



DRAFT
CHILD CARE AND DEVELOPMENT FUND PLAN
FOR
FFY 2006-2007

This Plan describes the CCDF program to be conducted by the State for the period 10/1/05 – 9/30/07. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

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

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

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

(Form ACF 118 Approved OMB Number: 0970-0114 expires 05-31-2006)

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STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/05 – 9/30/07

AMENDMENTS LOG
Child Care and Development Services Plan for
For the period: 10/1/05 -- 9/30/07

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

Instructions:

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

PART 1

ADMINISTRATION

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

1.1 Lead Agency Information (as designated by State Chief Executive Officer)

Name of Lead Agency: Delaware Health and Social Services (DHSS)
Division of Social Services (DSS)
Address of Lead Agency: 1901 N. DuPont Hwy., New Castle, DE 19720

Name and Title of the
Lead Agency's Chief Executive Officer: Elaine Archangelo, Director

Phone & Fax Numbers: (302) 255-9500; fax (302) 255-4425

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

Name of the State Child Care Contact (CCDF): Teresa Printz
Title of State Child Care Contact: Social Services Administrator
Address: (Same as above)
Phone Number: (302)-255-9572
Fax Number: (302) 255-4454
E-Mail Address: Teresa.Printz@state.de.us
Phone Number for child care subsidy program information (for the public) (if any):
Web address for child care subsidy program information (for the public) (if any):

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2005 through September 30, 2006. (§98.13(a))

CCDF: \$13,403,029
Federal TANF Transfer to CCDF: \$0
Direct Federal TANF Spending on Child Care: \$0
State CCDF Maintenance of Effort Funds: \$5,179,330
State Matching Funds: \$3,845,045
Total Funds Available: \$22,454,404

1.4 Estimated Administration Cost

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$863,754(5%). (658E(c)(3), §§98.13(a), 98.52)

1.5 Administration of the Program

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

- Yes. Skip questions 1.6 and 1.7. Go to Section 1.8.
- No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies: (658D(b)(1)(A), §98.11)

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

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

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

The current MOU between DHSS and DSCYF outlines each Department's separate and joint responsibilities. The topics covered include program planning, financial procedures, training, licensing, and the investigations of complaints about child care providers.

DSCYF contracts with private providers to provide training and to administer the challenge grants to help providers meet accreditation standards. Requests for proposals are issued on one, two, or three year intervals as required by the funding source or service.

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

1.6 Determining Eligibility

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

- Determine individual eligibility of non-TANF families?
 Yes.
 No. If no, identify the name and type of agency that determines eligibility of non-TANF families for child care:

- Determine individual eligibility of TANF families?
 Yes.
 No. If no, identify the name and type of agency that determines eligibility of TANF families for child care:

- Assist parents in locating child care?
 Yes.
 No. If no, identify the name and type of agency that assists parents:

- Make payments to providers and/or parents?
 Yes.
 No. If no, identify the name and type of agency that makes payments:

1.7 Non-Governmental Entities

Is any entity named in response to section 1.6 a non-governmental entity? (658D(b), §§98.10(a), 98.11(a))

Yes, and the following entities named in 1.6 are non-governmental:

No.

1.8 Use of Private Donated Funds

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

Yes, The name and type of entity designated to receive private donated funds is:
Name:
Address:
Contact:
Type:

No.

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

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

Yes, and:

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

(%) Estimated % of the MOE requirement that will be met with pre-K expenditures.

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

No.

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

Yes, and

(%) Estimated % of the Matching Fund requirement that will be met with pre-K expenditures.

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

No.

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

1.10 Improper Payments

1.10.1 How does the Lead Agency define improper payments?

Overpayments

An overpayment occurs when the agency pays providers for more child care service than clients are eligible to receive. The overpayment may result because of client, provider or agency error. They include:

- Client fails to report changed income.
- Client fails to report loss of employment or need for service and continues to use care.
- Provider reports attendance for children no longer in care, submits attendance for absent days or days the facility was closed.
- Agency worker incorrectly records income or family size.

Underpayments

An underpayment occurs when the agency does not pay providers for care provided eligible clients. The underpayment may result because of client, provider or agency error. They include

- Client mistakenly reports days and hours service is needed.
- Provider incorrectly reports attendance days.

- Agency worker incorrectly records income or family size in determining fee for service or the days and hours service is needed.

1.10.2 Has your State developed strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)

- Yes, and these strategies are:
 No. If no, are there plans underway to determine and implement such strategies?
 Yes.
 No.

Audit and Recovery Unit

The Audit and Recovery Unit oversees the collection of overpayments; investigates overpayment for suspicion of fraud; prepares referrals for prosecution for felony indictment to the Office of the Attorney General; refers cases directly to a court of competent jurisdiction or prepares an administrative overpayment; establishes repayment agreements; tracks overpayments; and enforces recovery of debts.

Delaware Child Care Information Portal

The Information Portal allows providers to enter attendance on-line, thus reducing attendance data entry errors by agency payment office staff.

Provider Monitoring

Child care monitors conduct announced and unannounced on-site visits to monitor provider's compliance with the child care contract. Visits include a review of facility attendance and payment records.

Monitors receive a system generated max day report that list providers who report children attending maximum payment days two months in a row. The report is an alert to potential provider fraud.

Single State Audit

The child care eligibility process and provider contracts are audited annually.

1.10.3 Has your State developed strategies to identify errors in the determination of client eligibility?

- Yes, and these strategies are:
 No. If no, are there plans underway to determine and implement such strategies?
 Yes.
 No.

Enhanced Client Information System

STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/05 – 9/30/07

Child care eligibility, a stand alone system, was integrated into the Delaware Client Information System. The new system shares eligibility information with TANF, food stamps, and other programs to verify information provided by families at initial eligibility and re-determination of eligibility. The new system enhances the agency's ability to monitor accuracy of program administration.

PART 2 DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). Indicate the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

Consultation involves the participation of an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

Coordination involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (5) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

	Consultation	Coordination
• Representatives of local government	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
• Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input type="checkbox"/>	<input type="checkbox"/>
• Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
• State/Tribal agency (agencies) responsible for		
○ Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
○ Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
○ Public education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
○ TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
○ State pre-kindergarten programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
○ Head Start programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
○ Programs that promote inclusion for children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
• Other: Child Care Subsidy Rule Revision Task Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* Required.

For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts, if any. Descriptions must be provided for any consultation or coordination required by statute or regulation.

Local Government

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

State Agencies and the Public

In 1998, a group of Delawareans representing both governmental entities, private non-profit entities, the business community as well as private citizens came together to create a long-term plan for an early care and education system to serve all of Delaware's children. The end result of this effort was the production of a comprehensive plan to meet Delaware's early care and education needs for the next ten years. Delaware called this plan *Early Success*. Since that time, much work has been done to work toward this comprehensive system, and additional initiatives have been added. In March 2005, the *Early Success* plan will be revised to reflect this additional work.

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

In 2001, the Governor created, through Executive Order, the Delaware Early Care and Education Council. This group of private citizens is charged with advising the Interagency Resource Management Council (IRMC) in the implementation of *Early Success*. The IRMC is a group comprised of Cabinet Secretaries of the Departments of Education, Health and Social Services, and Services to Children, Youth, and their Families. Also included in this group are the State Budget Director and Controller General. To date, the Council has made several recommendations including proposed changes to the subsidized child care system, research needed to move system planning forward, and implementation of specific professional development strategies.

In February of 2005, staff from the Departments of Education, Services for Children, Youth and Their Families and Health and Social Services met to discuss their respective responsibilities under the plan, and establish a schedule for the production

of the plan and public hearings. The group continued to meet throughout the spring to coordinate activities. This document is the product of that collaborative effort.

Division of Public Health

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

The program is a comprehensive, interagency early intervention system for infants and toddlers (aged 0 through age 2 years) who suffer disabilities or developmental delays. Working closely with the child care community, the program provides ongoing training and technical assistance to providers seeking information about IDEA and children with disabilities. Additionally, the program partners with the statewide resource and referral agency to disseminate disability information through direct contact and at workshops and conferences where large numbers of child care professionals attend.

The Division of Public Health administers the Vaccines for Children (VFC) program which provides federal funds for the immunization of children who meet eligibility criteria. This program provides all recommended childhood vaccines at no cost to the parent/guardian or physician and inoculations are provided for eligible children at Public health clinics located in State Service Centers statewide and in the offices of providers enrolled in the program. The division also receives funds used to immunize a small number of children not falling under the VFC category but who are unable to receive immunizations elsewhere. Through the Delaware immunization registry, the division works closely with all providers and school nurses to assure that Delaware children are adequately immunized. The National immunization survey of 2003 indicates Delaware has an immunization completion rate of 82%.

The Office of Lead Poisoning has worked closely with child care providers to offer health education programs and materials on the causes and effects of lead poisoning among young children, and how to identify and reduce lead hazards within the child care setting.

This office provided funding for the child care health consultants to promote adherence to lead prevention assessments and provide ongoing lead education materials within the child care community. Additionally, this office handles all lead inspections for new child care providers opening care centers or homes in structures built prior to 1978.

The Delaware Emergency Medical Services for Children (EMSC) program in the Office of Emergency Medical Services (OEMS) provided leadership and funding for child care providers to attend statewide trainings on disaster preparedness in child care. A steering committee of emergency management personnel, paramedics, state agency representatives, child care professionals, and community representatives was established to address the needs of child care emergency preparedness. EMSC obtained funding from the Maternal Child Health Bureau to host two statewide disaster preparedness trainings and provide technical assistance for over 275 child care providers. A disaster preparedness training curriculum was completed in December of 2004. Trained child care health consultants will use the newly developed curriculum to provide ongoing education and technical assistance on disaster preparedness planning to individual child care providers.

The Special Needs Alert Program (SNAP) was implemented through EMSC, the Office for Children with Special Health Care Needs, and the State Systems Development initiative in 2004. SNAP identifies children with special health care needs within the community and connects them with the emergency medical system. Should the enrolled child require emergency services, the responders will have on hand critical medical information to assist them in providing appropriate treatment and interventions. This service is being promoted through child care organizations. Any parent of a child with special health care needs may enroll their child through EMSC.

Healthy Child Care America

The overall goals of the Healthy Child Care America project are:

- to develop statewide system of child care health consultation;
- address gaps in state licensing regulations based on comparison with *Caring for Our Children: National Health and Safety Performance Standards- Guidelines for Out-of-Home Child Care Programs*;
- to provide a linkage for children in child care to health insurance, Medicaid, and a medical home.

As of 2004, Delaware has trained twenty-one (21) health consultants. Utilizing a unique public-private partnership, the State of Delaware initially contracted with Wesley College Department of Nursing to present the National Training Institute for Child Care Health Consultants (NTI) curriculum. Wesley College has adapted the materials and incorporated the training into their undergraduate, graduate, and continuing education nursing course offerings. As a result, the child care health consultation training is sustained and recognized as part of an accredited institute of higher learning. The University of Delaware School of Nursing is partnering with Wesley College to offer this training to their nursing students as a part of shared curriculum resources between the two schools. The next scheduled training class will begin in March 2005. The current consultants are required to complete 15

continuing education hours annually to remain current with the updated and new NTI CCHC curriculum. Wesley College Department of Nursing provides updated course offerings for continuing education credits, as well. In April 2005, the current consultants will complete trainings in Building Consultation Skills, Promoting Healthy Eating and Physical Activity in Child Care, Injury Prevention, and Caring for Children who have been Maltreated. Additional trainings which have occurred throughout the year are disaster preparedness, prevention of infectious disease, prevention of SIDS.

Of the twenty-one (21) current consultants, approximately ten (10) are active within the child care community statewide. The current consultants come from varied professional backgrounds: nursing, education, child development, special needs children, and child mental health. In Delaware, the child care health consultants function within an entrepreneurial model. The Division of Public Health has contracted with the statewide nonprofit resource and referral agency since 2003 to provide funding for over 800 health consultation service hours to child care homes and centers which serve at-risk populations. In addition to on-site services, consultants provide health and safety trainings. To facilitate communication, a child care health consultation Listserv was developed in 2005. The statewide resource and referral agency maintains a consultant database which is used to facilitate the linkage of consultants with child care providers.

The Medical Society of Delaware secured a Robert Wood Johnson Covering Kids and Families grant which provides free health consultation to facilitate access to public health care coverage programs and promote the use of medical homes. During this past year, SCHIP and Medicaid outreach and enrollment activities have targeted over 4,700 children and their families within the child care community. Additionally, outreach and enrollment materials linked 500 child care providers to public health care coverage programs. This grant supports the salary of the child care health consultant coordinator for the resource and referral agency. Additional funding is used for the consultants to provide SCHIP and Medicaid outreach, enrollment and renewal assistance directly to families and providers through a variety of methods, including on-site presentations, health fairs, newsletter articles and ongoing provider training.

Federal funding for the Healthy Child Care America grant ended on January 31, 2005. However, the goals of the project have been incorporated into the States Early Childhood Comprehensive System grant. Commitment to sustaining the health care consultation program to improve the quality of health and safety standards within the child care community, especially with those who serve at-risk populations, remains a priority.

State Maternal and Child Health Early Childhood Comprehensive Systems Grant

The purpose of this project is to support Delaware in the planning, development, and ultimately the implementation of collaborations and partnerships to help families and

communities in the development of children who are healthy and ready to learn at school entry. The grant identifies five critical components to be addressed:

- Access to medical homes and health care coverage for all children, including those with special health care needs;
- Access and availability of services to address the needs of children at risk of social and emotional developmental issues;
- Quality early care and education services for children from birth to age five that support early learning, health and development of social competence;
- Parent education services which provide support and training to parents in their role as prime educators of their children;
- Family support services to address the stressors impairing families to nurture and support the healthy development of their children.

In July 2003, Delaware received the State Maternal and Child Health Early Childhood Comprehensive Systems Grant (ECCS) award. A forty-three (43) member steering committee of public and private agencies, educators, medical providers, mental health advocates and child advocates was assembled to begin the planning of Delaware's coordinated, comprehensive early childhood system. In June 2004, focus groups were held to address what Delaware's families of young children saw as strengths and weaknesses in the current early childhood system of services. A needs assessment to address both the internal mapping of maternal and child health capacity and external environmental scan and critical analysis of existing early childhood programming is expected to be completed by the end of March 2005. The ECCS steering committee will develop the core set of indicators for early childhood health to measure service system effectiveness and to identify concrete methods to align funding streams, program resources, and policies which will promote system integration statewide.

Supporting quality improvements to the existing early care and education programming is crucial to the ECCS project. Utilizing the established child care health consultant network to assist in improving health and safety measures within the child care community will be an essential tool in linking service pathways from the child care providers to community resources and various state agencies.

Public Education

PIE/Head Start

Partners in Excellence (PIE). In 2003, Delaware was selected as a Partners in Excellence state through an opportunity funded by the Head Start and Child care Bureaus. Guided by a State Core PIE Team consisting of CCDF staff, ECCS staff, DOE Staff, local programs and the resource and referral agency, Delaware proposed

an infrastructure building design and spent the first year developing trainers and health consultants engaged in professional development across the state. In addition, the state team expanded PIE to include a continuum of social emotional support from the universal to individual interventions to treatment. There are now seven (7) components to PIE that include professional development opportunities for children 0-5; technical assistance; assessment; parent support; child centered consultation (behavior consultation); leadership support; and optional activities to include literacy.

In January 2005, pilot implementation began for 32 sites across the state impacting over 1600 children. Early care and education programs impacted include Head Start, Early Head Start, State Pre K, and child care. Funding from the Head Start State Collaboration Project, State Pre K program, PCCD funding, proposed funds from the Division of Public Health and contributions from local programs to participate in activities are sources of financial support for the initiative. Numerous partners including technical assistance from the University of Illinois, University of Delaware, Devereux Foundation, and Nemours Foundation is making the pilot a reality.

Head Start

The Head Start State Collaboration Director was appointed to serve on the Child care Subsidy Task Force to recommend policies to enhance the Purchase of Care (POC) system. A policy recommendation for full year eligibility has been recommended to enhance coordination efforts with Head Start and State Pre K Early Childhood Assistance Program (ECAP) programs. Head Start and ECAP currently serve over 2600 children of which 60% are in need of full day services. Consistent and continuous care, whether at the Head Start site or via child care partnership, will support state efforts related to quality.

Coordination in planning the next five year plan for refunding the Head Start Collaboration grant will include staff representing CCDF, welfare, and health and other agencies representing the eight domains for the project. State system building activities have included Head Start in processes and planning activities. Higher level coordination will be needed should Delaware be targeted as one of nine states to compete for oversight of Head Start and coordination of child care and at least one other early care and education program. Budget proposals have been recommended for 45 million dollars to support the demonstrations.

Temporary Assistance to Needy Families (TANF)

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

- provides child care to Delaware's TANF Program participants who are eligible for services;
- provides transportation services to Delaware's TANF program participants who need such services for work;
- refers TANF participants in need of drug or alcohol treatment and provides the supportive service of child care, as necessary, to allow a participant's involvement in the treatment process.

State Pre Kindergarten program

ECAP

The Delaware Department of Education is the Lead Agency for the state funded Early Childhood Assistance Program (ECAP). ECAPs are designed on the Federal Head Start model. All programs follow Head Start Performance Standards as the foundation for developing their program's systems and services. ECAP services are comprehensive and include: developmentally appropriate early childhood education, health and nutritional services, parent involvement, family partnerships/services, transportation, services for children with special needs, transportation and transition.

There are ECAP programs located throughout the state, with multiple grantees in each county. Grantees include Federal Head Start programs, school districts, community early care and education organizations, and a for-profit early care and education program. Services are typically provided following the local school calendars, with some programs operating through the summer. Most of the ECAPs provide full-day or wrap-around services to enrolled children. These programs collaborate with CCDF funded subsidized child care or utilize their own CCDF funds to provide this service to children and their families.

Programs that promote inclusion

The State Education Agency (Delaware Dept. of Education) actively encourages Local Education Agencies (LEA) to provide special education and related services to young children with disabilities within environments that are least restrictive. Under the purview of LEAs (school districts), there are many young children with disabilities currently enrolled in early education sites across Delaware. In order for a child to be enrolled in an early education program and counted as receiving special education services, the LEA is obligated to provide on-site consultation with the early education agency teacher.

Several LEAs operate early education programs, providing both preschool experiences as well as full day child care. In each of these situations, the LEAs provide these opportunities as locally designed strategies to provide children with disabilities with education experiences within inclusive settings - meeting the intent of the federal law to provide special education within the least restrictive environment.

In both situations described above, the State Education Agency (SEA) has worked with the state lead child care Agency to ensure that professional development training is available for early educators. The SEA consults with the Lead Agency to identify professional development needs. The SEA has also worked closely with the Lead Agency, through the Child Care Capacity grant program to identify and support early education settings that offer early education services to young children with disabilities.

Other

Child Care Subsidy Rule Revision Task Force

The Delaware Early Care and Education Council recommended to the Interagency Resource Management Committee that the Department of Health and Social Services appoint a Child Care Subsidy Rule Revision Task Force. The Council recommended that the Task Force be charged with exploring innovative improvements for the regulation and funding of subsidized child care and that the data from the Delaware's 2002 Base Line Quality Study be analyzed to determine the relationship between financial resources and quality. The membership of this Task force contained both public agencies, private for profit, private non profit, participants, and recipients of child care services.

2.1.2 State Plan for Early Childhood Program Coordination. Good Start, Grow Smart encourages States to develop a plan for coordination across early childhood programs. Indicate which of the following best describes the current status of the State's efforts in this area.

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- Developing.** A plan is being drafted. The draft is included as Attachment _____
- Developed.** A plan has been written but has not yet been implemented. The plan is included as Attachment _____
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 1
- Other (describe):**

Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2004-2005 State Plan.

The state plan, *Early Success*, will begin a review and revision process on March 30, 2005. The original plan developed in 1998 does not reflect the broad spectrum of early childhood programs. Through the planning portion of the Early Childhood Comprehensive System grant, it became clear that additional programs needed to be added to *Early Success*. Children's health, social and emotional development, and family support will be reflected in the revised plan. The revision is expected to be complete by the end of 2005.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

The Office of Early Care and Education is responsible for supporting the collaborations that will move the implementation of *Early Success* forward. The Delaware Early Care and Education Council (DECEC) monitored and advised the IRMC on the implementation of *Early Success*. DECEC reports to the IRMC annually on the implementation progress. To date the following programs with their funding are coordinated through the implementation of *Early Success*: CCDF quality and child care programs, Program for Preschoolers with Disabilities, State Pre-K program, Head Start and TANF through the child care licensing program.

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

The Baseline Quality Study was the result of coordination and blending of funding. The Quality Study informs the work and priorities set by the DECEC and IRMC. Last year, DECEC requested the creation of a Subsidized Child Care Rule Revision Task Force to evaluate current practices and explore innovative ways to improve subsidized child care. The Division of Social Services agreed and created the task force. Their final report will soon be issued. The final result of the coordination of effort under a single plan will be a higher quality early childhood system for young children and their families.

The accomplishments of 2004 are listed below and related to the implementation of a quality early childhood system.

- Development of Delaware's Tiered Rating System
- Licensure and Implementation of T.E.A.C.H. in Delaware
- Hand washing campaign for children in child care centers
- Creation of the Child Care Subsidy Rule Revision Task Force
- Infant and toddler Purchase of Care rate increase
- Implementation of a full-day kindergarten pilot
- Implementation of the Purchase of Care provider portal
- Development of a child care director's certification program at Delaware Technical and Community College
- Development of Child Care Center Practitioners Competencies

- Completion of the Partners In Excellence professional development for trainers and technical assistance providers; implementation sites selected
- Implementation of the Care To Read Early Literacy Training
- Implementation of the Parents As Teachers Supporting Caregivers Curriculum
- Implementation of the Early Steps To Literacy Training Program
- Implementation of PNC Bank's Grow Up Great program to support school readiness
- Implementation of Project INSITE, an improvement program for infant & toddler practitioners
- New Scripts, parents of children with disabilities co-teaching for practitioners

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

As noted previously, both the IRMC and DECEC were formally created with specific responsibilities. The *Early Success* plan will be reviewed and revised in 2005.

2.2 Public Hearing Process

Describe the statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

- Date(s) of statewide notice of public hearing
- Manner of notifying the public about the statewide hearing: DHSS web site announcements at <http://www.dhss.delaware.gov/dhss/dss/childcr.html>, <https://childcare.dhhs.delaware.gov>, public service announcements to broadcast media, notices mailed to active providers and classified advertisements in newspapers;
- Date(s) of public hearing(s) May 3rd, 5th and 19th.
- Hearing site(s) Wilmington (New Castle County), Dover (Kent County), and Georgetown (Sussex County)
- How the content of the plan was made available to the public in advance of the public hearing(s) (658D(b)(1)(C), §98.14(c)): Draft Plan available on DHSS web site at <http://www.dhss.delaware.gov/dhss/dss/childcr.html>; classified advertisements; notices where mailed to active providers, and public service announcements informing public of availability.

A brief summary of the public comments from this process is included as Attachment 2.

2.3 Public-Private Partnerships

Describe (1) the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, and (2) the results or expected results of these activities. (658D(b)(1), §98.16(d))

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

Social Venture Partners Delaware (SVPDE) – SVPDE provides multi-year funding to child care and kindergarten programs that serve children in poverty. Additionally, they aid in the provision of services that these programs need such as budgeting, marketing, leadership development, parental involvement, and social/emotional needs of children. SVPDE also participates in policy development for the child care system. The result is that individual programs are strengthened and there is also private support for policies that improve the quality of child care.

United Way of Delaware – United Way of Delaware is at the beginning stages of exploring the national Success by 6 campaign of their parent organization. The anticipated result is that United Way of Delaware will create a Success by 6 campaign for Delaware that serves to increase public will about the need for quality child care for all children. See attachment 3 for Advisory Committee Charge

Wilmington Early Care and Education Council (WECEC) – WECEC is a local council by city government to improve the quality of child care. Since its inception, WECEC has been able to create private partnerships with many organizations to improve family engagement and professional development opportunities. The result is that these organizations are invested in the City of Wilmington, where there is a large concentration of children in poverty.

Delaware Early Care and Education Office (DECEO) – DECEO is the State of Delaware's interagency office created to guide the implementation of Delaware's strategic agenda for the improvement of early care and education, entitled *Early Success II*. The office creates public-private partnerships through providing information to private sector entities on a regular basis. The result is that public will is generated around issues critical to improving the quality of child care.

Early Childhood Assistance Programs (ECAP) – ECAP is the state's publicly funded preschool program. ECAP programs are placed in both public school settings and community-based child care settings. The result is that high quality child care is offered in both public and private settings, which can help to raise the overall quality of child care programs.

Parents As Teachers (PAT) – The PAT program is a publicly funded program that provides home visiting services to families. The PAT program now also receives private funds to provide technical assistance to community-based programs. The result has been

that child care programs are receiving on-site assistance with their curriculum and classroom management.

Nemours Foundation – Nemours Foundation is committed to improving social-emotional wellness and physical wellness in children. As a private foundation, Nemours is currently working to establish connections with a child care system and identifying its role. The anticipated result is that Nemours will aid in strengthening the child care system relative to its organization's areas of focus.

Nemours Health and Prevention Services (NHPS) is a new division of the Nemours Foundation and expands the foundation's focus beyond children's health care delivery. The mission of NHPS is to engage communities and work with partners to find, develop, implement, and disseminate successful strategies to help children, families, and communities to live healthier lives. NHPS incorporates the idea that health promotion and disease prevention, in addition to medical care, are important tools in assuring the health of any population. Health promotion must extend beyond the clinical setting to focus on the *whole* child within his/her family & community. Investing in prevention will improve health, but requires a long-term commitment; the *impact* of health promotion and prevention takes years to realize. To that end, NHPS focuses on health determinants; not medical treatment for illness/disability. In support of this mission, NHPS will work with communities and a variety of agency partners to study the need for, design, and implement coordinated health promotion and disease prevention programs.

NHPS activities are grounded in the belief that an infrastructure of lasting capacity must be built to address health promotion and disease prevention that compliments the existing capabilities of communities and agencies. NHPS will use internal staff capacity (infrastructure) to work with community agencies in four sectors: child care, primary care, schools, and neighborhoods.

Within the childcare sector, NHPS plans to implement the following activities starting in 2005 and continuing beyond:

Early Childhood Physical Activity and Healthy Eating Curricula for Child Care Centers – This project will adapt existing curricula and design new developmentally appropriate teaching tools to teach preschool children about both physical activity and nutrition. The materials will include provider/teacher manuals; activities and equipment to use with the children (lesson plans), information for parents, and guidelines for implementation for child care center administrators. Curriculum development involves understanding the existing materials and how they can be adapted (e.g., planet health curriculum from Harvard), creating original materials with careful attention to child development principles, and drafting and beta-testing versions in child care "model" settings. This work will be carried out in conjunction with CHM and the Sesame partnership and will involve local partners such as the University of Delaware to help design, test and vet the curriculum before it is rolled out for wider testing and evaluation. This curriculum eventually becomes one of the building blocks of the

other two projects in the overall plan. Curriculum development is expected to take at least one year with beta testing occurring in the second year. A wider demonstration process and evaluation of the applied curriculum would occur in year three and beyond.

Child Care Provider Health Promotion Training Workshops – CHI will contract with Family and Work Place Connection (FWC) to implement a provider training plan about health promotion for child care providers across the state. The curricula will be selected and adapted by CHI subject matter experts to address health promotion content for both child care centers and family child care homes. CHI staff may also serve as faculty. Training sessions will be offered in each county and training materials distributed statewide building on the training network now in place through the Office of Child Care Licensing and FWC. The number of training sessions will be planned with FWC and the state child care licensing agency. Those child care providers that participate in the training and actively implement the training in their sites will be offered incentives to support their action plans (e.g., education media, playground and sports equipment, etc.). Following an assessment of year one, training will be revised and offered in years two and three.

Comprehensive Child Care Center Demonstration Projects – Selected child care centers will be provided with a menu of activities that they can undertake to change the environment of the child care center. Evidence suggests that multiple changes in the environment need to occur along with provider training and education of parents and children to successfully change physical activity and nutrition. Child care centers will be helped to assess their current environment and, based on the assessment, will negotiate a contract with NHPS to support recommended changes in physical space, schedules, menus and food service, child and parent instruction, and provider knowledge and behavior. They will be asked to include a “health consultant” on their staff to help implement the changes and oversee health promotion practices. They will be assisted by NHPS to implement the plan and will be asked to participate in data collection, reporting, and other evaluation activities. Tools and materials will be provided to address teaching about nutrition, physical activity, emotional health, communication, and coping skills for staff, children and parents. The project contract will provide resources for the centers to add staff to carry out the project and purchase needed equipment and materials. Decisions about where to place these projects, how to select the participating centers, and how to assess the sites will be part of internal NHPS planning to prepare for implementation. We anticipate that year one will be a start up year for each site and that each demonstration site will need to carry out the project for at least three years. The third year will involve planning for sustainability and replication.

PNC Bank – PNC has launched a campaign called “Grow Up Great,” which provides literacy information to Head Start and Early Childhood Assistance Programs, as well as bank consumers. The result is that families are much more aware of the literacy needs of their young children.

PART 3 CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System

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

- (1) a description of the form of the certificate (98.16(k));
- (2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and
- (3) if the Lead Agency is also providing child care services through grants and contracts, estimate the mix of §98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.

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

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

1. A description of the form of the certificate: (§98.16(k))
Copies of the certificate forms are attached as Attachment 4.
2. A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to the choice of provider:
(658E(c)(2)(A)(iii), 658P(2), §§98.2, 98.30(c)(4) & (e)(1) & (2))

Certificates allow parents the opportunity to select any provider who legally provides child care services. Parents can select a provider who either agrees to accept the State rate for child care payment or who does not agree to accept the State rate. A parent who chooses a provider who does not accept the State rate will self-arrange care with that provider. In this instance the parent pays the provider directly for services and is

reimbursed by the State up to the State's payment rate. The provider whom a parent selects and who agrees to the State rate will be treated as a contracted provider.

Parents are informed by letter as well as by a child care worker that they can use a certificate to select any licensed contract or non-contract provider of their choice as well as any legally exempt provider. Parents who choose a certificate are provided with a copy of the certificate form. Parents take the form to a provider of their choice and the provider completes the form and submits a completed copy to DSS so that information can be processed to insure provider payment. (See Attachment 5 for Parent letter)

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

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

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

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

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

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

No

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

- Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))
 No

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

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

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

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

These rates are provided as Attachment 6.

The attached payment rates were, or will be, effective as of 10-1-2004.

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

- The month and year when the local market rate survey(s) was completed: May 2005 . (§98.43(b)(2))
- A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as Attachment 7.
- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

In Delaware, the rates that the agency pays range from 62 percent to 76.5 percent of the local market rate for homes and from 56 percent to 72 percent of the local

market rate for centers. Providers serve children in subsidized care and there is no wait list for services.

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

In addition, we note that there are approximately 410 licensed child care centers operating throughout the State. Of this number, approximately 400 have agreed to accept children who receive a subsidy under the CCDF. Also, there are approximately 1,564 family home providers providing care throughout the State. Of this number, approximately 1164 have agreed to accept children who receive a subsidy under the CCDF.

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

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

- At what percentile of the current Market Rate Survey is the State rate ceiling set? If it varies across categories of care, please describe.

There is no cap or ceiling set.

- Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?

- Yes. If yes, describe:
 No

3.3 Eligibility Criteria for Child Care

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

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			(c) Income Level, lower than 85% SMI, if used to limit eligibility	
			(d) \$/month	(e) % of SMI [Divide (d) by (a), multiply by 100]
1	\$3,010	\$2,559	\$1,552	52%
2	\$3,937	\$3,346	\$2,082	53%
3	\$4,863	\$4,133	\$2,612	54%
4	\$5,789	\$4,921	\$3,142	54%
5	\$6,715	\$5,708	\$3,672	55%

If the Lead Agency does not use the SMI from the most current year, indicate the year used: FY2005

If applicable, the date on which the eligibility limits detailed in column (b) became or will become effective:

3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as Attachment 8. (§§98.16(g)(5), 98.20(b))

Income is all sources of cash from earnings such as wages as well as from unearned sources such as pensions, child support, etc. (See attached policy 11003.9.1 attachment 8, which defines what income sources count and which do not count toward eligibility.)

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

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

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

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

- Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)
- No
- Not applicable. CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

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

- Yes, and the upper age is 18.
- No

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

- Yes, and the upper age is 18.
- No

- 3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

- Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)
- No

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3.3.8 Does the State choose to provide child care to children in protective services?
(§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

- Yes
 No

3.4 Priorities for Serving Children and Families

- 3.4.1 Describe how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

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

- TANF E&T participants
- TANF employed families
- Teen parents who attend high school, Adult Basic Education (ABE) or General Education Diploma (GED) program
- Special needs child or special needs caretaker
- Homeless families
- Families who have excessive financial burden
- Children with a protective need

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

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

- 3.4.3 Does the Lead Agency maintain a waiting list?
- Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?
- No. If no, does the Lead Agency serve all eligible families that apply?
- Yes
- No

Are there other ways that the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies? If so, describe.

3.5 Sliding Fee Scale for Child Care Services

3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as Attachment 9

The attached fee scale was or will be effective as of 10-01-04.

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

- Yes, and the following describes any additional factors that will be used:
 No

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

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

- Yes
 No, and other scale(s) and their effective date(s) are provided as Attachment ____.

- 3.5.3 The Lead Agency may waive contributions from families, whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$2,612.

The Lead Agency must elect ONE of these options:

- ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.
- ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:
TANF Families, teen parents, special needs families, protective families, families with excessive financial burdens, non parent caretakers with a TANF or GA child

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

- Yes. Please describe:
- No.

Delaware has implemented “Purchase of Care Plus” an option that allows a provider to charge parents the difference between the DSS rate and the provider’s private rate. Providers must agree to accept DSS participants who are not required to pay a fee and who cannot be charged the difference between the provider’s rate and the DSS rate.

This change also allows self-arranged parents whose provider does not have a subsidy slot available to opt to pay only the difference between the DSS rate and the provider’s private rate. This eliminates the wait for client reimbursement.

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

Delaware bases its fee scale on income, family size, and cost of care (i.e., the reimbursement rate). Families pay anywhere from 1 percent to 80 percent of the cost of care based on their income and family size. A typical Delaware family of 3 with two children in care (one child in a center and the other in school based care) and with income at 135 percent of the Federal Poverty Level (FPL) will pay approximately 32 percent of the cost of care. Families with incomes from 1 percent to 75 percent of the FPL will meet the waive fee criteria and not

contribute to the cost of care. These typically are TANF families. A family of 3 with incomes between 76 percent and 85 percent of the FPL will typically pay 12 percent of the cost of care. A Delaware family of 3 with incomes between 190 percent and 200 percent of poverty will pay approximately 80 percent of the cost of care. This was done to help these families avoid the so-called “cliff effect” when these families will no longer be eligible for a child care subsidy. Since most of the families we serve fall between 1 percent and 155 percent of the federal poverty scale, and since these families either pay a nominal fee or no greater than 48 percent of care we believe that the fee scale provides affordability for most families receiving subsidized care in Delaware.

PART 4 PROCESSES WITH PARENTS

4.1 Application Process

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

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

See attached policies 11004, 11004.1, 11004.2, 11004.2.1, 11004.3, 11004.4, 1004.4.1, 11004.5, 11004.6, 11004.7, 11004.7.1, 11004.9, 11004.9.1, 11004.11, and Administrative Notice A-7-99 and policy 3011.2 for a discussion on the above matters. (These are noted in Attachment 9 and 10.)

4.2 Records of Parental Complaints

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

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

This requirement is noted in Child Policy at Sections 11005.1 and 11006.6. (See Attachment 11)

4.3 Unlimited Access to Children in Child Care Settings

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

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

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

The requirement is noted in Child Care Policy at Section 11005.1, Attachment 11.

4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

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

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

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

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

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

5.1 Quality Earmarks and Set-Asides

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

Infants and toddlers:

The Office of Child Care Licensing, Delaware First is in the third year of contracting with the University of Delaware for Project INSITE which has targeted technical assistance to infant-toddler programs. This project has been aimed at providing technical assistance to make program improvements in infant-toddler classrooms as outlined in improvement plans derived from ITERs assessments. The project has included stipends for materials, training, and equipment to meet criteria for higher quality ratings. The development of infant-toddler early learning guidelines was also supported by the plan for 04-05.

In the coming year, Delaware First will contract for development of targeted training and education of center-based administrators in the design and implementation of quality programming for infants and toddlers. An emphasis will be placed on training that embeds and promotes the recently developed Early Learning Guidelines (ELF) for infants and toddlers, which highlights the social-emotional development of infants and toddlers using The Program for Infants and Toddler Caregivers curriculum and the Partners in Excellence training models. Training will be designed to support proposed regulations revision and promote the development of a credential in infant-toddler work. Incentives may be used to encourage administrators and program directors to increase their education both in early childhood administration as well as infant and toddler care. It is expected that this effort will show programs making improvements in ITERs scores. Alignment of any new curriculum content approved by the professional development system will be made with the newly developed infant-toddler early learning guidelines.

Resource and referral services:

An Online Child Care Locator System has been developed to enable Division of Social Services (DSS) staff to do a live search of the resource and referral agency's database of legally operating child care providers in the state of Delaware. DSS staff uses the web to help clients identify suitable child care

providers by zip code. (A more limited online search capability has also been developed to allow public access to provider information online.) The balance of the funds are used to help support an automated 24 hour/7 day per week community telephone referral line.

School-age child care:

A school age credential program will be developed which includes a formal education component of nine college credits and a competency demonstration using the environmental rating scale for school age children (SACERS). Scholarships for providers would be provided through the T.E.A.C.H. (Teacher Education and Compensation Helps) program.

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds): \$ 696,659.12 (4%).
- 5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

	Yes	No
• Comprehensive consumer education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Activities to promote inclusive child care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))

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

Comprehensive consumer education

The Delaware Early Care and Education Office (DECEO), funded by CCDF and state funds, are responsible for the implementation of *Early Success*. One key area of *Early Success* is generating public will around early care and education. The Delaware Early Care and Education Council, staffed by DECEO, is a group of private citizens charged with providing input on the implementation of *Early Success*. This group has targeted public will as an area of focus for the last two years.

DECEO staff also provides support to the Wilmington Early Care and Education Council (WECEC). WECEC, through an ELOA grant as well as state and local funds, also provides consumer education. For the last two years, WECEC has utilized billboards, television commercials, local television appearances, community events, and print materials in child care programs to educate the community about the importance of quality early care and education.

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

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

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

Monitoring and Compliance

Two staff positions are supported in the Office of Child Care Licensing; a Licensing Specialist and the Rule Development Manager. These positions allow for smaller caseloads and enhanced monitoring in the case of the former position and for ongoing review and revision of licensing regulations, indicators and policies in the latter position.

Professional Development

Two staff positions are supported in the Office of Child Care Licensing to develop and implement components of the professional development system. An

additional position is supported in the Office of Early Care and Education to assist in the development and implementation of the statewide early care and education system, *Early Success*. In addition to these positions, individual contractor services are utilized to develop curriculum for training, align curriculum with Early Learning Guidelines and Staff Competencies and design components for system building such as trainer approval process, credentials and individual licensure. Development, revision, and update of the 120 content hour statewide package of training for entry level workers (Training for Early Care and Education 1 and 2 [TECE]) are an ongoing commitment of Delaware First Professional Development system. Individual contractor services are also used to for data collection and input track training of providers through the Personnel Registry.

Contracts with Family & Workplace Connection serve to recruit, prepare, and assign trainers and to coordinate training activities, training resources and information tools such as the website and training calendar, *Provider Pursuits*. Contracts with Family & Workplace Connection for operation of a statewide system of resource centers and mobile vans provides resources and technical assistance to staff and programs for enhancing program quality and curriculum for children and resources and materials for individual and staff professional development and career advisement. The centers themselves are early childhood meeting and training locations and the center and mobile van system is utilized to coordinate and disseminate resource materials from other community services and programs that will benefit early care and education. Earmarked and Quality set asides are used to provide technical assistance for infant and toddler programs through a contract with the University of Delaware and to provide targeted training for directors and for infant and toddler staff through contracts with Family & Workplace Connection. Development of early learning guidelines for infants and toddlers, development of quality rating systems, implementation of T.E.A.C.H. and partial underwriting of statewide training conferences are also supported activities of the quality and earmarked set asides.

Improving Salaries

Quality set aside is used to support staffing and infrastructure for the T.E.A.C.H. licensee, Family & Workplace Connection, and to ensure that the Training for Early Care and Education (TECE) curriculum and qualified trainers are available for delivery of Apprenticeship training through the Vocational Education High School Adult Education. Each of these efforts offers some opportunities for improving salaries.

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

to train some of the instructors who will provide the training for the apprenticeships.

Activities in support of early language and literacy

Delaware First *Training for Early Care and Education 1 and 2 (TECE)* developed for entry level workforce has been reviewed for content supporting early literacy and numeracy. Efforts will be undertaken to enhance the training content to reflect an emphasis on this material. All new training development will be focused on support of this content as well. Consideration is being given to development of targeted training and the possible development of a credential in this content area.

The Core Curriculum (professional development made available to early educators), reflects changes in the field of knowledge in the areas of language, literacy and math development. Curriculum revisions had kept pace with the research base to reflect best practice. The Curriculum explores the concepts and instruction of key concepts and incorporates those concepts into children's daily activities.

The Infant/Toddler Foundations (early learning standards) are currently in draft development. In conjunction with these standards will be the development of a basic curriculum/activities guide and accompanying training modules and training activities to support the implementation of the I/T Foundations.

Activities to promote inclusive child care

Capacity Building Program

The goal of the Capacity Building Program is to increase the supply of appropriate, affordable child care for low-income families. The primary focus is to create, expand or enhance new services for types of child care which is in limited supply, including care for disabled children. On-site technical assistance is received by providers of specializing care for children with challenging behaviors and by local education agencies with children enrolled in early education sites.

Birth to Three Early Intervention System is participating in the following activities to promote inclusive child care

Early Intervention Providers will implement new partnerships with early care and education providers through grant opportunities and through other early care and education initiatives such as Parents As Teachers' Stay and Play. Individual early intervention providers will implement other strategies to increase the number of services provided in natural environments.

Building Capacity in Natural Environments Committee (BCNE) of the Birth to Three Early Intervention System will continue to promote service coordinator and

EI provider participation in early care and education initiatives. BCNE will promote inclusive child care training as part of child care conferences throughout the state.

Partners In Excellence (PIE) will be sponsoring PIWI (Parents Interacting With Infants) training. The PIWI model is a framework founded on the relationship-based, family centered, developmental perspective of early intervention. PIWI believes that parent-child relationships are critical foundations for early development. Potential participants include home childcare providers, Early Head Start, Parents As Teachers, home visitors, family service coordinators, and early intervention providers.

Mid South Regional Resource Center will provide Delaware with a review of evidenced based practices and resource materials concerning approaches, activities, and skills in caring for children with disabilities within early care and education settings. This will be reviewed by BCNE and used at child care conferences and to update the *Growing Together User's Guide for Early Care and Education*.

Healthy Child Care America and other health activities

The overall goals of the Healthy Child Care America project are:

- to develop statewide system of child care health consultation;
- to address gaps in state licensing regulations based on comparison with *Caring for Our Children: National Health and Safety Performance Standards- Guidelines for Out-of-Home Child Care Programs*;
- to provide a linkage for children in child care to health insurance, Medicaid, and a medical home.

As of 2004, Delaware has trained twenty-one (21) health consultants. Utilizing a unique public-private partnership, the State of Delaware initially contracted with Wesley College Department of Nursing to present the National Training Institute for Child Care Health Consultants (NTI) curriculum. Wesley College has adapted the materials and incorporated the training into their undergraduate, graduate and continuing education nursing course offerings. As a result, the child care health consultation training is sustained and recognized as part of an accredited institute of higher learning. The University of Delaware School of Nursing is partnering with Wesley College to offer this training to their nursing students as a part of shared curriculum resources between the two schools. The next scheduled training class will begin in March 2005. The current consultants are required to complete 15 continuing education hours annually to remain current with the updated and new NTI CCHC curriculum. Wesley College Department of Nursing provides updated course offerings for continuing education credits, as well. In April 2005, the current consultants will complete trainings in Building Consultation Skills, Promoting Healthy Eating and Physical Activity in Child Care, Injury Prevention,

and Caring for Children who have been Maltreated. Additional trainings which have occurred throughout the year are disaster preparedness, prevention of infectious disease, and prevention of SIDS.

Of the twenty-one (21) current consultants, approximately ten (10) are active within the child care community statewide. The current consultants come from varied professional backgrounds: nursing, education, child development, special needs children and child mental health. In Delaware, the child care health consultants function within an entrepreneurial model. The Division of Public Health has contracted with the statewide nonprofit resource and referral agency since 2003 to provide funding for over 800 health consultation service hours to child care homes and centers which serve at-risk populations. In addition to on-site services, consultants provide health and safety trainings. To facilitate communication, a child care health consultation Listserv was developed in 2005. The statewide resource and referral agency maintains a consultant database which is used to facilitate the linkage of consultants with child care providers.

The Medical Society of Delaware secured a Robert Wood Johnson Covering Kids and Families grant which provides free health consultation to facilitate access to public health care coverage programs and promote the use of medical homes. During this past year, SCHIP and Medicaid outreach and enrollment activities have targeted over 4,700 children and their families within the child care community. Additionally, outreach and enrollment materials linked 500 child care providers to public health care coverage programs. This grant supports the salary of the child care health consultant coordinator for the resource and referral agency. Additional funding is used for the consultants to provide SCHIP and Medicaid outreach, enrollment and renewal assistance directly to families and providers through a variety of methods, including, on-site presentations, health fairs, newsletter articles and ongoing provider training.

Federal funding for the Healthy Child Care America grant ended on January 31, 2005. However, the goals of the project have been incorporated into the States Early Childhood Comprehensive System grant. Commitment to sustaining the health care consultation program to improve the quality of health and safety standards within the child care community, especially with those who serve at-risk populations, remains a priority.

State Maternal and Child Health Early Childhood Comprehensive Systems Grant

The purpose of this project is to support Delaware in the planning, development, and ultimately the implementation of collaborations and partnerships to help families and communities in the development of children who are healthy and ready to learn at school entry. The grant identifies five critical components to be addressed:

- Access to medical homes and health care coverage for all children, including those with special health care needs;

- Access and availability of services to address the needs of children at risk of social and emotional developmental issues;
- Quality early care and education services for children from birth to age five that support early learning, health and development of social competence;
- Parent education services which provide support and training to parents in their role as prime educators of their children;
- Family support services to address the stressors impairing families to nurture and support the healthy development of their children.

In July 2003, Delaware received the State Maternal and Child Health Early Childhood Comprehensive Systems Grant (ECCS) award. A forty-three (43) member steering committee of public and private agencies, educators, medical providers, mental health advocates and child advocates was assembled to begin the planning of Delaware's coordinated, comprehensive early childhood system. In June 2004, focus groups were held to address what Delaware's families of young children saw as strengths and weaknesses in the current early childhood system of services. A needs assessment to address both the internal mapping of maternal and child health capacity and external environmental scan and critical analysis of existing early childhood programming is expected to be completed by the end of March 2005. The ECCS steering committee will develop the core set of indicators for early childhood health to measure service system effectiveness and to identify concrete methods to align funding streams, program resources and policies which will promote system integration statewide.

Supporting quality improvements to the existing early care and education programming is crucial to the ECCS project. Utilizing the established child care health consultant network to assist in improving health and safety measures within the child care community will be an essential tool in linking service pathways from the child care providers to community resources and various state agencies.

Partners in Excellence (PIE). In 2003, Delaware was selected as a Partners in Excellence state through an opportunity funded by the Head Start and Child Care Bureaus. Guided by a State Core PIE Team consisting of CCDF staff, ECCS staff, DOE Staff, local programs and the resource and referral agency, Delaware proposed an infrastructure building design and spent the first year developing trainers and health consultants engaged in professional development across the state. In addition, the state team expanded PIE to include a continuum of social emotional support from the universal to individual interventions to treatment. There are now seven (7) components to PIE that include professional development opportunities for children 0-5; technical assistance; assessment; parent support; child centered consultation(behavior consultation); leadership support; and optional activities to include literacy.

In January 2005, pilot implementation began for 32 sites across the state impacting over 1600 children. Early care and education programs impacted

include Head Start, Early Head Start, State Pre K, and child care. Funding from the Head Start State Collaboration Project, State Pre K program, PCCD funding, proposed funds from the Division of Public Health and contributions from local programs to participate in activities are sources of financial support for the initiative. Numerous partners including technical assistance from the University of Illinois, University of Delaware, Devereux Foundation, and Nemours Foundation are making the pilot a reality.

Nemours Health and Prevention Services (NHPS) is a new division of the Nemours Foundation and expands the foundation's focus beyond children's health care delivery. The mission of NHPS is to engage communities and work with partners to find, develop, implement, and disseminate successful strategies to help children, families, and communities to live healthier lives. NHPS incorporates the idea that health promotion and disease prevention, in addition to medical care, are important tools in assuring the health of any population. Health promotion must extend beyond the clinical setting to focus on the *whole* child within his/her family & community. Investing in prevention will improve health, but requires a long-term commitment; the *impact* of health promotion and prevention takes years to realize. To that end, NHPS focuses on health determinants; not medical treatment for illness/disability. In support of this mission, NHPS will work with communities and a variety of agency partners to study the need for, design, and implement coordinated health promotion and disease prevention programs.

NHPS activities are grounded in the belief that an infrastructure of lasting capacity must be built to address health promotion and disease prevention that compliments the existing capabilities of communities and agencies. NHPS will use internal staff capacity (infrastructure) to work with community agencies in four sectors: child care, primary care, schools, and neighborhoods.

Within the childcare sector, NHPS plans to implement the following activities starting in 2005 and continuing beyond:

Early Childhood Physical Activity and Healthy Eating Curricula for Child Care Centers

This project will adapt existing curricula and design new developmentally appropriate teaching tools to teach preschool children about both physical activity and nutrition. The materials will include provider/teacher manuals; activities and equipment to use with the children (lesson plans), information for parents, and guidelines for implementation for child care center administrators. Curriculum development involves understanding the existing materials and how they can be adapted (e.g., planet health curriculum from Harvard), creating original materials with careful attention to child development principles, and drafting and beta-testing versions in child care "model" settings. This work will be carried out in conjunction with CHM and the Sesame partnership and will

involve local partners such as the University of Delaware to help design, test and vet the curriculum before it is rolled out for wider testing and evaluation. This curriculum eventually becomes one of the building blocks of the other two projects in the overall plan. Curriculum development is expected to take at least one year with beta testing occurring in the second year. A wider demonstration process and evaluation of the applied curriculum would occur in year three and beyond.

Child Care Provider Health Promotion Training Workshops

CHI will contract with Family and Work Place Connection (FWC) to implement a provider training plan about health promotion for child care providers across the state. The curricula will be selected and adapted by CHI subject matter experts to address health promotion content for both child care centers and family child care homes. CHI staff may also serve as faculty. Training sessions will be offered in each county and training materials distributed statewide building on the training network now in place through the office of child care licensing and FWC. The number of training sessions will be planned with FWC and the state child care licensing agency. Those child care providers that participate in the training and actively implement the training in their sites will be offered incentives to support their action plans (e.g., education media, playground and sports equipment, etc.). Following an assessment of year one, training will be revised and offered in years two and three.

Comprehensive Child Care Center Demonstration Projects

Selected child care centers will be provided with a menu of activities that they can undertake to change the environment of the child care center. Evidence suggests that multiple changes in the environment need to occur along with provider training and education of parents and children to successfully change physical activity and nutrition. Child care centers will be helped to assess their current environment and, based on the assessment, will negotiate a contract with NHPS to support recommended changes in physical space, schedules, menus and food service, child and parent instruction, and provider knowledge and behavior. They will be asked to include a “health consultant” on their staff to help implement the changes and oversee health promotion practices. They will be assisted by NHPS to implement the plan and will be asked to participate in data collection, reporting, and other evaluation activities. Tools and materials will be provided to address teaching about nutrition, physical activity, emotional health, communication, and coping skills for staff, children and parents. The project contract will provide resources for the centers to add staff to carry out the project and purchase needed equipment and materials. Decisions about where to place these projects, how to select the participating centers, and how to assess the sites will be part of internal NHPS planning to prepare for implementation. We anticipate that year one will be a start up year for each site and that each demonstration site will need to carry out the project for at least three years. The third year will involve planning for sustainability and replication.

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

Early Success

A clear ten-year *Early Success* plan exists for improving the state early care and education system. The *Early Success* plan is the framework for all quality improvement initiatives regardless of the funding source. CCDF quality funds have been essential to the implementation to date. State funds are also committed to the implementation of *Early Success*. A small amount of private dollars have been secured to support *Early Success*, and are continuously sought. In March 2005, the *Early Success* plan is being revised to include work conducted to improve quality that is not reflected in the original document.

Resource and Referral Services

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

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

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

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



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



No.

Name: Family and Workplace Connection - resource and referral, capacity building, resource centers and professional development programs

Type (see section 1.6 of the guidance): statewide nonprofit resource and referral agency with a provider support section

Name: Delaware Early Care and Education Council

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

Name: Wilmington Early Care and Education Council

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

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Name: Nemours Health Prevention Services

Type (see section 1.6 of the guidance): Statewide non-profit

A new division of the Nemours Foundation and expands the foundation's focus beyond children's health care delivery. Healthy Child Care America.

5.2 Good Start, Grow Smart Planning and Development

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.

5.2.1 **Status of Voluntary Guidelines for Early Learning.** Indicate which of the following best describes the current status of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and early math concepts for three to five year-olds.

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as Attachment ____
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as Attachment 12

Guidelines are available on the Delaware Dept. of Education's web site.

The web site address for the guidelines is:

http://www.doe.state.de.us/early_childhood/. Click on "Standards" for an English or Spanish version. (See Attachment 12)

- Revising.** A State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as Attachment ____
- Other (describe):**

Describe the progress made by the State in developing voluntary guidelines for early learning since the date of submission of the 2004-2005 State Plan.

The Early Learning Foundations (ELFs) have been formally approved and adopted by the Delaware State School Board. This adoption requires all programs funded by the Delaware Dept. of Education to use the Foundations as a part of their curricular and instructional planning process.

The Early Learning Foundations have been adopted by the institutions of higher education (IHEs) within the state. Each of the IHEs has indicated they have incorporated the ELF's into the ongoing course structures for early childhood education.

The revised sections of the Core Curriculum, the state's main professional development framework, have incorporated many aspects of the Early Learning Foundations into the training format.

The Delaware Dept. of Education has begun to provide training on the standards to early educators through local conferences and training activities.

If developed, are the guidelines aligned with K-12 content standards?

Yes. If yes, describe.

No.

An analysis has been completed examining the alignment of the Foundations' guidelines and the State's K-12 Standards. There is a ninety-eight percent alignment of the Foundations' guidelines with the standards.

Please attach a copy of the guidelines. If the guidelines are available on the web, provide the appropriate Web site address:

http://www.doe.state.de.us/early_childhood/ Click on "Standards" for an English or Spanish version of the early learning standards. (See Attachment 12)

5.2.2 Domains of Voluntary Guidelines for Early Learning. Do the guidelines address language, literacy, pre-reading, and early math concepts?

Yes

No

Do the guidelines address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

Yes. If yes, describe.

No

http://www.doe.state.de.us/early_childhood/ Click on "Standards" for an English or Spanish version of the early learning standards. (See Attachment 12)

Have guidelines been developed for children in age groups not specifically included in *Good Start, Grow Smart* (children other than those aged three to five)?

Yes. If yes, describe.

No

http://www.doe.state.de.us/early_childhood/ Click on “Standards” for an English or Spanish version of the early learning standards. (See Attachment 12)

5.2.3 Implementation of Voluntary Guidelines for Early Learning. Describe the process the State used or expects to use in **implementing** its early learning guidelines. How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation? Materials developed to support implementation of the guidelines are included as Attachment 12

The Office of Child Care Licensing (OCCL), professional development section (Delaware First) has recently incorporated the Foundations into the OCCL’s early care and education competency document. The OCCL, Delaware First office has also begun to incorporate the Foundations into the state’s Core Competency training program as the Core Competency program training modules are revised and updated.

The Delaware Department of Education (DDOE) has had discussions with each of Delaware’s institutions of higher education to address how the Foundations can be incorporated into pre-service coursework expectations. The DDOE has been disseminating the Foundations through presentations at state professional development conferences. This is expected to continue throughout the next several years. The DDOE has begun to fund the development of individual training sessions on each of the seven developmental domains that can then be offered individually through a variety of training modes; i.e., child care training sessions, conferences, and perhaps distance learning opportunities. Pilot training on three of the training modules is expected to be completed in the spring of 2005. The remaining four modules are expected to be developed and implemented by the end of 2005.

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

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

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

A DRAFT of one of the training modules is attached. Please do not copy or cite this draft. It is not currently available for dissemination.

- 5.2.4 Assessment of Voluntary Guidelines for Early Learning.** As applicable, describe the State's plan for **assessing** the effectiveness and/or implementation of the guidelines. Written reports of these efforts are included as Attachment 12.

There are currently no plans for assessing the Early Learning Foundations.

- 5.2.5 State Plans for Professional Development.** Indicate which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education.

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- Developing.** A plan is being drafted. The draft is included as Attachment _____
- Developed.** A plan has been written but has not yet been implemented. The plan is included as Attachment _____
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 12.
- Other (describe):**

Describe the progress made by the State in a plan for professional development since the date of submission of the 2004-2005 State Plan.

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If your State has developed a plan for professional development, does the plan include:	Yes	No
A link to Early Learning Guidelines	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Continuum of training and education to form a career path	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality assurance through approval of training content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

For each Yes response, reference the page(s) in the plan and briefly describe the Lead Agency's efforts.

Overall, the professional development plan for Delaware is now approximately 10 years old. The state's plan did not originally address many of the newer areas of professional development specified in the CCDF plan and it is therefore not feasible to reference the pages in the plan. However over the years, many projects have been initiated or developed which do attempt to address these components. One of the goals for 2006-2007 plan years is to update Delaware's Professional Development plan and put in writing some of these newer system components. For purposes of this document, each area will be addressed with remarks regarding current and future plans for incorporation into the plan.

Link to ELGs: (NO response) The current plan does not address ELGs but will be updated to include this area. Delaware First has aligned the entry level training coursework (TECE1) and is in the process of revisions to ensure the content offers providers grounding in the guidelines. Competencies for early childhood staff were also aligned to reflect the early learning guidelines (ELFs) developed for Delaware. All future training development as well as the training approval system will be aligned to the guidelines. The revised professional development plan will include the link to ELGs and staff competencies.

Continuum for Career Path: (YES response) Delaware First has implemented training that supports a career path and licensing is identifying in regulation revision the requirements that will more clearly outline this path. Proposals for individual licensure and for a quality rating system further delineate the continuum. Career advisement will be formalized to assist early care and education staff in understanding the continuum and in decision-making for professional development and career planning. These newer developments will be included in the updated state plan for professional development. A career lattice will also be developed in 2006-2007 and will be included in the updated professional development plan.

Articulation: (YES response) Articulation between educational institutions has been in place in Delaware for some years now. There is 2 year to 4 year articulation across the state and tech prep as well. There are now 19 comprehensive high schools offering an early care and education pathway and each of these has the ability to negotiate tech prep agreements with two year colleges. Articulation of community based training for college credit continues to be available on an individual basis using assessment by prior learning which may vary from institution to institution. Articulation agreements and mechanisms will be addressed in the new professional development plan.

Quality Assurance of Trainers: (NO response) Delaware does not currently approve trainers except for some specific training packages and targeted activities. Activities that recruit and support highly qualified trainers will be developed. This is an area that will be addressed within the state professional development plan system.

Quality Assurance of Training Content: (YES response) Delaware First approves training content, however, this is an area targeted for improvements during this plan period. The approval of content will be linked to the Early Learning Guidelines (ELFs) and to staff competencies and designed to support the career lattice and increased staff professional development requirements of proposed licensing revisions.

Tracking Training: (YES response) Delaware First tracks provider training through the Personnel Registry. This system will require significant change and improvement to be able to accommodate changes stemming from regulation revision and from other parts of the professional development system such as training content and trainer approval. Personnel Registry will need a new database design to focus on tiered training and credentials and to support the number of registrants expected to participate as a result of revision of regulations requiring participation for center based staff. Preparation for voluntary individual licensure will also impact the Personnel Registry database management. Adequate information systems and staffing will be needed just to sustain the current effort and to prepare for increased capacity.

Assessment of Training Effectiveness: (NO response) An overall system of training effectiveness has not been developed for Delaware. There are specific training activities such as the infant-toddler Project: INSITE which has built in the evaluation of effectiveness. Participants in workshop based training evaluate the usefulness of training at the conclusion of each session and provide feedback on their needs for training. More formal mechanisms will be explored to build in assessment of effectiveness in changes to practice in each training initiative as we move forward. Conducting a baseline workforce study in the upcoming plan year and developing the capacity for workforce updates will be critical in determining whether training and education is making a difference in the retention and compensation of staff. The baseline quality study for Delaware has given us a snapshot of quality that when updated, can help to show the relationship of program quality to training efforts over time.

State Credentials: (NO response) Credentials have not yet been developed in Delaware, though work is in progress for the development and implementation of a director’s credential. The training component for a director’s credential has been completed at Delaware Technical and Community College and plans are underway to determine how a credential will be issued. The proposed quality rating system and proposed revision of regulations will encourage the development of credentials. The 2006-07 plan will seek to develop a credential in infant toddler care with the infant-toddler earmark. Discussions have taken place regarding credentials for school-age care, language and literacy and for special needs care.

Family, Friend & Neighbor: (YES response) See attachment. A 45 hour training package has been developed using the Delaware First Training for Early Care and Education 1 for FFN providers and is being delivered by Family & Workplace Connection. This training is being offered to both current and new relative care providers.

For each No response, indicate whether the Lead Agency intends to incorporate these components.

Are the opportunities available:	Yes	No
Statewide	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (describe): to any early care and education provider in a legally license exempt	<input checked="" type="checkbox"/>	<input type="checkbox"/>

program or to persons interested in employment in early care and education.		
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Describe how the plan addresses early language, literacy, pre-reading, and early math concepts development.

The Delaware First Training for Early Care and Education (TECE) curriculum incorporates some content specifically addressing these areas. The TECE curriculum is being revised to strengthen the content in these areas after a careful review and alignment with the early learning guidelines (ELFs) and the training modules that have been developed to instruct staff in implementation of ELF. The TECE curriculum will also integrate the principals from the training curriculum of the “Care to Read” and “Early Steps to Literacy” programs. Discussion has begun on the development of a credential or certificate in language, literacy and numeracy. In the previous plan, infant-toddler earmark utilized funds to present a seminar series for providers on language and communication. Workshops and seminars will continue to be offered in the coming year that focuses on literacy and numeracy.

Are program or provider-level incentives offered to encourage provider training and education?

- Yes. Describe, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.
- No. If no, is there any plan to offer incentives to encourage provider training and education?

Books for the classroom are typically given to attendees of any training that focuses on language and literacy. The Project: INSITE provided a stipend to programs that participated in this infant-toddler technical assistance project. The stipends were used to purchase training, materials, and equipment that would create improvements in areas scored low on the ITERS. In the seminar programs offered to directors and infant-toddler providers books are generally given to attendees. At most training events and conferences that receive support from the plan, books and materials are given as door prizes to encourage attendance.

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

The professional development plan when updated will target expected outcomes for the system. The system intends to use workforce studies and personnel registry to capture data on the number of Early Care and Education (ECE) staff

completing training, credentials, and college degrees and to look at enhancements in salaries and benefits over time in relationship to training and education. Professional development targeting specific programs will have embedded outcomes for program quality improvement. Participation in specific components of the professional development system such as personnel registry will be tracked and individual evaluation of the effect and helpfulness of participation will be made.

PART 6

HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

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

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

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

- Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.
 No. Answer 6.1.2 and 6.1.3.

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

- Yes, and the changes are as follows:
 No

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

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

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

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

- Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.
 No. Answer 6.2.2 and 6.2.3.

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

- Yes, and the changes are as follows:
 No

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

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

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

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

- Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.
 No. Answer 6.3.2 and 6.3.3.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- Yes, and the changes are as follows:
 No

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

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

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

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

- Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.
 No. Answer 6.4.2 and 6.4.3.

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

- Yes, and the changes are as follows:
 No

Beginning June 2005 license exempt in-home providers are required to complete 45 hours of training consisting of Health, Safety & Nutrition (9 hours); CPR and First Aid (3 hours); Child Development (15 hours); Understanding Children's Behavior (12 hours) and Understanding Early Literacy and Language Development (3 hours). Training must be completed within 90 days of beginning their contract with the Division of Social Services. Classes are provided by The Family & Workplace Connection and are offered during the day and evening. Existing providers have six months to complete training.

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

- The prevention and control of infectious disease (including age-appropriate immunizations)
License exempt in-home providers: provide or maintain clean furnishings, free from rodents and insects; maintain documentation of immunization status; separate children with symptoms of illness from other children in care; provide a clean and sanitary place for storing and changing diapers; wash

hands before and after diapering and before serving meals. In-home providers must self-certify that they intend to operate a healthy and safe facility.

- Building and physical premises safety

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

- Health and safety training

License exempt in-home providers are required to participate in DSS sponsored CPR and first aid training; health, safety and nutrition workshops; and must attend an initial orientation workshop. This workshop explains DSS rules for care, its reimbursement policies, payment and attendance reporting requirements, and provides tips for good child care and safety practices.

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

6.5 Exemptions to Health and Safety Requirements

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

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

All relatives are subject to criminal history and child abuse registry checks. (See Attachment 13)

6.6 Enforcement of Health and Safety Requirements

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

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits: and the frequency of those visits: Stipulated in Delacare regulations, child care providers “shall allow Department representatives to inspect all aspects of the operation which impact on children in care and shall allow Department representatives may make unannounced and announced visits during the effective dates of the license.” Visits must be made to all providers during the term of their license (1 year). Those visits may be announced or unannounced and may occur at any time during which the provider has operating hours.
 - No

- Are child care providers subject to background checks?
 - Yes and the following types of providers are subject to background checks (indicate when such checks are conducted): Upon the receipt of a completed initial application for licensure an investigation of character and background shall be initiated. The investigation shall include a check of the child abuse registry, including a review of the written record if the applicant has been involved with the Department, investigate any criminal convictions or treatment for mental illness if noted on the application, and conduct a criminal history check. When the applicant has been or is licensed, as a child care facility in another State, certified and authentic copies of the facility’s license record from the licensing authority in that State shall be requested.
 - No

- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
 - Yes and the following describe the State’s reporting requirements and how such injuries are tracked (if applicable): Providers are required to advise parents whenever an injury occurs. This needs to be done as close to the event as possible. A form is provided by the Office of Child Care Licensing for this purpose. Licensing Specialists will review records at inspections and will document whether this procedure has been followed. If it has not technical assistance is provided and a corrective action plan developed. Any injury that results in hospitalization or death must be reported to the Office of Child Care Licensing.

No

- Other methods used to ensure that health and safety requirements are effectively enforced: Providers are inspected for compliance with fire, sanitation, and building codes by agencies designated as responsible for conducting such inspections in the State, City, County, or Town. Technical assistance is provided by Licensing Specialists to ensure that health and safety requirements are effectively enforced. This may occur on an as requested basis or during announced and unannounced visits. Training sessions are offered throughout the year, some of which address these issues.

6.7 Exemptions from Immunization Requirements

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

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

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

PART 7
HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7.)

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

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

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

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

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

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

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

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

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

7.4 Health and Safety Requirements for In-Home Providers in the Territories

(658E(c)(2)(F), §98.41(a), §98.16(j))

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

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

7.5 Exemptions to Territorial Health and Safety Requirements

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

- All** relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.

- Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

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

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

- Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits:
 No

Are child care providers subject to background checks?

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

Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

- Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable):
 No

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

7.7 Exemptions from Territorial Immunization Requirements

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

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

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

APPENDIX 1

PROGRAM ASSURANCES AND CERTIFICATIONS

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

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-554)

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The Lead Agency also certifies that:

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

APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

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

- (1) *job training and educational program* – A training program or program of instruction to achieve:
 - basic literacy level of 8.9,
 - instruction in English as a 2nd language,
 - a GED, Adult Basic Education or High School Diploma,
 - completion of approved special training or certificate courses,
 - post-secondary degree or exclusive of graduate programs.

- (2) *attending* (a job training or educational program; include minimum hours if applicable) – A person is enrolled and regularly attends training or educational programs leading to employment. Would include study time as well as class time.

- (3) *in loco parentis* – one who has assumed the guardianship and control of the child.

- (4) *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) – A dysfunctional condition which disrupts the child’s normal development patterns during which the child cannot function without special care and supervision.

- (5) *protective services* – Supervision/Placement of a child by the Division of Family Services in order to monitor or prevent situations of abuse or neglect.

- (6) *residing with* – Living in the home of the parent or caretaker who is responsible for the preponderance of the child’s care and support.

- (7) *special needs child* – A dependent child under 18 years of age whose physical, emotional or developmental needs require special care (i.e., incapable of caring for self), or children from homeless families.

- (8) *very low income* – Families who are at or below the state standard of need, which is 75% of the Federal Poverty Level.

- (9) *working* (include minimum hours if applicable) – Employment, either part or full time for which the parent or caretaker receives income. Also, gaps of up to one month, if employment is lost or if a parent is transitioning between jobs.

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

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

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

DRAFT POLICY WILL BE FINAL IN REGULATIONS BY OCTOBER 2005

11003 Eligibility Requirements

DSS provides child care services to eligible Delaware families with a child(ren) who resides in the home and who is under the age of 13, or children 13 to under 19 who are physically or mentally incapable of caring for themselves or active with the Division of Family Services.

Under Title IV, Sections 401 and 402 of the Personal Responsibility and Work Opportunity Act of 1996, the Division is prohibited from using CCDBG and SSBG funds to pay for child care services for most persons who are not U.S. citizens. At State option, the Division may choose to use State only funds to pay for child care services for such persons. Certain aliens are exempt from this restriction for a period of five (5) years from the date of obtaining status as either a refugee, asylee, or one whose deportation is being withheld. In addition, aliens admitted for permanent residence who has worked forty (40) qualifying quarters and aliens and their spouses or unmarried dependent children who are either honorably discharged veterans or on active military duty are exempt from this restriction.

The Division will provide Child Care services for eligible families where there is at least one U.S. citizen or legal alien in the family. If one member of the family is a U.S. citizen or legal alien and they meet both technical and financial eligibility criteria Child Care Services can be provided. The Division will evaluate non-U.S. citizen cases on an individual basis.

A family needs service when parents/caretakers are required to be out of the home, or are reasonably unavailable (may be in the home but cannot provide supervision, such as a parent works a third shift, is in the home, but needs to rest), and no one else is available to provide supervision.

A. Parents/caretakers need service to:

1. accept employment,
2. keep employment,
3. participate in training leading to employment,
4. participate in education,
5. work and the other parent/caretaker or adult household member is chronically ill or incapacitated,
6. have someone care for the children because of a parent/caretaker special need.

B. A child(ren) needs service to:

1. provide for a special need (physical or emotional disabilities, behavior problems, or developmental delays, etc.);
2. provide protective supervision in order to prevent abuse or neglect.

In addition to having an eligible child and a child care need, certain DSS child care programs require parents/caretakers to meet income limits. Under certain other child care programs, DSS guarantees child care.

These financial requirements along with other technical requirements help determine the parent/caretaker's child care category. Categories relate to the funding sources used by DSS to pay for child care services. The following sections discuss the technical requirements for child care services based on category and need.

11004.3.1 Service Priorities

In addition to the eligibility questions in Section 11004.3, determine if the applicant meets a priority for service. If the applicant has a need, but is not a service priority, services may be delayed. Delay services by placing non-service priority applicants on a waiting list while authorizing service for those who are a priority. The following families qualify for priority service:

- A. TANF recipients who are Workfare mandatory and not working (Category 11);
- B. TANF recipients who are working; (Category 12);
- C. Individuals receiving FS who are mandatory E&T participants; (Category 21);
- D. Families in Category 31 with the following need for service:
 - 1. teen parents who attend high school or ABE or GED programs,
 - 2. special needs caretaker or child, and
 - 3. homeless families as defined in Section 11003.7.2;
 - 4. families who meet the 75% of FPL criteria in Section 11004.7
- E. protective children as referred by Family Services up to the number agreed upon between DSS and Family Services.

Parents/caretakers in the above circumstances will continue to receive child care services as long as they meet the service need and they continue to meet program requirements, e.g., they continue in Food Stamp Employment & Training (FS E&T).

11003.7.7 Income Waiver

DSS will waive the 200 percent income eligibility limitation for families only on a case-by-case basis 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.

11004.7 Determination Of The Child Care Parent Fee and Fee Waiving Situations

Under regulations, eligible families are required to contribute to the cost of child care services based upon their ability to pay. Families contribute to the cost of care by paying a DSS child care parent fee. DSS, however, provides child care services to certain families at no cost. Part of the process after determining the client's financial eligibility and need for child care would be determining the parent fee and which families should have their parent fee waived.

All child care fees will be waived if the family meets one of the six (6) conditions below.

1. Families active with and referred by the Division of Family Services (DFS) including foster care families.
2. Families in Delaware's TANF Program in Categories 11 and 12, and General Assistance (GA) families.
3. Families where the need for service is solely based on the special needs of the child or the caretaker/parent. Families must first be financially eligible for Child Care Services. (See policy section 11003.7)

EXAMPLE: A family consisting of a working mother and two children applies for Purchase of Care. One child has ADD/HD and mom needs child care because she is working. The parent fee for the child with ADD/HD would not be waived due to special needs. The need for care is based on her employment not the special need.

EXAMPLE: A family consisting of a working father, stay at home mother and two children applies for POC. They are income eligible and the mom states she needs childcare because her one child is developmentally delayed and needs increased socialization. If this is verified by a professional on the Special Needs form 611, they may receive child care for that child based on the special need and the parent fee for that child will be waived. (Note, the only need for child care is due to the child's special need, Mom is at home so there would not otherwise be a need for POC.)

4. Caretakers in Category 31 caring for a child/children who receive TANF or GA assistance where the adult requesting the child care is not the child's natural or adoptive parent (for example, grandparents, aunts, uncles, etc.).

5. When paying the fee creates an excessive financial burden. Excessive financial burden is defined as a situation where the family's disposable income prior to the deductions or after the deductions, result in the family having income below 75% of the federal poverty level. Deductions are limited to:
- rent, mortgage, lot rent;
 - any mandatory expenses required by the landlord or mortgage holder (e.g., homeowners insurance, property taxes, school taxes);
 - actual current monthly utility expenses (e.g., electric, gas, trash, water and sewer). Late fee's and past due amounts are not included.
 - telephone expenses are capped at the same rate as the FS standard deduction for telephone bills;
 - un-reimbursed medical costs (Before considering these medical costs as deductions, families not already receiving Medicaid or on the Delaware Healthy Children Program (DHCP) must first apply for either Medicaid or the DHCP. The DHCP premiums are included in the un-reimbursed medical cost deductions. Any un-reimbursed medical costs not covered by Medicaid or the DHCP will be considered as a deduction to determine the family's income for excessive financial burden.)

EXAMPLE:

A family of three has gross monthly income of \$1,417.00. The parent fee for this family would be 23% of the cost of care. The rent payment for this family is \$550/month. Utility expenses are \$20 for phone and \$65 for electric.

Total income per month equals: \$1,417.00
Total expenses are: \$ 635.00
After deductions: \$ 782.00

\$782.00 is less than \$954.00, 75% of the federal poverty level for a family of 3, so this family can have the parent fee waived.

EXAMPLE:

A family of four has a gross monthly income of \$2,203.00. The parent fee for this family would be 44% of the cost of care. The rent payment for this family is \$600/month. Utility expenses are \$20 for phone and \$165 for electric.

Total income per month equals: \$2,203.00
Total expenses are: \$ 785.00
After deductions: \$1,418.00

\$1,418.00 is more than \$1,150.00, 75% of the federal poverty level for a family of 4, so this family will not have the parent fee waived.

6. Teen parents 18 years old or younger attending high school or a high school equivalent.

All requests to waive the fee must be documented in the case file and be approved by the unit supervisor. As is the case with income, a person who acts as a child's caretaker, as defined in Section 11002.9, pays a child care fee based only upon income attributable to the child, unless the family meets one of the waived fee conditions above.

See Administrative Notice: A-08-2004 Waiving Child Care Fee
A-13-99 Child Care Fees/ Waiving Fees For Caretakers of ABC or GA Children

See 11004.7 Determination Of The Child Care Parent Fee and Fee Waiving Situations- History

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. DSS defines homeless as:

- A. families living in a shelter or receiving emergency assistance to live in a temporary arrangement (an example of a temporary arrangement are those families receiving assistance to live in a local motel); or
- B. families without a fixed address or not living in a permanent dwelling (examples of families without a fixed address are families living in cars or tents, excluding families who live with other families).

DSS will provide child care services to homeless families for up to three months or until the family is able to obtain suitable living arrangements. Once families have obtained suitable living arrangements, child care services can only continue if families have another need for service, such as the family needs child care in order to work.

11003.7.6 Income Eligible/Protective Child Care

DSS will provide child care services for children who need to receive or who receive protective services from the Division of Family Services exclusive of other child care needs. DSS will also give service priority to protective children, meaning DSS will provide an exemption to protective children during a waiting list period. However, by agreement with the Division of Family Services, this exemption will only exist for a limited number of protective children. Currently the limitation is 280 children, but is subject to change based on available funding and forecasted need. (An Interagency Agreement exists between the Department of Services For Children, Youth and Their Families, Division of Family Services, and the Department of Health and Social Services, Division of Social Services.)