours, children with disabilities and children in remote locations. Children and Families First is charged with maintaining an up to date data base of providers, which they update monthly, providing toll free 24 hour telephone access to parents requesting information about available child care; distributing educational materials on quality child care, child development, children's behavior, etc. CFF maintains a web enabled online search engine that enables staff to perform a live search for appropriate child care for clients by zip code. CFF assists clients by determining child care needs, assisting in their search for appropriate providers, verifying database information to determine possible openings, providing referrals,

making follow-up calls to ensure child care is found and following up with a consumer satisfaction survey. CFF advertises the resource and referral services on their website, through public service announcements, literature in English and Spanish and participation in community events. Delaware does intend to redesign its Resource and Referral system in the future.

Children and Families First will submit monthly reports detailing the number of provider updates, the number of TA calls, number of referral packet requests, number of packets sent out, number of special needs child care requests, number of client self searches and the number of staff online searches. This information will inform us whether or not families are utilizing the information as intended in their search for quality child care, whether families with special child needs are being served, etc.

## 7.7 Facilitating Compliance With State Standards

- 7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

Through a Memorandum of Agreement with the Department of Services for Children, Youth and Their Families the lead agency uses CCDF quality funds to subsidize one full time Licensing Specialist position, one full-time Social Service Administrator position within the Office of Child Care Licensing and one full-time contractor position in OCCL's Criminal History Unit. The Office of Child Care Licensing performs regular monitoring visits of all licensed child care providers in order to ensure compliance with child care regulations, provides technical assistance to providers, investigates complaints of alleged non-compliance with regulations and allegations of unlicensed care, and conducts frequent monitoring visits of programs on an enforcement action. Providers who have a history of repeated non-compliance or with serious non-compliances which place children at risk, may be placed on the enforcement action of warning of probation or probation or have their license revoked, suspended, or denied.

- 7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No.

Yes. If yes, which types of providers can access this financial assistance?

- Licensed CCDF providers
- Licensed non-CCDF providers
- License-exempt CCDF providers
- Other. Describe: \_\_\_\_\_

- 7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs

and services within the state/territory and the data on the extent to which the state or territory has met these measures.

All licensed child care facilities receive at least one monitoring visit per year to observe the facility's operation and confirm compliance with regulations. Non-compliances are cited and a correction action plan developed with dates by which the non-compliances must be corrected. Complaint investigations or regular monitoring visits that reveal significant or repeated non-compliances may result in the enforcement action of warning of probation, probation, license suspension, or license revocation. Increased monitoring visits and additional technical assistance will occur during the enforcement action period.

## **7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services**

- 7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

As described in previous sections, measures are used through the quality rating and improvement system, Delaware Stars. Programs must achieve standards across four domains: Family & Community Partnerships; Qualifications and Professional Development; Management & Administration; and Learning Environment & Curriculum. In addition, each program participating in Delaware Stars must go through an outside evaluation using the Environment Rating Scale tools as they move from Stars 3 through 5. These scales include: ITERS-R, ECERS-R, FCCERS-R and SACERS, each developed and implemented based on the age group or type of care and education provided.

- 7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The RAND Corporation conducted a validation study of the QRIS through 2016 that made recommendations for system improvement based on child outcome and systems data. This validation study coupled with other states' validation studies will inform the State's QRIS revision process between FY19-FY21. Findings that the State will consider include: positive yet small effects in executive functioning skills for children in Star Level 5 programs, particularly center-based programs that met essential Stars standards; moderate positive relationships between Management and Administration and Qualifications and Professional Development domains and children's cognitive skills. Part of the QRIS revision process will be identifying an outside evaluator to assess the effects of any changes to the program standards, monitoring and assessment process, support for professionals, financial incentives, and consumer education that Delaware chooses to undertake.

## 7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the state/territory has supports operating statewide or territory-wide. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation.

Through QRIS incentives and the availability of an alternative pathway option, the State supports accreditation.

Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide. Describe: \_\_\_\_\_

No, but the state/territory is in the accreditation development phase.

No, the state/territory has no plans for accreditation development.

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

A crosswalk of Delaware Stars standards, NAEYC Early Childhood Program Standards and Head Start Program Performance Standards was completed when Delaware Stars underwent its latest revision in 2014. This standards crosswalk was updated in 2017 to reflect the revisions to the 2016 Head Start Program Performance Standards. Accredited programs were included in the RAND study published in 2016.

## 7.10 Program Standards

7.10.1 How does the state/territory support state/territory or local efforts to develop or adopt high-quality program standards relating to:

Health. Describe the supports:

Licensing regulations and Delaware Stars standards structure minimum requirements and program-level improvements for high-quality health practices. Regulations and Stars standards are organized by age and setting to ensure physical health and safety for infants, toddlers, preschoolers, and school-aged children. DIEEC offers in-person and online training to support professionals' learning on the topic of health. State-created crosswalks are available to assist teachers in using the Early Learning Foundations and alternative pathway guidelines such as the Head Start Early Learning Outcomes Framework with GOLD® Objectives for Learning and Development in the physical domain.

**X Mental health. Describe the supports:**

Licensing regulations and Delaware Stars standards structure minimum requirements and program-level improvements for high-quality mental health practices. Regulations and Stars standards are organized by age and setting to promote the mental health of infants, toddlers, preschoolers, and school-aged children. DIEEC offers in-person and online training to support professionals' learning on the topic of child mental health and their own mental health. State-created crosswalks are available to assist teachers in using the Early Learning Foundations and alternative pathway guidelines such as the Head Start Early Learning Outcomes Framework with *GOLD*<sup>®</sup> Objectives for Learning and Development in the social and emotional domain.

**X Nutrition. Describe the supports:**

Licensing regulations and Delaware Stars standards structure minimum requirements and program-level improvements for high-quality nutrition practices. Regulations and Stars standards are organized by age and setting to guide nutrition decisions for infants, toddlers, preschoolers, and school-aged children. DIEEC offers in-person and online training to support professionals' learning on the topic of nutrition. State-created crosswalks are available to assist teachers in using the Early Learning Foundations and alternative pathway guidelines such as the Head Start Early Learning Outcomes Framework with *GOLD*<sup>®</sup> Objectives for Learning and Development in the physical domain.

**Physical activity. Describe the supports:**

Licensing regulations and Delaware Stars standards structure minimum requirements and program-level improvements for high-quality physical activity practices. Regulations and Stars standards are organized by age and setting to promote physical activities for infants, toddlers, preschoolers, and school-aged children. DIEEC offers in-person and online training to support professionals' learning on creating physical activities for the classroom. State-created crosswalks are available to assist teachers in using the Early Learning Foundations and alternative pathway guidelines such as the Head Start Early Learning Outcomes Framework with *GOLD*<sup>®</sup> Objectives for Learning and Development in the physical domain.

**X Physical development. Describe the supports:**

Licensing regulations and Delaware Stars standards structure minimum requirements and program-level improvements for high-quality physical development practices. Regulations and Stars standards are organized by age and setting to promote physical development of infants, toddlers, preschoolers, and school-aged children. DIEEC offers in-person and online training to support professionals' learning on the widely held expectations of how children develop physically. State-created crosswalks are available to assist teachers in using the Early Learning Foundations and alternative pathway guidelines such as the Head Start Early Learning Outcomes Framework with *GOLD*<sup>®</sup> Objectives for Learning and Development in the physical domain.

- 7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Program-level improvements are guided by Delaware Stars standards and alternative pathway standards such as NAEYC Early Childhood Program Standards and Head Start Program Performance Standards. These program standards are designed to frame teacher practice, and thus result in stronger positive child-level outcomes. The State tracks child-level outcome data for all Star 4 and 5 programs through the use of Teaching Strategies *GOLD*® portfolios. Through QRIS revision efforts between FY19 – FY21, the State will determine the viability and sustainability of an assessment tool to evaluate the impact of revised program standards on child outcomes.

### **7.11 Other Quality Improvement Activities**

- 7.11.1 List and describe any other activities that the state/territory provides to improve the quality of child care services, which may include consumer and provider education activities, and describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures.

In FY19, the State is focusing on transition coordination, in particular between 0-3 and 3-5 services and at the start of kindergarten. DOE OEL will partner with DIEEC to develop more professional learning opportunities to support common expectations for child development across early learning programs and local education agencies. These activities will support the Department of Education's efforts to implement strategies outlined in their Every Student Succeeds Act final plan.

## **8 Ensure Grantee Program Integrity and Accountability**

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud.

**8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity**

8.1.1 Describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program are informed and trained regarding program requirements and integrity. Check all that apply.

Issue policy manual

Issue policy change notices

Staff training. Describe:

The lead agency currently conducts “Roadshows” at each eligibility site to review subsidy policy and address questions and concerns of eligibility staff. Staff are also able to log on to an online training data to complete trainings at their leisure.

Ongoing monitoring and assessment of policy implementation. Describe:

The lead agency conducts weekly calls with various department staff. These calls include eligibility staff, supervisors, policy staff and systems staff. On these calls system enhancements are prioritized based on policies that need to be implemented. The lead agency also has weekly policy meetings where new policies are reviewed prior to sending out to a reading group for additional review. This process is used to get feedback from the group regarding implementation.

Other. Describe: \_\_\_\_\_

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices follow generally accepted accounting principles (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds, including the following:

Verifying and processing billing records to ensure timely payments to providers. Describe: Providers enter attendance through an automated system. Payments are directly deposited into their private accounts within 10 business days.

Fiscal oversight of grants and contracts. Describe:

The lead agency ensures the state and department procurement policies and procedures are adhered to and sets performance standards. Contracts are monitored through monthly reports requiring statistics, data, etc and monthly meetings with vendors. The lead agency also has quarterly meetings with fiscal staff to ensure that all staff involved in monitoring/administering grants and contracts are following procurement protocol. We also discuss any concerns that we may have regarding grants and contracts. Contracts are now audited by the lead agency annually

Tracking systems to ensure reasonable and allowable costs. Describe: \_\_\_\_\_

Other. Describe: \_\_\_\_\_

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Activities can include, but are not limited to, the following:

Conduct a risk assessment of policies and procedures. Describe: \_\_\_\_\_

Establish checks and balances to ensure program integrity. Describe: \_\_\_\_\_

Use supervisory reviews to ensure accuracy in eligibility determination. Describe:  
 Supervisors regularly conduct case reviews to ensure accuracy of eligibility determinations.

Other. Describe:

8.1.4 Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include intentional and unintentional client and/or provider violations, as defined by the Lead Agency. Administrative errors refer to areas identified through the error-rate review process. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a) Check which activities that the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Run system reports that flag errors (include types). Describe:

The lead agency uses the share/match system database to run system reports for Quality Control case reviews which are done in reporting and non-reporting years to flag errors.

Review enrollment documents and attendance or billing records.

Conduct supervisory staff reviews or quality assurance reviews.

Audit provider records.

Train staff on policy and/or audits.

Other. Describe:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative errors.

Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Run system reports that flag errors (include types). Describe:

The Lead agency uses the share/match system database to run system reports for Quality Control case reviews which are done in reporting and non-reporting years to flag errors.

Review enrollment documents and attendance or billing records.

Conduct supervisory staff reviews or quality assurance reviews.

Audit provider records.

Train staff on policy and/or audits.

Other. Describe:

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors. Check and describe any activities that the Lead Agency uses to investigate and recover improper payments due to program violations or administrative errors, as defined by your state/territory.

- a) Check activities that the Lead Agency uses to investigate and recover improper payments due to intentional program violations or fraud. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: \$1

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Recover through repayment plans.

Reduce payments in subsequent months.

Recover through state/territory tax intercepts.

Recover through other means.

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

The lead agency recoups improper payments from providers by a monthly electronic repayment method. If that business is no longer viable the name is turned over to Audit Recovery Management Services for recoupment (ARMS). ARMS is also responsible for recouping improper payments from clients. Audit and Recovery Management Services (ARMS) identifies, investigates and refers for criminal prosecution or civil litigation acts of fraud or error that cause an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is also responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

Other. Describe:

- b) Describe the results of the Lead Agency activities regarding the investigation and recovery of fraud or intentional program violations.

Audit and Recovery Management Services (ARMS) identifies, investigates and refers for criminal prosecution or civil litigation acts of fraud or error that cause an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is also responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.

- c) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe:

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Recover through repayment plans.

Reduce payments in subsequent months.

- Recover through state/territory tax intercepts.
- Recover through other means.
- Establish a unit to investigate and collect improper payments. Describe:  
Audit and Recovery Management Services (ARMS) identifies, investigates and refers for criminal prosecution or civil litigation acts of fraud or error that cause an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is also responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.
- Other. Describe:

d) Check any activities that the Lead Agency will use to investigate and recover improper payments due to administrative errors.

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: **\$1**
- Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency).
- Recover through repayment plans.
- Reduce payments in subsequent months.
- Recover through state/territory tax intercepts.
- Recover through other means.
- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.  
Audit and Recovery Management Services (ARMS) identifies, investigates and refers for criminal prosecution or civil litigation acts of fraud or error that cause an overpayment of benefits in welfare programs administered by Delaware Health and Social Services. ARMS is also responsible for the accounting and collection of all debts owed to the state as a result of an overpayment of benefits in a public welfare program administered by DHSS.
- Other. Describe:

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

- Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.  
Clients who are found to have committed an intentional program violation or fraud are disqualified. The recoupment process is conducted through ARMS. The lead agency provides an opportunity for a fair hearing to any individual who is dissatisfied with a decision of the lead agency (i.e., to deny, suspend, delay, reduce, terminate, or sanction a Division-issued benefit, etc.). The purpose of a fair hearing is to give all applicants and recipients an opportunity for an impartial, objective review of actions taken in programs

administered by the Division. Every person is informed in writing at the time of application and at the time of any action affecting their benefits of their right to a fair hearing and the method by which they may request a hearing. They may appear for the hearing by themselves or may be represented by counsel or by another person at the hearing.

Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Providers who are found to have committed an intentional program violation or fraud will be notified of the discovery. The provider's license will be terminated and all misspent funds will be recouped by the lead agency. Providers who are disqualified may request an Administrative Review with the Senior Administrator. If the provider's license is terminated the provider may request a Hearing which is conducted by a Hearing Officer with the Office of Child Care Licensing.

Prosecute criminally.

Other. Describe: